



GCSU School of Nursing

FY 2024-2025 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.

Key Elements:

I-A. The mission, goals, and expected program outcomes are:

- **Congruent with those of the parent institution**
- **Reviewed periodically and revised as appropriate**

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 missions. Program outcomes 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.

There is a defined process for periodic review and revision of program mission, goals, and expected program outcomes that has been implemented as appropriate.

Expected Outcome	Timeline for Collection	Responsible Party	Supporting Documentation and Location	Actual Outcome
The School of Nursing mission, goals, and program outcomes will demonstrate 100% alignment with the mission and strategic goals of GCSU and COHS, and with current professional nursing standards and guidelines. This alignment will be verified through	<p>Annual confirmation of accessibility and alignment during SON faculty retreat.</p> <p>Comprehensive review every five years (or sooner if institutional mission/strategic plan changes) with the next review due in 2025.</p>	<p>Primary Oversight:</p> <p>Director of the School of Nursing</p> <p>Shared Responsibility:</p> <p>Assistant Directors (Undergraduate and Graduate Programs)</p>	<p>Internal Sources (SON):</p> <p>Program handbooks (student, faculty, graduate)</p> <p>SON HUB (committee minutes: NFO, Curriculum, Graduate, APR, EE)</p>	The SON mission, goals, and program outcomes align with the mission and strategic goals of the CoHS and GCSU, as well as current professional nursing standards and guidelines.

<p>scheduled systematic reviews, documented in faculty governance minutes, and supported by official institutional and program records to ensure transparency and accountability.</p>	<p>Ongoing monitoring when new programs, substantive curriculum revisions, or accreditation standards are introduced.</p>	<p>Faculty Role: Curriculum Committee, Graduate Committee, Assessment/Progression/Retention (APR) Committee, and Educational Effectiveness (EE) Committee</p> <p>External Input: SON Community of Interest Advisory Board</p>	<p>SON annual reports</p> <p>Institutional Sources (Parent Institution / COHS): GCSU and COHS websites (mission, goals, strategic plan) GCSU Catalog (academic calendars, recruitment/admission policies, degree requirements) COHS strategic planning documents</p> <p>External Sources (Evidence for Accessibility & Transparency): Program advertising and promotional materials Accrediting/regulatory agency correspondence (ACME, CCNE, GBON, etc.)</p>	
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I-B. The mission, goals, and expected program outcomes are consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.

Elaboration: The program identifies the professional nursing standards and guidelines it uses. CCNE requires the following components of The Essentials: Core Competencies for Professional Nursing Education (Essentials) (AACN, 2021):

- the 10 “Domains for Nursing” (Essentials, pp. 10-11);
- the 8 “Concepts for Nursing Practice” (Essentials, pp. 11-14); and
- the 45 “Competencies” (numbered 1.1 through 10.3 and organized by Domain, Essentials, pp. 27-54).

A program selects additional standards and guidelines (or components thereof) that are current and relevant to program offerings.

A program preparing students for certification incorporates professional standards and guidelines appropriate to the role/area of education.

A program with APRN tracks prepares students for one of the four APRN roles and in at least one population focus, in accordance with the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education (July 2008).

Expected Outcome	Timeline for Collection	Responsible Party	Supporting Documentation and Location	Actual Outcome
<p>The School of Nursing (SON) mission, goals, and expected program outcomes will demonstrate 100% consistency with current professional nursing standards and guidelines across all degree programs. Evidence of this consistency will be verified during scheduled reviews and reflected in curricular mapping documents.</p>	<p>Every five years (next due in 2025): comprehensive review of alignment with national nursing standards and guidelines.</p> <p>Annually: review of curriculum changes to ensure continued integration of current standards.</p> <p>Ongoing: incorporation of updates when accrediting or professional organizations revise standards.</p>	<p>Primary Oversight: SON Director</p> <p>Shared Responsibility: Assistant Directors of Undergraduate and Graduate Programs</p> <p>Committee Roles: Curriculum Committee, Graduate Committee, Educational Effectiveness (EE) Committee</p>	<p>Internal Sources (SON):</p> <p>Curricular mapping spreadsheets (BSN, MSN, DNP, Post-Master’s Certificate)</p> <p>SON HUB (committee minutes: Curriculum, Graduate, EE)</p> <p>External Sources (Professional Standards & Guidelines):</p> <p><i>The Essentials: Core Competencies for Professional Nursing Education</i> (AACN, 2021)</p> <p><i>Essentials of Master’s Education in Nursing</i> (AACN, 2011)</p>	<p>The SON mission, goals, and expected program outcomes demonstrate 100% consistency with current professional nursing standards and guidelines across all degree programs.</p>

			<p><i>Essentials of graduate programs (AACN, 2021)</i> Adopted by DDNP program in 2023</p> <p><i>Criteria for Evaluation of Nurse Practitioner Programs (National Task Force, 2022)</i></p> <p><i>Accreditation Commission for Midwifery Education Standards (ACME, 2019)</i></p> <p>Institutional Sources:</p> <p>GCSU and COHS websites and catalogs document alignment of SON goals with institutional expectations.</p>	
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I-C. The mission, goals, and expected program outcomes reflect the needs and expectations of the community of interest.

