2016-2017
Annual Assessment Report Template

For instructions and guidelines visit our **website**
or **contact us** for more help.

Please begin by selecting your program name in the drop down. If the program name is not listed, please enter it below:

Select Program

OR

MS Nursing - School Nurse Credential Program (CCE)

Question 1: Program Learning Outcomes

Q1.1.
Which of the following Program Learning Outcomes (PLOs), Sac State Baccalaureate Learning Goals (BLGs), and emboldened Graduate Learning Goals (GLGs) **did you assess?** [**Check all that apply**]

- ☐ 1. **Critical Thinking**
- ☐ 2. **Information Literacy**
- ☐ 3. **Written Communication**
- ☐ 4. **Oral Communication**
- ☐ 5. Quantitative Literacy
- ☐ 6. **Inquiry and Analysis**
- ☐ 7. Creative Thinking
- ☐ 8. Reading
- ☐ 9. Team Work
- ☐ 10. Problem Solving
- ☐ 11. Civic Knowledge and Engagement
- ☑ 12. **Intercultural Knowledge, Competency, and Perspectives**
- ☐ 13. Ethical Reasoning
- ☐ 14. Foundations and Skills for Lifelong Learning
- ☐ 15. **Global Learning and Perspectives**
- ☐ 16. Integrative and Applied Learning
- ☐ 17. Overall Competencies for GE Knowledge
- ☐ 18. **Overall Disciplinary Knowledge**
- ☐ 19. **Professionalism**
- ☐ 20. Other, specify any assessed PLOs not included above:

a. _____
b. _____
c. _____

Q1.2.
Please provide more detailed background information about **EACH PLO** you checked above and other information including how your specific PLOs are **explicitly** linked to the Sac State **BLGs/GLGs**:

Intercultural Knowledge, Competency, and Perspectives (#12) is related to a program learning goal for the graduate nursing program. Although not explicit, the School of Nursing Graduate Student Learning Outcome (GSLO) that best represents Intercultural Knowledge and Competence (#12) is *GSLO IV: Integrates translational research concepts and evidence into diverse practice settings to improve healthcare outcomes.*

Q1.2.1.
Do you have rubrics for your PLOs?

○ 1. Yes, for all PLOs

◉ 2. Yes, but for some PLOs

○ 3. No rubrics for PLOs

○ 4. N/A

○ 5. Other, specify:

Q1.3.
Are your PLOs closely aligned with the mission of the university?

◉ 1. Yes

○ 2. No

○ 3. Don't know

Q1.4.
Is your program externally accredited (other than through WASC Senior College and University Commission (WSCUC))?

◉ 1. Yes

○ 2. No (skip to **Q1.5**)

○ 3. Don't know (skip to **Q1.5**)

Q1.4.1.
If the answer to Q1.4 is **yes**, are your PLOs closely aligned with the mission/goals/outcomes of the accreditation agency?

◉ 1. Yes

○ 2. No

○ 3. Don't know

Q1.5.
Did your program use the *Degree Qualification Profile* ("DQP", see http://degreeprofile.org) to develop your PLO(s)?

○ 1. Yes

◉ 2. No, but I know what the DQP is

○ 3. No, I don't know what the DQP is

○ 4. Don't know

Q1.6.
Did you use action verbs to make each PLO measurable?

◉ 1. Yes

○ 2. No

○ 3. Don't know

(Remember: Save your progress)

Question 2: Standard of Performance for the Selected PLO

Q2.1.

Select **OR** type in **ONE(1)** PLO here as an example to illustrate how you conducted assessment (be sure you *checked the correct box* for this PLO in Q1.1):

Intercultural Knowledge, Competency, and Perspectives

If your PLO is **not listed, please enter it here**:

Q2.1.1.

Please provide more background information about the **specific PLO** you've chosen in Q2.1.

PLO #12 was selected because faculty wanted to assess Intercultural Knowledge and Competency across the undergraduate and graduate programs this review cycle. PLO #12 is also associated with one of the Graduate Student Learning Outcomes.

This assessment is for the MS in Nursing School Nurse Credential program in CCE. Intercultural Knowledge, Competency, and Perspectives are presented and discussed often in courses at the undergraduate level and these skills are further developed in graduate study. Nursing faculty believe that nurses in graduate study should perform well on this standard because nursing courses are rich in intercultural theory and clinical practice experiences.

Much of this PLO is in the affective domain and thus more difficult to assess. The School of Nursing Program Evaluation Committee obtained direct exemplars from and assignment in the course NURS 213 - Seminar in Organizational and Systems Leadership, which is one of the required core courses in the program. The AAC&U Intercultural Knowledge and Competence VALUE Rubric was used as the assessment tool.

Q2.2.

Has the program developed or adopted **explicit** standards of performance for this PLO?

○ 1. Yes

◉ 2. No

○ 3. Don't know

○ 4. N/A

Q2.3.

Please **provide the rubric(s)** and **standards of performance** that you have developed for this PLO here or in the appendix.

We applied the AAC&U VALUE Rubric for Intercultural Knowledge and Competence to this PLO, as written, for program assessment of this outcome. This rubric is in the public domain.

Applying the AAC&U VALUE Rubric for Intercultural Knowledge and Competence, the faculty goals were: 1) The average score for the five students will be 3 or above for each criterion in the rubric; and 2) 80% of students will get a score of 3 or above in each criterion.

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Q2.4. PLO	Q2.5. Stdrd	Q2.6. Rubric	Please indicate where you have published the **PLO**, the **standard** of performance, and the **rubric** that was used to measure the PLO:
☐	☑	☐	1. In **SOME** course syllabi/assignments in the program that address the PLO
☐	☐	☐	2. In **ALL** course syllabi/assignments in the program that address the PLO
☐	☐	☐	3. In the student handbook/advising handbook
☐	☐	☐	4. In the university catalogue
			5. On the academic unit website or in newsletters

☐	☐	☐	
☑	☑	☑	6. In the assessment or program review reports, plans, resources, or activities
☐	☐	☐	7. In new course proposal forms in the department/college/university
☐	☐	☐	8. In the department/college/university's strategic plans and other planning documents
☐	☐	☐	9. In the department/college/university's budget plans and other resource allocation documents
☐	☐	☐	10. Other, specify:

Question 3: Data Collection Methods and Evaluation of Data Quality for the Selected PLO

Q3.1.
Was assessment data/evidence **collected** for the selected PLO?

◉ 1. Yes

◯ 2. No (skip to **Q6**)

◯ 3. Don't know (skip to **Q6**)

◯ 4. N/A (skip to **Q6**)

Q3.1.1.
How many assessment tools/methods/measures **in total** did you use to assess this PLO?

1

Q3.2.
Was the data **scored/evaluated** for this PLO?

◉ 1. Yes

◯ 2. No (skip to **Q6**)

◯ 3. Don't know (skip to **Q6**)

◯ 4. N/A (skip to **Q6**)

Q3.2.1.
Please describe how you collected the assessment data for the selected PLO. For example, in what course(s) or by what means were data collected:

The SON Program Evaluation Committee (PEC) conducted a review of MS in Nursing - School Nurse Credential program students' Intercultural Knowledge and Conpetence in the fall 2016 NURS 213 (Seminar in Organizational and Systems Leadership) course. A total of 12 exemplars were selected randomly from NURS 213 enrolled students.

(Remember: Save your progress)

Question 3A: Direct Measures (key assignments, projects, portfolios, etc.)

Q3.3.
Were direct measures (key assignments, projects, portfolios, course work, student tests, etc.) used to assess this PLO?

◉ 1. Yes

◯ 2. No (skip to **Q3.7**)

◯ 3. Don't know (skip to **Q3.7**)

Q3.3.1.
Which of the following direct measures (key assignments, projects, portfolios, course work, student tests, etc.) were used?
[**Check all that apply**]

☐ 1. Capstone project (e.g. theses, senior theses), courses, or experiences

☑ 2. Key assignments from required classes in the program

☐ 3. Key assignments from elective classes

☐ 4. Classroom based performance assessment such as simulations, comprehensive exams, or critiques

☐ 5. External performance assessments such as internships or other community-based projects

☐ 6. E-Portfolios

☐ 7. Other Portfolios

☐ 8. Other, specify: [   ]

Q3.3.2.
Please **provide** the direct measure (key assignments, projects, portfolios, course work, student tests, etc.) you used to collect data, THEN **explain** how it assesses the PLO:

The SON Program Evaluation Committee (PEC) conducted a review of MS in Nursing - School Nurse Credential students' Intercultural Knowledge and Competence in the fall 2016 NURS 213 course. Twelve (20%) exemplars were selected randomly for review from submitted assignments that seemed to be most aligned with the PLO. This assessment was based on a NURS 213 writing assignment that broadly asks students to describe or speak to cultural competence in their work environment as school nurses and the actions they take to work with a diverse population.

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Q3.4.
What tool was used to evaluate the data?

