



GCSU School of Nursing

FY 2022-2023 Systematic Program Evaluation Plan

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Standard I: Mission and Governance

The mission, goals, and expected program outcomes are congruent with those of the parent institution, reflect professional nursing standards and guidelines, and consider the needs and expectations of the community of interest. Policies of the parent institution and nursing program clearly support the program’s mission, goals, and expected outcomes. The faculty and students of the program are involved in the governance of the program and in the ongoing efforts to improve program quality.

<p>I-A. Key Element: The mission, goals, and expected program outcomes are: 1. Congruent with those of the parent institution 2. Reviewed periodically and revised as appropriate</p> <p><i>I-A elaboration: The program’s mission, goals, and expected program outcomes are written and accessible to current and prospective students, faculty, and other constituents. Program outcomes include student outcomes, faculty outcomes, and other outcomes identified by the program. The mission may relate to all nursing programs offered by the nursing unit or specific programs may have separate mission statements. Program goals are clearly differentiated by level when multiple degree/certificate programs exist. Expected program outcomes may be expressed as competencies, objectives, benchmarks, or other terminology congruent with institutional and program norms.</i></p> <p><i>There is a defined process for periodic review and revision of program mission, goals, and expected program outcome that has been implemented, as appropriate.</i></p>				
Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome
<p>Congruency found in handbooks, online SON, CoHS, and GCSU Websites</p> <p>GCSU Catalog, SON shared drive: Minutes of NFO and EE Committees</p>	<p>Mission is reviewed every five years OR as needed to remain congruent with GCSU and the CoHS</p>	<p>Director of SON</p> <p>Assistant Directors of Undergraduate and Graduate Programs</p> <p>Curriculum, Graduate, and EE Committees</p>	<p>The SON mission, goals, and expected outcomes will be fully congruent with GCSU and CoHS and will be reviewed every five years or as needed.</p>	<p>The SON mission is fully congruent with GCSU and COHS, and AACN Essentials are incorporated into all program outcomes.</p> <p>BSN Curriculum was last revised in 2016-2017 and is currently under revision to keep with review every five years.</p>

				<p>An additional, accelerated cohort was added to the BSN program in Summer of 2022. The first students from this cohort graduated in August 2023.</p> <p>MSN was formally reviewed in 2018 and program outcomes were updated. New program outcomes were implemented in Fall 2019. Program outcomes and curriculum are currently under review.</p> <p>DNP Curriculum was revised in 2016-2017 and changes became effective Fall 2018. The first cohort to graduate was in May of 2020. Program outcomes and curriculum are currently under review.</p>
<p>I-B Key Element: The mission, goals, and expected program outcomes are consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.</p> <p><i>Elaboration: The program identifies the professional nursing standards and guidelines it uses. CCNE requires, as appropriate, the following professional nursing standards and guidelines:</i></p> <p>The Essentials of Baccalaureate Education for Professional Nursing Practice [American Association of Colleges of Nursing (AACN), 2008]; The Essentials of Master’s Education in Nursing (AACN, 2011); The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006); and Criteria for Evaluation of Nurse Practitioner Programs [National Task Force on Quality Nurse Practitioner Education (NTF), 2016].</p>				
Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome

<p>Professional standards are incorporated into BSN, MSN, DNP, and Post- Master’s APRN Certificate curricula found in curricular mapping spreadsheets.</p> <p>The Essentials of Baccalaureate Education for Professional Nursing Practice [American Association of Colleges of Nursing (AACN), 2008];</p> <p>The Essentials of Master’s Education in Nursing (AACN, 2011);</p> <p>The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006); and</p> <p>Criteria for Evaluation of Nurse Practitioner Programs [National Task Force on Quality Nurse Practitioner Education (NTF), 2016].</p>	<p>Curricula are reviewed every five years.</p>	<p>Director of SON</p> <p>Assistant Directors of Undergraduate and Graduate Programs</p> <p>Curriculum, Graduate, and EE Committees</p>	<p>The SON mission, goals, and expected outcomes will be <u>reviewed every five years or as needed to ensure</u> consistency with relevant professional nursing standards and guidelines for the preparation of nursing professionals.</p>	<p>BSN Curriculum was revised in 2016-2017 and became effective Fall 2018. The first cohort under the new curriculum graduated in May 2020. The Curriculum Committee is currently reviewing/revising curriculum to be complete in Spring 2024.</p> <p>MSN was formally reviewed in 2018 and program outcomes were updated. New program outcomes were implemented in Fall 2019. Program outcomes and curriculum are currently under review.</p> <p>DNP Curriculum was revised in 2016-2017 and changes became effective Fall 2018. The first cohort to graduate under the revised curriculum was in May of 2020. Program outcomes and curriculum are currently under review.</p>
<p>I-C Key Element: The mission, goals, and expected program outcomes reflect the needs and expectations of the community of interest.</p> <p><i>I-C elaboration: The community of interest is defined by the nursing unit. The needs and expectations of the community of interest are considered in the periodic review of the mission, goals, and expected program outcomes.</i></p>				
Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome
Compliance Assist, SON shared drive: Minutes of NFO Committees, Teaching	Mission, goals, and expected student outcomes are reviewed every five	Director of SON Assistant Directors of	The mission, goals, and expected student outcomes will be reviewed every five	2022 Surveys were sent and analyzed to assess the needs

Communities, Advisory Board.	years OR as needed. Course outcomes are reviewed every semester by the course coordinator, teaching communities, Curriculum or Graduate Committee, and EE Committee.	Undergraduate and Graduate Programs All faculty, students, and communities of interest.	years or as needed and revised, as appropriate, to reflect the needs and expectations of the community of interest.	and expectations of SON community interest. Surveys were sent to current students, faculty, alumni, and community stakeholders. This data analysis was reported to appropriate SON committees and responsible person(s) in Fall 2022, to work on any issues that were noted. Revisions will be made to the surveys prior to being distributed again in Fall 2025 to further enhance the quality of information obtained. The SON Advisory Board will meet in Fall 2024 and provide additional input into survey revisions.
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I-D Key Element:
Expected faculty outcomes are clearly identified by the nursing unit, written and communicated to the faculty, and congruent with institutional expectations.