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.

Expected Outcome	Timeline for Collection	Responsible Party	Supporting Documentation and Location	Actual Outcome
The mission, goals, and expected program outcomes of the School of Nursing (SON) will consistently reflect the needs and expectations of the defined community of	<p>Annually (Fall): Advisory Board meeting to collect feedback from stakeholders.</p> <p>Annually (Spring):</p>	<p>Primary Oversight: SON Director</p> <p>Shared Responsibility: Assistant Directors (Undergraduate and</p>	<p>Internal Sources (SON):</p> <p>Advisory Board meeting minutes and membership rosters (SON HUB)</p>	The mission, goals, and expected program outcomes of the SON reflect the needs and expectations of the defined community of interest (students, alumni, faculty,

<p>interest (students, alumni, faculty, clinical partners, employers, and advisory board members). Input from community stakeholders will be formally solicited, documented, and incorporated into the review and revision process.</p>	<p>SON Director reports aggregated Advisory Board findings to the Nursing Faculty Organization (NFO).</p> <p>Every five years (or sooner if needed): Curriculum Committee reviews aggregated Advisory Board input alongside faculty and student feedback as part of the formal mission, goals, and outcomes review.</p>	<p>Graduate Programs), Program Coordinators</p> <p>Committee Role: Curriculum Committee (aggregation and analysis of stakeholder input)</p>	<p>Nursing Faculty Organization (NFO) minutes (SON HUB)</p> <p>Curriculum Committee minutes documenting use of Advisory Board input (SON HUB)</p> <p>Institutional Sources:</p> <p>GCSU and COHS strategic planning documents reflecting community engagement</p> <p>Annual SON reports submitted to COHS/University leadership</p> <p>External Sources:</p> <p>Feedback from clinical partners, employers, and alumni</p> <p>Community of Interest Advisory Board recommendations</p>	<p>clinical partners, employers, and advisory board members).</p>
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I-D. The nursing unit’s expectations for faculty are written and communicated to the faculty and are congruent with institutional expectations.

Elaboration: Expectations for faculty are congruent with those of the parent institution. The nursing unit’s expectations for faculty, whether in teaching, scholarship, service, practice, or other areas, may vary for different groups of faculty (full-time, part-time, adjunct, tenured, non-tenured, or other).

Expected Outcome	Timeline for Collection	Responsible Party	Supporting Documents and Location	Actual Outcome
Expectations for School of Nursing (SON) faculty are clearly identified, consistently communicated, and 100% congruent with those of the College of Health Sciences (COHS) and Georgia College & State University (GCSU). All faculty demonstrate awareness of these expectations and their application in annual evaluation and promotion processes.	<p>Annually (Spring): Faculty expectations reviewed during evaluation cycle.</p> <p>Ongoing: Expectations updated as institutional or BOR policies change.</p> <p>Every five years (or sooner if institutional policies are revised): Comprehensive review of SON faculty expectations to ensure congruence with COHS and GCSU.</p>	<p>Primary Oversight: SON Director</p> <p>Shared Responsibility: Educational Effectiveness (EE) Committee</p> <p>Faculty Role: All faculty responsible for engaging in evaluation and professional development processes</p>	<p>Internal Sources (SON): Faculty Outcomes document (SON HUB)</p> <p>Annual faculty evaluations (Taskstream/Watermark)</p> <p>SON workload and development standards</p> <p>Institutional Sources: COHS Tenure and Promotion Guidelines</p> <p>GCSU Faculty Handbook and Development Standards</p> <p>University-wide policies on faculty workload, evaluation, promotion, and tenure</p>	Expectations for SON faculty are clearly identified, consistently communicated, and 100% congruent with those of the College of Health Sciences (COHS) and Georgia College & State University (GCSU). All faculty demonstrate awareness of these expectations and their application in annual evaluation and promotion processes.
I-E. Faculty and students participate in program governance.				
<i>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>				
Expected Outcome	Timeline for Collection	Responsible Party	Supporting Documents and Location	Actual Outcome
Faculty and student roles in program governance are clearly defined, consistently	<p>Annually (Spring): Review of faculty and student participation in governance through</p>	<p>Primary Oversight: SON Director</p> <p>Shared Responsibility: NFO</p>	<p>Internal Sources (SON): NFO Bylaws defining faculty and student</p>	NFO Bylaws reviewed/revised in Fall 2025, where faculty and student roles are clearly

