

Systematic Program Evaluation for Rogers State University Associate Degree Program
FY 2019-2020 Working Document

Standard 1	
Criterion 1: The mission/philosophy and program outcomes of the nursing education unit are congruent with the core values and mission/goals of the governing organization.	
Expected Level of Achievement: After a side-by-side comparison of both the university's mission statement and the nursing program's mission statement, similar terms and phrases exist in both documents.	
Frequency of Evaluation: Annually in May	Assessment Methods: University mission statement in RSU Bulletin, RSU Nursing Philosophy statement in Student Handbook- side by side comparison
Results of Data Collection: 2016-2017 The university mission statement in RSU Bulletin, RSU Nursing Philosophy statement in Student Handbook were congruent 2017-2018 The university mission statement in RSU Bulletin, RSU Nursing Philosophy statement in Student Handbook were congruent 2018-2019 The university mission statement in RSU Bulletin, RSU Nursing Philosophy statement in Student Handbook were congruent 2019-2020 The university mission statement in RSU Bulletin, RSU Nursing Philosophy statement in Student Handbook were congruent	
Actions for Program Development, Maintenance, or Revision: FY 16-17 ELA met. FY 17-18 ELA met. FY 18-19 ELA met. FY 19-20 ELA met.	

Criterion 2: The governing organization and nursing education unit ensure representation of the nurse administrator and nursing faculty in governance activities; opportunities exist for student representation in governance activities.	
Expected Level of Achievement: 1-80% of the full-time faculty annually participate in one or more university committee. 2-The nurse administrator annually participates in no less than one university committee. 3- ADN students annually attend no less than 2 Faculty Governance Committee meetings.	
Frequency of Evaluation: Annually in April	Assessment Methods: University faculty committee list, Academic Council minutes, Nursing faculty minutes
Results of Data Collection: 2016-2017 1- A review of the faculty minutes reflected at least 80% of the full-time faculty annually participated in one or more university committees. 2- A review of the minutes reflected that the nurse administrator annually participated in a university committee. 3- 100% of the faculty governance committee meetings held during the school year were attended by ADN student representatives.	

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- 2017-2018** 1- A review of the faculty minutes reflected at least 80% of the full-time faculty annually participated in one or more university committees.
2- A review of the minutes reflected that the nurse administrator annually participated in a university committee.
3- 100% of the faculty governance committee meetings held during the school year were attended by ADN student representatives.
- 2018-2019** 1- A review of the faculty minutes reflected at least 80% of the full-time faculty annually participated in one or more university committees.
2- A review of the minutes reflected that the nurse administrator annually participated in a university committee.
3- 100% of the faculty governance committee meetings held during the school year were attended by ADN student representatives.
- 2019-2020** 1- A review of the faculty minutes reflected at least 80% of the full-time faculty annually participated in one or more university committees.
2- A review of the minutes reflected that the nurse administrator annually participated in a university committee (Academic Council).
3- 100% of the faculty governance committee meetings held during the school year were attended by ADN student representatives.

Actions for Program Development, Maintenance, or Revision:

- FY 16-17 ELA met.** Will continue to maintain accurate minutes with the expectation that faculty will attend at least 80% of faculty meetings and university committee meetings. Faculty will continue to invite ADN nurse student representatives to attend faculty meetings.
- FY 17-18 ELA met.** Will continue to maintain accurate minutes with the expectation that faculty will attend at least 80% of faculty meetings and university committee meetings. Faculty will continue to invite ADN nurse student representatives to attend faculty meetings.
- FY 118-19 ELA met.** Will continue to maintain accurate minutes with the expectation that faculty will attend at least 80% of faculty meetings and university committee meetings. Faculty will continue to invite ADN nurse student representatives to attend faculty meetings.
- FY 19-20 ELA met.** Will continue to maintain accurate minutes with the expectation that faculty will attend at least 80% of faculty meetings and university committee meetings. Faculty will continue to invite ADN nurse student representatives to attend faculty meetings.

Criterion 3: The assessment of end-of-program student learning outcomes and program outcomes is shared with communities of interest, and the communities of interest have input into program processes and decision-making.

- Expected Level of Achievement:** 1- Employers of graduates from the ADN program attend Stakeholders meetings.
2- Programmatic decisions are made as a result of input from agencies where graduates from the ADN

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program are commonly employed.	
Frequency of Evaluation: Annually in March	Assessment Methods: Stakeholder’s minutes, faculty meeting minutes
<p>Results of Data Collection:</p> <p>2016-2017 1- A review of the Stakeholder’s minutes reflected attendance by most Stakeholders/Employers of graduates from the ADN program. 2- Decisions implemented as a result of input from stakeholders resulted in mock interviews/resume building session with second year students</p> <p>2017-2018 1- A review of the Stakeholder’s minutes reflected attendance by most Stakeholders/Employers of graduates from the ADN program. 2- Decisions implemented as a result of input from stakeholders resulted in mock interviews/resume building session with second year students</p> <p>2018-2019 1- A review of the Stakeholder’s minutes reflected attendance by most Stakeholders/Employers of graduates from the ADN program. 2- Decisions implemented as a result of input from stakeholders resulted in mock interviews/resume building session with second year students</p> <p>2019-2020 1- A review of the Stakeholder’s Meeting minutes and sign-in roster from 11/21/2019 meeting reflected attendance by most Stakeholders/Employers of graduates from the ADN program. 2- Continuing to have students from Transitions (2223) nursing course participate in mock job interviews and resume writing. Suggestions from stakeholders to be sure we are including QA/QI and HCAHPS information in curriculum; but generally expressed no deficits or concerns about RSU ADN graduates.</p>	
<p>Actions for Program Development, Maintenance, or Revision:</p> <p>FY 16-17 Change in criterion by ACEN assessed, and no change in ELA needed. 1-ELA met. Will continue to invite all Stakeholders to annual meeting to provide input into the program processes and decision making. 2- ELA met. Evaluated the effectiveness of the interview/resume building sessions by students’ self-report. Multiple positive comments received. Will plan to continue activity.</p> <p>FY 17-18 1-ELA met. Will continue to invite all Stakeholders to annual meeting to provide input into the program processes and decision making. 2- ELA met. Will continue with interview/resume building session with second year students.</p> <p>FY 18-19 1-ELA met. Will continue to invite all Stakeholders to annual meeting to provide input into the program processes and decision making.</p>	

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<p>2- ELA met. Will continue with interview/resume building session with second year students.</p> <p>FY 19-20 1-ELA met. Will continue to invite all Stakeholders to annual meeting to provide input into the program processes and decision making.</p> <p>2- ELA met. Will continue student mock interviews and resume submission assignments. Will ensure that we incorporate quality assurance/improvement and HCAHPS content into Leadership & Management content.</p>

Criterion 4: Partnerships that exist promote excellence in nursing education, enhance the profession, and benefit the community.	
Expected Level of Achievement: This criterion does not apply to the program as there are no partnerships between nursing education and outside units/agencies as defined by the ACEN Accreditation Glossary.	
Frequency of Evaluation: N/A	Assessment Methods: N/A
Results of Data Collection: N/A	
Actions for Program Development, Maintenance, or Revision: N/A	

Criterion 5: The nursing education unit is administered by a nurse who holds a graduate degree with a major in nursing.	
Expected Level of Achievement: The Department Head for Health Science/Nursing holds a doctoral degree in nursing or in a related field.	
Frequency of Evaluation: Annually in May	Assessment Methods: Review of administrator's transcript
Results of Data Collection:	
2016-2017 A review of the Administrators transcript revealed that the RSU ADN Department Head for Health Science/Nursing holds a doctoral degree in nursing	
2017-2018 A review of the Administrators transcript revealed that the RSU ADN Department Head for Health Science/Nursing holds a doctoral degree in nursing	
2018-2019 A review of the Administrators transcript revealed that the RSU ADN Department Head for Health Science/Nursing holds a doctoral degree in nursing	
2019-2020 A review of the Administrators transcript revealed that the RSU ADN Department Head for Health Science/Nursing holds a doctoral degree in nursing	
Actions for Program Development, Maintenance, or Revision:	
FY 16-17 ELA met.	
FY 17-18 ELA met. Department Head, Lynn Korvick holds a PhD.	
FY 18-19 ELA met. Interim Department Head, Teresa Frazier holds PhD.	
FY 19-20 ELA met. Department Head, Carla Lynch, holds a DNP.	

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Criterion 6: The nurse administrator is experientially qualified, meets governing organization and state requirements, and is oriented and mentored to the role.	
Expected Level of Achievement: The Department Head for Health Science has a Faculty Qualification Record (FQR) on file. The FQR indicates (s)he has (1) an unencumbered Oklahoma license to practice as a registered nurse, (2) has a minimum of 2 years of clinical practice prior to the first appointment to a faculty role, and (3) has at least one year of teaching experience as a full-time faculty member.	
Frequency of Evaluation: Annually in May	Assessment Methods: Administrator's CV and OBN Faculty Qualification Record
Results of Data Collection:	
2016-2017 A review of the Administrator's CV and OBN Faculty Qualification Record ensures that the Department Head for Health Science has a Faculty Qualification Record on file which indicates she has an unencumbered Oklahoma license to practice as a registered nurse, has a minimum of 2 years of clinical practice prior to the first appointment to a faculty role, and has at least one year of teaching experience as a full-time faculty member.	
2017-2018 A review of the Administrator's CV and OBN Faculty Qualification Record ensures that the Department Head for Health Science has a Faculty Qualification Record on file which indicates she has an unencumbered Oklahoma license to practice as a registered nurse, has a minimum of 2 years of clinical practice prior to the first appointment to a faculty role, and has at least one year of teaching experience as a full-time faculty member.	
2018-2019 A review of the Administrator's CV and OBN Faculty Qualification Record ensures that the Department Head for Health Science has a Faculty Qualification Record on file which indicates she has an unencumbered Oklahoma license to practice as a registered nurse, has a minimum of 2 years of clinical practice prior to the first appointment to a faculty role, and has at least one year of teaching experience as a full-time faculty member.	
2019-2020 A review of the Administrator's CV and OBN Faculty Qualification Record ensures that the Department Head for Health Science has a Faculty Qualification Record on file which indicates she has an unencumbered Oklahoma license to practice as a registered nurse, has a minimum of 2 years of clinical practice prior to the first appointment to a faculty role, and has at least one year of teaching experience as a full-time faculty member.	
Actions for Program Development, Maintenance, or Revision:	
FY 16-17 ELA met. Will review administrator's CV and Qualifications with changes in the Department Head for Health Sciences.	
FY 17-18 ELA met. Will review administrator's CV and Qualifications with changes in the Department Head for Health Sciences.	
FY 18-19 ELA met. Will review administrator's CV and Qualifications with changes in the Department Head for Health Sciences.	
FY 19-20 ELA met. Will review administrator's CV and Qualifications with changes in the Department Head for Health Sciences.	

Criterion 7: When present, nursing program coordinators and/ or faculty who assist with program administration are academically and experientially qualified.

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Expected Level of Achievement: The program coordinator holds the minimum of a Master’s degree (per job description Undergraduate Program Coordinator) in nursing with no less than 2 years of clinical experience and one year of teaching experience.	
Frequency of Evaluation: Annually in May	Assessment Methods: Transcript, CV and OBN Faculty Qualification Record (FQR)
<p>Results of Data Collection:</p> <p>2016-2017 A review of the nursing program coordinator’s CV and OBN Faculty Qualification Record ensures that the nursing program Coordinator has a Faculty Qualification Record on file which indicates she has an unencumbered Oklahoma license to practice as a registered nurse, has a minimum of 2 years of clinical practice prior to the first appointment to a faculty role, and has at least one year of teaching experience as a full-time faculty member.</p> <p>2017-2018 A review of the nursing program coordinator’s CV and OBN Faculty Qualification Record ensures that the nursing program Coordinator has a Faculty Qualification Record on file which indicates she has an unencumbered Oklahoma license to practice as a registered nurse, has a minimum of 2 years of clinical practice prior to the first appointment to a faculty role, and has at least one year of teaching experience as a full-time faculty member.</p> <p>2018-2019 A review of the nursing program coordinator’s CV and OBN Faculty Qualification Record ensures that the nursing program Coordinator has a Faculty Qualification Record on file which indicates she has an unencumbered Oklahoma license to practice as a registered nurse, has a minimum of 2 years of clinical practice prior to the first appointment to a faculty role, and has at least one year of teaching experience as a full-time faculty member.</p> <p>2019-2020 A review of the nursing program coordinator’s CV and OBN Faculty Qualification Record ensures that the nursing program Coordinator has a Faculty Qualification Record on file which indicates she has an unencumbered Oklahoma license to practice as a registered nurse, has a minimum of 2 years of clinical practice prior to the first appointment to a faculty role, and has at least one year of teaching experience as a full-time faculty member.</p>	
<p>Actions for Program Development, Maintenance, or Revision:</p> <p>FY 16-17 ELA met. Will review the program coordinator’s CV and Qualifications with changes in the position.</p> <p>FY 17-18 ELA met. Will review the program coordinator’s CV and Qualifications with changes in the position.</p> <p>FY 18-19 ELA met. Will review the program coordinator’s CV and Qualifications with changes in the position.</p> <p>FY 19-20 ELA met. Will review the program coordinator’s CV and Qualifications with changes in the position.</p>	

Criterion 8: The nurse administrator has authority and responsibility for the development and administration of the program and has sufficient time and resources to fulfill the role responsibilities.
<p>Expected Level of Achievement:</p> <p>1-The results of the faculty survey will yield a score of at least 80% of <i>strongly agree</i> or <i>agree</i> on the question, “The nurse administrator has the authority to develop and administer the RSU ADN program.”</p>

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<p>2-The results of the faculty survey will yield a score of at least 80% of <i>strongly agree</i> or <i>agree</i> on the question, “The nurse administrator has adequate time to fulfill the responsibilities of the role.”</p> <p>3-The results of the faculty survey will yield a score of at least 80% of <i>strongly agree</i> or <i>agree</i> on the question, “The nurse administrator has the resources to fulfill the responsibilities of the role.”</p>	
<p>Frequency of Evaluation: Annually in August</p>	<p>Assessment Methods: Annual results of faculty survey</p>
<p>Results of Data Collection:</p> <p>2015-2016 2015-2016 Annual ADN Faculty survey administered via Survey Monkey May 2016. Seven (N=8) faculty responded. 1-The results of the faculty survey reflected a score of 87.5% chose <i>strongly agree</i> or <i>agree</i> on the question, “The nurse administrator has the authority to develop and administer the RSU ADN program.” 2-The results of the faculty survey reflected a score of 87.5% chose <i>strongly agree</i> or <i>agree</i> on the question, “The nurse administrator has adequate time to fulfill the responsibilities of the role.” 3-The results of the faculty survey reflected a score of 87.50% <i>strongly agree</i> or <i>agree</i> on the question, “The nurse administrator has the resources to fulfill the responsibilities of the role.”</p> <p>2016-2017 2016-2017 Annual ADN Faculty survey administered via Survey Monkey April 2017. Seven (N=7) faculty responded. 1-The results of the faculty survey reflected a score of 85.7% chose <i>strongly agree</i> or <i>agree</i> on the question, “The nurse administrator has the authority to develop and administer the RSU ADN program.” 2-The results of the faculty survey reflected a score of 100% chose <i>strongly agree</i> or <i>agree</i> on the question, “The nurse administrator has adequate time to fulfill the responsibilities of the role.” 3-The results of the faculty survey reflected a score of 50% <i>strongly agree</i> or <i>agree</i> on the question, “The nurse administrator has the resources to fulfill the responsibilities of the role.”</p> <p>2017-2018 2017-2018 Annual ADN Faculty survey administered via Survey Monkey February 2018. One (N=1) faculty responded. Insufficient sample.</p> <p>2018-2019 2018-2019 Annual ADN Faculty survey administered via Survey Monkey November 2019. Seven (N=8) faculty responded. 1- The results of the faculty survey reflected a score of 100% who chose <i>strongly agree</i> on the question “The nurse administrator has the authority to develop and administer the RSU ADN program”. 2- The results of the faculty survey reflected a score of 100% who chose <i>strongly agree</i> on the question “The nurse administrator has adequate time to fulfill the responsibilities of the role”.</p>	

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3- The results of the faculty survey reflected a score of 100% who chose *strongly agree* or *agree* on the question “The nurse administrator has the resources to fulfill the responsibilities of the role”.