○ 1. **No** rubric is used to interpret the evidence (skip to **Q3.4.4.**)

○ 2. Used rubric developed/modified by the faculty who teaches the class (skip to **Q3.4.2.**)

○ 3. Used rubric developed/modified by a group of faculty (skip to **Q3.4.2.**)

○ 4. Used rubric pilot-tested and refined by a group of faculty (skip to **Q3.4.2.**)

● 5. The VALUE rubric(s) (skip to **Q3.4.2.**)

○ 6. Modified VALUE rubric(s) (skip to **Q3.4.2.**)

○ 7. Used other means (Answer **Q3.4.1.**)

Q3.4.1.
If you used other means, which of the following measures was used? [**Check all that apply**]

☐ 1. National disciplinary exams or state/professional licensure exams (skip to **Q3.4.4.**)

☐ 2. General knowledge and skills measures (e.g. CLA, ETS PP, etc.) (skip to **Q3.4.4.**)

☐ 3. Other standardized knowledge and skill exams (e.g. ETC, GRE, etc.) (skip to **Q3.4.4.**)

☐ 4. Other, specify: [   ] (skip to **Q3.4.4.**)

Q3.4.2.
Was the **rubric** aligned directly and explicitly **with the PLO**?

○ 1. Yes

● 2. No

○ 3. Don't know

○ 4. N/A

Q3.4.3.
Was the **direct measure** (e.g. assignment, thesis, etc.) aligned directly and explicitly **with the rubric**?

○ 1. Yes

◉ 2. No

○ 3. Don't know

○ 4. N/A

Q3.4.4.
Was the **direct measure** (e.g. assignment, thesis, etc.) aligned directly and explicitly **with the PLO**?

○ 1. Yes

◉ 2. No

○ 3. Don't know

○ 4. N/A

Q3.5.
How many faculty members participated in planning the assessment data **collection** of the selected PLO?

Six

Q3.5.1.
How many faculty members participated in the **evaluation** of the assessment data for the selected PLO?

Two

Q3.5.2.
If the data was evaluated by multiple scorers, was there a norming process (a procedure to make sure everyone was scoring similarly)?

◉ 1. Yes

○ 2. No

○ 3. Don't know

○ 4. N/A

Q3.6.
How did you **select** the sample of student work (papers, projects, portfolios, etc.)?

Assignment exemplars were randomly selected from students in the fall 2016 NURS 213 course as a direct measure of performance on this PLO.

Q3.6.1.
How did you **decide** how many samples of student work to review?

Our goal was 20% sample for representativeness.

Q3.6.2.
How many students were in the class or program?

45

Q3.6.3.
How many samples of student work did you evaluated?

12

Q3.6.4.
Was the sample size of student work for the direct measure adequate?

- ⦿ 1. Yes
- ◯ 2. No
- ◯ 3. Don't know

(Remember: Save your progress)

Question 3B: Indirect Measures (surveys, focus groups, interviews, etc.)

Q3.7.
Were indirect measures used to assess the PLO?

- ◯ 1. Yes
- ⦿ 2. No (skip to **Q3.8**)
- ◯ 3. Don't Know (skip to **Q3.8**)

Q3.7.1.
Which of the following indirect measures were used? [**Check all that apply**]

- ☐ 1. National student surveys (e.g. NSSE)
- ☐ 2. University conducted student surveys (e.g. OIR)
- ☐ 3. College/department/program student surveys or focus groups
- ☐ 4. Alumni surveys, focus groups, or interviews
- ☐ 5. Employer surveys, focus groups, or interviews
- ☐ 6. Advisory board surveys, focus groups, or interviews
- ☐ 7. Other, specify:

Q3.7.1.1.
Please explain and attach the indirect measure you used to collect data:

☐ No file attached   ☐ No file attached

Q3.7.2.
If surveys were used, how was the sample size **decided**?

Q3.7.3.
If surveys were used, how did you **select** your sample:

Q3.7.4.
If surveys were used, what was the response rate?

Question 3C: Other Measures (external benchmarking, licensing exams, standardized tests, etc.)

Q3.8.
Were external benchmarking data, such as licensing exams or standardized tests, used to assess the PLO?

○ 1. Yes

◉ 2. No (skip to **Q3.8.2**)

○ 3. Don't Know (skip to **Q3.8.2**)

Q3.8.1.
Which of the following measures was used? [**Check all that apply**]

☐ 1. National disciplinary exams or state/professional licensure exams

☐ 2. General knowledge and skills measures (e.g. CLA, ETS PP, etc.)

☐ 3. Other standardized knowledge and skill exams (e.g. ETC, GRE, etc.)

☐ 4. Other, specify:

Q3.8.2.
Were other measures used to assess the PLO?

○ 1. Yes

⊙ 2. No (skip to **Q4.1**)

○ 3. Don't know (skip to **Q4.1**)

Q3.8.3.
If other measures were used, please specify:

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Question 4: Data, Findings, and Conclusions

Q4.1.
Please provide simple tables and/or graphs to summarize the assessment data, findings, and conclusions for the selected PLO in **Q2.1**:

Q4 NURSING CRED CCE

Table 1: Results for Individual Scores – NURS 213 SNCP Narratives (Direct)

Criterion Exemplar #	1. Knowledge *Cultural self-awareness*	2. Knowledge *Knowledge of cultural worldview frameworks*	3. Skills *Empathy*	4. Skills *Verbal and nonverbal communication*	5. Attitudes *Curiosity*	6. Attitudes *Openness*
1	-	1	-	3	-	-
2	3.5	4	4	3	4	4
3	-	1	-	3	-	-
4	-	-	-	3	-	-
5	3	3.5	3	3	4	4
6	3	3	4	3.5	3.5	4
7	-	2	-	3	-	-
8	-	4	-	3	-	3
9	-	3	-	3	-	3
10	-	3.5	-	3	-	3
11	-	2	-	2	-	-
12	3.5	3.5	4	3.5	3.5	4
Average	**3.25**	**2.77**	**3.75**	**3**	**3.75**	**3.57**

Table 2: Results for Intercultural Knowledge and Competence – Percent ≥ Score of 3

Criterion Table #	1. Knowledge *Cultural self-awareness*	2. Knowledge *Knowledge of cultural worldview frameworks*	3. Skills *Empathy*	4. Skills *Verbal and nonverbal communication*	5. Attitudes *Curiosity*	6. Attitudes *Openness*
1	100% (4/4)	64% (7/11)	100% (4/4)	92% (11/12)	100% (4/4)	100% (7/7)

Applying the AAC&U VALUE rubric for Intercultural Knowledge and Competence, the faculty goals were: 1) The average score for School Nursing Credential Program (SNCP) MSN students will be 3 or above for each criterion in the rubric and 2) 75% of students will get a score of 3 or above in each criterion. The first goal was nearly achieved with the average student score of 3 or greater for all but criterion #2 (Knowledge: Cultural Self-Awareness). Students nearly met the minimum average score for each criterion, scoring best on criterion #3 (Skills: Empathy; average score 3.75) and criterion #5 (Attitudes: Curiosity; average score 3.75) and worst on criterion #2 (Knowledge of Cultural Worldview Frameworks; average score 2.77). The second goal was exceeded for all criteria except one. A total of 92-100% of students earned a score of 3 for all criteria except criterion #2 (Knowledge of Cultural Worldview Frameworks), where the goal was only met by 64% of students.

Evaluator's Note: This SNCP assignment exemplar did not require students to self-reflect on specific criteria from the AAC&U Intercultural Knowledge and Competence VALUE Rubric. The assignment broadly asks students to describe or speak to cultural competence in their work environment as school nurses and the actions they take to work with a diverse population. Despite this limitation in our assessment of student performance on this outcome, students scored well on the criteria we could assess. (Scores were left blank for criteria where examiners could not ascertain student performance.) However, we were unable to determine students' personal worldviews as required by a majority of the VALUE Rubric criteria, including #1, #3, #5, and #6.

It is recommended that NURS 213 faculty consider revising the assignment to include prompts more specific to the AAC&U VALUE Rubric, if these are not assessed elsewhere in the SNCP curriculum. The faculty should

look to the rubric for guidance, especially to better assess students on criterion #2 (Knowledge) as students often did not present complexity in their understanding of cultural worldview frameworks.

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Q4.2.
Are students doing well and meeting the program standard? If not, how will the program work to improve student performance of the selected PLO?

Students performed well on the PLO as assessed. However, it is recommended that NURS 213 faculty consider revising the assignment to include prompts more specific to the AAC&U VALUE Rubric, if these are not assessed elsewhere in the SNCP curriculum. The faculty should look to the rubric for guidance, especially to better assess students on criterion #2 (Knowledge) as students often did not present complexity in their understanding of cultural worldview frameworks.

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Q4.3.
For the selected PLO, the student performance:

○ 1. **Exceeded** expectation/standard

○ 2. **Met** expectation/standard

◉ 3. **Partially** met expectation/standard

○ 4. Did not meet expectation/standard

○ 5. No expectation/standard has been specified

○ 6. Don't know

Question 4A: Alignment and Quality

Q4.4.
Did the data, including the direct measures, from all the different assessment tools/measures/methods directly align with the PLO?

○ 1. Yes

◉ 2. No

○ 3. Don't know

Q4.5.
Were **all** the assessment tools/measures/methods that were used good measures of the PLO?

○ 1. Yes

◉ 2. No

○ 3. Don't know

Question 5: Use of Assessment Data (Closing the Loop)

Q5.1.
As a result of the assessment effort and based on prior feedback from OAPA, do you anticipate *making any changes* for your program (e.g. course structure, course content, or modification of PLOs)?