<p>communicated, and actively implemented.</p> <p>100% of full-time nursing faculty participate in the development, review, and revision of academic policies.</p> <p>At least 80% of faculty and students report satisfaction with opportunities for participation in governance.</p> <p>Student participation is documented in a minimum of 50% of Nursing Faculty Organization (NFO) meetings.</p>	<p>meeting minutes and surveys.</p> <p>Ongoing: Participation tracked through NFO, committee, and student organization minutes.</p> <p>Every three years: Faculty and student satisfaction with governance opportunities evaluated through formal surveys (next due 2025).</p>	<p>Faculty Role: All full-time faculty (expected to participate)</p> <p>Student Role: Representatives from undergraduate, graduate, and student organizations (e.g., GCANS, PPC, Graduate Student Committees)</p>	<p>governance roles (SON HUB)</p> <p>NFO meeting minutes (SON HUB)</p> <p>Committee minutes documenting student participation (Curriculum, Graduate, APR, EE)</p> <p>Course reports (student input mechanisms)</p> <p>Student organization meeting minutes (GCANS, PPC, Graduate Committees)</p> <p>Institutional Sources:</p> <p>GCSU policies on shared governance and student representation in governance bodies</p>	<p>defined, consistently communicated, and actively implemented. Students are active on PPC, GCANS, EEC & Graduate committees.</p> <p>100% of full-time nursing faculty participate in the development, review, and revision of academic policies.</p> <p>At least 80% of faculty and students reported satisfaction with opportunities for participation in governance.</p> <p>Student participation is documented in at least 50% of Nursing Faculty Organization (NFO) meetings.</p>
<p>I-F. 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> <ul style="list-style-type: none"> • Fair and equitable • Published and accessible; and • Reviewed and revised as necessary to foster program improvement <p><i>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>				

Expected Outcome	Timeline for Collection	Responsible Party	Supporting Documentation and Location	Actual Outcome
<p>Nursing program policies are 100% congruent with those of Georgia College & State University (GCSU) and the College of Health Sciences (COHS), and they support the mission, goals, and expected program outcomes. Policies related to recruitment, admission, retention, and progression are consistently applied and clearly communicated to students, faculty, and stakeholders.</p>	<p>Annually (Spring): Verify that policies are current, accessible, and applied consistently.</p> <p>Ongoing: Faculty governance committees review policies and recommend revisions as institutional, or program needs evolve.</p> <p>Every three years: Surveys administered to assess faculty and student perceptions of fairness, clarity, and accessibility of policies (next due 2025).</p>	<p>Primary Oversight: SON Policy Committee</p> <p>Shared Responsibility: Admission, Progression, and Retention (APR) Committee</p> <p>Faculty Role: Full faculty participation in policy review and approval</p>	<p>Internal Sources (SON):</p> <p>SON Academic Policies (SON HUB)</p> <p>SON Student Handbooks (undergraduate and graduate)</p> <p>Policy Committee and APR Committee minutes</p> <p>Institutional Sources:</p> <p>GCSU Catalog (admissions, progression, academic standing)</p> <p>COHS policies and guidelines</p> <p>University governance records related to policy changes</p>	<p>All academic, SON UG and Grad policies due for review in 2025 were reviewed by Policy/Bylaws committee and sent to NFO for a vote. All NFO approved policies are on HUB site. Policy committee minutes reflect the required 3-year review period and reflect the actual reviews. SON policies and parent institution policies are separate. All student handbooks reviewed</p>
<p>I-G. The program defines and reviews formal complaints according to established policies.</p> <p><i>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.</i></p>				
Expected Outcome	Timeline for Collection	Responsible Party	Supporting Documents and Location	Actual Outcome
<p>The School of Nursing (SON) will maintain a</p>	<p>Ongoing:</p>	<p>Primary Oversight: SON Director</p>	<p>Internal Sources (SON):</p>	<p>All formal complaints, including student</p>