2019-2020

Administer ADN Faculty survey Aug 2020

Actions for Program Development, Maintenance, or Revision:

FY15-16 ELA met.

FY 16-17 ELA partially met. Items #1 & #2 met. Item #3 concerning adequacy of resources not met. This response is thought to be due to financial cuts across the University. Faculty evaluated the frequency of evaluation and agreed to move evaluation time to August each year. Change in criterion by ACEN assessed, and no change in ELA needed.

FY 17-18 ELA not met. Insufficient sample size with N=1.

FY 18-19 ELA met.

FY 19-20 ELA met. Administer survey in August—per above

Criterion 9: The nurse administrator has the authority to prepare and administer the program budget with faculty input.

Expected Level of Achievement: The results of the faculty survey will yield a score of at least 80% of *strongly agree* or *agree* on the question, “The nurse administrator has the authority to prepare and administer the program budget with faculty input.”

Frequency of Evaluation: Annually in August

Assessment Methods: Annual results of faculty survey

Results of Data Collection:

2015-16:

2015-2016 Annual ADN Faculty survey administered via Survey Monkey May 2016. Seven (N=8) faculty responded.

The results of the faculty survey reflected a score of 87.5% chose *strongly agree* or *agree* on the question, “The nurse administrator has the authority to prepare and administer the program budget with faculty input.”

2016-2017

2016-2017 Annual ADN Faculty survey administered via Survey Monkey April 2017. Seven (N=7) faculty responded.

The results of the faculty survey reflected a score of 85.7% chose *strongly agree* or *agree* on the question, “The nurse administrator has the authority to prepare and administer the program budget with faculty input.”

2017-2018

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<p>2017-2018 Annual ADN Faculty survey administered via Survey Monkey February 2018. One (N=1) faculty responded. Insufficient sample.</p> <p>2018-2019 2018-2019 Annual ADN Faculty survey administered via Survey Monkey November 2019. Seven (N=8) faculty responded. The results of the faculty survey reflected a score of 100% chose <i>strongly agree</i> or <i>agree</i> on the question, “The nurse administrator has the authority to prepare and administer the program budget with faculty input.”</p> <p>2019-2020 Will give ADN Faculty survey Aug 2020</p>	
<p>Actions for Program Development, Maintenance, or Revision: FY15-16 ELA met. FY16-17 ELA met. Faculty evaluated the frequency of evaluation and agreed to move evaluation time to August each year. FY17-18 ELA not met. Insufficient sample size. FY18-19 ELA met. FY19-20 Will give ADN faculty survey Aug 2020</p>	
<p>Criterion 10: Policies for nursing faculty and staff are comprehensive, provide for the welfare of faculty and staff, and are consistent with those of the governing organization; differences are justified by the goals and outcome of the nursing education unit.</p>	
<p>Expected Level of Achievement: After a side-by-side comparison of the nursing program’s policies and the policies of the university, there are similar terms and phrases in both documents. Differences in health requirements exist related to the contractual obligations of the participating clinical agencies.</p>	
<p>Frequency of Evaluation: Annually in May</p>	<p>Assessment Methods: RSU Faculty Handbook, Nursing Faculty Handbook; Side-by-side Comparison Table</p>
<p>Results of Data Collection: 2016-2017 The RSU Faculty policies as found in the Faculty Handbook are congruent with university policies and similar in terms and phrases. Difference in health requirements exist as they relate to the contractual obligations of the participating clinical agencies. 2017-2018 The RSU Faculty policies as found in the Faculty Handbook are congruent with university policies and similar in terms and phrases. Difference in health requirements exist as they relate to the contractual obligations of the participating clinical agencies. 2018-2019 The RSU Faculty policies as found in the Faculty Handbook are congruent with university policies and similar in terms and phrases. Difference in health requirements exist as they relate to the contractual obligations of the participating clinical agencies. 2019-2020 The RSU Faculty policies as found in the Faculty Handbook are congruent with university policies and similar in terms and phrases. Difference in health requirements exist as they relate to the contractual obligations of the participating clinical agencies.</p>	

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Actions for Program Development, Maintenance, or Revision:

FY16-17 ELA met. Re-evaluate Nursing Program policies and agency policies as they change.

FY17-18 ELA met. Re-evaluate Nursing Program policies and agency policies as they change.

FY18-19 ELA met. Re-evaluate Nursing Program policies and agency policies as they change.

FY19-20 ELA met. Re-evaluate Nursing Program policies and agency policies as they change.

Criterion 11: Distance education, when utilized, is congruent with the mission of the governing organization and the mission/philosophy of the nursing education unit.

Expected Level of Achievement: 100% of the faculty who teach using an online or blended format course are certified in the Quality Matters training program.

Frequency of Evaluation: Annually in May

Assessment Methods: QM attendance records

Results of Data Collection:

2015-2016 As of 6/31/2016 75% of Nursing Faculty associated with distance education are certified in the Quality Matters training program

2016-2017 As of 6/30/2017, 75% of Nursing Faculty associated with distance education are certified in the Quality Matters training program

2017-2018 No data available

2018-2019 No data available

2019-2020 As of 6/30/2020, 80% of Nursing faculty associated with distance education are certified in the Quality Matters training program.

Actions for Program Development, Maintenance, or Revision:

FY 15-16 ELA not met. Will maintain Quality Matters certification as required.

FY 16-17 ELA not met. Will maintain Quality Matters certification as required.

FY 17-18 ELA not met. Will encourage all Nursing Faculty to obtain Quality Matters certification

FY 18-19 ELA not met. ELA not met. Will encourage all Nursing Faculty to obtain Quality Matters certification

FY 19-20 ELA not met. Will encourage all Nursing Faculty to obtain Quality Matters certification who wish to teach blended or online courses.

Standard 2

Criterion 1: Full-time nursing faculty hold educational qualifications and experience as required by the governing organization, the state, and the governing organization's accrediting agency, and are qualified to teach the assigned nursing courses.

Expected Level of Achievement: 1-100% of the full-time faculty who teach in the ADN program hold a graduate degree in nursing.

Frequency of Evaluation: Annually in May

Assessment Methods: Transcripts (on file in HR) and Faculty Profile Table

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<p>Results of Data Collection: 2015-2016 2 new faculty: Shilling, K MSN Loma Linda University 2015; Zuel, J MS Nursing Education University of Oklahoma 2007 2016-2017 ELA met- no change. No new faculty added 2017-2018 ELA met. 3 new faculty: 1) Frazier, T., MS Nursing Education University of Oklahoma 1989, PhD Education Oklahoma State University 2012; 2) Cortright, S., MS Nursing Education University of Oklahoma 2012; 3) Totten-Gill, A. MSN Nursing, Maryville University 2017 2018-2019 ELA met. 1 new faculty: Hull, M. MS Nursing Education, Capella University 2017 2019-2020 ELA met. 2 new faculty: 1) Sanchez, A- MSN Administration Southwestern Oklahoma State University, May 2019; 2) Tessa Gerhart-Ball, MSN Nursing Education, Northeastern State University, May 2020. 100% of full-time faculty held graduate degree in nursing by May 2020.</p>
<p>Actions for Program Development, Maintenance, or Revision: FY 15-16 ELA Met. Continue to seek qualified applicants for open positions. FY 16-17 Change in criterion by ACEN assessed, and no change in ELA needed. ELA met. Continue to seek qualified applicants for open positions. FY 17-18 ELA met. FY 18-19 ELA met. FY 19-20 ELA Met. Continue to seek qualified applicants for open positions.</p>

<p>Criterion 2: Part-time nursing faculty hold educational qualifications and experience as required by the governing organization, the state, and the governing organization's accrediting agency, and are qualified to teach the assigned nursing courses.</p>	
<p>Expected Level of Achievement: 100% of part-time faculty will have an OBN faculty qualification record on file within 2 weeks of hire.</p>	
<p>Frequency of Evaluation: October and March</p>	<p>Assessment Methods: Faculty qualification record table</p>
<p>Results of Data Collection: 2015-2016 Fall 2015 1-100% of adjunct faculty held a bachelor's degree with a major in nursing. 2- 37.5% of adjunct faculty held a graduate degree in nursing, Spring 2016 1-100% of adjunct faculty held a bachelor's degree with a major in nursing. 2-47% of adjunct faculty held a graduate degree in nursing. 2016-2017 100% of part time faculty have OBN faculty qualification records on file within 2 weeks of hire. 2017-2018 100% of part time faculty have OBN faculty qualification records on file within 2 weeks of hire. 2018-2019 100% of part time faculty have OBN faculty qualification records on file within 2 weeks of hire. 2019-2020 100% of part time faculty have OBN faculty qualification records on file within 2 weeks of hire.</p>	
<p>Actions for Program Development, Maintenance, or Revision:</p>	

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FY 15-16 ELA partially met. Attempts are made to reach out to nurses with graduate degrees to teach adjunct and many of our adjunct faculty are pursuing graduate degrees. Flexibility with school timeframe and the fact that most of our adjuncts desire to work full time in their field after graduation makes keeping them long term difficult.

FY 16-17 Change in criterion by ACEN assessed, and ELA updated to reflect change. **ELA met.**

FY 17-18 ELA met. OBN requirement changed to allow for 4 weeks to submit transcripts. Continuing to meet the 2-week threshold as in the ELA.

FY 18-19 ELA met.

FY 19-20 ELA met.

Criterion3: Non-nurse faculty teaching nursing courses hold educational qualifications and experience as required by the governing organization, the state, and the governing organization’s accrediting agency, and are qualified to teach the assigned nursing courses.

Expected Level of Achievement: This criterion no longer applies to the ADN program since non-nurse faculty are not allowed to teach any of the nursing courses.

N/A	N/A
N/A	

Criterion 4: Preceptors, when utilized, are academically and experientially qualified, oriented, mentored, and monitored, and have clearly documented roles and responsibilities.

Expected Level of Achievement: Preceptors are not utilized in the ADN program, instead students have co-assigned clinical partners.

Frequency of Evaluation: N/A	Assessment Methods: N/A
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Results of Data Collection:

2016-2017 N/A

2017-2018 N/A

2018-2019 N/A

2019-2020 N/A

Actions for Program Development, Maintenance, or Revision: N/A

Criterion 5: The number of full-time faculty is sufficient to ensure that the student learning outcomes and program outcomes are achieved.

Expected Level of Achievement:

1. The full-time faculty to student ratio for the ADN program didactic courses do not exceed the average for the State of Oklahoma.

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2. The clinical faculty to student ratio for ADN clinical do not exceed 1:8.	
Frequency of Evaluation: Annually in May	Assessment Methods: Ratio of full-time faculty to enrolled students, Clinical assignment rosters and Faculty to student ratio tables
<p>Results of Data Collection:</p> <p>2015-2016 1-Full-time faculty to student ratio is 20.4 which is under the state standard of 21. 2- The 11% of clinical groups had an instructor to student ratio of greater than 1:8. Pullout rotations were utilized so that there were never a greater than 1:8 ratio of students in clinical at any given time</p> <p>2016-2017 1-Full time faculty to student ratio is 23.6; State standard is 23. 2-The 8% of clinical groups had an instructor to student ratio of greater than 1:8. Pullout rotations were utilized so that there were never a greater than 1:8 ratio of students in clinical at any given time.</p> <p>2017-2018 1- Full-time faculty to student ratio is 1:19 which is under the state average of ?? 2-</p> <p>2018-2019 1- Full-time faculty to student ratio is 1:22 which is under the state average of ?? 2- 8% of clinical groups had an instructor to student ratio of greater than 1:8. This overage was in a medical-surgical and a pediatrics clinical experience. Pullout rotations were utilized so that there were never a greater than 1:8 ratio of students in clinical at any given time.</p> <p>2019-2020 1- Full-time faculty to student ratio is 1:19 which is under the state average of ?? 2- 10% of clinical groups had an instructor to student ratio of greater than 1:8. Pullout rotations for simulation and specialized experiences were utilized and there was rarely more than 1:8. This higher ratio was necessitated in only Mental Health clinical area due to the new Traditional BSN program sequencing Mental Health in second semester which coincided with the ADN Mental Health in 4th semester. This is a one-time occurrence, since the ADN program is discontinuing.</p>	
<p>Actions for Program Development, Maintenance, or Revision:</p> <p>FY 15-16 1- ELA met. 2-ELA met. Even though 3 pediatric clinical groups have 9 students assigned to them 1 student was absent from each group on a rotating basis and was able to participate in outpatient pediatric encounters and maintain a ratio or 1:8 in the clinical sites at all times. Some of these pullouts utilized include Head Start, Paths to Independence, and Little Lighthouse.</p> <p>FY 16-17 1-ELA not met. Ratio is higher than the state standard due to increasing needs of RNs in the region. 2-ELA met. The clinical groups that had a higher ratio had students reassigned to a community/outpatient facility each week making the weekly ratio no more than 1:8.</p> <p>FY 17-18 1-ELA met. 2-</p> <p>FY 18-19 1 ELA met.</p>	

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<p>2- ELA met. FY 19-20 1- ELA met. 2- ELA not met. In future, only one level of the program will have mental health rotations during a semester, thus there will not be the risk for higher student ratios in groups to ensure that all students have a mental health clinical experience.</p>

<p>Criterion 6: Faculty (Full-time and part-time) maintains expertise in their areas of responsibility, and their performance reflects scholarship and evidence-based teaching and clinical practices.</p>	
<p>Expected Level of Achievement: 1-At least every 2 years 100% of the full-time faculty participate in professional development related to their area of teaching. 2-At least every 4 years 100% of the part-time faculty members will participate in professional development. 3-100% of the faculty's annual classroom performance observation demonstrates the implementation of scholarship and evidence-based teaching strategies.</p>	
<p>Frequency of Evaluation: Annually in May</p>	<p>Assessment Methods: ADN Faculty profile table, Faculty Teaching Strategy Table, Clinical Faculty Orientation agenda, December Faculty Meeting minutes</p>
<p>Results of Data Collection:</p> <p>2015-2016 1-100% of full-time faculty participated in professional development related to their area of teaching 2-100% part-time faculty members participated in professional development 3-100% faculty's classroom performance demonstrates scholarship and evidence-based teaching</p> <p>2016-2017 1-100% of full-time faculty participated in professional development related to their area of teaching 2-100% part-time faculty members participated in professional development 3-100% faculty's classroom performance demonstrates scholarship and evidence-based teaching</p> <p>2017-2018 1- 100% of full-time faculty participated in professional development related to their area of teaching 2- no data available 3- no data available</p> <p>2018-2019 1- 100% of full-time faculty participated in professional development related to their area of teaching 2- no data available 3- no data available</p> <p>2019-2020 1- 100% of full-time faculty participated in professional development related to their area of teaching 2- 100% part-time faculty members participated in professional development</p>	