◉ 1. Yes

○ 2. No (skip to **Q5.2**)

○ 3. Don't know (skip to **Q5.2**)

Q5.1.1.
Please describe *what changes* you plan to make in your program as a result of your assessment of this PLO. Include a description of how you plan to assess the impact of these changes.

The graduate program faculty will be given a copy of this report and the findings will be shared. The NURS 213 faculty and facutly in other courses will be expected to review and address the assessment findings. It is likely that the evaluators' recommendations will be implemented in part or whole for NURS 213, as appropriate.

Q5.1.2.
Do you have a plan to assess the *impact of the changes* that you anticipate making?

⦿ 1. Yes

○ 2. No

○ 3. Don't know

Q5.2.

Since your last assessment report, **how have the assessment data from then been used** so far?	1. Very Much	2. Quite a Bit	3. Some	4. Not at All	5. N/A
1. Improving specific courses	○	○	⦿	○	○
2. Modifying curriculum	○	○	○	⦿	○
3. Improving advising and mentoring	○	○	○	⦿	○
4. Revising learning outcomes/goals	○	○	○	⦿	○
5. Revising rubrics and/or expectations	○	○	⦿	○	○
6. Developing/updating assessment plan	○	○	⦿	○	○
7. Annual assessment reports	⦿	○	○	○	○
8. Program review	○	⦿	○	○	○
9. Prospective student and family information	○	○	○	⦿	○
10. Alumni communication	○	○	○	⦿	○
11. WSCUC accreditation (regional accreditation)	○	○	○	⦿	○
12. Program accreditation	○	○	⦿	○	○
13. External accountability reporting requirement	○	○	○	⦿	○
14. Trustee/Governing Board deliberations	○	○	○	⦿	○
15. Strategic planning	○	○	○	⦿	○
16. Institutional benchmarking	○	○	○	⦿	○
17. Academic policy development or modifications	○	○	○	⦿	○
18. Institutional improvement	○	○	○	⦿	○
19. Resource allocation and budgeting	○	○	○	⦿	○

	1.	2.	3.	4.	5.
20. New faculty hiring	○	○	○	◉	○
21. Professional development for faculty and staff	○	○	○	◉	○
22. Recruitment of new students	○	○	○	◉	○

23. Other, specify: [   ]

Q5.2.1.
Please provide a detailed example of how you used the assessment data above:

Last year's assessment focused on Civic Engagement. The findings were presented to the entire faculty at the annual retreat in fall and were also discussed at the undergraduate curriculum committee. Graduate faculty were encouraged to add self-reflective assessments for the Civic Engagement PLO. Course faculty indicated they would modify assignments and rubrics to improve student performance on this PLO.

Q5.3.
To what extent did you apply **last year's feedback** from the Office of Academic Program Assessment in the following areas?

	1. Very Much	2. Quite a bit	3. Some	4. Not at All	5. N/A
1. Program Learning Outcomes	○	○	○	◉	○
2. Standards of Performance	○	○	○	◉	○
3. Measures	○	○	○	◉	○
4. Rubrics	○	○	◉	○	○
5. Alignment	○	○	◉	○	○
6. Data Collection	○	○	○	◉	○
7. Data Analysis and Presentation	○	◉	○	○	○
8. Use of Assessment Data	○	◉	○	○	○
9. Other, please specify: [ ]	○	○	○	○	○

Q5.3.1.
Please share with us an example of how you applied **last year's feedback** from the Office of Academic Program Assessment in any of the areas above:

School of Nursing has received favorable feedback from OAP. Faculty agree with the recommendations to better align program outcomes with course objectives and activities/assessments and to be more explicit in evaluation. A large group of faculty participated in Quality Matters training this spring 2017 which reinforced our need to clearly illustrate for students how all levels of learning outcomes are aligned and how course activities and assessments match these outcomes. The faculty expect to utilize what we have learned to continue to improve in this area in the coming semesters.

(Remember: Save your progress)

Additional Assessment Activities

Q6.
Many academic units have collected assessment data on aspect of their program *that are not related to the PLOs* (i.e. impacts of an advising center, etc.). **If** your program/academic unit has collected data on program *elements*, please briefly report your results here:

N/A

☐ No file attached   ☐ No file attached

Q7.
What PLO(s) do you plan to assess next year? [**Check all that apply**]

☐ 1. **Critical Thinking**

☐ 2. **Information Literacy**

☐ 3. **Written Communication**

☐ 4. **Oral Communication**

☐ 5. Quantitative Literacy

☐ 6. **Inquiry and Analysis**

☑ 7. Creative Thinking

☐ 8. Reading

☐ 9. Team Work

☐ 10. Problem Solving

☐ 11. Civic Knowledge and Engagement

☐ 12. **Intercultural Knowledge, Competency, and Perspectives**

☐ 13. Ethical Reasoning

☐ 14. Foundations and Skills for Lifelong Learning

☐ 15. **Global Learning and Perspectives**

☐ 16. Integrative and Applied Learning

☐ 17. Overall Competencies for GE Knowledge

☐ 18. **Overall Disciplinary Knowledge**

☑ 19. **Professionalism**

☐ 20. Other, specify any PLOs not included above:

a. _____

b. _____

c. _____

Q8. Please attach any additional files here:

☐ No file attached   ☐ No file attached   ☐ No file attached   ☐ No file attached

Q8.1.
Have you attached any files to this form? If yes, please list every attached file here:

Program Information (**Required**)

Program:

MS Nursing - School Nurse Credential Program (CCE)

(If you typed your program name at the beginning, please skip to Q10)

Q9.
Program/Concentration Name: [skip if program name appears above]

Select Program

Q10.
Report Author(s):

Denise M. Wall Parilo

Q10.1.
Department Chair/Program Director:

Tanya Altmann

Q10.2.
Assessment Coordinator:

Denise M. Wall Parilo

Q11.
Department/Division/Program of Academic Unit

Nursing

Q12.
College:

College of Health & Human Services

Q13.
Total enrollment for Academic Unit during assessment semester (see Departmental Fact Book):

Approximately 75 (Fact Book is incorrect)

Q14.
Program Type:

○ 1. Undergraduate baccalaureate major

○ 2. Credential

○ 3. Master's Degree

○ 4. Doctorate (Ph.D./Ed.D./Ed.S./D.P.T./etc.)

◉ 5. Other, specify: Master's Degree with Credential

Q15. Number of **undergraduate degree programs** the academic unit has?

3

Q15.1. List all the names:

1. BS in Nursing (pre-licensure); 2. BS in Nursing: ABC (via CCE); 3. BS in Nursing with RN License.

Another undergraduate degree program is awaiting Chancellor's Office approval. Should it be approved, it will launch in fall 2017. It will be 2nd BS in Nursing with RN License program but will be 100% online and offered through CCE.

Q15.2. How many concentrations appear on the diploma for this undergraduate program?

0

Q16. Number of **master's degree programs** the academic unit has?

2

Q16.1. List all the names:

1. MS in Nursing; 2. School Nurse Credential Program with MS in Nursing (in CCE)

Q16.2. How many concentrations appear on the diploma for this master's program?

0

Q17. Number of **credential programs** the academic unit has?

1

Q17.1. List all the names:

School Nurse Credential Program

Q18. Number of **doctorate degree programs** the academic unit has?

0

Q18.1. List all the names:

When was your **assessment plan**...	1. Before 2011-12	2. 2012-13	3. 2013-14	4. 2014-15	5. 2015-16	6. 2016-17	7. No Plan	8. Don't know
Q19. developed?	◉	○	○	○	○	○	○	○
Q19.1. last updated?	◉	○	○	○	○	○	○	○

Q19.2. (REQUIRED)
Please **obtain** and **attach** your latest **assessment plan**:

> 📎 **School of Nursing PEP - Approved Jan 2012.pdf**
> **387.46 KB**

Q20.
Has your program developed a **curriculum map?**

◉ 1. Yes

○ 2. No

○ 3. Don't know

Q20.1.
Please **obtain** and **attach** your latest **curriculum map**:

> 📎 School of Nursing Curriculum Map MS Nursing 2016.docx
> 13.59 KB

Q21.
Has your program indicated in the curriculum map where assessment **of student learning** occurs?

○ 1. Yes

◉ 2. No

○ 3. Don't know

Q22.
Does your program have a capstone class?

◉ 1. Yes, indicate: NURS 500 (Comprehensive Examination)

○ 2. No

○ 3. Don't know

Q22.1.
Does your program have **any** capstone project?