<p>clear, accessible, and consistently applied definition of a formal complaint and provide transparent procedures for filing.</p> <p>100% of students will be able to locate the complaint process in published materials.</p> <p>All formal complaints will be documented, reviewed, and responded to in alignment with institutional and SON policy.</p> <p>Recommendations for program improvement will be made when indicated based on complaint review.</p>	<p>Complaints tracked and reviewed upon receipt.</p> <p>Annually (Spring): Aggregate analysis of complaints conducted and reported to SON leadership and committees.</p> <p>Every five years: Comprehensive review of complaint processes to ensure alignment with best practices and institutional policies.</p>	<p>Shared Responsibility: Assistant Directors (Undergraduate and Graduate Programs)</p> <p>Committee Role: APR Committee as needed for progression-related concerns</p>	<p>SON Policy on Formal Complaints (Student and Faculty Handbooks)</p> <p>SON HUB (committee minutes documenting review of complaints and actions taken)</p> <p>Records of complaints maintained by SON administration</p> <p>Institutional Sources:</p> <p>GCSU policies on student complaints and grievance procedures</p> <p>Organizational charts for complaint escalation beyond SON</p>	<p>complaints, were reviewed according to procedures. Procedure to file complaints is in handbooks and syllabi. Files are stored in SON director's office.</p>
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I-H. Documents and publications are accurate. A process is used to notify constituents about changes in documents and publications.

Elaboration: References to the program's offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, clinical requirements and placements, grading policies, degree/certificate completion requirements, tuition, and fees are accurate. Information regarding licensure and/or certification examinations for which the program prepares students is accurate. For programs with APRN tracks, transcripts or other official documentation specify the APRN role and population focus of the graduate/completer.

If a program chooses to publicly disclose its CCNE accreditation status, the program uses either of the following statements:

"The (baccalaureate degree program in nursing/master's degree program in nursing/Doctor of Nursing Practice program and/or post-graduate APRN certificate program) at (institution) is accredited by the Commission on Collegiate Nursing Education (<http://www.ccneaccreditation.org>)." *"The (baccalaureate degree program in nursing/master's degree program in nursing/Doctor of Nursing*

Practice program and/or post-graduate APRN certificate program) at (institution) is accredited by the Commission on Collegiate Nursing Education, 655 K Street NW, Suite 750, Washington, DC 20001, 202-887-6791”, and the “Accreditation Commission for Midwifery Education (ACME), 2000 Duke Street, Suite 300, Alexandria, VA 22314, www.theacme.org, (703) 835-4565”.

Expected Outcome	Timeline for Collection	Responsible Party	Supporting Documents and Location	Actual Outcome
<p>All School of Nursing (SON) documents and publications will be accurate, current, and consistent with institutional and program requirements.</p> <p>A defined process will be used to notify students, faculty, and other stakeholders of changes in a timely manner.</p> <p>100% of official program documents (catalogs, handbooks, websites, promotional materials) will reflect current program information.</p> <p>All substantive changes will be communicated to constituents within one semester of approval.</p>	<p>Annually (Spring): Comprehensive review of all SON documents and publications for accuracy.</p> <p>Ongoing: Updates made immediately upon approval of changes by SON or institutional governance.</p> <p>Every semester: Verification that updates are posted on public-facing sites (SON, COHS, GCSU websites).</p>	<p>Primary Oversight: SON Director</p> <p>Shared Responsibility: Assistant Directors (Undergraduate and Graduate Programs)</p> <p>Graduate, APR, and Curriculum Committees</p> <p>Faculty Role: Course coordinators ensure course materials and syllabi reflect current policies</p> <p>Institutional Role: University Communications/ Marketing for external publications</p> <p>Registrar</p>	<p>Internal Sources (SON):</p> <p>SON HUB (faculty meeting and committee minutes documenting approval of changes)</p> <p>SON Student Handbooks (undergraduate and graduate)</p> <p>SON website program pages</p> <p>Course syllabi</p> <p>Institutional Sources:</p> <p>GCSU Catalog (online)</p> <p>COHS website</p> <p>University-wide publications and marketing materials</p> <p>External Sources:</p> <p>Program advertising and promotional materials</p>	<p>GCSU websites, catalogs, and handbooks for GCSU, SON, And COHS reviewed in Spring, 2025</p>

			Accreditation status statements (CCNE-required format)	
			Accreditation status statements (ACME)	

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 and staff, as a resource of the program, enable the achievement of the mission, goals, and expected program outcomes.