I-D elaboration: The nursing unit identifies expectations for faculty, whether in teaching, scholarship, service, practice, or other areas. Such expectations may vary for different groups of faculty (full-time, part-time, adjunct, tenured, non-tenured, or other). Expected faculty outcomes are congruent with those of the parent institution.

Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome
CoHS Tenure and Promotion Guidelines, Faculty Development Standards, Annual Faculty Evaluations, Digital Measures, Faculty Outcomes document	Every Spring semester	Director of SON, EE Committee, all Faculty.	Faculty outcomes will be achieved annually. Faculty outcomes are listed in Standards IV-G and IV-H.	All faculty are evaluated annually. Faculty outcomes are addressed in Standard IV-F. Due to changes in administration, faculty evaluations were delayed for

				the 2022 – 2023 AY.
<p>I-E Key Element: Faculty and students participate in program governance.</p> <p><i>I-E elaboration: Roles of the faculty and students in the governance of the program, including those involved in distance education, are clearly defined and promote participation. Nursing faculty are involved in the development, review, and revision of academic program policies.</i></p>				
Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome
SON shared drive: Minutes of NFO Committees, Teaching Communities, Advisory Board, student groups.	Every semester	EE Committee	NFO Bylaws will include mechanisms for student involvement in program governance. Student participation in program governance will be reflected in at least 50% of NFO meetings.	NFO Bylaws include mechanisms for student involvement in program governance. Fully met: Student participation is reflected in 100% of NFO meetings.
<p>I-F Key Element: Academic policies of the parent institution and the nursing program are congruent and support achievement of the mission, goals, and expected program outcomes. These policies are:</p> <ol style="list-style-type: none"> 1. Fair and equitable 2. Published and accessible 3. Reviewed and revised as necessary to foster program improvement <p><i>I-F elaboration: Academic policies include, but are not limited to, those related to student recruitment, admission, retention, and progression. Policies are written and communicated to relevant constituencies. Policies are implemented consistently. Differences between the nursing program policies and those of the parent institution are identified and support achievement of the program's mission, goals, and expected outcomes. A defined process exists by which policies are regularly reviewed. Policy review occurs and revisions are made as needed.</i></p>				
Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome
GCSU Catalog: Academic policies, Student Handbooks, SON Website	Every Spring semester	Policy Committee	Academic policies of the parent institution and the nursing program will be	Documents and publications were reviewed and changes

Policy Committee Minutes will reflect review.			reviewed annually.	made as needed. A process is used to notify constituents about changes in documents and publications. Fully met: Policies are reviewed by the Policy Committee annually.
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I-G Key Element:
The program defines and reviews formal complaints according to established policies.

I-G elaboration: The program defines what constitutes a formal complaint and maintains a record of formal complaints received. The program's definition of formal complaints includes, at a minimum, student complaints. The program's definition of formal complaints and the procedures for filing a complaint are communicated to relevant constituencies.

Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome
GCSU Policy Manual, Student handbooks, Files in SON Director's office.	Ongoing	Associate Directors for Undergraduate and Graduate Programs SON Director	Review of student complaints includes recommendations for ongoing program improvement, when indicated.	Fully met: All student complaints or grievances are reviewed and addressed.

I-H Key Element:
Documents and publications are accurate. A process is used to notify constituents about changes in documents and publications.

I-H elaboration: References to the program's offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, grading policies, degree/certificate completion requirements, tuition, and fees are accurate. Information regarding licensure and/or certification examinations for which graduates will be eligible is accurate. For APRN education programs, transcripts or other official documentation specify the APRN role and population focus of the graduate.

Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome
GCSU, CoHS and SON Websites, GCSU Catalogs, Student Handbooks	Every Spring semester	Director SON Assistant Directors for Undergraduate and Graduate Programs	Documents and publications will be reviewed annually for accuracy.	Met: Documents and publications were reviewed and changes made as needed.

			A process will be used to notify constituents about changes in documents and publications.	Met: A process is used to notify constituents about changes in documents and publications.
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Standard II: Program Quality: Institutional Commitment and Resources

The parent institution demonstrates ongoing commitment to and support for the nursing program. The institution makes resources available to enable the program to achieve its mission, goals, and expected outcomes. The faculty, as a resource of the program, enable the achievement of the mission, goals, and expected program outcomes.

Key Element	Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome
<p>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.</p>	<p>Annual and ongoing budget, SON shared drive:Minutes of EE &APR committees</p>	<p>Annually</p>	<p>Director SON, APR Committee.</p> <p>EE Committee will survey all students and faculty every three years to gather input into resource adequacy. The next survey of faculty and students is due in 2025.</p>	<p>The Director will review fiscal and physical resources annually for sufficiency.</p> <p>Faculty and students will have input into reviewing resources: faculty and student respondents' ratings will have a mean score of 4 or > (agree or strongly agree) with Standard II- A.</p>	<p>Met: The Director reviews fiscal and physical resources annually for sufficiency.</p> <p>FY 2022:</p> <p>Faculty (16): 4.06 BSN (42): 4.02 MSN (26): 3.83 DNP (8): 4.13</p> <p>Not met: MSN students rating is less than 4. This could be due to online status and not needing physical resources. MSN faculty will ensure students are aware of resources provided.</p> <p>See details from Satisfaction Survey Analysis in appendix.</p>
Key Element	Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome

<p>II-B. Physical resources and clinical sites enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of physical resources and clinical sites is reviewed periodically, and resources are modified as needed.</p>	<p>SON shared drive: minutes of EE & APR committees</p>	<p>Annually</p>	<p>APR Committee and Graduate Committee annually</p> <p>EE Committee will survey all students and faculty every three years to gather input into academic support adequacy. The next survey of faculty and students is due in 2021.</p>	<p>The APR Committee and Graduate Committee will review academic support services annually for sufficiency.</p> <p>Faculty and students will have input into reviewing academic support services: faculty and student respondents' ratings will have a mean score of 4 of > (agree or strongly agree) with Standard II- B.</p>	<p>The APR committee and Graduate Committee reviewed academic support services and they were found to be sufficient.</p> <p>FY 2022:</p> <p>Faculty (16): 4.06 BSN (42): 4.02 MSN (26): 3.83 DNP (8): 4.13</p> <p>Not met: MSN students rating is less than 4. This could be due to online status and not needing physical resources.</p> <p>See details from Satisfaction Survey Analysis in appendix.</p>
<p>Key Element</p>	<p>Where Documentation is Found</p>	<p>Timeline for Collection</p>	<p>Who is Responsible</p>	<p>Expected Outcome</p>	<p>Actual Outcome</p>
<p>II-C. Academic support services are sufficient to meet program and student needs and are evaluated on a regular basis.</p>	<p>SON shared drive: minutes of EE & APR committees</p>	<p>Every Fall semester</p>	<p>APR Committee and Graduate Committee annually</p> <p>EE Committee will survey all students and faculty every three</p>	<p>The APR Committee and Graduate will review academic support services annually for sufficiency.</p> <p>Faculty and students will have input into reviewing academic</p>	<p>The APR Committee and Graduate Committee reviewed academic support services and they were found to be sufficient.</p> <p>FY 2022:</p>