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3- 100% of faculty's classroom performance demonstrates scholarship and evidence-based teaching
<p>Actions for Program Development, Maintenance, or Revision:</p> <p>FY 15-16 Criterion met. A document was created (December 2015) for full-time and part-time faculty to update their professional development activities including their specialty area and professional growth. Faculty developed process of maintaining CVs and having them accessible for review. Part-time faculty reported participation in professional development, including clinical faculty orientation provided by RSU. A document was created (Fall 2015) to detail the dates of faculty classroom observation, and the evidence-based teaching methods utilized by faculty members.</p> <p>FY 16-17 ELA met. Refer to faculty profile table for full time faculty and the qualification and faculty development forms for part time faculty. Continue to seek university funding for faculty development.</p> <p>FY 17-18 ELA partially met. No data found for part-time faculty members' professional development and classroom performance.</p> <p>FY 18-19 ELA partially met. No data found for part-time faculty members' professional development and classroom performance.</p> <p>FY 19-20 ELA met. Refer to faculty profile table for full time faculty and the qualification and faculty development forms for part time faculty. Several scheduled faculty development seminars/conferences cancelled or post-postponed due to Covid precautions in Spring 2020. Continue to seek university funding for faculty development. Will revise ELA #2 for Traditional BSN program due to difficult nature of tracking data over 4-year period for part-time faculty. Will discuss revision or better means of tracking of ELA #3 for Traditional BSN program.</p>

Criterion 7: The number, utilization, and credentials of staff and non-nurse faculty within the nursing education unit are sufficient to achieve the program goals and outcomes.	
Expected Level of Achievement: The nursing department will employ no less than one FTE Administrative Assistant (AA) to assist the faculty with non-educational duties.	
Frequency of Evaluation: Annually in May and with changes	Assessment Methods: Timesheets for AA employed in Health Sciences
<p>Results of Data Collection:</p> <p>2015-2016 100% of non-nurse faculty are sufficient to achieve program goals and outcomes</p> <p>2016-2017 100% of non-nurse faculty are sufficient to achieve program goals and outcomes</p> <p>2017-2018 The Department employed one AA full-time who is sufficient in assisting with the achievement of program goals and outcomes.</p> <p>2018-2019 The Department employed one full-time AA and one Accreditation and Records Specialist who are sufficient in assisting with the achievement of program goals and outcomes.</p> <p>2019-2020 The Department employed one full-time AA and one Accreditation and Records Specialist who are sufficient in assisting with the achievement of program goals and outcomes.</p>	
Actions for Program Development, Maintenance, or Revision:	

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FY 15-16 ELA met. The nursing program employs two full-time Administrative Assistants and two part-time student workers. Michelle Yoder's position is student focused: she specializes in monitoring, updating, and recording student data including degree audits, student evaluations, and transfer courses. Michelle Yoder coordinates the ranking of students to be accepted into the nursing program, using the faculty-approved ranking system, and communicates with students regarding their acceptance into the nursing program. Reneen White's position is faculty-focused: she coordinates adjunct pay, clinical contracts, textbook ordering, purchase orders for the campus lab, manages student workers, and coordinates the course schedule. Student workers assist with filing, copying, answering phones, running errands, clean the campus lab, and run special mail daily.

FY 16-17 ELA met. No change from previous fiscal year.

FY 17-18 ELA met. No change from previous fiscal year.

FY 18-19 ELA met. Upon the resignation of Yoder and the retirement of White, the positions were re-filled in May 2018. Bobbi Gill who has a bachelor's degree, assumed Yoder's position and duties. Kendall Ragsdale, who has an associates degree, assumed White's position.

FY 19-20 ELA met. No change from previous fiscal year.

Criterion 8: Faculty (full-time or part-time) are oriented and mentored in their areas of responsibility.	
Expected Level of Achievement: 1- Upon hire, 100% of the full-time faculty participate in the RSU orientation program for new faculty sponsored by Academic Affairs. 2- Upon hire, 100% of the full-time faculty are assigned a mentor. 3- Upon hire, 100% of the part-time faculty members participate in an orientation to their role. 4- Upon hire, 100% of the part-time faculty are assigned a mentor. 5- Upon hire 100% full time will attend no less than 80% of the new faculty orientation.	
Frequency of Evaluation: Annually in May	Assessment Methods: RSU orientation records, new faculty orientation attendance records, Mentor list (full-time and part-time)
Results of Data Collection:	
2015-2016 1- 100% of full-time faculty report participation in RSU orientation program, need formalized system of tracking attendance. 2- 100% of full-time faculty were assigned a mentor 3- 100% of the part-time faculty members participated in an orientation to their role. 4- 100% of part-time faculty are assigned a mentor 5- 100% of full-time faculty attended 80% or more of the new faculty orientation	
2016-2017 1- 100% of full-time faculty report participation in RSU orientation program. 2- 100% of full-time faculty were assigned a mentor 3- 100% of the part-time faculty members participated in an orientation to their role. 4- 100% of part-time faculty are assigned a mentor 5- 100% of full-time faculty attended the new faculty orientation	
2017-2018 1- 100% of new nursing faculty reported attending RSU orientation. 2- 100% of full-time faculty were assigned a mentor	

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- 3- 100% of the part-time faculty members participated in an orientation to their role.
- 4- 100% of part-time faculty are assigned a mentor
- 5- 100% of full-time faculty attended 80% or more of the new faculty orientation

2018-2019 1- 100% of new nursing faculty reported attending RSU orientation.

- 2- 100% of full-time faculty were assigned a mentor
- 3- 100% of the part-time faculty members participated in an orientation to their role.
- 4- 100% of part-time faculty are assigned a mentor
- 5- 100% of full-time faculty attended 80% or more of the new faculty orientation

2019-2020 1- 100% of full-time faculty participated in the RSU orientation program for new faculty.

- 2- 100% of new full-time faculty were assigned a mentor.
- 3- 100% of the part-time faculty members participated in an orientation to their role.
- 4- 100% of part-time faculty are assigned a mentor. This takes place during orientation.
- 5- 100% of full-time faculty attended at least 80% of new faculty orientation

Actions for Program Development, Maintenance, or Revision:

FY 15-16 ELA met. All full-time faculty self-report participation in RSU orientation for new faculty. Previously, there was no method of tracking; the nursing program will develop a formal process and method to track attendance of RSU orientation. New full-time faculty were assigned a mentor: L. Lowry served as a mentor for J. Zuel, S. McNickle served as a mentor for K. Schilling. Per self-report, all part-time faculty participated in a clinical faculty orientation in the fall and spring semesters; part-time faculty who were unable to attend met with full-time faculty to receive orientation training. The program will develop a method of tracking attendance to clinical faculty orientation for future use. Part-time faculty were assigned a full-time faculty mentor in both Fall and Spring Quarters. Full-time faculty will communicate with mentees to evaluate effectiveness of communication throughout the semester.

FY 16-17 ELA met. T. Frazier participated in RSU orientation for new faculty. A. Richards served as mentor for T. Frazier.

FY 17-18 ELA met.

FY 18-19 ELA met.

FY 19-20 ELA met. New faculty Gerhart-Ball and Sanchez attended RSU orientation program. Gerhart-Ball assigned Lowry as her mentor; Sanchez assigned Richards as her mentor. Adjunct faculty orientation was held both semesters, prior to clinical starting, on 8/26/2019 and 1/13/2020. During adjunct orientation, faculty who are new to clinical adjunct role are assigned mentors by T. Frazier, Undergraduate Program Coordinator. New faculty attended 100% of sessions with the Department Head and their mentors that served as departmental orientation.

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<p>Criterion 9: Faculty (full- and part-time) performance is regularly evaluated in accordance with the governing organization’s policy/procedures, and demonstrated effectiveness in assigned area(s) of responsibility.</p>	
<p>Expected Level of Achievement: 1- 100% of the full-time faculty members are reviewed according to RSU policy, and earn a level of <i>proficient</i> or higher in areas of teaching, scholarship and service to the profession, institution and public. 2- All part-time faculty performance is reviewed at least once a semester using the clinical faculty evaluation form and the overall average of <i>strongly agree</i> or <i>agree</i> is >80% on all criteria.</p>	
<p>Frequency of Evaluation: October and February</p>	<p>Assessment Methods: Annual faculty evaluation records, Clinical evaluation forms</p>
<p>Results of Data Collection:</p> <p>2015-2016 1- 100% of full-time faculty members were reviewed and earned a level of “proficient” or higher 2- 100% of part-time faculty were evaluated and averaged 3.5 or greater on the Likert scale</p> <p>2016-2017 1-100% of full-time faculty members were reviewed and earned a level of “proficient” or higher 2- 100% of part-time faculty members were reviewed and 84% received a <i>strongly agree</i> or <i>agree</i>.</p> <p>2017-2018 1-88% of full-time faculty members were reviewed and earned a level of “proficient” or higher 2-100% of part-time faculty members were reviewed and 93.5% received a <i>strongly agree</i> or <i>agree</i>.</p> <p>2018-2019 1- 25% of full-time faculty members were reviewed and 100% reviewed received level of “proficient” or higher 2- In spring 2019, 96% of part-time faculty members reviewed received an evaluation of <i>strongly agree</i> or <i>agree</i>; In fall 2018 the survey was not done.</p> <p>2019-2020 1- 100% of full-time faculty members were reviewed and 100% reviewed received level of “proficient” or higher 2- No data/survey not deployed fall 2019. Unable to assess in spring 2020 as the program suddenly transitioned to all remote delivery due to COVID. Clinicals with adjunct faculty at off-site facilities only took place until spring break.</p>	
<p>Actions for Program Development, Maintenance, or Revision:</p> <p>FY 15-16 Criterion met. 1-The Department Head initiated an evaluation tool, observed each instructor in class, and reviewed the evaluation with each instructor. A Summary of Full-time Faculty Evaluations document was initiated to begin documenting the outcomes of each evaluation. 2-Survey Monkey was used to collect student evaluations regarding clinical instructors. All faculty received an average of 3.5 or greater on the Likert scale.</p> <p>FY 16-17 Change in criterion by ACEN assessed, and no change in ELA needed. 1-ELA Met. 2-ELA Met. Review School and Mental Health Pullout Objectives and assignments for possible revision and discussion with clinical part-time faculty in clinical orientation, responsibilities and importance of returning assignments in a timely manner.</p> <p>FY 17-18 ELA updated so percentage in ELA reflects the data collection data. ELA not met for 1, full-time faculty members. Policy is being followed for when a faculty member falls below the proficient level. Distributed comments pages during the February faculty</p>	

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meeting, for comments on clinical instructions. These continue to be responsiveness to returning papers/clinical grades. Reaffirmed the timeliness of returning grades during the adjunct clinical orientation in January of 2018. Clinical faculty agreed to comply.

FY 18-19 1- ELA not met- Interim Department Head did not complete all faculty evaluations. 2- ELA was **not met** in fall 2018 but was **met** in spring 2019. Student feedback regarding clinical faculty used in decision-making for retaining from semester-to-semester and guides items to be put on the Adjunct Orientation agenda to cover areas that need strengthening.

FY 19-20 1- ELA met. The Department Head initiated an evaluation tool and reviewed the evaluation with each instructor.
2- ELA not met. Failed to email clinical faculty survey to fall 2019 students. Chose to forego spring 2020 clinical faculty survey due to COVID-19 pandemic requiring all clinicals to be interrupted and discontinued. Completed “virtual” clinicals online.

Criterion 10: Faculty (full-time and part-time) engage in ongoing development and receive support for instructional and distance technologies.	
Expected Level of Achievement: 100% of full-time faculty annually participate in professional development reflective of either/or effective instruction or distance learning.	
Frequency of Evaluation: Annually in May	Assessment Methods: Faculty Profile Table, Faculty CV, Attendance records for Jenzabar Training,
Results of Data Collection:	
2015-2016 100% of full-time and part-time faculty participated in professional development including effective instruction or distance learning.	
2016-2017 100% of full-time faculty participated in professional development including effective instruction or distance learning.	
2017-2018 100% of full-time faculty participated in professional development including effective instruction or distance learning.	
2018-2019 100% of full-time faculty participated in professional development including effective instruction or distance learning.	
2019-2020 100% of full-time faculty participated in professional development including effective instruction or distance learning.	
Actions for Program Development, Maintenance, or Revision:	
FY 15-16 ELA met. Full-time faculty participated in training for RSU’s Learning Management System (E-campus and Jenzabar), and several faculty also completed training Quality Matters. Part-time faculty completed professional development options including E-campus training during the Adjunct Orientation.	
FY 16-17 ELA met. Full-time faculty participated in training for RSU’s Learning Management System (Jenzabar). Part time faculty do not have access to our LMS, therefore orientation to distance technology is not necessary. Remove part time faculty from ELA.	
FY 17-18 ELA met. Full-time faculty participated in training for RSU’s LMS.	
FY 18-19 ELA met. Full-time faculty participated in training for RSU’s LMS.	

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FY 19-20 ELA met. Full-time faculty participated in professional development reflective of effective instruction and distance learning. During the Covid pandemic it became necessary to move all instruction to online platform. During this time, full-time faculty attended online webinars to train in the use of Shadow Health for Virtual clinicals and trained in use of ProctorU for virtual proctoring of exams. During Faculty Governance Meeting discussions, faculty expressed the need for more training in the use of ExamSoft, our testing software. Thus, two 90-minute ExamSoft training webinars will be scheduled for August 2020.

Standard 3	
Criterion: 1 Policies for nursing students are congruent with those of the governing organization, publicly assessable, non-discriminatory, and consistently applied; difference are justified by the student learning outcomes and program outcomes.	
Expected Level of Achievement: After a side-by-side comparison of the nursing program’s policies and the policies of the university, there are similar terms and phrases in both documents. Differences exist related to the increase in rigor of the program and contractual requirements.	
Frequency of Evaluation: Annually in May	Assessment Methods: RSU Student Handbook, RSU Nursing Student Handbook, Comparison table
<p>Results of Data Collection:</p> <p>2015-2016 Consistent policies: Non-discrimination, Withdrawal, Financial Aid, Complaints/Resolutions/Grievances, Graduation Requirements. Nursing Policies that differ from RSU Policies: Admission and Progression, Re-admission, Grading, Health Screenings, Drug Testing, Criminal Background Screening, and CPR Training. Differences are due to the specific requirements of the nursing program in comparison to the University.</p> <p>2016-2017 Consistent policies: Non-discrimination, Withdrawal, Financial Aid, Complaints/Resolutions/Grievances, Graduation Requirements. Nursing Policies that differ from RSU Policies: Admission and Progression, Re-admission, Grading, Health Screenings, Drug Testing, Criminal Background Screening, and CPR Training. Differences are due to the specific requirements of the nursing program in comparison to the University.</p> <p>2017-2018 Consistent policies: Non-discrimination, Withdrawal, Financial Aid, Complaints/Resolutions/Grievances, Graduation Requirements Nursing Policies that differ from RSU Policies: Admission and Progression, Re-admission, Grading, Health Screenings, Drug Testing, Criminal Background Screening, and CPR Training. Differences are due to the specific requirements of the nursing program in comparison to the University.</p> <p>2018-2019 Consistent policies: Non-discrimination, Withdrawal, Financial Aid, Complaints/Resolutions/Grievances, Graduation Requirements Nursing Policies that differ from RSU Policies: Admission and Progression, Re-admission, Grading, Health Screenings, Drug Testing, Criminal Background Screening, and CPR Training. Differences are due to the specific requirements of the nursing program in comparison to the University.</p>	

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2019-2020 Consistent policies: Non-discrimination, Withdrawal, Financial Aid, Complaints/Resolutions/Grievances, Graduation Requirements
Nursing Policies that differ from RSU Policies: Admission and Progression, Re-admission, Grading, Health Screenings, Drug Testing, Criminal Background Screening, and CPR Training. Differences are due to the specific requirements of the nursing program and clinical contractual obligations in comparison to the University.