Key Elements:

<p>II-A. Fiscal resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of fiscal resources is reviewed periodically, and resources are modified as needed.</p> <p><i>Elaboration: The budget enables achievement of the program's mission, goals, and expected outcomes. The budget supports the development, implementation, and evaluation of the program. Compensation of nursing unit personnel supports recruitment and retention of sufficient staff/support personnel and faculty.</i></p> <p><i>A defined process is used for regular review of the adequacy of the program's fiscal resources. Review of fiscal resources occurs, and modifications are made as appropriate.</i></p>				
Expected Outcome	Timeline for Collection	Responsible Party	Supporting Documents and Location	Actual Outcome
The School of Nursing (SON) will have adequate	Annually (Spring):	Primary Oversight: SON Director	Internal Sources (SON):	The SON has adequate fiscal resources to support

<p>fiscal resources to support the achievement of its mission, goals, and expected outcomes.</p> <p>100% of annual budgets will demonstrate sufficiency to sustain operations, faculty recruitment/retention, and program delivery.</p> <p>Faculty and student satisfaction with fiscal support will average ≥ 4.0 (agree/strongly agree) on surveys.</p>	<p>SON Director reviews fiscal resources for sufficiency.</p> <p>Every three years: EE Committee surveys faculty and students regarding fiscal resource adequacy (next due 2025).</p>	<p>Shared Responsibility: Assessment, Progression, and Retention (APR) Committee; Educational Effectiveness (EE) Committee</p> <p>Faculty/Student Role: Provide input on fiscal resource needs via surveys and committee feedback</p>	<p>SON annual budgets and expenditure reports Documentation of faculty and student input on resource needs</p> <p>Institutional Sources: GCSU and COHS budget planning and allocation documents University financial reports</p> <p>External Sources: Accrediting body correspondence (if fiscal resources are cited in reviews)</p>	<p>achievement of its mission, goals, and expected outcomes.</p> <p>Annual budgets demonstrate sufficiency to sustain operations, faculty recruitment/retention, and program delivery.</p> <p>Faculty and student surveys were revised Fall'25 and will be distributed and aggregated prior to the next SPE plan review (2026).</p>
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II-B. Physical resources enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of physical resources is reviewed periodically, and resources are modified as needed.

Elaboration: Physical space and facilities (e.g., faculty and staff workspace, classrooms, laboratories, meeting areas) are sufficient and configured in ways that enable the program to achieve its mission, goals, and expected outcomes. Equipment and supplies (e.g., computing, laboratory, and teaching-learning materials) are sufficient to achieve the program's mission, goals, and expected outcomes. The institution is responsible for providing adequate physical resources.

A defined process is used to determine currency, availability, accessibility, and adequacy of resources (e.g., clinical simulation, laboratory, computing, supplies), and modifications are made as appropriate.

Expected Outcome	Timeline for Collection	Responsible Party	Supporting Documents and Location	Actual Outcome
The School of Nursing (SON) will maintain sufficient and	Each Semester: Faculty review adequacy of classrooms, simulation	Primary Oversight: SON Director	Internal Sources (SON):	The SON maintains sufficient and appropriate physical resources —

<p>appropriate physical resources — including classrooms, clinical and simulation laboratories, faculty and staff offices, and meeting spaces — to fully support program delivery.</p> <p>At least 90% of faculty and student survey respondents will indicate satisfaction with the adequacy of physical resources (agree/strongly agree).</p> <p>Facilities will remain current, functional, and configured to foster achievement of program outcomes.</p>	<p>labs, and clinical learning spaces.</p> <p>Annually (Fall): EE Committee and Graduate Committee conduct a formal review of academic and support spaces.</p> <p>Every three years: Faculty and student surveys evaluate adequacy of physical resources (next survey due 2025).</p>	<p>Shared Responsibility: Assistant Directors (Undergraduate and Graduate Programs)</p> <p>Committee Role: Educational Effectiveness (EE) Committee; Graduate Committee</p> <p>Faculty/Student Role: Provide feedback through course reports, surveys, and committee representation</p> <p>Institutional Role: GCSU Facilities management</p>	<p>SON HUB (EE Committee and Graduate Committee minutes)</p> <p>Faculty course reports noting adequacy of classroom and lab spaces</p> <p>SON budget requests for physical space and equipment needs</p> <p>Institutional Sources: Facilities management records (space allocations, renovation schedules, maintenance logs)</p> <p>COHS annual reports and budget documents related to facilities and resources</p> <p>External Sources (if applicable): Accreditation or simulation center evaluation reports (e.g., SSH, INACSL, if pursued)</p>	<p>including classrooms, clinical and simulation laboratories, faculty and staff offices, and meeting spaces — to fully support program delivery.</p> <p>Faculty and student surveys were revised Fall’25 and will be distributed and aggregated prior to the next SPE plan review (2026).</p> <p>Facilities remain current, functional, and configured to foster achievement of program outcomes.</p>
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II-C. Clinical sites enable the program to fulfill its mission, goals, and expected outcomes. The adequacy of clinical sites is reviewed periodically, and resources are modified as needed.