◉ 1. Yes

○ 2. No

○ 3. Don't know

(**Remember**: **Save your progress**)

CCNE Standard and Evaluation Items – Standard I – Program Quality: Mission and Governance
Program Standard I-A

Inputs	Outputs		Outcomes -- Impact		
	Activities	Participation	Process (what & when)	Impact	Outcome
Program Standard I-A: The mission, goals, and expected student outcomes are congruent with those of the parent institution and consistent with relevant professional nursing standards and guidelines for the preparation of nursing professional.	Compare and contrast the mission, philosophy, and purposes of the SoN with the University's mission, vision, and core values and with the College of Health & Human Services' mission Compare and contrast the expected student outcomes with those of applicable professional organizations*	School of Nursing Assembly, Program Evaluation Committee Undergraduate Committee, Graduate Committee, and Program Evaluation Committee Suggested supplementary review, as indicated, by non-nursing member of College of Health & Human Services	Evaluation of alignment is completed at least every three years If significant changes occur in a program or curriculum, then such changes require an immediate review of alignment by affected committees prior to approval of program changes	Nursing students graduate prepared for their respective areas of professional practice (BSN, RN to BSN, MSN, SN credential) at the introductory level as evidenced by: (a) RN Comprehensive ATI exam average scores above the national average (b) Minimum 1st-time NCLEX pass rate of 85% and above average overall pass rates for like institutions (BSN/CSU) (c) Employer survey indicating satisfaction with graduates' professional practice (>7/10 scale) (d) Post graduation survey indicating 80% student self-report of appropriate preparation for practice (e) MSN comprehensive exam first attempt success rate of 90% (f) 75% of MSN students complete certification application (practice specific) in e-portfolio; 90% of School Nurse students obtain credential (g) 95% of MSN students complete satisfactory professional e-portfolio	Ongoing self study reflects continued adherence to SoN goals and program standards that align with governing agencies Students graduate with the desired knowledge, skills, and dispositions

In this document, "professional organizations" = California BRN; American Nurses' Association; American Association of Colleges of Nursing, NCSBN

Assumptions
Faculty have access to and understanding of professional nursing standards, policies, and regulations; Faculty are aware of University, College, and SoN desired student outcomes

External Factors

Budget constraints; Assigned faculty time

CCNE Standard and Evaluation Items – Standard I – Program Quality: Mission and Governance
Program Standard I-B

Inputs	Outputs		Outcomes -- Impact		
	Activities	*Participation*	*Process (what & when)*	*Impact*	*Outcome*
Program Standard I-B: The mission, goals, and expected student outcomes are reviewed periodically and revised, as appropriate, to reflect: professional nursing standards and guidelines; and the needs and expectations of the community of interest.	Compare and contrast the SoN mission, goals, and expected student outcomes with those of applicable professional organizations* Guidance from the Community Advisory Committee is incorporated into the course of study; contemporary issues of nursing practice are reviewed with experts from service Results from community surveys and focus groups are evaluated and incorporated into the course of study as indicated	Program Evaluation Committee, Undergraduate Committee, Graduate Committee, School of Nursing Assembly All above, plus the Community Advisory Committee As above	When significant changes occur in professional practice standards, the process for program revision is put in place and the course of study is reevaluated for alignment Professional nursing standards from all regulatory bodies are reviewed every three years for updated standards for professional nursing practice Community Advisory Committee meetings occur twice yearly Exit surveys are completed with each program cohort annually Employer focus groups occur annually	Nursing students graduate prepared for their respective areas of professional practice (BSN, RN to BSN, MSN, SN credential) at the introductory level as evidenced by: See standard I-A, a-g	Ongoing self study reflects continued adherence to SoN goals and program standards that align with governing agencies Ongoing self study reflects alignment of the SoN goals with the community of interest's goals A collaborative partnership between the SoN and the community is maintained Students prepared with the most current standards of professional nursing practice are welcomed into the community of nursing practice

Assumptions

Faculty are current with practice standards; Collaborative relationships are ongoing with the community of interest

External Factors

Budget constraints; assigned faculty time; agency participation barriers

CCNE Standard and Evaluation Items – Standard I – Program Quality: Mission and Governance
Program Standard I-C

Inputs	Outputs		Outcomes -- Impact		
	Activities	*Participation*	*Process (what & when)*	*Impact*	*Outcome*
Program Standard I-C: Expected faculty outcomes in teaching, scholarship, service, and practice are congruent with the mission, goals, and expected student outcomes.	Compare and contrast the School of Nursing Faculty Handbook and process with the SoN mission, goals, & expected student outcomes	Faculty Affairs Committee, Program Evaluation Committee	PEC and Faculty Affairs annually review and align expected faculty outcomes with SoN, College, and University mission, goals, etc.

When significant changes occur in the Retention, Tenure, and Promotion process, the changes are evaluated by Faculty Affairs to ensure consistency with the School's mission, goals, and expected student outcomes | PEC and Faculty Affairs review faculty outcomes for alignment annually 100% of the time | Standards for faculty preparation and performance are congruent and align with all aspects of the SoN, College, and University standards

Process for faculty selection, evaluation, and governance support a high-quality faculty that is prepared to deliver a course of study consistent with SoN standards |

Assumptions

Faculty understand the expectation of ongoing faculty development and the RTP process

External Factors

Faculty senate sets procedures and rules for RTP review; The faculty collective bargaining unit influences the RTP process through representation and monitoring

CCNE Standard and Evaluation Items – Standard I – Program Quality: Mission and Governance
Program Standard I-D

Inputs	Outputs		Outcomes -- Impact		
	Activities	*Participation*	*Process (what & when)*	*Impact*	*Outcome*
Program Standard I-D: Faculty and students participate in program governance.	Student representation sought for BSN and MSN curricular committees Students are voting members of their respective committees Student participation is only excluded for matters of personnel and student affairs	Three traditional track BSN student representatives (Level I, non-voting; Level II & Level III, voting) and one RN to BSN representative are on Undergraduate Committee One graduate student representative is voting member of Graduate Committee Program Evaluation Committee, Undergraduate Committee, Graduate Committee	Student representation sought annually: Traditional track BSN students elected via CNSA procedures; RN to BSN student volunteers; MSN student volunteers	80% of student representation occurs on designated committees per meeting minutes	The SoN operates as an inclusive community of teaching and learning Students are fully included in governance structures and have a democratic voice in their course of study Students and community understand the governance structures of the School and the University

Assumptions

Faculty encourage student participation in shared governance

External Factors

Student participation barriers

CCNE Standard and Evaluation Items – Standard I – Program Quality: Mission and Governance
Program Standard I-E

Inputs	Outputs		Outcomes -- Impact		
	Activities	*Participation*	*Process (what & when)*	*Impact*	*Outcome*
Program Standard I-E: Documents and publications are accurate. References to the program's offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, transfer of credit policies, grading policies, degree completion requirements, tuition, and fees are accurate.	All documents are reviewed and checked for accuracy Faculty and staff have annual training on policies and procedures Websites updated on a continual basis by key staff and faculty The University maintains updated University-wide policy and fee information with links from SoN handbooks and/or websites	Program Coordinators and Advisors (Undergraduate, LVN to RN, RN to BSN, Graduate, School Nurse), Student Affairs Committee SoN Chair, School of Nursing Assembly SoN Staff, Program Coordinators and Advisors Program Evaluation Committee	Undergraduate handbook updated each semester as needed, graduate handbook updated at least annually Internal changes approved and voted upon by Student Affairs Committee, Graduate Committee, and ultimately SONA as indicated Annual faculty/staff training via faculty SacCT page	All program publications and documents are updated within 30 days of any changes All informational weblinks on the SoN home page are current/accurate 100% of the time	Students have accurate information to succeed in their academic development and their rights are maintained Students are supported throughout their academic career at the University Information is easily available and highly accessible Professional standards are role modeled for the students Exit surveys/focus groups indicate students have access to updated and accurate information

Assumptions

Infrastructure for website development is in place and easy access to update information is maintained

External Factors

University sets and maintains the calendar, webpages, etc.
Faculty senate and related governing bodies approve the policies

CCNE Standard and Evaluation Items – Standard I – Program Quality: Mission and Governance
Program Standard I-F

Inputs	Outputs		Outcomes -- Impact		
	Activities	*Participation*	*Process (what & when)*	*Impact*	*Outcome*
Program Standard I-F: Academic policies of the parent institution and the nursing program are congruent. These policies support achievement of the mission, goals, and expected student outcomes. These policies are fair, equitable, and published and are reviewed and revised as necessary to foster program improvement. These policies include, but are not limited to, those related to student recruitment, admission, retention, and progression.	Compare and contrast the University and SoN academic policies and compare the policies for alignment with the mission, goals, and expected student outcomes School committees review Undergraduate and Graduate Committee policies Faculty and staff have annual training on academic policies	Undergraduate Committee, Graduate Committee, Program Evaluation Committee, Student Affairs Committee (with representation from each program and level), Faculty Senators, SoN Chair, Academic Council Members (College of Health & Human Services) University counsel/judicial officer input solicited as needed SoN Chair, School of Nursing Assembly	Student Affairs and Graduate Committee suggests changes to existing policies to SONA as needed per semester review Annual faculty/staff training via faculty SacCT page Student handbooks, websites reviewed each semester by Student Affairs and Graduate Committee for alignment with current policies and procedures	Focus groups and 80% of exit survey data indicate students have access to updated and accurate information regarding academic policies	Students have accurate information to succeed in their academic development and their rights are maintained Students are supported throughout their academic career at the University

Assumptions	External Factors
Infrastructure for website development is in place and easy access to update information is maintained	CSU and University policies are set in consensus across all colleges

CCNE Standard and Evaluation Items – Standard I – Program Quality: Mission and Governance
Program Standard I-G