Actions for Program Development, Maintenance, or Revision:

FY 15-16 ELA Met. Continue to assess when changes in policy occur.

FY 16-17 ELA Met. Health physical no longer required and was eliminated in student handbook. Continue to assess when changes in policy occur. (May 26, 2017)

FY 17-18 ELA Met. Continue to assess when changes in policy occur.

FY 18-19 ELA met. Continue to asses when changes in policy occur.

FY 19-20 ELA met. Continue to assess when changes in policy occur.

Criterion 2: Public information is accurate, clear, consistent, and accessible, including the programs accreditation status and the ACEN contact information.

Expected Level of Achievement:

1-After a side-by-side comparison of the ADN advising material and online materials, the content of the materials do not deviate from each other.

2- 100% of the materials contain the accreditation status of the program and ACEN contact information.

Frequency of Evaluation: Annually in May

Assessment Methods: ADN advising materials, Comparison table

Results of Data Collection:

2015-2016 1-100% of the information related to the nursing program is accurate and accessible on the RSU Website and in the RSU Bulletin.
 2-100% of all University documents pertaining to the nursing program contain the name, address, and phone number to ACEN, and when applicable, to OBN. Contact information is listed clearly. The accreditation status is documented on Page viii of the RSU Bulletin 2015-2016 and on the RSU website.

2016-2017 1-100% of the information related to the nursing program is accurate and accessible on the RSU Website and in the RSU Bulletin.
 2-100% of all University documents pertaining to the nursing program contain the name, address, and phone number to ACEN, and when applicable, to OBN. Contact information is listed clearly. The accreditation status is documented on Page vii of the RSU Bulletin 2016-2017 and on the RSU website.

2017-2018 1-100% of the information related to the nursing program is accurate and accessible on the RSU Website and in the RSU Bulletin.
 2-100% of all University documents pertaining to the nursing program contain the name, address, and phone number to ACEN, and when applicable, to OBN. Contact information is listed clearly. The accreditation status is documented on Page vii of the RSU Bulletin 2017-2018 and on the RSU website.

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<p>2018-2019 1-100% of the information related to the nursing program is accurate and accessible on the RSU Website and in the RSU Bulletin. 2-100% of all University documents pertaining to the nursing program contain the name, address, and phone number to ACEN, and when applicable, to OBN. Contact information is listed clearly. The accreditation status is documented on Page vii of the RSU Bulletin 2018-2019 and on the RSU website.</p> <p>2019-2020 1-100% of the information related to the nursing program is accurate and accessible on the RSU Website and in the RSU Bulletin. 2-100% of all University documents pertaining to the nursing program contain the name, address, and phone number to ACEN, and when applicable, to OBN. Contact information is listed clearly. The accreditation status is documented on Page vii of the RSU Bulletin 2019-20 and on the RSU website.</p>
<p>Actions for Program Development, Maintenance, or Revision: FY 15-16 ELA met. Continue to assess annually. FY 16-17 ELA met. Continue to assess annually. FY 17-18 ELA met. Continue to assess annually. FY 18-19 ELA met. Continue to assess annually. FY 19-20 ELA met. Continue to assess annually.</p>

<p>Criterion 3: Changes in Policies, procedures, and program information are clearly and consistently communicated to students in a timely manner.</p>	
<p>Expected Level of Achievement: 1 - 100% of the ADN students' files contain the RSU nursing programs' <i>Policy Agreement Form</i> dated within 4 weeks of entry into the first NURS course. 2 - 100% of changes in policies and procedures will be electronically communicated to the students within 4 weeks of the update.</p>	
<p>Frequency of Evaluation: Annually in August</p>	<p>Assessment Methods: Review electronic gradebook for compliance. Copy of the email sent to the entire listed class indicating a change in policy</p>
<p>Results of Data Collection: 2015-2016: 1 - 100% of the Policy Agreement Forms are present in the ADN student's files. 2 - 100% of the students had a Testing Policy Addendum signed. 2016-2017: 1 – 100% 2246, 100% 1228, and 98% 2223 Policy Agreement Forms acknowledged online. 2- 100% of the students had an email sent to inform of syllabus change (Points for HESI) 2017-2018 1-100% of student's files contain the <i>Agreement of Understanding</i> and <i>Acknowledgement & Release</i> documents in following courses: Fall 2017, NURS 1117, within 4 weeks of entry into first nursing course. 2- Data not available. 2018-2019 1-100% of student's files contain the <i>Agreement of Understanding</i> and <i>Acknowledgement & Release</i> documents in following courses: Fall 2018, NURS 1117, within 4 weeks of entry into first nursing course.</p>	

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<p>2- Data not available.</p> <p>2019-2020 1-100% of student's files contain the <i>Agreement of Understanding and Acknowledgement & Release</i> documents in following course: Fall 2019, NURS 2138, within 4 weeks of entry into first nursing course. (no first-level nursing courses due to discontinuance of ADN program)</p> <p>2- 100% of changes in policies and procedures were communicated electronically to students within 4 weeks of the update.</p>
<p>Actions for Program 2, Maintenance, or Revision:</p> <p>FY 15-16 ELA met. In January 2016, an update/addendum to the testing policy was enacted. 100% of the students were informed verbally of the policy change within 4 weeks but an email was not sent. 100% of the students had a Testing Policy Addendum signed. (16 of 84)</p> <p>FY 16-17 ELA partially met- New action is for designated course leader to ensure compliance. Students not in compliance within two weeks of start of the semester will be placed on estoppel status.</p> <p>ELA met 2- In October 2016, an update to the syllabus was performed and notice was electronically sent to students within 48 hours. In May 16, 2017, an update to the HESI scoring was enacted. 100% of the students were informed by email of the syllabus change by Department Head within 48 hours.</p> <p>FY 17-18 ELA met item 1. No data for item 2.</p> <p>FY 18-19 ELA met item 1. No data for item 2.</p> <p>FY 19-20 ELA met. 1- Faculty decided to transition back to use of paper (hard copies) of acknowledgement/agreement forms starting spring semester 2020, for ease of tracking and secure storage in locked cabinet. 2- All updates/changes to nursing policy and procedure communicated to students via MyRSU Announcement feature and/or RSU email within 48 hours.</p>

Criterion 4: Student services are commensurate with the needs of nursing students, including those receiving instruction using alternative methods of delivery.				
Expected Level of Achievement: The RSU ADN <i>Total Program Survey</i> results yield no less than 80% of <i>Strongly Agree</i> and/or <i>Agree</i> on the responses regarding Academic Advisement, Career Placement, Financial Aid, and Student Health.				
Frequency of Evaluation: Annually in September			Assessment Methods: Annual End of Program Survey data results, Faculty meeting minutes	
Results of Data Collection:				
2015-2016	Academic Advisement	Career Placement	Financial Aid	Student Health
<i>Nursing Student Total Program Survey</i> results obtained April 2016 for 1 st Year Students:				
1. Academic Advisement: question not specifically obtained on Survey. All students in the nursing program are assigned a Faculty Advisor.				
2. Career Placement: question not specifically obtained on Survey				

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3. Financial Assistance Services: 95.92% responded with a 4 or 5 on the Likert Scale, indicating strong agreement and agreement that this service is being met.
4. Student Health: 95.92% responded with a 4 or 5 on the Likert Scale, indicating strong agreement and agreement that this service is being met.

Nursing Student Total Program Survey results obtained April 2016 for 2nd Year Students:

1. Academic Advisement: question not specifically obtained on Survey
2. Career Placement: question not specifically obtained on Survey
3. Financial Assistance Services: 92.07% responded with a 4 or 5 on the Likert Scale, indicating strong agreement and agreement that this service is being met.
4. Student Health: 95.92% responded with a 4 or 5 on the Likert Scale, indicating strong agreement that this service is being met.

2016-2017 Academic Advisement Career Placement Financial Aid Student Health

Nursing Student Total Program Survey results obtained May 2017 for 1st Year Students:

1. Academic Advisement: question not specifically obtained on Survey
2. Career Placement: question not specifically obtained on Survey
3. Financial Assistance Services: 91.07% responded with a Strongly Agree and/or Agree, indicating that this service is being met.
4. Student Health: 94.65% responded with a Strongly Agree and/or Agree, indicating that this service is being met.

Nursing Student Total Program Survey results obtained May 2017 for 2nd Year Students:

1. Academic Advisement: question not specifically obtained on Survey
2. Career Placement: question not specifically obtained on Survey
3. Financial Assistance Services: 89.48% responded with a Strongly Agree and/or Agree indicating that this service is being met.
4. Student Health: 85.53% responded with a Strongly Agree and/or Agree indicating that this service is being met.

2018-2019 Academic Advisement Career Placement Financial Aid Student Health

Nursing Student Total Program Survey results obtained May 2019 for 1st Year ADN Students (N=12):

1. Academic Advisement: 92% responded with *strongly agree* or *agree* indicating academic advisement services are being met.
2. Career Placement: 75% responded with *strongly agree* or *agree* indicating that they have access to career placement services.
3. Financial Assistance Services: 84% responded with *strongly agree* or *agree* indicating they have access to financial aid services.
4. Student Health: 93% responded with *strongly agree* or *agree* indicating they have access to health services including counseling.

Nursing Student Total Program Survey results obtained May 2019 for 2nd Year Students (N=10):

1. Academic Advisement: 90% responded with *strongly agree* or *agree* indicating academic advisement services are being met.
2. Career Placement: 80% responded with *strongly agree* or *agree* indicating that they have access to career placement services.
3. Financial Assistance Services: 90% responded with *strongly agree* or *agree* indicating they have access to financial aid services.
4. Student Health: 90% responded with *strongly agree* or *agree* indicating they have access to health services including counseling.

2019-2020 -*due to phasing out of ADN program, there are no 1st year ADN students

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Nursing Student Total Program Survey results obtained May 2020 for 2nd Year Students (N=23):

1. Academic Advisement: 83% responded with *strongly agree* or *agree* indicating academic advisement services are being met.
2. Career Placement: 45% responded with *strongly agree* or *agree* indicating that they have access to career placement services.
3. Financial Assistance Services: 77% responded with *strongly agree* or *agree* indicating they have access to financial aid services.
4. Student Health: 81% responded with *strongly agree* or *agree* indicating they have access to health services including counseling.

Actions for Program Development, Maintenance, or Revision:

FY15-16 Nursing Student Total Program Survey results obtained April 2016 for 1st Year Students:

Academic Advisement: question not specifically obtained on Survey. All students in the nursing program are assigned a Faculty Advisor. Career Placement: question not specifically obtained on Survey. Financial Assistance Services: 95.92% responded with a 4 or 5 on the Likert Scale, indicating strong agreement and agreement that this service is being met. Student Health: 95.92% responded with a 4 or 5 on the Likert Scale, indicating strong agreement and agreement that this service is being met.

Nursing Student Total Program Survey results obtained April 2016 for 2nd Year Students:

Academic Advisement: question not specifically obtained on Survey. Career Placement: question not specifically obtained on Survey. Financial Assistance Services: 92.07% responded with a 4 or 5 on the Likert Scale, indicating strong agreement and agreement that this service is being met. Student Health: 95.92% responded with a 4 or 5 on the Likert Scale, indicating strong agreement that this service is being met.

FY16-17 ELA partially met. There were no questions on the survey that address Academic Advisement or Career Placement.

All students in the nursing program are assigned a Faculty Advisor. Will add Academic Advisement and Career Placement question on total program survey.

FY17-18 ELA met. Will add questions to survey that address Academic Advisement and Career placement.

FY18-19 ELA met, except for first year students rated new question about Career Placement at 75%, falling below the benchmark. New question also added about Academic advisement, per findings from previous years.

FY 19-20 ELA partially met. Only second year data due to phasing out of ADN program—no first year ADN students. Financial services fell slightly below benchmark at 77% and Career Placement was rated 45%, well below benchmark. It is thought that financial aid services low scoring due to many readmits to the ADN program, to allow completion of the discontinued program resulting in many students having depleted financial aid. Career Placement question new (second year to use)- will look at wording of item to determine if it may be confusing or misleading; or if we need to make changes to career placement services. Currently second year students are visited by multiple recruiters from area hospitals to explore employment opportunities for externships and RN positions; in the Transitions (NURS 2223) course, students complete a resume assignment and do a mock interview to help prepare for career placement. Will evaluate these assignments as well.

Criterion 5: Student educational records are in compliance with the policies of the governing organization and state and federal guidelines.

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<p>Expected Level of Achievement: Within 1 year of initial enrollment 100% of the sampled nursing students' files in the Registrar's Office contain information required by RSU, the State of Oklahoma, and the federal government, e.g. application, high school transcript indicating EOI completion date, transfer transcripts, etc.</p>	
<p>Frequency of Evaluation: ELA rewritten and approved 11.4.15 Next review 3.17 Annually in March</p>	<p>Assessment Methods: State audit report accreditation</p>
<p>Results of Data Collection: 2013-2014 100% compliant, audit by the State of Oklahoma 2014-2015 100% compliant, audit by the State of Oklahoma 2015-2016 100% compliant, audit by the State of Oklahoma 2016-2017 100% compliant, audit by the State of Oklahoma 2017-2018 HEIDI registrar emailed 2018-2019 2019-2020</p>	
<p>Actions for Program Development, Maintenance, or Revision: FY 13-14 ELA met. Continue to request audit reports. FY 14-15 ELA met. Continue to request audit reports. FY 15-16 Rewrite the ELA for compliance with the criterion. Approved 11.4.15. Continue to request audit reports. FY 16-17 ELA met. Continue to request audit reports. FY 17-18 FY 18-19 FY 19-20</p>	
<p>Criterion 6: Compliance with the Higher Education Reauthorization Act Title IV eligibility and certification requirements is maintained, including default rates and the results of financial or compliance audits.</p>	
<p>Criterion: 6.1 A written, comprehensive student loan repayment program addressing student loan repayment program addressing student loan information, counseling, monitoring, and cooperation with lenders is available.</p>	
<p>Expected Level of Achievement: 100% of the RSU ADN nursing students who take out a loan participate in exit counseling at studentloans.gov.</p>	
<p>Frequency of Evaluation: ELA rewritten and approved 11.4.15 Annually in November, next review 11.16</p>	<p>Assessment Methods: Each standard is assigned to a faculty member and reported to the faculty of the whole. Ask the Financial Aid Office of the students' level of participation in exit counseling.</p>
<p>Results of Data Collection:</p>	