Elaboration: The program is responsible for providing adequate clinical sites. Clinical sites are sufficient, appropriate, and available to achieve the program’s mission, goals, and expected outcomes. The program provides students with information regarding the responsibilities of the

program and, if any, the expectations of the student in identifying clinical sites. A defined process is used to determine currency, availability, accessibility, and adequacy of clinical sites, and modifications are made as appropriate.

Expected Outcome	Timeline for Collection	Responsible Party	Supporting Documents and Location	Actual Outcome
<p>The School of Nursing (SON) will provide sufficient, appropriate, and high-quality clinical sites to support the achievement of program outcomes.</p> <p>100% of students will be placed in clinical sites that meet accreditation, licensure, and certification requirements.</p> <p>At least 90% of students and faculty will report satisfaction with the adequacy of clinical sites (agree/strongly agree).</p> <p>Clinical sites will reflect diverse settings that prepare students for practice across populations and care environments</p>	<p>Each Semester: Faculty and program coordinators review clinical site adequacy through course reports and student evaluations.</p> <p>Ongoing: Clinical Placement coordinators and Graduate committee conduct ongoing assessments of site availability and sufficiency.</p> <p>Every three years: EE Committee surveys faculty and students regarding clinical site adequacy (next survey due 2025).</p>	<p>Primary Oversight: SON Director</p> <p>Shared Responsibility: Assistant Directors (Undergraduate and Graduate Programs)</p> <p>Committee Role: Graduate Committee; Educational Effectiveness (EE) Committee</p> <p>Faculty Role: Course faculty monitor ongoing site adequacy through evaluations and direct communication with clinical partners</p>	<p>Internal Sources (SON):</p> <p>SON HUB (Graduate, and EE Committee minutes; course reports)</p> <p>Clinical placement coordinator records</p> <p>Student and faculty clinical site evaluations</p> <p>Institutional Sources:</p> <p>Current clinical affiliation agreements</p> <p>(COHS/University legal office)</p> <p>GCSU records documenting sufficiency and availability of clinical placements</p> <p>External Sources:</p> <p>Clinical partner feedback (surveys, evaluations, advisory board input)</p>	<p>The SON provides sufficient, appropriate, and high-quality clinical sites to support the achievement of program outcomes.</p> <p>100% of students were placed in clinical sites that meet accreditation, licensure, and certification requirements.</p> <p>At least 90% of students and faculty reported satisfaction with the adequacy of clinical sites (agree/strongly agree).</p> <p>Clinical sites reflect diverse settings that prepare students for practice across populations and care environments</p>

			<p>Clinical partner feedback regarding preparedness of students using SON facilities</p> <p>State Board of Nursing or accrediting body documentation regarding site requirements</p>	
<p>II-D. Academic support services are sufficient to meet program and student needs and are evaluated on a regular basis. <i>Elaboration: Academic support services, which may include library, technology, distance education support, research support, and admission and advising services, foster achievement of program outcomes. A defined process is used for regular review of academic support services, and improvements are made as appropriate, whether services are provided directly by the program, institution, or an online program manager (or other third-party vendor).</i></p>				
Expected Outcome	Timeline for Collection	Responsible Party	Supporting Documents and Location	Actual Outcome
<p>The School of Nursing (SON) will ensure that academic support services — including library access, technology support, distance education tools, advising, and research support — are sufficient to meet student and faculty needs.</p> <p>At least 90% of students and faculty will report satisfaction (agree/strongly agree) with the adequacy of academic support services.</p>	<p>Each Semester: Faculty review student access to academic support services in course reports.</p> <p>Annually: EE Committee and Graduate Committee evaluate adequacy of academic support services.</p> <p>Every three years: Faculty and student surveys assess satisfaction with academic support services (next survey due 2025).</p>	<p>Primary Oversight: Dean of COHS and University Academic Affairs</p> <p>Shared Responsibility: SON Director; Assistant Directors (Undergraduate and Graduate Programs)</p> <p>Committee Role: EE Committee; Graduate Committee</p> <p>Institutional Role: University Library IT Services</p>	<p>Internal Sources (SON): SON HUB (EE Committee and Graduate Committee minutes)</p> <p>Course reports documenting student/faculty feedback on support services</p> <p>Institutional Sources: Office of the Dean of COHS records University Library and IT support records Contracts/agreements with online program managers</p>	<p>Academic support services — including library access, technology support, distance education tools, advising, and research support — are sufficient to meet student and faculty needs.</p> <p>Faculty and student surveys were revised Fall’25 and will be distributed and aggregated prior to the next SPE plan review (2026).</p>