			<p>years to gather input into academic support adequacy. The next survey of faculty and students is due in 2025.</p>	<p>support services: faculty and student respondents' ratings will have a mean score of 4 of > (agree or strongly agree) with Standard II- C.</p>	<p>Faculty (16):4.06</p> <p>Advising:</p> <p>BSN (42): 4.17</p> <p>MSN (26):3.92</p> <p>DNP (8):4.29</p> <p>Career Services:</p> <p>BSN (42): 4.02</p> <p>MSN (26): 3.50</p> <p>DNP (8): 3.63</p> <p>Counseling:</p> <p>BSN (42): 3.86</p> <p>MSN (26): 3.69</p> <p>DNP (8): 3.86</p> <p>Library:</p> <p>BSN (42): 4.26</p> <p>MSN (26): 4.04</p> <p>DNP (8):4.50</p> <p>Not met: Future surveys will omit questions regarding advising, career center, and counseling on</p>
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Key Element	Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome
<p>II-D. The chief nurse administrator: is a registered nurse (RN); holds a graduate degree in nursing; is academically and experientially qualified to accomplish the mission, goals, and expected program outcomes; is vested with the administrative authority to accomplish the mission, goals, and expected program outcomes;</p> <p>provides effective leadership to the nursing unit in achieving its mission, goals, and expected program outcomes.</p>	Office of Dean CoHS	Every Spring semester	Dean CoHS, APR Committee	The Director will meet all requirements and have comparable authority to that of other unit administrators at GCSU.	graduate student surveys. The Director meets all requirements and has comparable authority to that of other unit administrators at GCSU.
Key Element	Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome
<p>II-E. Faculty members are:</p> <p>1. sufficient in number to accomplish the mission, goals, and expected</p>	Budget, Digital Measures, Semester Schedule of Classes, Table of faculty expertise and teaching	Ongoing	Director SON, APR Committee	100% of faculty will have academic degrees or alternative credentials, practice experience and	Met: 100% (28) of faculty have academic degrees or alternative credentials, practice

<p>program outcomes;</p> <p>2. academically prepared for the areas in which they teach; and experientially prepared for the areas in which they teach.</p>	<p>assignments</p>			<p>expertise appropriate for their teaching assignments.</p> <p>100% of tenure- track faculty will have teaching assignments that do not exceed 12 credit hours per semester or 24 credit hours per academic year. (Faculty may contract for additional teaching assignments).</p> <p>100% of Non- Tenure Track faculty will have teaching assignments that do not exceed 15 credit hours per semester or 30 per academic year. (Faculty may contract for additional teaching assignments)</p>	<p>experience and expertise appropriate for their teaching assignments.</p> <p>Met: 100% (20) of tenure-track faculty have teaching assignments that do not exceed 12 credit hours per semester or 24 credit hours per academic year. (Faculty may contract for additional teaching assignments).</p> <p>Met: 100% (8) of non-tenure track faculty had teaching assignments that did not exceed 15 credit hours per semester or 30 credit hours per academic year.</p>
Key Element	Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome
<p>II-F. 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</p>	<p>Office of the Director of the School of Nursing (minutes & annual reports of all committees)</p> <p>Office of the Dean of the CoHS (official</p>	<p>Ongoing</p>	<p>Curriculum committee will review course reports for undergraduate precepted courses.</p>	<p>100% of Preceptor qualification records will meet standards.</p>	<p>Met: 100% of Preceptor Qualification records met standards.</p>

outcomes	<p>agency contracts)</p> <p>Minutes of EE and Graduate Committee</p> <p>Course report for NRS 4981</p> <p>Course reports for graduate clinical courses.</p> <p>Online Clinical Tracking System for Graduate Programs</p>		<p>Graduate Committee will review graduate course reports for precepted courses.</p> <p>Minutes will reflect that preceptor qualification records meet standards.</p>		
Key Element	Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome
<p>II-G. 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.</p>	<p>Digital Measures, Budget, Faculty Annual Evaluations, Class Schedules, Annual faculty survey</p>	<p>Ongoing</p>	<p>Director SON, Director Center for Teaching and Learning, Academic Affairs.</p> <p>EE Committee will survey all students and faculty every three years to gather input into resource adequacy.</p> <p>The next survey of faculty and students is due in 2025.</p>	<p>Faculty will be supported in teaching, scholarship, and service endeavors:</p> <p>Faculty respondents rating will reflect a mean score of 4 or > (agree or strongly agree) with standard II- G.</p>	<p>Faculty are supported in teaching, scholarship, and service endeavors:</p> <p>Not Met: Faculty respondents' rating on 2022 surveys reflected a mean score of 3.88 (16) agree with Standard II-G.</p> <p>This outcome will be monitored in the future.</p>

Standard III: Program Quality: Curriculum and Teaching-Learning Practices

The curriculum is developed in accordance with the mission, goals, and expected aggregate student outcomes and reflects professional nursing standards and guidelines and the needs and expectations of the community of interest. Teaching-learning practices are congruent with expected individual student learning outcomes and expected aggregate student outcomes. The environment for teaching-learning fosters achievement of expected individual student learning outcomes.

III-A Key Element:

The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that:

- 1. Are congruent with the program’s mission and goals**
- 2. Are congruent with the roles for which the program is preparing its graduates**
- 3. Considers the needs of the program-identified community of interest**

III-A elaboration: Curricular objectives (e.g., course, unit, and/or level objectives or competencies as identified by the program) provide clear statements of expected learning that relate to student outcomes. Expected outcomes relate to the roles for which students are being prepared.

Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome
Student handbooks University online assessment tool SON shared drive: aggregate student outcomes in EE, Curriculum, Graduate, and NFO Committee Minutes	Baccalaureate, Master’s, DNP, and Post-Master’s APRN Certificate program curricula are reviewed every five years or as needed to comply with national standards. Course outcomes are reviewed every semester by the course faculty and Curriculum or Graduate Committee.	SON Director SON Assistant Directors for Undergraduate and Graduate Programs Curriculum/Graduate Committees All faculty	The curricula will be fully congruent with expected student outcomes, the SON mission and goals, and with the role for which the program is preparing its graduates. All programs will be reviewed at least every five years or as needed to comply with GCSU and/or CoHS	BSN curriculum was revised in AY 2016-2017 and became effective Fall 2018. The Curriculum Committee is currently reviewing/ revising curriculum to be complete in Spring 2024. MSN curriculum was formally reviewed in 2018 and program outcomes were updated. New program outcomes were implemented in Fall 2019. The Curriculum Committee is currently reviewing/ revising NP

				<p>curriculum to be complete in Spring 2024.</p> <p>Curricula was reviewed in the NM-MSN program in 2022 to update to the new Basic Midwifery Core Competencies published in 2020.</p> <p>DNP curriculum was formally reviewed in 2016-2017 and changes became effective Fall 2018. The first cohort to graduate with these changes was in May of 2020. The Curriculum Committee is currently reviewing/revising curriculum to be complete in Spring 2024.</p>
<p>III-B Key Element:</p> <p>Baccalaureate curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate). Baccalaureate program curricula incorporate <i>The Essentials of Baccalaureate Education for Professional Nursing Practice</i> (AACN, 2008).</p> <p><i>III-B elaboration: The Baccalaureate degree program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curriculum.</i></p>				
Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome
<p>Baccalaureate program and course outcomes</p> <p>Student handbooks</p> <p>SON shared drive: Minutes NFO, Curriculum Committee</p>	<p>BSN curricula are reviewed every five years or as needed to comply with GCSU and/or CoHS.</p> <p>Course outcomes are reviewed every semester by the course faculty and</p>	<p>SON Director</p> <p>SON Assistant Director for Undergraduate</p> <p>Curriculum Committee</p>	<p>Baccalaureate curricula will undergo a formal review and/or revision every five years or as needed to comply with GCSU and/or CoHS.</p>	<p>BSN curriculum was revised in AY 2016-2017 and became effective Fall 2018. The Curriculum Committee is currently reviewing/revising curriculum to be complete in Spring 2024.</p>

	Curriculum Committee.	All faculty teaching in the Baccalaureate program	The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008) will be incorporated into the Baccalaureate curricula.	The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008) are incorporated into the Baccalaureate curricula.
<p>III-C Key Element:</p> <p>Master’s curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).</p> <p>Master’s program curricula incorporate professional standards and guidelines as appropriate.</p> <ol style="list-style-type: none"> a. All master’s degree programs incorporate <i>The Essentials of Master’s Education in Nursing</i> (AACN, 2011) and additional relevant professional standards and guidelines as identified by the program. b. All master’s degree programs that prepare nurse practitioners incorporate <i>Criteria for Evaluation of Nurse Practitioner Programs</i> (NTF, 2016). c. All master’s degree programs that prepare nurse midwives incorporate <i>American College of Nurse Midwives Core Competencies for Basic Midwifery Practice</i>. (ACNM, 2020) <p>Graduate-entry program curricula incorporate The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008) and appropriate graduate program standards and guidelines.</p> <p><i>III-C elaboration: The master’s degree program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curricula.</i></p> <p><i>Master’s degree APRN education programs (i.e., Clinical Nurse Specialist, Nurse Anesthesia, Nurse Midwife, and Nurse Practitioner) incorporate separate comprehensive graduate level courses to address the APRN core, defined as follows:</i></p> <ul style="list-style-type: none"> <i>• Advanced physiology/pathophysiology, including general principles that apply across the lifespan</i> <i>• Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches</i> <i>• Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents</i> <p><i>Additional APRN core content specific to the role and population is integrated throughout the other role and population-focused didactic and clinical courses.</i></p> <p><i>Master’s degree programs that have a direct care focus but are not APRN education programs (e.g., nursing education and Clinical Nurse Leader), incorporate graduate level content addressing the APRN core. They are not required to offer this content as three separate courses.</i></p>				
Where Documentation is	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome

Found				
Master's program and course outcomes Student handbook SON shared drive: Minutes NFO, Graduate Committee	MSN curricula are reviewed every five years or as needed to comply with GCSU and/or CoHS. Course outcomes are reviewed every semester by the course faculty and Graduate Committee.	SON Director SON Assistant Director for Graduate FNP/PMHNP/WHNP /NM/NE Program Coordinators Graduate Committee All faculty teaching in the Master's program	Master's curricula will undergo a formal review and/or revision every five years or as needed to comply with GCSU and/or CoHS. The AACN Master's Essentials will be incorporated into all Master's curricula. The NONPF Guidelines will be incorporated into all APRN curricula.	MSN curriculum was formally reviewed in 2018 and program outcomes were updated. New program outcomes were implemented in Fall 2019. The Curriculum Committee is currently reviewing/revising NP curriculum to be complete in Spring 2024. Curricula was reviewed in 2022 for the NM-MSN program to update to the new Basic Midwifery Core Competencies published in 2020.

III-D Key Element:

DNP curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).

Graduate-entry DNP program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and appropriate graduate program standards and guidelines.

DNP program curricula incorporate professional standards and guidelines as appropriate.

- a. All DNP programs incorporate *The Essentials of Doctoral Education for Advancing Nursing Practice* (AACN, 2006) and additional relevant professional standards and guidelines if identified by the program.**
- b. All DNP programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016).**

III-D elaboration: The DNP program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curricula.

DNP APRN education programs (i.e., Clinical Nurse Specialist, Nurse Anesthesia, Nurse Midwife, and Nurse Practitioner) incorporate separate comprehensive graduate level courses to address the APRN core, defined as follows:

- *Advanced physiology/pathophysiology, including general principles that apply across the lifespan*
- *Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches*
- *Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.*

Additional APRN core content specific to the role and population is integrated throughout the other role and population-focused didactic and clinical courses.