Inputs	Outputs		Outcomes -- Impact		
	Activities	*Participation*	*Process (what & when)*	*Impact*	*Outcome*
Program Standard I-G: There are established policies by which the nursing unit defines and reviews formal complaints.	Grievance procedures are outlined in program handbooks and University Policy Manual and followed Policies are communicated well to students	Program Coordinators and Advisors, Student Affairs Committee, Graduate Committee, School of Nursing Assembly, SoN Chair	Coordinators and Advisors review handbook with new students at orientation Handbooks are available online for student review at all times Handbook updates, when necessary, are posted by the first day of the semester and highlighted to reflect new updates Student Affairs Committee and Graduate Committee conducts annual process review of student dismissals Chair performs annual review of formal complaints	Review of complaints and student dismissals reveals that timelines are met 100% of the time Exit surveys demonstrate at least 80%students report awareness of program policies	Students understand their rights and have due process Policies and procedures involving formal complaints are supported by faculty and best practices

Assumptions
Infrastructure supports online access to handbooks
Formal grievance = grade appeal, appealing to College or University level (e.g. Associate Dean, Office of Student Affairs)
Informal = written or verbal at School of Nursing level
Legal advisement is available for the University

External Factors

CSU and University policies are set in consensus across all colleges

CCNE Standard and Evaluation Items – Standard II – Program Quality: Institutional Commitment and Resources
Program Standard II-A

Inputs	Outputs		Outcomes -- Impact		
	Activities	*Participation*	*Process (what & when)*	*Impact*	*Outcome*
Program Standard II-A: Fiscal and physical resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of resources is reviewed periodically and resources are modified as needed.	Review of fiscal and physical resources is conducted to determine adequacy in fulfilling the mission, goals, and expected outcomes	SoN Chair, Administrative Advisory Committee, Technology Committee, School of Nursing Assembly, Faculty Senators, Nursing Faculty and Students	Chair, in consultation with Administrative Advisory Cmte, reviews fiscal and physical resources in the spring semester of each year prior to the budget preparation for the ensuing academic year and prepares impaction report When insufficient resources are identified, findings are communicated to the Dean Technology Committee conducts annual review of instructional technology resources to determine adequacy and needs SONA receives minutes from University Budget Advisory Committee Meeting (UBAC) as they are published Faculty Senators (2) are informed of and have input into budgetary processes at the University level through bi-weekly Faculty Senate meetings Nursing faculty (2) have input into the budgetary processes at monthly College Academic Advisory Committee meeting Faculty and students attend periodic Town Hall budget meetings by the University President to represent the fiscal concerns of the SoN	Careful monitoring of allocation of fiscal and physical resources demonstrates resources are sufficient to maintain program quality Room requests (for instruction or meetings) are approved 100% of the time Annual student lab fees are sufficient to provide expected skills lab experiences	The School is able to fulfill the mission, goals, and expected outcomes

Assumptions

Faculty have access to the University, College, and School of Nursing budget

External Factors

Budgetary issues arise at unpredictable times and may require immediate attention

CCNE Standard and Evaluation Items – Standard II – Program Quality: Institutional Commitment and Resources
Program Standard II-B

Inputs	Outputs		Outcomes -- Impact		
	Activities	*Participation*	*Process (what & when)*	*Impact*	*Outcome*
Program Standard II-B: Academic support services are sufficient to ensure quality and are evaluated on a regular basis to meet program and student needs.	Academic support resources are reviewed to assure that they are sufficient to fulfill the mission, goals, and expected outcomes Academic support services assessed include: (a) Academic Advising (b) Classrooms/Labs (c) Technology (d) Career Placement (e) Psychological Counseling Services (f) Services to Students with Disabilities (g) Writing Resources (h) Research Support (i) Financial Aid (j) Library (k) Safety	Library Representative, Education Equity Representative, Faculty Professional Development Representative, Technology Committee, Faculty Senators, Students	Student exit surveys performed annually to determine perceptions of academic and student support services University representatives make reports to SONA and bring identified faculty concerns to respective committees	80% of students report support services (a-k) are adequate Monthly SONA minutes reflect continued representation of faculty concerns regarding adequacy of resources	Decisions regarding resource allocation and needs are reflective of assessment findings

Assumptions

Annual exit surveys are sufficient to assess overall program support

External Factors

Faculty assigned time

CCNE Standard and Evaluation Items – Standard II – Program Quality: Institutional Commitment and Resources
Program Standard II-C

Inputs	Outputs		Outcomes -- Impact		
	Activities	*Participation*	*Process (what & when)*	*Impact*	*Outcome*
Program Standard II-C: The chief nurse administrator: • Is a registered nurse; • Holds a graduate degree in nursing; • Is academically and experientially qualified to accomplish the mission, goals, and expected student and faculty outcomes; • Is vested with the administrative authority to accomplish the mission, goals, and expected student and faculty outcomes; • Provides effective leadership to the nursing unit in achieving its mission, goals, and expected student and faculty outcomes.	School of Nursing Chair is selected in accordance with accrediting agencies and Board of Registered Nursing Chair is given authority necessary for success in the role, and is evaluated for effectiveness	Faculty Affairs, Administrative Advisory Committee, Associate Chair, School of Nursing Assembly	Election of Chair occurs every three years by vote of SONA and upon approval of Dean and President Chair evaluation is conducted by the Associate Chair in the middle of fourth semester of the three-year term via survey of SoN Faculty Evaluation data is collected and analyzed by the Associate Chair and disseminated to the Chair Chair consults with Nursing Faculty as needed via monthly SONA and Administrative Advisory meetings Chair meets monthly with College Administrative Council	Chair is elected and evaluated according to established timelines	Chair has effective leadership in achieving the mission, goals, and expected student and faculty outcomes

Assumptions

The School of Nursing has faculty members qualified to serve as Chair

External Factors

Limited faculty resources

CCNE Standard and Evaluation Items – Standard II – Program Quality: Institutional Commitment and Resources
Program Standard II-D

Inputs	Outputs		Outcomes -- Impact		
	Activities	Participation	Process (what & when)	Impact	Outcome
Program Standard II-D: Faculty members are: • Sufficient in number to accomplish the mission, goals, and expected student and faculty outcomes; • Academically prepared for the areas in which they teach; • Experientially prepared for the areas in which they teach.	Faculty composition is reviewed to determine adequacy in number and quality for achieving mission, philosophy, and expected outcomes	School of Nursing Chair, Administrative Advisory Committee, Faculty Affairs (RTP/PTFEC) Committee, School of Nursing Assembly	Chair evaluates Weighted Teaching Unit (WTU) and Full Time Equivalent Student (FTES) ratios each semester Chair appoints content experts annually in August according to BRN/faculty handbook criteria Content experts formulate and implement faculty remediation plans, in consultation with the Chair Faculty members submit CV upon hire and in the fall semester of each year Faculty submit evidence of current California RN licensure upon hire and license renewal Faculty records and CVs are reviewed upon hire and annually by Chair for currency, for approval by the BRN for teaching area, for current RN licensure, and for clinical clearances Chair submits faculty resignations and approvals annually to the BRN, as indicated	Faculty are sufficient in number to cover didactic and clinical courses SoN has at least one identified content expert for each of the five areas as required by the BRN Faculty are highly qualified according to the BRN and SoN standards Faculty remain current in the field in which they teach Teaching assignments allow faculty to meet evaluation expectations	Faculty composition is sufficient to accomplish the mission, goals, and expected student and faculty outcomes

Assumptions

There is infrastructure to support faculty at the various University levels
Faculty select employment at the SoN because their teaching philosophy is aligned with program mission, goals, and expected student outcomes

External Factors

Assigned faculty time
Approval to hire faculty is dictated by the University
Shortage of qualified, diverse nursing faculty

CCNE Standard and Evaluation Items – Standard II – Program Quality: Institutional Commitment and Resources
Program Standard II-E

Inputs	Outputs		Outcomes -- Impact		
	Activities	*Participation*	*Process (what & when)*	*Impact*	*Outcome*
Program Standard II-E: When used by the program, preceptors, as an extension of faculty, are academically and experientially qualified for their role in assisting in the achievement of the mission, goals, and expected student outcomes.	Preceptors are identified and qualifications are verified by Curriculum Vitae and interview	Placement Coordinator, Faculty of Record, School of Nursing Chair	Preceptor qualifications are reviewed by the Placement Coordinator and the FOR prior to the beginning of each semester for adherence to BRN regulation All new preceptors complete a preceptor course by the end of first semester as a preceptor New preceptors are oriented to the objectives, activities, and procedures for the preceptor role before the first clinical day Preceptors are evaluated by students each semester Placement Coordinator reviews evaluations each semester to identify concerns which are communicated with the preceptor and agency Placement Coordinator tracks preceptor information and provides annual report to SONA	100% of preceptors are academically and experientially qualified for their role 100% of new preceptors are oriented in the role and responsibilities by faculty and through a preceptor course, according to timelines 100% of students evaluate preceptors for effectiveness	Preceptors function in their role in assisting in the achievement of the mission, goals, and expected student outcomes Preceptors who are identified as ineffective are not utilized

Assumptions

Qualified preceptors are available and willing to assume the preceptor role in the clinical agencies

External Factors

Lack of preceptor availability due to the increasing use of preceptors by schools of nursing in the region