<p>100% of programs (BSN, MSN, DNP, Post-Master's Certificates) will demonstrate integration of academic support services in teaching, learning, and research activities.</p>		<p>Center for Teaching and Learning (CTL)</p> <p>Academic Advising Office</p> <p>Career Center</p> <p>Writing Center</p> <p>Disability Services</p> <p>Counselling Services</p> <p>Student Health & Wellness Center</p>	<p>or third-party vendors (if applicable)</p> <p>Center for Teaching and Learning (faculty development support)</p> <p>External Sources:</p> <p>Accreditation body feedback on adequacy of support services</p>	<p>100% of programs (BSN, MSN, DNP, Post-Master's Certificates) demonstrate integration of academic support services in teaching, learning, and research activities.</p>
<p>II-E. The chief nurse administrator of the nursing unit:</p> <ul style="list-style-type: none"> • is a registered nurse (RN); • holds a graduate degree in nursing; • holds a doctoral degree if the nursing unit offers a graduate program in nursing; • is vested with the administrative authority to accomplish the mission, goals, and expected program outcomes; and • provides effective leadership to the nursing unit in achieving its mission, goals, and expected program outcomes. <p><i>Elaboration: The administrative authority of the chief nurse administrator is comparable to that of chief administrators of similar units in the institution. The chief nurse administrator consults, as appropriate, with faculty and other communities of interest to make decisions to accomplish the mission, goals, and expected program outcomes. The chief nurse administrator is an effective leader of the nursing unit.</i></p>				
Expected outcome	Timeline for Collection	Responsible Party	Supporting Documents and Location	Actual Outcome
<p>The School of Nursing (SON) Chief Nurse Administrator (Director) will:</p> <p>Be a licensed registered nurse (RN).</p>	<p>Annually (Spring): Review of CNA qualifications and authority as part of the evaluation process.</p> <p>Ongoing:</p>	<p>Primary Oversight: Dean of the College of Health Sciences (COHS)</p> <p>Shared Responsibility: Office of Academic Affairs (GCSU)</p>	<p>Internal Sources (SON):</p> <p>Current CNA curriculum vitae (CV)</p> <p>Annual CNA evaluation results (Dean of COHS)</p>	<p>The SON Director meets all qualifications for this role and is comparable to administrators of similar academic units within GCSU.</p>

<p>Hold a graduate degree in nursing and a doctoral degree (as required for graduate programs).</p> <p>Demonstrate qualifications comparable to administrators of similar academic units within GCSU.</p> <p>Exercise effective leadership and administrative authority to accomplish the mission, goals, and expected outcomes of the SON.</p>	<p>Verification of current RN licensure and APRN certification (if applicable).</p> <p>Every five years (or sooner if leadership changes): Comprehensive review of CNA credentials and authority in relation to institutional benchmarks.</p>	<p>Faculty Role: Provide input into leadership effectiveness through annual faculty evaluations and surveys.</p>	<p>SON annual reports reflecting leadership decisions and outcomes</p> <p>Institutional Sources:</p> <p>COHS and GCSU organizational charts</p> <p>University policy documents defining authority of unit administrators</p> <p>Comparison with other unit administrator roles at GCSU</p> <p>External Sources (if applicable):</p> <p>Accrediting body correspondence or feedback regarding leadership qualifications</p>	<p>The SON Director exercises effective leadership and administrative authority to accomplish the mission, goals, and expected outcomes of the SON.</p>
<p>II-F. Faculty are:</p> <ul style="list-style-type: none"> • sufficient in number to accomplish the mission, goals, and expected program outcomes; • academically prepared for the areas in which they teach; and • experientially prepared for the areas in which they teach. <p><i>Elaboration: The faculty (full-time, part-time, adjunct, tenured, non-tenured, or other) for each degree and post-graduate APRN certificate program are sufficient in number and qualifications to achieve the mission, goals, and expected program outcomes. The program defines faculty workloads. Faculty-to-student ratios provide adequate supervision and evaluation and meet or exceed the requirements of regulatory agencies. For nurse practitioner tracks, the recommended faculty-to-student ratio for indirect faculty supervision, which may include clinical coordination, engagement with preceptors and clinical partners, and monitoring and evaluating student progress, is 1:8.</i></p>				

Faculty are academically prepared for the areas in which they teach. Academic preparation of faculty includes degree specialization, specialty coursework, or other preparation sufficient to address the major concepts included in courses they teach. Faculty teaching didactic in the baccalaureate, master's, DNP, and/or post-graduate APRN certificate program(s) have a graduate degree.