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<p>2015-2016 100% participated in exit counseling 2016-2017 100% participated in exit counseling 2017-2018 2018-2019 2019-2020</p>	
<p>Actions for Program Development, Maintenance, or Revision: 15-16 Rewrite the ELA for compliance with the criterion. Approved 11.4.15. ELA met. Continue to request updates from the Financial Aid office. 16-17 ELA met. Continue to request updates from the Financial Aid office 17-18 18-19 19-20 request sent to Kathryn Stockton in FA</p>	
<p>Criterion: 6.2 Students are informed of their ethical responsibilities regarding financial assistance.</p>	
<p>Expected Level of Achievement: 100% of the RSU ADN nursing students who receive financial aid agree to his/her rights and responsibilities prior to receipt of funds.</p>	
<p>Frequency of Evaluation: ELA written and approved 11.4.15 Annually in November, next review 11.16</p>	<p>Assessment Methods: Each standard is assigned to a faculty member and reported to the faculty of the whole. Ask the Financial Aid Office about the students' level of participation in their rights and responsibilities.</p>
<p>Results of Data Collection: 2015-2016 100% participation in Rights and Responsibilities prior to disbursement 2016-2017 100% participation in Rights and Responsibilities prior to disbursement 2017-2018 STOCKTON 2018-2019 2019-2020</p>	
<p>Actions for Program Development, Maintenance, or Revision: 13-14 ELA met. Continue to request updates from the Financial Aid office. 14-15 ELA met. Continue to request updates from the Financial Aid office. 15-16 Write the ELA for compliance with the criterion. Approved 11.4.15. Continue to request updates from the Financial Aid office. 16-17 ELA met. Continue to request updates from the Financial Aid office. STOCKTON 17-18 18-19 19-20</p>	

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Criterion: 6.3 Financial aid records are maintained in compliance with the policies of the governing organization, state, and federal guidelines.	
Expected Level of Achievement: 100% of the ADN RSU nursing students' records in the RSU Financial Aid Office are maintained according to the policies required by RSU, the State of Oklahoma, and the federal government.	
Frequency of Evaluation ELA written and approved 11.4.15 Annually in November, next review 11.16	Assessment Methods: Each standard is assigned to a faculty member and reported to the faculty of the whole. Letter from the Financial Aid Office indicating the procedures for maintain student files
Results of Data Collection: 2013-2014 100% of the files are maintained according to policy 2014-2015 100% of the files are maintained according to policy 2015-2016 100% of the files are maintained according to policy 2016-2017 100% of the files are maintained according to policy 2017-2018 STOCKTON 2018-2019 2019-2020	
Actions for Program Development, Maintenance, or Revision: STOCKTON 15-16 Write the ELA for compliance with the criterion. Approved 11.4.15. Continue to request updates from the Financial Aid office. 16-17 ELA met. Continue to request updates from the Financial Aid office. 17-18 18-19 19-20	

Criterion 7: Records reflect that program complaints and grievances receive due process and including evidence of resolution.	
Expected Level of Achievement: 100% of formal program complaints and written grievances are handled according to RSU Nursing Program's Grievance Policy.	
Frequency of Evaluation: Annually in August	Assessment Methods: Review of formal student complaints
Results of Data Collection: 2015-2016: No formal grievances received. 2016-2017: One formal grievance received and handled per RSU Nursing Program Grievance Policy. 2017-2018: Nine (9) formal grievances/complaints received and handled per RSU Academic Policy and Procedures. See evidentiary table. 2018-2019: One (1) formal grievance received and handled per RSU Nursing Program Grievance Policy. See evidentiary table.	

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<p>2019-2020: Two (2) formal grievances received and handled per RSU Nursing Program Policy and the Academic Policies and Procedures manual (2014). Details in evidentiary table.</p> <ul style="list-style-type: none"> • <i>Grievance #1-</i> Allegation of academic dishonesty. Process followed and charges dismissed by the Academic Misconduct Board (AMB) per Policy 4.2.5.4. • <i>Grievance #2-</i> Allegation of academic dishonesty. Process followed and charges upheld by the AMB per Policy 4.2.5.4.2.1.
<p>Actions for Program Development, Maintenance, or Revision:</p> <p>FY 2015-2016 ELA met. Will evaluate if occurrence develops.</p> <p>FY 2016-2017 ELA met. Will evaluate if occurrence develops.</p> <p>FY 2017-2018 ELA met.</p> <p>FY 2018-2019 ELA met.</p> <p>FY 2019-2020 ELA met. 100% of complaints/grievances were handled according to RSU Nursing Program’s Grievance policy. Noted that grievance #1 process was delayed due to having incorrect mailing address. Have redoubled efforts at maintaining up-to-date contact information for all students, both within Department and at the University level (Registrar’s office). Have included reminders/announcements/verbiage as part of new nursing student orientation and in student Handbook.</p>

<p>Criterion 8: Orientation to technology is provided, and technological support is available to students.</p>	
<p>Expected Level of Achievement:</p> <p>1 - Within 4 weeks of entering the ADN program, 100% of the students participate in a structured orientation to the course learning managements system used by RSU.</p> <p>2 - 100% of ADN students’ syllabi contain statements regarding technical requirements and resource numbers for IT.</p>	
<p>Frequency of Evaluation: Annually in August</p>	<p>Assessment Methods: Verify that students will not be allowed course access until LMS orientation is completed. Randomly select 50% of the syllabi from the ADN courses to evaluate for the presence of statements regarding technical requirement and resource numbers for IT.</p>
<p>Results of Data Collection:</p> <p>2015-2016: 1-100% of students received LMS orientation, technical requirements, and resources number for IT during the first week of school each semester. Resource contact information was provided on the Ecampus home page and the RSU website. This information was also provided to students during new student orientation in June, 2015.</p> <p>2. 100% of ADN student’s syllabi selected contained statements regarding technical requirements and resource numbers for the HELP desk and IT.</p> <p>2016-2017: 1-100% of students received LMS orientation, technical requirements and resource phone number for IT during summer</p>	

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orientation, and during the first week of school each semester. Also available is resource information on MyRSU (Jenzabar) and the RSU website.

2-100% of ADN student syllabi selected contained statements regarding technical requirements and resource phone numbers for IT and the HELP desk.

2017-2018 1-100% of students received LMS orientation, technical requirements and resource phone number for IT during summer orientation, and during the first week of school each semester. Also available is resource information on MyRSU (Jenzabar) and the RSU website.

2-100% of ADN student syllabi selected contained statements regarding technical requirements and resource phone numbers for IT and the HELP desk.

2018-2019 1-100% of students received LMS orientation, technical requirements and resource phone number for IT during summer orientation, and during the first week of school each semester. Also available is resource information on MyRSU (Jenzabar) and the RSU website.

2-100% of ADN student syllabi selected contained statements regarding technical requirements and resource phone numbers for IT and the HELP desk.

2019-2020 1-100% of students received LMS orientation, technical requirements and resource phone number for IT during summer orientation, and during the first week of school each semester. Also available is resource information on MyRSU (Jenzabar) and the RSU website.

2-100% of ADN student syllabi selected contained statements regarding technical requirements and resource phone numbers for IT and the HELP desk.

Faculty unanimously decided that students should be required to have a laptop computer as part of their admission to the nursing program, starting with the Traditional BSN cohort entering in fall 2020. This decision was reinforced in March 2020 when the students were required to transition to all remote course delivery due to COVID-19. A laptop has proven necessary for testing and keeping up with MyRSU coursework and announcements and students in possession of a laptop are better prepared for success. The *NURSING PROGRAM Laptop Computer Requirements* was developed in conjunction with ACS and bookstore to provide up-front, published information about computer specifications for students who apply to and are admitted to the program. This new policy will be reflected on the BSN SPE.

Actions for Program Development, Maintenance, or Revision:

FY 15-16: ELA met.

FY 16-17: ELA met.

FY 17-18: ELA met.

FY 18-19: ELA met.

FY 19-20: ELA met.

Criterion 9: Information related to technology requirements and policies specific to distance education are accurate, clear, consistent, and accessible.

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Expected Level of Achievement: 100% of ADN students' files in the nursing office have a signed <i>Program Policy Agreement</i> .	
Frequency of Evaluation: Annually in August	Assessment Methods: Form Review electronic gradebook for compliance.
<p>Results of Data Collection: 2015-2016: 100% of ADN student files have a signed Program Policy Agreement. (16 of 84) 2016-2017: 100% of 1228 and 2246 ADN student records have an acknowledged policy agreement. Ninety-eight percent (98%) of 2223 have signed agreements. 2017-2018: Data not available. 2018-2019 1-100% of students have read, agree and have electronically acknowledged the <i>Agreement of Understanding and Acknowledgement & Release</i> documents in following courses: Fall 2018, NURS 1117, 2138. Spring NURS 1228, 2223, 2246. 2019-2020 1- 100% of students have read, agree and have electronically acknowledged the <i>Agreement of Understanding and Acknowledgement & Release</i> documents in following courses: Fall 2019, NURS 2138. Spring 2020 signed via paper copy for NURS 2223 and NURS 2246.</p>	
<p>Actions for Program Development, Maintenance, or Revision: FY 2015-2016 ELA met. Will continue to assess annually in August. FY 2016-2017: ELA not met- New action is for designated course leader to ensure compliance. Make an announcement in class to remind students to complete the online Acknowledgement and Release agreement. Make an announcement on the course webpage. Students not in compliance within the first two weeks of the semester will be placed on estoppel status. FY 2017-2018 ELA not met. Data not discoverable. FY 2018-2019 ELA met. FY 2019-2020 ELA met.</p>	

Standard 4	
Criterion 1: Consistent with contemporary practice, the curriculum incorporates established professional nursing standards, guidelines, and competencies, and has clearly articulated end-of-program student learning outcomes.	
Expected Level of Achievement: At least one of the ADN Student Learning Outcomes are directly associated with at least one of the NLN Competencies of <i>Human Flourishing, Nursing Judgment, Professional Identity or Spirit of Inquiry</i> . At least one of the Competencies, as depicted in the <i>Nursing Competencies by Educational Level: Guidelines for Nursing Practice and Education in Oklahoma</i> , is directly associated with least one of the ADN Student Learning Outcomes.	
Frequency of Evaluation: Annually in May	Assessment Methods: Comparison table of ADN Student Learning Outcomes to NLN Competencies, Comparison table of ADN Student

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	Learning Outcomes to OBN Nursing Competencies by Educational Level
<p>Results of Data Collection: 2015-2016- Each SLO is directly reflected in at least one of the NLN and one of the OBN Competencies 2016-2017 Each ADN Student learning outcome is reflected in the NLN and the OBN Competencies by Educational Level 2017-2018 Each ADN student learning outcome is reflected in the NLN and the OBN Competencies by Educational level 2018-2019 No changes in ADN SLO is reflected in NLN and OBN Competencies by Educational level. 2019-2020 No changes in ADN SLO is reflected in NLN and OBN Competencies.</p>	
<p>Actions for Program Development, Maintenance, or Revision: FY 15-16 5/16 ADN Student Learning Outcomes compared to Nursing Competencies and NLN Competencies. FY 16-17 Change in criterion by ACEN assessed, and no change in ELA needed. ELA met. Continue to assess ELA annually. FY 17-18 5/18 ADN Student Learning Outcomes reflected in the OBN and the NLN Competences. ELA met. Assess annually. FY 18-19 5/19 ELA met. Continue to assess annually. FY 19-20 2/28 ELA met. Continue to assess annually.</p>	
<p>Criterion 2: The end-of-program student learning outcomes are used to organize the curriculum, guide the delivery of instruction, and direct learning activities.</p>	
<p>Expected Level of Achievement: 1-At least one of the Student Learning Outcomes for the ADN program is directly linked to at least one Course Objective. 2- 100% of sampled didactic student learning activities reflect at least one Course Objective. 3-100% of the sampled test items delivered in the ADN program can be directly linked to at least one course objective.</p>	
<p>Frequency of Evaluation: Annually in April</p>	<p>Assessment Methods: Comparison table of SLO and course objectives. Randomly select 2 teaching plans from every ADN course and review for correlation of learning activities to course objectives. Randomly select 2 Test Blueprints from each course in the ADN program and verify each test item is linked to a Student Learning Outcome. Faculty Curriculum Minutes</p>
<p>Results of Data Collection: 2014-2015 No data documenting comparison of ADN Student Learning Outcomes to course objectives, didactic comparison with course objectives or linking exam items to SLO/PO. 2015-2016 1- Each course objective matched to ADN Student Learning Outcome. 2-Didactic student learning activities matched to course objectives. 3- No exam blueprint linking course objectives to each exam item. 2016-2017 1- Each course objective matched to ADN Student Learning Outcomes 2- 100% Didactic student learning activities matched to course objectives</p>	

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<p>2017-2018</p> <p>2018-2019</p> <p>2019-2020</p>	<p>3- 100% of exam items matched to course objectives (evidence in Examssoft)</p> <p>1- 100% Each course objective matched to an ADN SLO.</p> <p>2- 100% Didactic student learning activities matched to course objectives.</p> <p>3- 100% of exam items matched to course objectives (evidence in Examssoft)</p> <p>1-100% Each course objective matched to an ADN SLO</p> <p>2-100% Didactic student learning activities matched to course objectives</p> <p>3-100% of exam items matched to course objectives (evidence from Examssoft).</p> <p>1- 100% Each course objective matched an ADN SLO.</p> <p>2-100% Didactic student learning activities matched to course objectives</p> <p>3-100% of exam items matched to course objectives (evidence from Examssoft).</p>
<p>Actions for Program Development, Maintenance, or Revision:</p> <p>FY 15-16 Test blueprint task force was organized and developed a new test blueprint form connecting each test item to a course objective. (Faculty Meeting 5/16/16)</p> <p>FY 16-17 Change in criterion by ACEN assessed, and no change in ELA needed.</p> <p>FY 16-17 ELA met. Comparison of SLO and course objectives. Continue with annual evaluation.</p> <p>FY 17-18 ELA met. 1 and 2 evidence found the curriculum grid. 3 evidence found in Examssoft.</p> <p>FY 18-19 ELA met.</p> <p>FY 19-20. ELA met.</p>	

<p>Criterion 3: The curriculum is developed by the faculty and regularly reviewed to ensure integrity, rigor, and currency.</p>	
<p>Expected Level of Achievement: 1-100% of the ADN faculty participate in review of the curriculum for integrity, rigor and currency. 2- Average class score on proprietary end-of program exams are at or above the national average.</p>	
<p>Frequency of Evaluation: Annually in May</p>	<p>Assessment Methods: Curriculum Committee Minutes of, Faculty Committee Meeting Minutes of, Scores on end-of-program proprietary exams table, HESI exit exam first attempt</p>
<p>Results of Data Collection</p> <p>2014-2015 1- No data found of ADN curriculum review. 2- May 2015-ATI Predictor Group Program National mean 68.6 and Adjusted Group score 74.8, 6.2 above national scores</p> <p>2015-2016 1-May 2016 1- 8/8, 100% faculty participate in end of program review of curriculum 2- May 2016-ATI Predictor Group Program National mean 68.6 and Adjusted Group score 74.7, 6.1 above national scores</p> <p>2016-2017 1- May 26, 2017 100% of Faculty participate in end of program review of curriculum 2- May 2017- Changed from ATI Predictor to HESI Exit Assessment- Program mean 819, National ADN mean 846. 27 points below National mean.</p> <p>2017-2018 1- May 22, 2018-100% of Faculty participated in review of curriculum content for new BSN .</p>	