Separate courses in advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology are not required for students enrolled in post-master's DNP programs who hold current national certification as advanced practice nurses, unless the program has deemed this necessary.

Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome
DNP program and course outcomes Student handbook SON shared drive: Minutes NFO, Graduate Committee	DNP curricula are reviewed every five years or as needed to comply with GCSU and/or CoHS. Course outcomes are reviewed every semester by the course faculty and Graduate Committee	SON Assistant Director for Graduate DNP Program Coordinator Graduate Committee All faculty teaching in the DNP program	DNP curricula will undergo a formal review and/or revision every five years or as needed to comply with GCSU and/or CoHS. The AACN DNP Essentials will be incorporated into DNP curricula.	DNP curriculum was formally reviewed in 2016-2017 and changes became effective Fall 2018. The first cohort to graduate with these changes was in May of 2020. The Curriculum Committee is currently reviewing/revising curriculum to be complete in Spring 2024. The AACN DNP Essentials are incorporated into DNP curricula.

III-E Key Element:

Post-graduate APRN certificate program curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate). Post-graduate APRN certificate programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016).

III-E elaboration: The post-graduate APRN certificate program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curricula.

APRN education programs (i.e., Clinical Nurse Specialist, Nurse Anesthesia, Nurse Midwife, and Nurse Practitioner) incorporate separate comprehensive graduate level courses to address the APRN core, defined as follows:

- *Advanced physiology/pathophysiology, including general principles that apply across the lifespan*
- *Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches*

III-F elaboration: Baccalaureate programs demonstrate knowledge from courses in the arts, sciences, and humanities is incorporated into nursing practice. Graduate-entry programs in nursing incorporate the generalist knowledge common to baccalaureate nursing education as delineated in The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008) as well as advanced course work.

Graduate programs are clearly based on a foundation comparable to a baccalaureate degree in nursing. Graduate programs delineate how students who do not have a baccalaureate degree in nursing acquire the knowledge and competencies comparable to baccalaureate education in nursing as a foundation for advanced nursing education. Programs that move students from basic nursing preparation (e.g., associate degree or diploma education) to a graduate degree demonstrate how these students acquire baccalaureate level knowledge and competencies delineated in The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008), even if they do not award a baccalaureate degree in nursing in addition to the graduate degree.

DNP programs, whether post-baccalaureate or post-master's, demonstrate how students acquire doctoral- level competencies delineated in The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006). If the program awards the master's degree as part of the DNP program, the program demonstrates how students acquire master's level knowledge and competencies delineated in The Essentials of Master's Education in Nursing (AACN, 2011) and, if applicable, Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2016).

The program provides a rationale for the sequence of the curriculum for each program.

Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome
<p>Grid showing progression from BSN, MSN, to DNP SON shared drive:</p> <p>Curriculum or Graduate Committee & NFO Minutes.</p>	<p>The progression grid will be updated as needed to mirror curricular updates.</p>	<p>All Faculty</p> <p>Curriculum/Graduate/ NFO Committees</p> <p>SON Director</p>	<p>Curricula will be logically structured to achieve expected student outcomes.</p> <p>Each program will build upon appropriate foundations, and curricula will demonstrate progression from the Baccalaureate to the Doctorate degrees.</p> <p>Nurse-midwifery will continue to progress to a MSN or Post Graduate certificate.</p>	<p>Curricula are logically structured to achieve expected student outcomes.</p> <p>Each program builds upon appropriate foundations and curricula demonstrate progression from the Baccalaureate to the Doctorate degrees.</p> <p>Nurse-midwifery will continue to progress to a MSN or Post Graduate certificate.</p>

III-G Key Element:

Teaching-learning practices and environments:

1. Support the achievement of student outcomes

			<p>100% of course reports will indicate that learning activities and instructional materials were assessed in light of student learning outcomes.</p> <p>100% of learning environments will have a current MOU/letter of agreement stating expectations of each party.</p> <p>100% of BSN and MSN clinical courses will complete site evaluations by students and faculty and preceptor evaluations by students.</p> <p>100% of BSN and MSN students are provided the opportunity to provide care for vulnerable populations.</p> <p>100% of students (all programs) will be offered the opportunity for a study abroad either before or during their program of study.</p>	<p>Met: 100% of end-of-course reports indicate learning activities and instructional materials were assessed in light of student learning.</p> <p>Met: 100% of learning environments have a current MOU/letter of agreement stating expectations of each party.</p> <p>Met: 100% of BSN and MSN clinical courses completed site evaluations by students, faculty, and preceptor evaluations by students.</p> <p>Met: 100% of students (all programs) were provided the opportunity to provide care to vulnerable populations.</p> <p>Met: 100% of students (all programs) are offered the opportunity for a study abroad either before or during their program of study.</p>
<p>III-H Key Element: The curriculum includes planned clinical practice experiences that:</p>				

1. Enable students to integrate new knowledge and demonstrate attainment of program outcomes
2. Foster interpersonal collaborative practice
3. Are evaluated by faculty

III-I *Elaboration: To prepare students for a practice profession, each track in each degree program and post-graduate APRN certificate program affords students the opportunity to develop professional competencies and to integrate new knowledge in practice settings aligned to the educational preparation. Clinical practice experiences include opportunities for interprofessional collaboration. Clinical practice experiences are provided for students in all programs, including those with distance education offerings. The program is responsible for ensuring adequate and appropriate clinical sites. Clinical practice experiences align with student and program outcomes. These experiences are planned, implemented and evaluated to ensure students are competent to function as members of interprofessional teams at the level for which they are being prepared.*

Programs that have a direct care focus (including but not limited to nurse educator tracks) provide direct care experiences designed to advance the knowledge and expertise of students in a clinical area of practice.

Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome
Program outcomes SON shared drive: Minutes from NFO University's online assessment tool Students' evaluations of program outcomes E-Portfolio/Evaluate	Baccalaureate, Master's, DNP, and Post-Master's APRN Certificate planned clinical experiences are reviewed by faculty every semester to comply with GCSU and/or SON. Program outcomes and students' evaluations of program outcomes are reviewed in the capstone course annually.	All program coordinators Faculty teaching capstone courses	All clinical experiences will be reviewed by faculty every semester to comply with GCSU and/or SON. Program outcomes will be reviewed annually. Assessment data will be reported to NFO annually.	100% of all clinical experiences are reviewed every semester to comply with GCSU and/or the SON. 100% of program outcomes are reviewed annually. Assessment data is reported to NFO annually in the Fall.