CCNE Standard and Evaluation Items – Standard II – Program Quality: Institutional Commitment and Resources
Program Standard II-F

Inputs	Outputs		Outcomes -- Impact		
	Activities	*Participation*	*Process (what & when)*	*Impact*	*Outcome*
Program Standard II-F: The parent institution and program provide and support an environment that encourages faculty teaching, scholarship, service, and practice in keeping with the mission, goals, and expected faculty outcomes.	Faculty are supported in meeting role expectations	Faculty Affairs (RTP/PTFEC), School of Nursing Assembly, School of Nursing Chair, College Academic Advisory Council, College Administrative Advisory Council, Faculty Senate, University and College resources	Faculty members receive three units per semester of assigned time Travel release may be provided via College or University Full-time faculty receive individual computers at hire Faculty are evaluated according to UARTP guidelines and processes: annually for non-tenured faculty; every five years for tenured faculty RTP Committee evaluates tenured and tenure track faculty per annual timelines PTFEC evaluates part-time faculty per annual timelines When problems in faculty role expectations are identified, Faculty Affairs proposes changes to SONA	80% of faculty are retained and promoted on time as a result of RTP process 80% Part-time faculty are recommended for retention as a result of PTFEC process	Faculty members demonstrate teaching, scholarship, and service activities according to expectations Faculty activities support School, College, and University mission, goals, and expected faculty outcomes

Assumptions
RTP guidelines and expectations are clearly defined and available for faculty to review Faculty support is available equally across the University

External Factors
Limited faculty resources and assigned time RTP Process has assigned timelines with multiple levels of review Proposed changes in faculty expectations require College and University approval

CCNE Standard and Evaluation Items – Standard III – Program Quality: Curriculum and Teaching-Learning Practices
Program Standard III-A

Inputs	Outputs		Outcomes -- Impact		
	Activities	*Participation*	*Process (when)*	*Impact*	*Outcome*
Program Standard III-A: The curriculum is developed, implemented, and revised to reflect clear statements of expected individual student learning outcomes that are congruent with the program's mission, goals, and expected aggregate student outcomes.	Provide clearly defined student objectives for course, level, and program outcomes Evaluate student learning outcomes in relation to the mission, goals, and expected student outcomes	Undergraduate Committee, Graduate Committee, Program Evaluation Committee, School of Nursing Assembly	Undergraduate and Graduate Committees review course objectives and syllabi on a rotating basis so that each course reviewed every three years Undergraduate faculty content experts (M-S, G, O, C, P) participate in the aforementioned review of course objectives and syllabi on an annual basis PEC evaluates student learning outcomes annually for achievement of mission, goals, and expected student outcomes SONA evaluates any curricular change proposals for alignment with program goals before approval PEC gathers and evaluates 3-5 year post-graduation data at least every three years for alignment with mission, goals, and expected student outcomes	Undergraduate faculty content experts perform curricular monitoring and oversight as prescribed by BRN regulations; their participation is documented in meeting minutes The curriculum is 100% in alignment with the mission and goals of the University, College, and the School 80% of student feedback will indicate that the curriculum facilitated achievement of expected student outcomes There is a regular process for analyzing student achievement of the benchmarks identified in IV-B, a-j	Students graduate with the knowledge, skills, and attitudes required for Masters level professional nursing practice School graduates reflect the mission and goals of the University, College, and the SoN

Assumptions	External Factors
Program outcome data and student feedback data are available	Curricular revision process has multiple levels of review which may delay changes in curriculum implementation

CCNE Standard and Evaluation Items – Standard III – Program Quality: Curriculum and Teaching-Learning Practices
Program Standard III-B

Inputs	Outputs		Outcomes -- Impact		
	Activities	*Participation*	*Process (what & when)*	*Impact*	*Outcome*
Program Standard III-B: Expected individual student learning outcomes are consistent with the roles for which the program is preparing its graduates. Curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum, expected individual student learning outcomes, and expected aggregate student outcomes. *(See also subheadings re: BSN and MSN curricula)*	Review the nursing curricula and expected student outcomes in relation to the current professional nursing standards and guidelines including: (a) BRN standards (b) ANA Standards of Practice (c) AACN Essentials (Baccalaureate & Master's) (d) QSEN competencies (e) California Teacher Credentialing Commission (School Nurse) (f) APRN consensus model (NCSBN) (g) Community of Interest Revise the curriculum as needed to reflect relevant professional nursing standards and guidelines	Undergraduate Committee, Graduate Committee, Program Evaluation Committee, School of Nursing Assembly, Community Advisory Committee/Partnering Agencies	FOR submit course evaluation summaries annually to PEC which include alignment of professional standards PEC reviews course evaluations and the curriculum for adherence to professional nursing standards and guidelines at least every three years Undergraduate and Graduate Committees, UG Content Experts review individual course syllabi on a rotating basis every three years for curricular congruence with nursing standards and guidelines PEC reviews curricular changes for congruence with nursing standards and guidelines as needed before approval and implementation PEC monitors employment rates of graduates annually via agency surveys and Community Advisory Committee feedback, while considering current economic conditions	RN to BSN and Graduate nursing students are prepared to practice in compliance with current professional standards and guidelines as evidenced by 95% completion of a efolio including original work that demonstrates the integration of essential Baccalaureate or Masters nursing concepts Prelicensure students achieve minimum 1st-time NCLEX pass rate of 88% and above average overall pass rates for like institutions (BSN/CSU) 90% of School Nurse students receive credential upon program completion Graduates report employability and job acquisition in area of specialty within 6 months of graduation Employers report inclination to hire Sacramento State Nursing graduates	The nursing curriculum and student outcomes reflect current professional nursing standards and guidelines Student outcome measures are designed to reflect current professional nursing standards and guidelines Expected student outcomes are analyzed for congruence with professional standards and guidelines on a regular basis

Assumptions
Nursing faculty are aware of the current professional standards and guidelines
Adequate time is available to revise the curriculum and implement changes as needed after professional new standards are released

External Factors
University resources are available to support curriculum development
Economic conditions affect employability

CCNE Standard and Evaluation Items – Standard III – Program Quality: Curriculum and Teaching-Learning Practices
Program Standard III-C

Inputs	Outputs		Outcomes -- Impact		
	Activities	Participation	Process (what & when)	Impact	Outcome
Program Standard III-C: The curriculum is logically structured to achieve expected individual and aggregate student outcomes. • The baccalaureate curriculum builds upon a foundation of the arts, sciences, and humanities. • Master's curricula build on a foundation comparable to baccalaureate level nursing knowledge.	Evaluate how the nursing curriculum builds on prerequisite coursework to achieve expected student outcomes Evaluate how the admission process selects for nursing programs	Undergraduate Committee, Graduate Committee, Program Evaluation Committee, School of Nursing Assembly	PEC and curricular committees, along with content experts, evaluate course syllabi on a rotating basis at least every three years to assess the scaffolding of curricular objectives both within program and in preparation for future study PEC completes annual exit surveys and focus groups of graduates Program Coordinators, Advisors, and PEC examine student progression, attrition, and graduation rates annually and make suggestions for admission criteria revisions as needed	Focus group and 80% of exit surveys find that students report logical sequencing of the curriculum 100% course syllabi demonstrate sequential integration of theoretical and clinical nursing concepts Traditional BSN attrition rates are <15% and on-time completion rates >80% Full-time RN to BSN attrition rates TBD 2012 and on-time completion rates >50% MSN attrition rates are <20% and on-time completion rates >80% School Nurse Credential Program attrition rates are <20% and on-time completion rates >80% (LVN to RN 30-Unit Option Program admits average of 1 student/yr)	Nursing graduates are prepared in theoretical and clinical nursing knowledge building on appropriate foundational knowledge Sacramento State LVN to RN, RN to BSN and Master's nursing programs contribute to the seamless academic progression of regional students

Assumptions

Readiness to build on prerequisite knowledge can be measured
Prerequisite knowledge is retained and transferred to higher level work by the student

External Factors
Adequately prepared applicants are available and interested in pursuing higher level academic work
Students' economic and personal life factors affect ability to study and complete on time

CCNE Standard and Evaluation Items – Standard III – Program Quality: Curriculum and Teaching-Learning Practices
Program Standard III-D

Inputs	Outputs		Outcomes -- Impact		
	Activities	*Participation*	*Process (what & when)*	*Impact*	*Outcome*
Program Standard III-D: Teaching-learning practices and environments support the achievement of expected individual student learning outcomes and aggregate student outcomes.	Evaluate how the teaching-learning practices (traditional, hybrid, distance learning) and environments affect student learning and student outcomes Maintain or revise teaching-learning practices and environments as needed to improve student learning and student outcomes	Undergraduate Committee, Graduate Committee, Technology Committee, Program Evaluation Committee, School of Nursing Assembly, School of Nursing Chair	FOR and PEC evaluate the effectiveness of teaching-learning practices and environments (clinical, lab) in supporting student achievement of expected outcomes through annual student course evaluations PEC performs annual exit surveys and focus groups and reviews student perceptions of: (a) clinical laboratory (b) agency clinical placements (c) instructional materials (d) classroom space and equipment (e) computer lab and support services (f) writing support services Technology Committee meets at least bi-monthly to review program resources and recommend improvements to the Chair or curricular committees	Student exit surveys and focus groups rate the teaching and learning practice as 80% effective or highly effective Student exit surveys and focus groups rate the learning environment as 80% effective or highly effective (a- f) Students report their field/clinical experiences supported the achievement of expected student outcomes 75% of the time	Students will receive effective teaching-learning practices and adequate resources to achieve program outcomes