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<p>2-May 2018-Program mean-814, National mean-860. 46 points below the National mean.</p> <p>2018-2019 1- All 100% of Faculty participating in writing course objectives and class objectives for each BSN courses. 2-HESI Exit program mean 810 (1st attempt, N=91), National mean-855. Falling 45 points below the National mean.</p> <p>2019-2020 1- 100% of Faculty participated in review of curriculum content for ADN and Traditional BSN courses. All faculty participated in the initial development and launch of the Traditional BSN junior-level courses in fall 2019 and spring 2020. 2- HESI Exit program mean (1st attempt, N= 84) 818; National mean- 856. Falling 38 points below National mean.</p>
<p>Actions for Program Development, Maintenance, or Revision:</p> <p>FY 15-16 Scores on individual end-of-semester specialty exams revealed similar or higher performance scores. Data will be converted to a table format and distributed to appropriate faculty members for review of individual topics in need of revision/update. (Faculty meeting 5/16/16)</p> <p>FY-16-17 ELA not met. Scores of low performing exam topics will be converted to table and distributed to faculty members for Review/revision. Curriculum committee will evaluate any needed changes based on findings in the fall.</p> <p>FY-17-18 ELA not met. Scores on HESI 46 below standard.</p> <p>FY-18-19 ELA not met. Scores on HESI 54 points below standards. Results will be shared and discussed in Faculty meeting.</p> <p>FY 19-20 ELA not met. Spring 2020 scores 38 points below benchmark. Gap between RSU mean and National mean is lessening. However, in August 2019, faculty met and explored ways to improve NCLEX pass rates and more fully integrate HESI products as a means to this end. A HESI Hero faculty member was designated for each year. First year- V. Reith, second year L. Lowry. These faculty members implemented the use of Elsevier Adaptive Quizzing (EAQ) on both levels. The May results showed improvement, but the second-year students only had EAQ for the second year. Will continue integration and tracking results with new Traditional BSN program.</p>

Criterion 4: The curriculum includes general education courses that enhance professional nursing knowledge and practice.	
Expected Level of Achievement: 100% of the sampled student records will contain on an application for graduation courses in Anatomy & Physiology, Biology, English Composition, Nutrition and Microbiology.	
Frequency of Evaluation: Annually in May	Assessment Methods: Sample 20% of the graduation applications containing the above mentioned course work.
<p>Results of Data Collection:</p> <p>2015-2016 17 records sampled, 100% compliance</p> <p>2016-2017 18 records sampled, 100% compliance</p> <p>2017-2018 17 records sampled, 100% compliance</p> <p>2018-2019 20 records sampled, 100% compliance.</p> <p>2019-2020 20 records sampled, 100% compliance.</p>	
Actions for Program Development, Maintenance, or Revision:	

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FY 15-16 All prospective graduates completed a Graduation check. Criterion met. Continue to assess for changes.
FY 16-17 ELA Met. All prospective graduates completed a Graduation Check (application). Met requirements (Anatomy and Physiology, Biology, English Composition, Nutrition, and Microbiology). Continue to assess in May 2018.
FY 17-18 ELA Met, All prospective graduates in compliance of graduation requirements. Continue to assess in May 2019.
FY 18-19 ELA Met. All prospective graduates in compliance of graduation requirements. Continue to assess in May 2020.
FY 19-20 ELA Met. All prospective graduates in compliance of graduation requirements.

Criterion 5: The curriculum includes cultural, ethnic, and socially diverse concepts and may also include experiences from regional, national or global perspectives.	
Expected Level of Achievement: 1-The concepts of psychosocial integrity are reflected in one or more of the SLO for the ADN program. 2-Fourth semester students will score at or above 850 on the HESI RN exit exam items reflecting psychosocial integrity.	
Frequency of Evaluation: Annually in May	Assessment Methods: Comparison table of ADN Course Objectives and psychosocial integrity. Comparison table of scores on proprietary end of program exam and performance on concepts reflecting psychosocial integrity.
<p>Results of Data Collection:</p> <p>2015-2016 1- No change in ADN SLO. 2-Spring 2016 Proprietary Exit results National 66.5 and program 70.5-4%; above national scores</p> <p>2016-2017-1- No change in ADN SLO 2- Spring 2017 Changed from ATI Predictor to HESI Exit Assessment. Results are not percentages but scores. Pt.-centered care-Ethical/Legal- 959 and Psychosocial-Cultural/Spiritual 985.</p> <p>2017-2018 No data from Exit HESI on Pt.-centered care, Ethical and Legal-802 and Psychosocial-743 and Culture/Spiritual-980.</p> <p>2018-2019 1- No changes in ADN SLO 2- No data from Exit HESI on Pt. centered care, Spring 2019 Exit HESI- Ethical and Legal 895 and Psychosocial 799 and Cultural/Spiritual-807</p> <p>2019-2020 1- No changes in ADN SLOs. Culture- SLO #5, Organize nursing interventions to provide an environment conducive to patient centered care. Ethics- SLO #1, Incorporate ethical, moral and legal standards of professional nursing practice into personal nursing practice. Social Diversity- SLO #8, Demonstrate the efficient and effective use of human, physical, financial, technological and environmental resources during coordination of patient care. 2- HESI Exit subcategory scores: Psychosocial Integrity- 781; Cultural/Spiritual- 969; Legal/Ethical- 746;</p>	
<p>Actions for Program Development, Maintenance, or Revision:</p> <p>FY 15-16 ELA Met. Psychosocial Integrity scores increased from previous year. No changes needed. (Faculty Meeting Minutes 05/16/16)</p> <p>FY 16-17 ELA Met. Modified ELA to reflect HESI exit exam. Continue to monitor for changes.</p> <p>FY 17-18 Only Cultural /Spiritual met ELA. Assess other areas for possible curriculum changes.</p>	

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FY 18-19 Ethical/Legal, Psychosocial has increased from last year. Cultural/Spiritual decreased from last year. Only Ethical/Legal is above the 850 standard.
FY 19-20 Spiritual/Cultural ELA met; Psychosocial ELA not met- this category has stayed in the same range for past 2 years; Legal/Ethical not met and has decreased over past 2 years.

Criterion 6: The curriculum and instructional processes reflect educational theory, interprofessional collaboration, research, and current standards of practice.

Expected Level of Achievement: The concepts of collaboration, evidence-based practice and the role of the nurse in contemporary practice are present in one or more of the SLO for the ADN program.

Frequency of Evaluation: Annually in May

Assessment Methods: Comparison table of ADN SLO and concepts including collaboration, evidence-based practice and the role of the nurse in contemporary practice

Results of Data Collection:

2015-2016 SLO 2,4,7 and 8 reflect ELA

2016-2017 SLO 2,4,7 and 8 reflect ELA

2017-2018 SLO 2,4,7, and 8 reflect the ELA

2018-2019 All SLO reflect the concepts

2019-2020 No changes in SLO, All SLO reflect these concepts. (SLOs 2, 4, 7, and 8)

Actions for Program Development, Maintenance, or Revision:

FY 15-16 ELA met. Evaluate with curricular changes.

FY 16-17-ELA met. Evaluate with curricular changes.

FY 17-18 ELA met. Evaluate with curricular changes.

FY 18-19 ELA met. Evaluate with curricular changes.

FY 19-20 ELA met. Evaluate with curricular changes.

Criterion 7: Evaluation methodologies are varied, reflect established professional and practice competencies, and measure the achievement of the students learning outcomes.

Expected Level of Achievement: 1- Multiple evaluation methodologies are present in each course syllabi for the ADN program. 2-100% of student assignments reflect one or more of the course objectives.

Frequency of Evaluation: Semiannually in December and May

Assessment Methods: Table of courses and evaluation methods;
Correlation table of assignments and course objectives

Results of Data Collection:

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<p>2015-2016 100% of the assignments contain at least one course objective. 2016-2017 Added collaborative simulation to criteria. 100% of the assignments contain at least one course objective. 2017-2018 100% of assignments contain at least on course objective. (See also curriculum grid). 2018-2019 12-18-Added Simulation to methodologies used in course work (evidence), 100% of student assignments reflect at least one course objective. 12-19-No changes in evaluation methodologies. 2019-2020 1- no changes in evaluation methodologies. 2- 100% of student assignments reflect one or more of the course objectives (evidence).</p>	
<p>Actions for Program Development, Maintenance, or Revision: FY 15-16 ELA met. Continue assessment to reflect changes. FY 16-17 ELA met. Continue assessment semi-annually to reflect changes. FY 17-18 ELA met. Continue assessment semi-annually to reflect changes. YF 18-19 12-18-ELA met. 5-18- ELA met. Continue assessment semi-annually. FY 19-20 1- ELA met. 2- ELA met. In development of Traditional BSN curriculum, faculty are proposing the use of a wider variety of evaluation methodologies as the roomier curriculum allows this implementation. The addition of more papers, projects and professional presentations will be used alongside examinations. Further, rubrics will be implemented for grading.</p>	
<p>Criterion 8: The total number of credit/quarter hours required to complete the defined nursing program of study is congruent with the attainment of the identified end-of-program student learning outcomes and program outcomes, and is consistent with the policies of the governing organization, the state, and the governing organization’s accrediting agency.</p>	
<p>Expected Level of Achievement: 1-100% of the students complete the ADN program <i>with at least 72 credit hours (the number of hours in the degree plan). If more hours are completed, they will directly reflect the coursework for the BSN.</i> 2- 100% of the sampled ADN students write about how their clinical experiences meet the clinical learning objectives which are a reflection of student learning outcomes.</p>	
<p>Frequency of Evaluation: Annually in May (changed to annually in September)</p>	<p>Assessment Methods: Sample of 20% of applications for graduation for each class for number of credit hours completed. If variances occur, sample an additional 20% of applications for graduation for compliance. Table of additional coursework.</p>
<p>Results of Data Collection: 2015-2016 20% sample reviewed. 88% of students reviewed had hours transferred in from previous schools. ADN hours, BSN, and non-BSN hours recorded. Comments explain student hours. 2016-2017 20% sample reviewed. 90% of students reviewed had hours transferred in from previous schools. ADN hours, BSN, and non-BSN Hours recorded Comments explain student hours. 2017-2018 1-20% sample reviewed. 80% had hours prior to program. Breakdown of ADN, BSN, and non-BSN hours recorded. 2- 100% sample reviewed. 100% Students write about how their clinical experiences meet their clinical learning objectives. (See clinical grade spreadsheet 2017-2018).</p>	

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2018-2019 1-20% sample (N=20) reviewed. Breakdown of ADN, BSN, and non-BSN hours recorded. Sample included some Bridge students. See spreadsheet.
2- 100% of student clinical files sampled write about how clinical experiences meet clinical learning objectives which reflect the SLOs.
2019-2020 1-20% sample (N=17) reviewed. Breakdown of ADN, BSN, and non-BSN hours recorded (see spreadsheet).
2- 100% of student files sampled write about how clinical experiences meet clinical learning objectives which reflect the SLOs.

Actions for Program Development, Maintenance, or Revision:

FY 15-16 Total Credit Hours Completed Table developed to track data.
FY 16-17 Change in criterion by ACEN assessed, and ELA updated to reflect change.
FY 17-18 1- ELA met. Continue to monitor annually.
2- ELA met. Continue to monitor annually.
FY 18-19 1- ELA met.
2- ELA met.
FY 19-20 1- ELA met.
2- ELA met.

Criterion 9: Student clinical experiences and practice learning environments are evidence-based; reflect contemporary practice and nationally established patient health and safety goals; and support the achievement of the end-of-program student learning outcomes.

Expected Level of Achievement: 1 – 100% of ADN students present a clinical project that supports evidenced-based practice. 2- 100% of ADN students present a clinical project which includes National Patient Safety Goals.

Frequency of Evaluation: Semiannually in December and May

Assessment Methods: Table of Clinical Partners and Respective Accreditation Body; Sample 20% of the clinical assignments that reflect National Patient Safety Goals (NPSG)

Results of Data Collection:

2015-2016 Unable to locate a document that demonstrated clear evidence of Evidence-Based Practices and QSEN competencies
2016-2017 ELA 1- rewritten, met 100% Spring 2017; ELA 2 met 100% Fall 2016. Meeting criterion not previously met.
2017-2018 ELA 1- Spring 2018 met 100%. 2- ELA Fall 2017 met 100%
2018-2019 ELA met. All Students write to NPSG in Fall and Spring clinicals and NPSG projects completed 5-19.
2019-2020 ELA met. 1- and 2- 100% students presented a clinical project that includes NPSG and 100% students write to NPSG in fall and spring clinicals.

Actions for Program Development, Maintenance, or Revision:

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FY 15-16 ELA not met. Curriculum deficient in addressing the NPSG. Developed a clinical assignment to include NPSG.
FY 16-17 Change in criterion by ACEN assessed, and ELA updated. ELA met.
FY 17-18 ELA met. Fall clinical assignment includes a NPSG project. Spring clinical assignment includes a EBP project.
FY 18-19 ELA met. Students complete presentations on NPSG during clinical in NURS 2138; students complete a Seminar project in NURS 2223 in spring about NPSG in which they must incorporate research data/EVP data.
FY 19-20 ELA met. Students complete presentations on NPSG during clinical in NURS 2138; students complete a Seminar project in NURS 2223 in spring about NPSG in which they must incorporate research data/EVP data.

Criterion 10: Written agreements for clinical practice agencies are current, specify expectations for all parties, and ensure the protection of students.	
Expected Level of Achievement: 100% of the sampled contracts in use for the ADN students' clinical experience are up-to-date, articulate the expectations of the agency, the student, and RSU, and include language that protects the students.	
Frequency of Evaluation: Annually in May	Assessment Methods: Sample 20% of the clinical contracts for currency, expectations of the agency, students, and RSU, and language to protect the student. If variances are identified, sample an additional 20%.
<p>Results of Data Collection:</p> <p>2015-2016 100% of the sampled clinical contracts (20% were reviewed) were sampled for currency, expectations of the agency, students, and RSU to protect the students .</p> <p>2016-2017 100% of sampled clinical contracts (20% were reviewed) were sampled for currency, expectations of the agency, student, and RSU to protect the students.</p> <p>2017-2018 100% of Sampled clinical contracts, (20% reviewed.)</p> <p>2018-2019 100% of Sampled Clinical Contracts (20% reviewed)</p> <p>2019-2000 100% of sampled clinical contracts (20% reviewed).</p>	
<p>Actions for Program Development, Maintenance, or Revision:</p> <p>FY 15-16 ELA met. Continue to review in September with new SY/Clinical site</p> <p>FY 16-17 ELA met. Continue to review in September with new contracts/clinical sites.</p> <p>FY 17-18 ELA met. Continue to review in September with new contracts/clinical sites.</p> <p>FY 18-19 ELA met. Continue to review in September with new contracts/clinical sites</p> <p>FY 19-20 ELA met. Continue to review in September and with new contracts/clinical sites.</p>	

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Criterion 11: Learning activities, instructional materials, and evaluation methods are appropriate for all delivery formats and consistent with the student learning outcomes.	
Expected Level of Achievement: ----All sections of this program are taught in a blended format, which is consistent among all cohorts. This criterion does not apply.--- 100%- Congruency between blended courses on-line and on campus courses information.	
Results of Data Collection: 2017-2018 On-line and on ground courses compared. Course information same. Grades within one standard deviation. 2018-2019 Last on ground, Pathophysiology taught in Spring 2018. All current courses are on-line. No current ADN are taught both on ground and online this year. Criterion does not apply this year. 2019-2020 All learning activities, instructional materials and evaluation methods are consistent with the students learning outcomes. The ADN program does not utilize online courses; all courses are on-ground and augmented by the use of the MyRSU learning management system.*	
Actions for Program Development, Maintenance, or Revision: FY 17-18 ELA changed, ELA met. Continue to review. FY 18-19 Continue to review changes in course offering. FY 19-20 ELA met. Continue to review. <i>*Due to COVID-19, the spring 2020 semester was completed (everything following spring break) using a remote delivery format. This was a government and University mandated "safer-at-home" order. Thus, all course delivery, testing and communication was transitioned to online delivery, primarily using Zoom and MyRSU LMS. All assignments and exams were completed per the syllabus but with alterations in delivery formats and timelines. Clinical experiences were transitioned to online virtual clinical experiences through Shadow Health software, Zoom case studies and case presentations with Zoom debriefing.</i>	