III-I Key Element:

Individual student performance is evaluated by the faculty and reflects achievement of expected student outcomes. Evaluation policies and procedures for individual student performance are defined and consistently applied.

III-I elaboration: Evaluation of student performance is consistent with expected student outcomes. Grading criteria are clearly defined for each course, communicated to students, and applied consistently. Processes exist by which the evaluation of individual student performance is communicated to students. In instances where preceptors facilitate students' clinical learning experiences, faculty may seek input from preceptors regarding student performance, but ultimately faculty are responsible for evaluation of individual student outcomes. The requirement for evaluation of student clinical performance by qualified faculty applies to all students in all programs. Faculty evaluation of student clinical performance may be accomplished through a variety of mechanisms.

Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome
<ul style="list-style-type: none"> • Course syllabi • Handbooks • Course reports • ExamSoft • E-Value • DegreeWorks 	Ongoing	<p>All faculty</p> <p>Curriculum/Graduate/ NFO Committees</p> <p>Nursing professional advisors</p> <p>All program coordinators</p>	<p>All students will be evaluated by faculty during each clinical course.</p> <p>Evaluation policies and procedures for individual student performance will be defined and consistently applied.</p>	<p>Met: 100% of BSN and MSN students are clinically evaluated during each clinical course.</p> <p>Met: 100% of DNP students achieved outcomes as indicated by the DNP Portfolio rubric and met criteria to successfully defend and disseminate the translational project.</p> <p>Evaluation policies and procedures for individual student performance are defined and consistently applied.</p>
<p>III-J Key Element: Curriculum and teaching-learning practices are evaluated at regularly scheduled intervals and evaluation data are used to foster ongoing improvement.</p> <p><i>III-J elaboration: Faculty use data from faculty and student evaluation of teaching-learning practices to inform decisions that facilitate the achievement of student outcomes. Such evaluation activities may be formal or informal, formative or summative. Curriculum is regularly evaluated by faculty as appropriate.</i></p>				
Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome
<p>University's online assessment tool</p> <p>Course reports</p> <p>SON shared drive: minutes of Curriculum/Graduate Committee</p> <p>SRIS results</p> <p>Annual Progress and Planning Report</p>	<p>Ongoing</p> <p>Course outcomes are reviewed every semester by the course faculty and Curriculum or Graduate Committee.</p>	<p>Curriculum/Graduate/ NFO Committees</p> <p>Program coordinators</p> <p>SON Director</p>	<p>100% of course outcomes will be reviewed each semester.</p> <p>100% of faculty will be reviewed by students (SRIS) and the SON Director (faculty evaluation) each year.</p> <p>Program assessment reports and annual progress and</p>	<p>Met: 100% of course outcomes are reviewed each semester.</p> <p>Met: 100% of faculty are reviewed by students (SRIS surveys) and the SON Director (faculty evaluations) each year.</p> <p>Met: 100% of program assessment reports and annual progress and planning reports are</p>

			planning report will be completed and reported to NFO annually.	completed and reported to NFO each Fall.
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Standard IV: Assessment and Achievement of Program Outcomes

The program is effective in fulfilling its mission and goals as evidenced by achieving expected program outcomes. Program outcomes include student outcomes, faculty outcomes, and other outcomes identified by the program. Data on program effectiveness are used to foster ongoing program improvement.

IV-A elaboration: The program (baccalaureate, master’s, DNP, and/or post-graduate APRN certificate) uses a systematic process to obtain relevant data to determine program effectiveness. The process:

1. Is written, ongoing, and exists to determine achievement of program outcomes
2. Is comprehensive (i.e., includes completion, licensure, certification, and employment rates, as required by the U.S. Department of Education; faculty outcomes; and other program outcomes)
3. Identifies which quantitative and/or qualitative data are collected to assess achievement of the program outcomes
4. Includes timelines for data collection, review of expected and actual outcomes, and analysis
5. Is periodically reviewed and revised as appropriate.

Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome
SON shared drive: minutes of: Curriculum, A&P/Graduate Committees and EE Committees Course reports Online university assessment tool	Ongoing EE Committee will survey students, faculty, alumni, and employers every three years to gather input into resource adequacy. The next surveys are due in 2021.	NFO Curriculum/Graduate Committees <ul style="list-style-type: none"> • A&P/Graduate Committees • EE Committee • Program assessment coordinators • SON Director Course faculty	The SON has a systematic process in place to determine program effectiveness. Program outcomes will be reviewed and reported annually. The EE plan is reviewed annually.	Met: The SON has a systematic process in place to determine program effectiveness. Program outcomes are reviewed and reported annually. The EE plan is reviewed annually.

IV-B Key Element:

Program completion rates demonstrate program effectiveness.

IV-B elaboration: The program (baccalaureate, master’s, DNP, and/or post-graduate APRN certificate) demonstrates achievement of required program outcomes regarding completion in any one of the following ways:

- *The completion rate for the most recent calendar year is 70% or higher*
- *The completion rate is 70% or higher when averaged for the three most recent calendar years; or the completion rate is 70% or higher when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education.*

The program identifies the cohort(s), specifies the entry point, and defines the time period to completion, each of which may vary by track; however, the

program provides the completion rate for the overall degree/certificate program. The program describes the formula it uses to calculate the completion rate. The program identifies the factors used and the number of students excluded if some students are excluded from the calculation.

Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome
SON shared drive: minutes of: NFO and EE Committees Office of Institutional Research and Effectiveness website Online university assessment tool	Annually or biannually as appropriate per program	EE Committee Program coordinators <ul style="list-style-type: none"> • BSN • MSN – FNP • MSN – PMHNP • MSN – WHNP • MSN – NM • MSN - NE SON Director APR Committee for UG	The program completion rates for all programs will be at least 70% for the calendar year.	Average program completion rates are as follows: <u>2022</u> BSN (/): FNP (24/32):75% PM-FNP (3/3):100% PMHNP (13/14): 93% PM-PMHNP (5/9): 56% 100% WHNP (5/5): 100% Nurse Midwife (2/2):100% NE (1/3): 33% DNP (12/13): 92%

IV-C Key Element:

Licensure pass rates demonstrate program effectiveness.