Assumptions
Students are actively engaged in learning and maximize use of resources
Faculty teaching-learning practices can be separated from learning environment during evaluation

External Factors

The University allocates resources for space and teaching-learning support

CCNE Standard and Evaluation Items – Standard III – Program Quality: Curriculum and Teaching-Learning Practices
Program Standard III-E

Inputs	Outputs		Outcomes -- Impact		
	Activities	*Participation*	*Process (what & when)*	*Impact*	*Outcome*
Program Standard III-E: The curriculum and teaching-learning practices consider the needs and expectations of the identified community of interest.	Determine the nursing workforce needs and expectations of the community of interest Revise the nursing curriculum as practical and feasible to better meet the needs and expectations of the regional community	Undergraduate Committee, Graduate Committee, Program Evaluation Committee, School of Nursing Assembly, School of Nursing Chair, Community Advisory Committee, Regional Community Partners	Chair meets twice yearly with the Community Advisory Committee to assess needs and expectations PEC reviews Community Advisory and Healthy Community Forum input, workforce trends, and graduate employment data annually, making recommendations as needed to curricular committees and SONA PEC surveys Regional Community Partners regarding perceived nursing workforce needs at least every three years PEC ensures that annual course evaluation processes appropriately evaluate hybrid and distance learning courses according to WASC standards Undergraduate and Graduate Committees, Program Coordinators and Advisors, and the Chair evaluate the academic class schedule annually within each program against learner and agency needs Curricular committees and SONA revise the nursing curriculum to better align with the needs of the community of interest as indicated	85% of Community agencies report that program graduates meet performance expectations 85% of students report their academic class schedule was reasonable to accommodate scheduling needs	The nursing curriculum will reflect the needs of the community of interest Nursing programs will be accessible to students with varied learning needs and competing time demands

Assumptions
RN to BSN, MSN students often hold full-time jobs; many BSN students work at least part-time
Students want increasing online course delivery
Community Partner Agencies will communicate perceived workforce needs and expectations
Regional data is available on nursing workforce needs

External Factors

Barriers to community participation and feedback

CCNE Standard and Evaluation Items – Standard III – Program Quality: Curriculum and Teaching-Learning Practices
Program Standard III-F

Inputs	Outputs		Outcomes -- Impact		
	Activities	Participation	Process (what & when)	Impact	Outcome
Program Standard III-F: Individual student performance is evaluated by the faculty and reflects the achievement of expected individual student learning outcomes. Evaluation policies and procedures for individual student performance are defined and consistently applied.	Evaluation policies and procedures will be developed in alignment with expected program outcomes Evaluation procedures will be assessed for clarity and consistency throughout the curriculum	Faculty of Record, Placement Coordinator, Student Affairs Committee, Undergraduate Committee, Graduate Committee, Program Evaluation Committee, School of Nursing Assembly, College of Health & Human Services, University	Student Affairs Committee and Graduate Committee will annually review handbook policies and procedures related to student evaluation for appropriateness Program Advisors and Coordinators will communicate evaluation policies to students at program entry and provide online handbook access FOR will include evaluation policies and procedures in syllabi that are consistent with the School FOR will solicit student perceptions of evaluation practices via annual course and preceptor evaluations PEC reviews course evaluations and provides feedback to curricular committees as needed for improvement in evaluation practices Placement Coordinator collects preceptor feedback from students, tracks the data, and shares with FOR	Evaluation procedures for course content are aligned with individual student learning outcomes and clearly defined in course syllabi 100% of the time Student performance evaluation is aligned with School policy 100% of the time	Evaluation procedures will be clearly stated to guide student performance and facilitate the achievement of expected student outcomes Faculty will have a thorough understanding of the evaluation procedures and expectations Evaluation policies and procedures for nursing students will be consistently applied

Assumptions

Students will read course syllabi and student handbook
Faculty are aware of School, College, and University policies

External Factors

University resources are available to support performance evaluation methods

CCNE Standard and Evaluation Items – Standard III – Program Quality: Curriculum and Teaching-Learning Practices
Program Standard III-G

Inputs	Outputs		Outcomes -- Impact		
	Activities	*Participation*	*Process (what & when)*	*Impact*	*Outcome*
Program Standard III-G: Curriculum and teaching-learning practices are evaluated at regularly scheduled intervals to foster ongoing improvement.	Individual class teaching-learning strategies will be evaluated and instructional feedback will be provided periodically to foster on-going curricular improvement Individual faculty teaching-learning performance will be evaluated periodically and instructional feedback will be provided to the faculty to foster on-going teaching improvement	Faculty Affairs (RTP/TFEC) Committee, Undergraduate Committee, Graduate Committee, School of Nursing Chair	Individual course syllabi will be evaluated by the curricular committees on a rotating basis every three years for consistency with approved course and program objectives, and feedback will be provided to the FOR FOR will perform course evaluations annually and revise teaching learning strategies as needed Program Coordinators provide annual program summary to the Chair by July 1st (including course and curriculum evaluation and syllabi review) Faculty evaluation data is collected for every faculty in every course taught each semester and provided to the faculty member for quality improvement Exit surveys and focus groups are conducted annually regarding the effectiveness of teaching-learning strategies in achieving expected outcomes Chair reviews faculty evaluations and monitors complaints, documenting faculty performance concerns when necessary, for placement in personnel file	FOR conduct annual course evaluations 100% of the time 95% of faculty will receive student faculty evaluations for each course they teach Chair receives annual program summaries by July 1st 100% of the time Chair performs timely action to address complaints regarding faculty100% of the time	Teaching and learning practices will be regularly evaluated and that data used to foster ongoing program improvement

Assumptions

RTP processes are adhered to and timelines are followed
Quality of student evaluations are subjective

External Factors
Students complete faculty and course evaluations
Faculty assigned time to perform program evaluations

CCNE Standard and Evaluation Items – Standard IV – Program Effectiveness: Aggregate Student and Faculty Outcomes
Program Standard IV-A

Inputs	Outputs		Outcomes -- Impact		
	Activities	*Participation*	*Process (when)*	*Impact*	*Outcome*
Program Standard IV-A: Surveys and other data sources are used to collect information about student, alumni, and employer satisfaction and demonstrated achievement of graduates. Collected data include, but are not limited to, graduation rates, NCLEX-RN pass rates, certification examination pass rates, and employment rates, as appropriate. (DATA COLLECTION)	Data are collected via progression records, course evaluations, and community and student surveys and focus groups regarding student achievement on the following outcomes: (a) Program attrition and on-time completion rates (b) Student attainment of individual course objectives (c) NCLEX pass rates (d) Employer satisfaction (e) Employment rates of program graduates (f) Student perceptions of preparation for practice (g) MSN comprehensive exam rates (h) MSN certification application rates (i) Satisfactory MSN e-portfolio completion rates (j) Pursuit of MSN, PhD, or other higher degree	Community Advisory Committee, Alumni, Course Faculty, Program Coordinators and Advisors (Undergraduate, LVN to RN, RN to BSN, Graduate, School Nurse), Program Evaluation Committee	Course Faculty, Coordinators, Advisors, and PEC annually review expected student achievement with actual student outcomes Community Advisory Committee meetings occur twice yearly Exit surveys are completed annually by students from each program Alumni employment rates assessed at graduation and every three years for alumni 3-5 years post-graduation Employer focus groups occur annually; surveys of employers occur at least every three years	There is an annual process for collecting data from students and the community of interest regarding student achievement Data on a-j are collected 100% of the time Student response rates for exit surveys is at least 90% Alumni and employer response rates are at least 33%	Collected data are sufficient for subsequent evaluation of program effectiveness

Assumptions

Students and community desire to provide program feedback

External Factors

Participation barriers for students and community when asked for input
Budget affects type of data collection methods available

CCNE Standard and Evaluation Items – Standard IV – Program Effectiveness: Aggregate Student and Faculty Outcomes
Program Standard IV-B

Inputs	Outputs		Outcomes -- Impact		
	Activities	*Participation*	*Process (what & when)*	*Impact*	*Outcome*
Program Standard IV-B: Aggregate student outcome data are analyzed and compared with expected student outcomes. (DATA ANALYSIS; student outcomes)	Aggregate outcome data (see IV-A, a-j) are analyzed and compared with expected student outcomes	Program Coordinators and Advisors (Undergraduate, LVN to RN, RN to BSN, Graduate, School Nurse), Program Evaluation Committee	Coordinators, Advisors, and PEC analyze student, alumni, and community of interest data in relation to expected student outcomes on an annual basis for all programs: Generic BSN, LVN to RN 30-Unit Option, RN to BSN, Graduate MSN, and School Nurse Credential	There is a regular process for analyzing student achievement of the following benchmarks: (a) Program attrition and on-time completion rates above average for like institutions (b) Patterns of course improvement are evident in analysis of course evaluations 90% of the time (c) Minimum 1st-time NCLEX pass rate of 88% and above average overall pass rates for like institutions (BSN/CSU) (d) Employer survey indicating 80% satisfaction (satisfied/highly satisfied) with graduates' professional practice (e) Employment rates for graduates above average, per regional data; benchmark TBD 2012 (f) Post graduation survey indicating student 80% self-report of appropriate preparation for practice (g) MSN comprehensive exam first attempt success rate of 90% (h) 75% of MSN students complete certification application (practice specific) in e-portfolio; 90% of School Nurse students obtain credential (i) 95% of MSN students complete satisfactory professional e-portfolio (j) 25% of alumni pursue higher degree within 5 years	Analysis of collected data allows for identification of areas for program improvement