Standard 5	
Criterion 1: Fiscal resources are sustainable, sufficient to ensure the achievement of the student learning outcomes and program outcomes, and commensurate with the resources of the governing organization.	
Expected Level of Achievement: 1-The score on the faculty survey is 3.5 or greater <i>strongly agrees or agrees</i> on the question, "The ADN program has the resources to meet the PO and the SLO." 2- The budget for the ADN program is adequate to attract and maintain qualified faculty to teach in the program.	
Frequency of Evaluation: Annually in August	Assessment Methods: Annual faculty survey results; Faculty retention table; Comparison table of annual nursing faculty salaries to

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	annual salaries of other programs at RSU. annual nursing faculty salaries of area colleges and universities. See Criterion folder.
<p>Results of Data Collection:</p> <p>2015-2016 1-No data available. The question, “The ADN program has the resources to meet the PO and the SLO” was not on the survey.</p> <p>2016-2017 1- The score on the faculty survey was 4.0 on the question, “The ADN program has the resources to meet the PO and the SLO.”</p> <p>2017-2018 1- Only one respondent noted on this faculty survey. No data available.</p> <p>2018-2019 1- The Annual ADN Faculty Survey contained similar, but not identical questions addressing the adequacy of resources for teaching and learning. Further, the scoring of the items was based upon a scale using “strongly agree, agree, no opinion, disagree or strongly disagree” rather than a numeric likert scale. On the Annual ADN faculty survey, the statement “The available learning resources meet your instructional needs”, 100% of respondents agree or strongly agree; to the statement “Learning resources are accessible to meet your instructional needs”, 100% of respondents agree or strongly agree.</p> <p>2019-2020 1- The ADN Annual Faculty Survey (Nov 2019, N=8) did not contain identical question to that of the ELA. Two similar questions addressed resources of the program to meet outcomes. Item #5 “The Physical resources in the Health Sciences building meet your instructional needs”- 71% of respondents <i>strongly agreed</i> or <i>agreed</i> (only 7 respondents). Item #7 “The available learning resources meet your instruction needs”- 100% of respondents <i>strongly agreed</i> or <i>agreed</i>.</p> <p><u>Faculty Retention</u></p> <p>Full Time Faculty:</p> <p>Retention rate: 75% at end of year of FY 2014-2015 Retention rate: 88% at end of year of FY 2015-2016 Retention rate: 88% at end of FY 2016-2017 Retention rate: 88% at end of FY 2017-2018 Retention rate: 63.6% at end of FY 2018-2019 Retention rate: 83.3 at end of FY 2019-2020 (one full-time faculty resignation; 1 full-time faculty decrease to ½ time)</p> <p><u>Clinical Adjunct Faculty:</u></p> <p>Retention rate: FY 2014-2015: 53% F14 to S15; 54% S15 to F15 FY 2015-2016: 82% F15 to S16; 60% S16 to F16 FY 2016-2017: 74% F16 to S17; 62.5% S17 to F17 FY 2017-2018: 81% F17 to S18; 53% S18 to F18 FY 2018-2019: 82.6% F18 to S19; 79% S19 to F19 FY 2019-2020: 83% F19 to Sp20;</p>	
Actions for Program Development, Maintenance, or Revision:	

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FY 2015-2016

- 1- **ELA not met.** Survey monkey implemented for the annual faculty survey. Consider adding the question, “The ADN program has the resources to meet the PO and the SLO” to future survey.
- 2- **ELA not met.** Per faculty meeting minutes, October 9, 2015, average salaries of full-time faculty were not competitive with area universities. Explore nontraditional means of addressing faculty salaries.
Retention of faculty is improving and is well above the national rate of retention of faculty. Remains stable at this time.

FY 2016-2017 Faculty evaluated criteria and determined the evaluation should be done annually in August.

FY 2016-2017 1- ELA met.

- 2- **ELA not met.** Per faculty meeting minutes, average salaries of full-time faculty were not competitive with area universities. Explore nontraditional means of addressing faculty salaries.
Retention of faculty is improving and is well above the national rate of retention of faculty. Remains stable at this time.

FY 2017-2018 1- ELA not met. Only one respondent noted on this faculty survey. No data available.

2- **ELA not met.**

FY 2018-2019 1- ELA not met. Results were largely positive, with 100% of faculty agreeing or strongly agreeing with adequacy of resources, but the rubric scoring measure was not aligned with proposed scoring method. Will revise survey to reflect designated measurement method.

- 2- Per 2018 data, average salaries of full-time nursing faculty were not competitive with area institutions. Retention of faculty decreased due to two retirements and two resignations. Will seek new sources of funding for faculty positions.

FY 2019-2020 1- ELA partially met. ELA was revised to use strongly agree/agree rather than numeric scale. However, no benchmark was set. It is a mixed response with 71% and 100% strongly agree/agree. Faculty will set a desired benchmark. 2- Per 2019 data, average salaries of full-time nursing faculty were not competitive with area institutions. **Retention of faculty improved due to just 1.5 full-time resignations. Will seek new sources of funding for faculty positions. Requesting the return of two faculty positions that were “lost” following spring 2019 retirements/resignations.**

Comparison of Nursing Faculty Salaries 2018-2019 (most recent publication)

National-	Nursing Faculty \$66,480 per year average
Oklahoma-	Professor-Nursing \$89,421 per year average Nursing Professor in Oklahoma area \$61,142 per year average Nursing Faculty in Oklahoma City area \$63,363 per year average Nursing Faculty in Tulsa area \$59,872

Nursing Adjunct Faculty

National Average is \$738/week

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<https://www.okhighered.org/studies-reports/faculty-salary/2018-19.pdf>
<https://www.bls.gov/oes/2017/may/oes251072.htm>

Criterion 2: Physical resources are sufficient to ensure the achievement of the end-of-program student learning outcomes and program outcomes, and meet the needs of the faculty, staff, and students.

Expected Level of Achievement: 1- 85% of the students from each cohort indicate on the Total Program Survey they *agree* or *strongly agree* on questions related to physical resources. 2- The score on the faculty survey is 3.5 or higher *strongly agrees* or *agrees* on the question, “The physical resources in the Health Science building meet your instructional needs.”

Frequency of Evaluation: Annually in August

Assessment Methods: Annual faculty survey results; Total program survey results. See Criterion folder.

Results of Data Collection:

2015-2016: Second Year

1-89.16% of the respondents indicated on the Total Program Survey related to physical resources, they *agree* or *strongly agree* on the question: The nursing classrooms are adequate for student learning.
 90.00% of the respondents indicated on the Total Program Survey related to physical resources, they *agree* or *strongly agree* on the question: Teaching models and equipment are adequate to meet the needs of learning objectives.

First Year

1-97.96% of the respondents indicated on the Total Program Survey related to physical resources, they *agree* or *strongly agree* on the question: The nursing classrooms are adequate for student learning.
 94.89% of the respondents indicated on the Total Program Survey related to physical resources, they *agree* or *strongly agree* on the question: Teaching models and equipment are adequate to meet the needs of learning objectives.
 2-The score on the faculty survey was 3.38 on the question, “The physical resources in the Health Science building meet your instructional needs.”

2016-2017: Second Year

1-80.26% of the respondents indicated on the Total Program Survey related to physical resources, they *agree* or *strongly agree* on the question: The nursing classrooms are adequate for student learning.
 73.33% of the respondents indicated on the Total Program Survey related to physical resources, they *agree* or *strongly agree* on the question: Teaching models and equipment are adequate to meet the needs of learning objectives.

First Year

1-87.40% of the respondents indicated on the Total Program Survey related to physical resources, they *agree* or *strongly agree* on the question: The nursing classrooms are adequate for student learning.
 75.00% of the respondents indicated on the Total Program Survey related to physical resources, they *agree* or *strongly agree* on the question: Teaching models and equipment are adequate to meet the needs of learning objectives.

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2-The score on the faculty survey was 2.8 on the question, “The physical resources in the Health Science building meet your instructional needs.”

2017-2018: Second Year

1-76.92% of the respondents indicated on the Total Program Survey related to physical resources, they *agree* or *strongly agree* on the question: The nursing classrooms are adequate for student learning.

79.49% of the respondents indicated on the Total Program Survey related to physical resources, they *agree* or *strongly agree* on the question: Teaching models and equipment are adequate to meet the needs of learning objectives.

First Year

1-84% of the respondents indicated on the Total Program Survey related to physical resources, they *agree* or *strongly agree* on the question: The nursing classrooms are adequate for student learning.

90% of the respondents indicated on the Total Program Survey related to physical resources, they *agree* or *strongly agree* on the question: Teaching models and equipment are adequate to meet the needs of learning objectives.

2- Only one respondent noted on this faculty survey. No data available.

2018-2019: Second Year

1- 100% of respondents indicated on the Total Program Survey related to physical resources, they *agree* or *strongly agree* on the question: The nursing classrooms are adequate for student learning.

100% of respondents indicated on the Total Program Survey related to physical resources, they *agree* or *strongly agree* on the question: Teaching models and equipment are adequate to meet the needs of learning objectives.

First Year

1- 75% of respondents indicated on the Total Program Survey related to physical resources, they *agree* or *strongly agree* on the question: The nursing classrooms are adequate for student learning.

83.34% of respondents indicated on the Total Program Survey related to physical resources, they *agree* or *strongly agree* on the question: Teaching models and equipment are adequate to meet the needs of learning objectives.

2- Only one respondent noted on this faculty survey. Insufficient data available.

2019-2020: Second Year

1- 50% of respondents indicated on the Total Program Survey related to physical resources, they *agree* or *strongly agree* on the question: The nursing classrooms are adequate for student learning.

36% of respondents indicated on the Total Program Survey related to physical resources, they *agree* or *strongly agree* on the question: Teaching models and equipment are adequate to meet the needs of learning objectives.

First Year

1- There were no first-year ADN students due to the discontinuance of the ADN program.

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- 2- The ADN Annual Faculty Survey (Nov 2019, N=8) question, item #5 “The Physical resources in the Health Sciences building meet your instructional needs” - 71% of respondents *strongly agreed or agreed* (only 7 respondents).

Actions for Program Development, Maintenance, or Revision:

FY 2015-2016 1- **ELA met.** Per student’s self-report that the classroom setting was not adequate for student learning. Examples given were extremely “squeaky” seats which were loose and unsteady and uncomfortable to sit in for lectures and test taking. The nursing program would like to see an estimate on remodel/revision of the seating arrangement due to the student’s comments.

2- **ELA not met.**

FY 2016-2017 Faculty evaluated criteria and determined the evaluation should be done annually in August. Change in criterion by ACEN assessed, and no change in ELA needed.

ELA not met: Second year.

1- **ELA met:** First year.

2- **ELA not met.**

FY 2017-2018 1- **ELA not met:** Second year.

ELA not met: First year on the question: The nursing classrooms are adequate for student learning.

ELA met: First year on the question: Teaching models and equipment are adequate to meet the needs of learning objectives.

2- **ELA not met.**

FY 2018-2019 1- **ELA not met:** Second year.

ELA not met: First year on the question: The nursing classrooms are adequate for student learning.

ELA met: First year on the question: Teaching models and equipment are adequate to meet the needs of learning objectives.

2- **ELA not met.** Estimate for remodeling of the main nursing classroom, HS 135 was obtained in December 2018 with the intention of seeking additional funding and/or grant to fund remodel of this primary classroom.

FY 2019-2020 1- **ELA not met.** 50% or less of the students felt that the physical classrooms are adequate for students learning and that the models and learning tools were adequate. There were student comments about the projector in the main lecture room (HS 135) being poor and difficult to see content. Extension cords are draped about the room to allow for laptop plugins. Anecdotal Complaints about seating being un-adjustable and uncomfortable. Faculty believes this to reflect several years of budget cuts not allowing for repairs and upgrading of facilities. Department Head has submitted data and pictures of HS 135 to the RSU Office of Development and the VP of Development is working to secure grant money to improve the room. Students also complained that while we have many good teaching models and high-tech simulators, faculty often reverted to low-tech simulations and did not use the equipment fully. The main simulation faculty, L. Lowry is attending several June 2020

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webinars about simulation with an eye toward fuller implementation of simulation capacity. Will address these complaints at initial fall 2020 (Aug) Faculty Governance committee meeting.

Criterion 3: Learning resources and technology are selected with faculty input and are comprehensive, current, and accessible to faculty and students.

Expected Level of Achievement: 1-75% of the students from each cohort indicated on the Total Program Survey that they *agree* or *strongly agree* on the questions relating to resources and technology. 2- The score on the faculty survey is ~~3.5 or higher~~ *strongly agrees or agrees* on the question, "The faculty have input into the selection of learning resources." 3- The score on the faculty survey is ~~3.5 or higher~~ *strongly agrees or agrees* on the question, "The available learning resources meet your instructional needs." 4- The score on the faculty survey is ~~3.5 or higher~~ *strongly agrees or agrees* on the question, "Learning resources are accessible to meet your instructional needs."

Frequency of Evaluation: Annually in-August

Assessment Methods: Annual faculty survey results; Total program survey results. See Criterion folder.

Results of Data Collection:

FY 2015-2016: Second Year

1-93.33% of the respondents indicated on the Total Program Survey related to resources and technology, they *agree* or *Strongly Agree* on the question: The learning resources and technology utilized are comprehensive, current, and accessible to all students.

First Year

1-98.98% of the respondents indicated on the Total Program Survey related to resources and technology, they *agree* or *Strongly Agree* on the question: The learning resources and technology utilized are comprehensive, current, and accessible to all students.

2- The score on the faculty survey was 4.5 on the question, "The faculty have input into the selection of learning resources."

3- The score on the faculty survey was 4.0 on the question, "The available learning resources meet your instructional needs."

4- The score on the faculty survey was 4.13 on the question, "Learning resources are accessible to meet your instructional needs."

FY 2016-2017: Second Year

1-86.84% of the respondents indicated on the Total Program Survey related to resources and technology, they *agree* or *Strongly Agree* on the question: The learning resources and technology utilized are comprehensive, current, and accessible to all students.

First Year

1-76.78% of the respondents indicated on the Total Program Survey related to resources and technology, they *agree* or *Strongly Agree* on the question: The learning resources and technology utilized are comprehensive, current, and accessible to

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all students.

2- The score on the faculty survey was 4.0 on the question, "The faculty have input into the selection of learning resources."

3- The score on the faculty survey was 3.8 on the question, "The available learning resources meet your instructional needs."

4- The score on the faculty survey was 3.6 on the question, "Learning resources are accessible to meet your instructional needs."

FY 2017-2018: Second Year

1-84.61% of the respondents indicated on the Total Program Survey related to resources and technology, they *agree* or *Strongly Agree* on the question: The learning resources and technology utilized are comprehensive, current, and accessible to all students.

First Year

1-94% of the respondents indicated on the Total Program Survey related to resources and technology, they *agree* or *Strongly Agree* on the question: The learning resources and technology utilized are comprehensive, current, and accessible to all students.