IV-C elaboration: The pre-licensure program demonstrates achievement of required program outcomes regarding licensure. A program demonstrates that it meets the licensure pass rate if 80% in any one of the following ways:

- *The NCLEX-RN® pass rate for each campus/site and track is 80% or higher for first-time takers for the most recent calendar year (January 1 through December 31)*
- *The pass rate for each campus/site or track is 80% or higher for all takers (first-time and repeaters who pass) for the most recent calendar year*

- *The pass rate for each campus/site or track is 80% or higher for first-time takers across the three most recent calendar years*
- *The pass rate for each campus/site or track is 80% or higher for all takers (first-time and repeaters who pass) across the three most recent calendar years.*

Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome
SON shared drive: minutes of NFO and EE GA BON NCLEX Report Office of Institutional Research and Effectiveness	Annually	EE Committee Program coordinator SON Director	The 1st time taker NCLEX pass rate will be at least 80%.	Met: First time NCLEX pass rates are as follows: 2022 (90): 95.56%

IV-D Key Element:

Certification pass rates demonstrate program effectiveness.

IV-D elaboration: The master's, DNP, and post-graduate APRN certificate programs demonstrate achievement of required program outcomes regarding certification. For programs that prepare students for certification, certification rates are obtained and reported for those completers taking each examination, even when national certification is not required to practice in a particular state.

For programs that prepare students for certification, data are provided regarding the number of completers taking each certification examination and the number that passed. A program is required to provide these data regardless of the number of test takers.

A program that prepares students for certification demonstrates that it meets the certification pass rate of 80%, for each examination, in any one of the following ways:

- *The certification pass rate for each examination is 80% or higher for first-time takers for the most recent calendar year (January 1 through December 31)*
- *The pass rate for each certification examination is 80% or higher for all takers (first-time and repeaters who pass) for the most recent calendar year*
- *The pass rate for each certification examination is 80% or higher for first-time takers across the three most recent calendar years*
- *The pass rate for each certification examination is 80% or higher for all takers (first-time and repeaters who pass) across the three most recent calendar years*

A program provides certification pass rate data for each examination, but may combine certification pass rate data for multiple examinations relating to the same role and population when calculating the pass rate described above.

Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome
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<p>SON shared drive: minutes of NFO and EE</p> <p>ACME, ANCC, AANP, and/or NLN certification reports</p>	<p>Annually</p>	<p>EE Committee</p> <p>Program coordinators</p> <ul style="list-style-type: none"> • MSN – FNP • MSN – PMHNP • MSN – WHNP • MSN – NM • MSN – NE <p>SON Director</p>	<p>The 1st time taker certification pass rates for FNP, PMHNP, WHNP, NM and NE will be at least 80%.</p>	<p>Met: The first-time certification pass rates are as follows:</p> <p>Fall 2022</p> <p>FNP (4):100%</p> <p>FNP -PM (0):NA</p> <p>PMHNP (9): 77.78%</p> <p>PMHNP – PM (4): 100%</p> <p>CNE (0): NA</p>
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IV-E Key Element: Employment rates demonstrate program effectiveness.

IV-E elaboration: The program demonstrates achievement of required outcomes regarding employment rates.

- *The employment rate is collected separately for each degree program (baccalaureate, master’s, and DNP) and post-graduate APRN certificate program.*
- *Data are collected within 12 months of program completion, not at program entry. For example, employment data may be collected at the time of program completion or at any time within 12 months after program completion.*

The employment rate is 70% or higher. However, if the employment rate is less than 70%, the employment rate is 70% or higher when excluding graduates who have elected not to be employed.

Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome
<p>SON shared drive: minutes of NFO and EE</p> <p>NRSG 4981 End of Semester Student Survey</p> <p>MSN Program coordinators End of Semester Student Survey (FNP, PMHNP, WHNP, NM, NE.</p>	<p>Annually</p>	<p>EE Committee</p> <p>Program coordinators</p> <p>SON Director</p> <p>Graduate administrative assistant</p>	<p>The employment rate for all graduates will be 70% or higher.</p>	<p>The employment rates are as follows:</p> <p>Fall 2022: 100%</p> <p>Spring 2023: 100%</p> <p>Summer 2023: 100%</p>

IV-F Key Element: Data regarding completion, licensure, certification, and employment rates are used, as appropriate, to foster ongoing program improvement.

IV-F elaboration: The program uses outcome data for improvement.

1. *Discrepancies between actual and CCNE expected outcomes (program completion rates 70%, licensure pass rates 80%, certification pass rates 80%, employment rates 70%) inform areas for improvement.*
2. *Changes to the program to foster improvement and achievement of program outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.*

Faculty are engaged in the program improvement process.

Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome
<p>SON shared drive: minutes of NFO and EE</p> <p>University online assessment tool</p> <p>Course reports</p> <p>IRB website</p> <p>Dashboard</p>	<p>Annually</p>	<p>EE Committee</p> <p>Program Coordinators</p> <ul style="list-style-type: none"> • BSN • MSN – FNP • MSN – PMHNP • MSN – WHNP • MSN – NM • MSN - NE <p>SON Director</p> <p>NFO</p>	<p>Data regarding completion, licensure, certification, and employment rates will be used, as appropriate, to foster ongoing program improvement.</p> <p>Results regarding completion, licensure, certification, and employment rates will be publicly available on website and provided to stake holders.</p>	<p>Met: All programs are reviewed annually as indicated in Compliance Assist. In instances when goals were not met, as well as in instances when goals were met, faculty assessed and aimed to increase or strengthen the benchmark for higher achievement if possible.</p> <p>Results regarding completion, licensure, certification, and employment rates are publicly available on the IRB website and the Dashboard and provided to stake holders.</p>

IV-G Key Element:

Aggregate faculty outcomes demonstrate program effectiveness.