Assumptions	External Factors
Coordinators and Advisors have a tracking system for student data that is readily accessible for review	Assigned faculty time Data type and quantity influences quality of analysis

CCNE Standard and Evaluation Items – Standard IV – Program Effectiveness: Aggregate Student and Faculty Outcomes
Program Standard IV-C

Inputs	Outputs		Outcomes -- Impact		
	Activities	*Participation*	*Process (what & when)*	*Impact*	*Outcome*
Program Standard IV-C: Aggregate student outcome data provide evidence of the program's effectiveness in achieving its mission, goals, and expected outcomes. (DATA REPORTED; program effectiveness)	Faculty synthesize IV-B analysis findings to generate reports for use in program improvement Reports include evidence of effectiveness in achieving program mission, goals, and expected outcomes (e.g. curricular mapping)	Program Coordinators and Advisors (Undergraduate, LVN to RN, RN to BSN, Graduate, School Nurse), Program Evaluation Committee, School of Nursing Chair	Coordinators and Advisors submit annual reports of benchmark data on admission, progression, attrition, and completion rates to the PEC and share online via Faculty Sourcepage PEC annually compares outcome data to the mission, goals, and expected outcomes for congruency Chair submits annual report to the College on program evaluation activities for previous academic year, which is published on University website Summary report is provided annually at Community Advisory meeting PEC provides curricular committees and SONA with annual assessment report and recommendations; report is shared online via Faculty Sourcepage	Data reporting occurs on a regular basis and involves nursing faculty at all levels Annual reports are readily accessible via the Faculty Sourcepage for review Data reporting occurs annually by October 15th for the previous academic year 100% of the time 100% of reports are posted to Faculty Sourcepage by October 15th Chair's report to the College will be submitted by August 1st for the previous academic year	Nursing faculty, College, University, community of interest, and accrediting agencies are provided consistent data-driven reports for program review and improvement

Assumptions

Online sharing via Faculty Sourcepage is an effective means of providing accessible reports

External Factors

Assigned faculty time

CCNE Standard and Evaluation Items – Standard IV – Program Effectiveness: Aggregate Student and Faculty Outcomes
Program Standard IV-D

Inputs	Outputs		Outcomes -- Impact		
	Activities	*Participation*	*Process (what & when)*	*Impact*	*Outcome*
Program Standard IV-D: Aggregate student outcome data are used, as appropriate, to foster ongoing program improvement. (PROGRAM IMPROVEMENT PROCESS)	Reports from IV-C are utilized in ongoing program improvement	Program Coordinators and Advisors (Undergraduate, LVN to RN, RN to BSN, Graduate, School Nurse), Program Evaluation Committee, Undergraduate Committee, Graduate Committee, School of Nursing Assembly	Coordinator, Advisor, and PEC reports identify student outcomes inconsistent with expected outcomes and these findings are brought to the attention of Undergraduate and Graduate Committees and SONA to develop plans for improvement Outcome data are reviewed by PEC whenever the mission, goals, and expected outcomes are revised (by SONA)	Assessment findings are communicated to faculty at monthly curricular meetings as soon as program benchmarks are not met or programmatic concerns identified Faculty representation on monthly curricular committees and community of interest input via bi-annual advisory meetings provides for shared decision-making in developing program improvement plans Committee meeting minutes and Coordinator reports reflect annual program improvement 100% of the time	The School of Nursing demonstrates ongoing program improvement efforts

Assumptions	**External Factors**
Committee meetings provide sufficient time for the development and implementation of program improvement plans Faculty are able to attend extra meeting sessions as needed for program improvement	Assigned faculty time

CCNE Standard and Evaluation Items – Standard IV – Program Effectiveness: Aggregate Student and Faculty Outcomes
Program Standard IV-E

Inputs	Outputs		Outcomes -- Impact		
	Activities	*Participation*	*Process (what & when)*	*Impact*	*Outcome*
Program Standard IV-E: Aggregate faculty outcomes are consistent with and contribute to achievement of the program's mission, goals, and expected student outcomes.	Achievement of aggregate faculty outcomes are assessed by Faculty Affairs	Faculty Affairs: RTP/PTFEC, School of Nursing Chair	Faculty WPAFs reviewed by Faculty Affairs as prescribed by MOU (annually for non-tenured, probationary faculty; every five years for tenured faculty)	The School strives to achieve a faculty demonstrating the following:	The School of Nursing has a highly qualified faculty supported and prepared to meet the program mission, goals, and expected student outcomes
	Findings that fail to meet benchmarks are brought to the attention of School of Nursing Assembly	School of Nursing Assembly	Students complete faculty evaluations for every course taught each semester	(a) Representative of minority groups in the region	
	New faculty are oriented to the mission, goals, and expected student outcomes	School of Nursing Associate Chair, Faculty Mentor	New faculty are oriented at hire and assigned a faculty mentor for the first year	(b) 80% of theory/lab faculty are full-time status; 80% of clinical faculty hold minimum of MSN	
			Chair annually reviews faculty hiring patterns and CVs to determine service, scholarship, as well as academic preparation	(c) Faculty hired into tenure track without doctorate will obtain within 5 years of hire	
			Chair and Faculty Affairs report problematic aggregate faculty findings to SONA when they are known to develop a plan for improvement	(d) 50% of MSN program faculty are board certified	
				(e) Tenured and tenure-track faculty meet expectations for RTP in areas of teaching, University and community service, and scholarly activity	
				(f) Faculty evaluation mean for the School of Nursing is 3.5 or above on 1-5 scale	
				(g) Faculty retention is above 70%	

Assumptions

There is infrastructure to support faculty at the various University levels
Faculty select employment at the School of Nursing because their teaching philosophy is aligned with program mission, goals, and expected student outcomes

External Factors

Approval to hire faculty is dictated by the University
Shortage of qualified, diverse nursing faculty

CCNE Standard and Evaluation Items – Standard IV – Program Effectiveness: Aggregate Student and Faculty Outcomes
Program Standard IV-F

Inputs	Outputs		Outcomes -- Impact		
	Activities	*Participation*	*Process (what & when)*	*Impact*	*Outcome*
Program Standard IV-F: Information from formal complaints is used, as appropriate, to foster ongoing program improvement.	Records of grievances are kept for review Analysis of student grievances, complaints, and dismissals conducted (root cause analysis) Recommendations are made for program improvement as necessary	Program Coordinators and Advisors (Undergraduate, LVN to RN, RN to BSN, Graduate, School Nurse), Student Affairs Committee, Graduate Committee School of Nursing Assembly, Program Evaluation Committee, School of Nursing Chair	Coordinators, Advisors, Student Affairs Committee, and Chair keep records of formal student complaints for five years Student Affairs (for BSN) and Graduate Committee (for MSN) conduct annual process review for any student who has been exited from a program and recommend policy changes as needed Student Affairs and Graduate Committee reviews student handbooks annually and recommend changes in policy as needed Grievances about faculty are reviewed immediately by the Chair per University policy Chair analyzes complaints and grievances annually	All grievances are reviewed according to prescribed University timelines in the policy manual 100% of the time Informal grievances are addressed by the School of Nursing within 30 days	Students' due process rights are maintained School of Nursing policies are consistently applied and updated to provide support to students Results of grievance reviews are incorporated into program improvement

Assumptions
Formal grievance = grade appeal, appealing to College or University level (e.g.
Associate Dean, Office of Student Affairs)
Informal = written or verbal at School of Nursing level
Legal advisement is available for the University

External Factors

Lack of faculty documentation or information (e.g. faculty not available)

School of Nursing Curriculum Map – MS Nursing: Spring 2016

Prog Outcome ➔ Course ⬇	SO I Synth Evidence	SO II Org Syst Ldrshp	SO III QI Project	SO IV Research EBP	SO V Integr Data	SO VI H Policy Adv	SO VII Ldrshp Coord	SO VIII Prev Pop Hlth	SO IX Adv Sci	SO X Ethics
NURS 209: Adv Role D		I, D				I, D				
NURS 210: Research	I, D			I, D						
NURS 212: Cncp Theor										
NURS 213: Nsg Praxis										
NURS 214B: Educ I										
NURS 215: Comm Hlth								I, D, M		D, M
NURS 230: Adv Patho									I, D, M	
NURS 231: Adv Pharm									I, D, M	
NURS 232: Adv PA									I, D, M	
NURS 293: Practicum										
NURS 500: Comp Exam				M						

I = L1/Introduced
D = L2/Developed & Practiced with Feedback
M = Summ/Demonstrated at the Mastery Level Appropriate for Graduation