2- Only one respondent noted on this faculty survey. No data available.

3- Only one respondent noted on this faculty survey. No data available.

4- Only one respondent noted on this faculty survey. No data available.

FY 2018-2019: Second Year

1-84.61% of the respondents indicated on the Total Program Survey related to resources and technology, they *agree* or *Strongly Agree* on the question: The learning resources and technology utilized are comprehensive, current, and accessible to all students.

First Year

1-94% of the respondents indicated on the Total Program Survey related to resources and technology, they *agree* or *Strongly Agree* on the question: The learning resources and technology utilized are comprehensive, current, and accessible to all students.

2- Only one respondent noted on this faculty survey. No data available.

3- Only one respondent noted on this faculty survey. No data available.

3- Only one respondent noted on this faculty survey. No data available.

FY 2019-2020: Second Year

1-41% of the respondents (N=22) indicated on the Total Program Survey related to resources and technology, they *agree* or *strongly agree* on the question "The learning resources and technology utilized are comprehensive, current, and accessible to

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all students”.

First Year

1-Not applicable. There are not first-year ADN students due to the discontinuance of the ADN program.

2- The ADN Annual Faculty Survey (Nov 2019, N=8). 87.5% of responding faculty *strongly agree* or *agree* that “The faculty have input into the selection of learning resources.”

3- 100% of responding faculty *strongly agree* or *agree* that “The available learning resources meet your instructional needs”.

4- 100% of responding faculty *strongly agree* or *agree* that “Learning resources are accessible to meet your instructional needs”.

Actions for Program Development, Maintenance, or Revision:

FY 2015-2016: 1-ELA met. Per student self-report the Writing Center was limited in time and assistance in regards to APA format of a scholarly paper. Grammar and punctuation was addressed but APA format was not.

Per Library committee, nursing is being asked to provide textbooks for the Library for nursing student use.

2-ELA met.

3-ELA met.

4-ELA met.

FY 2016-2017: Faculty evaluated criteria and determined the evaluation should be done annually in August.

1-ELA met.

2-ELA met.

3-ELA met.

4-ELA met.

FY 2017-2018: 1-ELA met.

2-ELA not met.

3-ELA not met.

4-ELA met.

FY 2018-2019: 1-ELA met.

2-ELA not met.

3-ELA not met.

4-ELA met.

FY 2019-2020: 1- ELA not met. Per student feedback on survey, faculty and Department Head will explore ways to better use existing equipment and fully integrate it into the program.

2-ELA favorable. No formal benchmark set due to need to change ELA from numeric scale measurement to “agrees/strongly agrees” measurement. Faculty will determine benchmark for future SPE.

3-ELA met.

4-ELA met.

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Discussion: In May 2020 when survey was administered, the students had just completed the program after being required to transition to all remote course delivery and online, remote testing due to the government and University mandated Covid requirements. Many students were upset about the transition and were very stressed about personal and financial issues at the same time. The survey seems to heavily reflect that sentiments of the students who were unhappy with this change. Anecdotally, many students were positive and gracious to faculty and complimentary of efforts made to communicate and accommodate needs during the time of remote learning. In an attempt to relieve financial burdens for students, the Department secured a grant from the RSU Foundation that completely covered the cost of ProctorU for remote testing; further, the Department paid for both levels of students' Shadow Health for virtual clinical. Weekly Q & A Zoom sessions were held to allow questions about anything from course content, to schedule, to virtual clinical expectations, in an effort to relieve stress and provide a path to success.

Criterion 4: Fiscal, physical, technological, and learning resources are sufficient to meet the needs of the faculty and students engaged in alternative methods of delivery.

Expected Level of Achievement: This Criterion does not apply. All ADN courses are **blended** and therefore the information for this Criterion is captured in Criteria 1-3.

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%

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- 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

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

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<p>Frequency of Assessment: Annually in May Reviewed May 17, 2018; May 14, 2019; May 22, 2020</p>	<p>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</p>																														
<p>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</p> <p style="color: red;">Data on SLO using a different ELA and method of collection located in 6.4, below.</p> <p>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)</p> <p>FY 2016-2017 elaborated tripartite data</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #cccccc;">Competency Topic Student Learning Outcomes</th> <th style="background-color: #cccccc;">HESI Performance Weighted Score ELA > 850</th> <th style="background-color: #cccccc;">Survey Results ELA > 80% Agree or Strongly Agree</th> <th style="background-color: #cccccc;">Exam Performance Percent Number of items ELA > 80%</th> <th style="background-color: #cccccc;">Number of indicators met, action</th> </tr> </thead> <tbody> <tr> <td>1. Professional Behaviors</td> <td>864</td> <td>99.72%</td> <td>95.19% 3 items</td> <td>3 None</td> </tr> <tr> <td>2. Communication</td> <td>816</td> <td>100%</td> <td>86.89% 8 items</td> <td>2 Watch</td> </tr> <tr> <td>3. Assessment</td> <td>820</td> <td>99.5%</td> <td>82.69% 102 items</td> <td>2 Watch</td> </tr> <tr> <td>4. Clinical Decision Making</td> <td>816</td> <td>100%</td> <td>82.06% 70 items</td> <td>2 Watch</td> </tr> <tr> <td>5. Caring Interventions</td> <td>812</td> <td>99.92%</td> <td>84.71% 10 items</td> <td>2 Watch</td> </tr> </tbody> </table>		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	1. Professional Behaviors	864	99.72%	95.19% 3 items	3 None	2. Communication	816	100%	86.89% 8 items	2 Watch	3. Assessment	820	99.5%	82.69% 102 items	2 Watch	4. Clinical Decision Making	816	100%	82.06% 70 items	2 Watch	5. Caring Interventions	812	99.92%	84.71% 10 items	2 Watch
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6. Teaching/Learning	804	100%	88.347% 36 items	2 Watch
7. Collaboration	843	100%	79.18% 3 items	1 Investigate
8. 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
1. Professional Behaviors	857	86.84% 14 items	2 None
2. Communication	836	86.22% 17 items	1 Watch
3. Assessment	789	80.53% 106 items	1 Watch
4. Clinical Decision Making	800	82.67% 84 items	1 Watch
5. Caring Interventions	799	66.67% 8 items	0 Investigate
6. Teaching/Learning	786	87.38% 27 items	1 Watch
7. Collaboration	793	88.94% 4 items	1 Watch
8. 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	Number of indicators met, action
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		ELA > 80%	
1. Professional Behaviors	842	87.67% 5 items	1 Watch
2. Communication	769	84.05% 13 items	1 Watch
3. Assessment	778	82.81% 108 items	1 Watch
4. Clinical Decision Making	790	83.61% 88 items	1 Watch
5. Caring Interventions	796	95.44% 7 items	1 Watch
6. Teaching/Learning	758	84.47% 25 items	1 Watch
7. Collaboration	803	86.81% 2 items	1 Watch
8. Managing Care	796	116.86% 45 items	1 Watch

FY19-20

Competency Topic Student Learning Outcomes	HESI Performance Weighted Score ELA > 850	Exam Performance Percent Number of items ELA > 80%	Number of indicators met, action
1. Professional Behaviors	873	35.71% 3 items	1 Watch
2. Communication	715	58.10% 10 items	0 Investigate
3. Assessment	944	73.21% 40 items	1 Watch
4. Clinical Decision Making	824	71.35% 29 items	0 Investigate
5. Caring Interventions	823	73.33% 5 items	0 Investigate

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6. Teaching/Learning	841	90.33% 8 items	1 Watch
7. Collaboration	843	100% 1 items	1 Watch
8. Managing Care	850	64.76% 15 items	1 Watch

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.

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 ELA met in most areas. *Managing Care* and *Caring Interventions* (standardized exam) 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 Management of Care 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 ELA met. 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.

FY19-20 ELA not met. Due to Covid 19, we were unable to effectively evaluate the faculty made test items because of switching exams from ExamSoft to RSU's LMS (MyRSU-Jenzabar) platform for testing. This platform does not allow us to map and categorize which test items are associated with each objective. In comparing the *HESI performance from 2020 to 2019, this cohort of students drastically improved* in all categories other than communication.

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Program decision making actions in red

<p>Criterion 2 :</p> <p>The program demonstrates evidence of graduates' achievement on the licensure exam.</p> <p>The program's most recent annual licensure examination pass rate will be at least 80% for <u>all</u> first-time test-takers during the same 12-month period.</p> <p>There is ongoing assessment of the extent to which graduates succeed on the licensure examination.</p> <p>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.</p> <p>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.</p>																																				
<p>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.</p>																																				
<p>Frequency of Assessment: Annually in May Reviewed: May 17, 2018; May 14, 2019; May 22, 2020</p>	<p>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>																																			
<p>Results of Data Collection: FY 2015-2016: 1- Quantitative and qualitative data are aggregated and trended. 2- Decisions made after review of data. FY 2016-2017: Due to the changes in the ACEN Standards 2017, the ELA changed and the updated data collection results are listed below. Data below from 6.4.1</p> <table border="0"> <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> <tr> <td>Natl Results 2019: 88.18%</td> <td>Claremore Results 2019: 81.3%</td> <td>Bville Results 2019: 91%</td> <td>Bridge Results 2019: 92%</td> <td>Trad 2019: 81 %</td> </tr> </table> <table border="0"> <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> </table>		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%	Natl Results 2019: 88.18%	Claremore Results 2019: 81.3%	Bville Results 2019: 91%	Bridge Results 2019: 92%	Trad 2019: 81 %	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%
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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%
3-year mean for 2017-2019: 86.90%	Claremore: 81.77%	Bville: 84.82%	Bridge: 87.06%	Traditional: 80.87%

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.**

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 not 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: ELA met. 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

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remediate advisees. Voted in fall 2019, for the 2019-2020 academic year to discontinue use of half-sheets. Designated a first year (Dr. Reith) and second year (Ms. Lowry) "HESI hero" to be in charge of remediation and use of HESI resources for each level.

FY 2019-2020 (NCLEX pass rates available spring 2021)

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.

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

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

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Reviewed: May 16, May 17; May 14, 2019; May 22, 2020				
Results of Data Collection:				
Class of	Claremore	Bartlesville	Traditional	Bridge
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% After 2 week drop 69.80%	78.57%
2018	70.70%	92.86%	67.4%	76.9%
2019	67.36% (100% on time) 68.04% (150%)	50% (100% on time) 68.4% (150%)	65.3% (100% on time) 69.5% (150%) 70.5% (175%) 72.63 (200%)	80% (100% on time)
2020	79.7% (100% on time)	87.5% (100% on time)	80.5% (100% on time)	55% (100% on time)
Actions for Program Development, Maintenance, or Revision:				
<p>FY 15-16 ELA Not met. 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.</p> <p>FY 16-17 ELA met Bartlesville and Bridge; Not met Claremore and Traditional. 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 Bartlesville) and student types (traditional ADN and Bridge).</p>				

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FY 17-18 ELA met Bartlesville, Claremore and Bridge. Not met Traditional. 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 weeks 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 ELA met ADN Traditional and Bridge Programs. Not met separate Bartlesville and Claremore. The completion rate will continue to be addressed as the program moves into a traditional BSN program. With the addition of the Introduction to Nursing (NURS 2112) course as a prerequisite for competitive admission, the faculty suspect that the completion rate will continue to rise.

FY 19-20 ELA met for “on-time” (100%) graduation for Claremore, Bartlesville and Traditional ADN programs. Not met for Bridge program at 100% time evaluation. Cannot be fully evaluated for 150% completion rate until May 2021 at which time the ADN program will conclude, with 7 ADN students participating in the ADN “Teach-out” accommodation. Bartlesville cohort has concluded as of May 2020. For future, the Traditional BSN program (pre-licensure, replacing ADN program) will evaluate 100%, 150% and 200% completion rates.

Program decision making actions in red

Criterion 4

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.

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Frequency of Assessment: Annually in March	Assessment Methods: 6-month post-graduation surveys (See Criterion Folder)
<p>Results of Data Collection:</p> <p>2015: 94.59% of the reporting alumni are employed in an RN position (54% report rate)</p> <p>2016: 95.31% of the reporting alumni are employed in an RN position (78% report rate)</p> <p>2017: No Data Available</p> <p>2018: 65.06% of the reporting alumni are employed in an RN position (67.47% response rate)</p> <p>2019: 93.1% of the reporting alumni are employed in an RN position (33% response rate)</p>	
<p>Actions for Program Development, Maintenance, or Revision:</p> <p>FY 14-15 ELA met. Consider ways of increasing rate of return (ROR).</p> <p>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.</p> <p>FY 16-17 ELA met. 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.</p> <p>FY 17-18 Not met. No Data Available</p> <p>FY 18-19 ELA met. 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.</p> <p>FY 19-20 ELA met. Response rate low but thought to be reflective of the employment rate of cohort, based on anecdotal information. Survey sent out twice, 45 days apart. Sent via text and email both times. In future, will add employment question to Total Program Survey given right after graduation to gain some early information about job placement; then will survey again at 6 months.</p>	

Program decision making actions in red

<p>Criterion Five</p> <p>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.</p> <p>There is ongoing assessment of graduates completing the nursing program and the extent to which graduates succeed on the licensure examination.</p> <p>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:</p>

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The combined annual NCELX pass rate as reported by the OBN and the ACEN completion rate for the bridge students will be no less than 160. The combined annual NCELX pass rate as reported by the OBN and the ACEN completion rate for the traditional students will be no less than 160.

The combined annual NCELX pass rate as reported by the OBN and the ACEN completion rate for the Claremore students will be no less than 160.

The combined annual NCELX pass rate as reported by the OBN and the ACEN completion rate for the Bartlesville students will be no less than 160.

The combined annual NCELX pass rate as reported by the OBN and the ACEN completion rate for the all students will be no less than 160.

Frequency of Assessment:

Annually in August

Assessment Methods:

OBN Annual Report, completion rate and NCLEX pass rate reports

Results of Data Collection:

This optional data is useful in allowing full consideration of the interplay between NCLEX-RN pass rates and program completion rates—as it is important to consider the balance between the two and the impact that one has on the other. This value, set at 160 is the sum of our minimum acceptable pass rate (80%) and minimum acceptable completion rate (70%), plus (+) 10.

	2015	2016	2017	2018	2019
Bridge	160	150	169.05	155.6	172*
Traditional	149.99	159	153.82	144.1	150.5
Claremore	151.06	162.36	151.28	150.41	149.3
Bartlesville	149.47	150	184.71	167.86	159.4
Combined	151.66	160.81	158.79	159.14	157.8

*100%, on-time completion rate used in calculation; 150% would yield higher result

FY 2017-2018: ELA not met. Combined program value is close, at 159.14. The Bartlesville rate exceeds 160 but has a very small “N” and is not reflective of the entire program. **In 2018, completion rates were strong, but we fell below 80% NCLEX pass rate for all programs. Substantive Change documents for low NCLEX pass rate was submitted to ACEN and approved. A detailed plan for improving NCLEX pass rates was developed.**

FY 2018-2019: ELA not met. Combined program value is very close but does not reach the desired 160. NCLEX pass rates improved significantly in 2019, but completion rates still hover just below the desired 70%, except for the Bridge program. As the ADN program is phased out, the Bartlesville nursing program has been discontinued. In the future, only a Claremore campus will exist, with a Bridge to BSN entry option. This will ease tracking and calculation of pass rates and completion rates. **With values trending upward, we will continue to use the optional measure to compare and trend this data.**

FY 2019-2020: unable to calculate until 2020 NCLEX results published spring 2021

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