IV-G Elaboration: The program demonstrates achievement of expected faculty outcomes as identified in Key Element IV-D. In order to demonstrate program effectiveness, outcomes are consistent with and contribute to achievement of the program’s mission and goals, and are congruent with institution and program expectations. Expected faculty outcomes:

1. *Are identified for the faculty as a group*
2. *Specify expected levels of achievement for the faculty as a group*
3. *Reflect expectations of faculty in their roles*

Actual faculty outcomes are presented in the aggregate for the faculty as a group, and each outcome is compared to its expected level of achievement.

Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome
Digital measures Faculty Annual Evaluations/CV SRIS results	Every Spring semester	EE Committee SON Director Individual faculty	<u>Scholarship</u> 100% of Full-Time Appointment, One-Year Temporary, and Part-Time (Classroom) Appointment faculty will engage in scholarly activities as described in the SON Promotion and Tenure document and evidenced in Digital Measures. 100% of Full-Time Appointment, One-Year Temporary, and Part-Time Appointment faculty will maintain the GA Board of Nursing required continuing	Met: 100% of Full-time, one-year temporary, and part-time (didactic) appointed faculty engage in scholarly activities as described in the SON Promotion and Tenure document and evidenced in digital measures. Met: 100% of Full-time, one-year temporary, and part-time (didactic) appointed faculty maintain the Georgia Board of Nursing required continuing education hours.

			<p>education hours.</p> <p>100% of Full-Time Appointment, One-Year Temporary, and Part-Time Appointment APRN faculty will maintain certification.</p> <p>Faculty scores on the SRIS item “instructor teaching as excellent” will be at or above the Georgia College mean.</p> <p>65% of individual Full-Time Appointment, One-Year Temporary, and Part-Time (Classroom) Appointment faculty scores on the SRIS item “course rating as excellent” will be at or above the Georgia College mean.</p> <p>100% of Full-Time Appointment, One-Year Temporary, and Part-Time (Classroom) Appointment faculty will meet with the Director to discuss teaching evaluations and review the faculty self-reflection and plan.</p>	<p>Met: 100% of Full-time, one-year temporary, and part-time (didactic) appointed APRN faculty maintain certification.</p> <p>Unable to compare to university standards due to a change in the evaluation reporting process.</p> <p>Unable to compare to university standards due to a change in the evaluation reporting process.</p> <p>Met: 100% of individual Full-time, one-year temporary, and part-time (didactic) appointed faculty met with the SON director to discuss teaching evaluations and review the faculty self-reflection and plan.</p>
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			<p>100% of Part-Time (Clinical) faculty will be evaluated by students (clinical evaluation) and Assistant Director (faculty evaluation) annually.</p> <p><u>Service</u> 100% of Full-Time Appointment, One-Year Temporary, and Part-Time (Classroom) Appointment faculty will serve on a Georgia College, CoHS, or SON committee.</p>	<p>Met: 100% of part-time clinical faculty are evaluated by students and the course lead (faculty evaluation) annually.</p> <p>Met: 100% of full-time, one-year temporary, and part-time (didactic) appointed faculty serve on a GCSU, CoHS, or SON committee.</p>
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IV-H Key Element: Aggregate faculty outcome data are analyzed and used, as appropriate, to foster ongoing program improvement.

IV-H elaboration: The program uses faculty outcome data for improvement.

1. *Discrepancies between actual and expected outcomes inform areas for improvement.*
2. *Changes to the program to foster improvement and achievement of program outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.*

Faculty are engaged in the program improvement process.

Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome
<p>SON shared drive: minutes of NFO and EE</p> <p>University's online assessment tool</p> <p>Annual Progress and Planning report</p>	Ongoing	<p>EE Committee</p> <p>SON Director</p> <p>NFO</p>	Aggregate faculty outcome data will be analyzed and used, as appropriate, to foster ongoing program improvement.	Aggregate faculty outcome data were reviewed and presented at Fall 2023 NFO meeting. During this meeting, 2024 Faculty outcome benchmarks were set.

IV-I Key Element: Program outcomes demonstrate program effectiveness.

IV-I elaboration: The program demonstrates achievement of outcomes other than those related to completion rates (Key Element IV-B), licensure pass rates (Key Element IV-C), certification pass rates (Key Element IV-D), and employment rates (Key Element IV-E); and those related to faculty (Key Element IV-G).

Program outcomes are defined by the program and incorporate expected levels of achievement. The program describes how outcomes are measured. Actual levels of achievement, when compared to expected levels of achievement, demonstrate that the program, overall, is achieving its outcomes. Program outcomes are appropriate and relevant to the degree and certificate programs offered.

Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome
<p>SON Shared drive: minutes of NFO, EE, Graduate, Curriculum, and A&P Committees</p> <p>University's online assessment tool</p> <p>Annual Progress and Planning report</p>	<p>Ongoing</p>	<p>EE Committee</p> <p>SON Director</p> <p>Program Coordinators</p> <p>Curriculum/Graduate Committee</p>	<p>All programs will meet program goals annually as indicated in the University's online assessment tool.</p> <p>The SON will achieve all goals set in the Annual Progress and Planning Report. If not, the administrative team will analyze why goals were not met.</p> <p>Results of program assessment and the Annual Progress and Planning report will be presented to NFO annually</p>	<p>Met: All programs are reviewed annually as indicated in Compliance Assist. In instances when goals were not met, as well as in instances when goals were met, faculty assessed and aimed to increase or strengthen the benchmark for higher achievement if possible.</p> <p>Met: Results of program assessment and P&P report were presented at NFO in the November 2023 meeting.</p> <p>Results of program assessment and the Annual Progress and Planning report will be presented to NFO in Fall 2023.</p>

IV-J Key Element: Program outcome data are used, as appropriate, to foster ongoing program improvement.

IV-J elaboration: For program outcomes defined by the program:

1. *Discrepancies between actual and expected outcomes inform areas for improvement.*
2. *Changes to the program to foster improvement and achievement of program outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.*

Faculty are engaged in the program improvement process.

Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome
SON Shared drive: minutes of NFO, EE, Graduate, Curriculum, and A&P Committees Annual Progress and Planning report	Ongoing	EE Committee SON Director Program Coordinators NFO	Plans for program improvement will be discussed and included in NFO minutes. Results of the EE plan and Annual Progress and Planning Report will be presented to NFO annually.	Plans for program improvement were discussed and are included in NFO minutes (Fall 2023). Results of the EE plan and Annual Progress and Planning Report are presented to NFO annually in the Fall.