Faculty teaching clinical in the master's, DNP, and/or post-graduate APRN certificate program(s) have a graduate degree. Faculty teaching clinical in the baccalaureate program hold a graduate degree; however, any faculty teaching clinical in the baccalaureate program who do not hold a graduate degree:

- hold a baccalaureate degree in nursing;
- have significant clinical experience;
- are enrolled in a graduate program or are otherwise qualified (e.g., have completed relevant graduate-level courses or continuing education units, hold relevant national certification) for the clinical area(s) in which they teach; and
- have purposeful engagement with and formal oversight by a graduate-prepared faculty member.

Faculty teaching clinical are experienced in and maintain clinical expertise in the relevant clinical area. Clinical expertise may be maintained through clinical practice or other means. Faculty teaching in advanced practice clinical courses meet certification and practice requirements as specified by the relevant regulatory and specialty bodies.

Faculty who are nurses hold a current RN or APRN license. Faculty who oversee an APRN track are nationally certified in the same population-focused area of practice in roles for which national certification is available. Exceptions may include a family nurse practitioner with significant experience caring for the adult population who oversees an adult-gerontology primary care nurse practitioner track, an adult acute care nurse practitioner who oversees an adult-gerontology acute care nurse practitioner track, an adult nurse practitioner who oversees an adult-gerontology primary care nurse practitioner track, and a nationally certified psychiatric/mental health clinical nurse specialist who oversees a psychiatric/mental health nurse practitioner track.

Expected Outcome	Timeline for Collection	Responsible Party	Supporting Documents and Location	Actual Outcome
<p>100% of faculty will hold academic degrees and/or professional credentials appropriate for their teaching assignments.</p> <p>100% of tenure-track faculty will have teaching assignments that do not exceed 12 credit hours per</p>	<p>Ongoing: Faculty licensure, certification, and credentials verified during hiring and annually.</p> <p>Each Semester: Faculty-to-student ratios monitored through course</p>	<p>Primary Oversight: SON Director</p> <p>Shared Responsibility: Assistant Directors (Undergraduate and Graduate Programs)</p>	<p>Internal Sources (SON):</p> <p>SON HUB (Curriculum and Graduate Committee minutes)</p> <p>Faculty CVs and credential files</p>	<p>100% of faculty hold academic degrees and/or professional credentials appropriate for their teaching assignments.</p> <p>100% of tenure-track faculty have teaching assignments that do not exceed 12 credit hours per</p>

<p>semester or 24 credit hours per academic year (excluding approved overload contracts).</p> <p>100% of non-tenure-track faculty will have teaching assignments that do not exceed 15 credit hours per semester or 30 credit hours per academic year (excluding approved overload contracts).</p> <p>Faculty-to-student ratios will consistently provide adequate supervision and evaluation, meeting or exceeding accreditation and regulatory requirements.</p>	<p>scheduling and assignment review.</p> <p>Annually (Spring): Faculty workload and sufficiency reviewed by SON Director and COHS Dean.</p> <p>Every five years: Comprehensive review of faculty sufficiency aligned with accreditation standards.</p>	<p>Committee Role: Curriculum Committee; Graduate Committee</p> <p>Institutional Role: Dean of COHS; Office of Academic Affairs</p>	<p>Faculty workload policies and assignment schedules</p> <p>Course reports verifying supervision and evaluation</p> <p>Institutional Sources:</p> <p>Office of the Dean of COHS (official faculty contracts)</p> <p>University faculty records and HR credential verification</p> <p>External Sources:</p> <p>National certification records (for APRN faculty and coordinators)</p> <p>Accrediting and regulatory body requirements for faculty sufficiency</p>	<p>semester or 24 credit hours per academic year (excluding approved overload contracts).</p> <p>100% of non-tenure-track faculty have teaching assignments that do not exceed 15 credit hours per semester or 30 credit hours per academic year (excluding approved overload contracts).</p> <p>Faculty-to-student ratios consistently provide adequate supervision and evaluation, meeting or exceeding accreditation and regulatory requirements.</p>
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II-G. Preceptors (e.g., mentors, guides, coaches), if used by the program as an extension of faculty, are academically and experientially qualified for their role.

This key element is not applicable to a degree or certificate program that does not use preceptors.

Elaboration: The roles and performance expectations for preceptors with respect to teaching, supervision, and student evaluation are:

- *clearly defined and communicated to preceptors,*
- *congruent with the mission, goals, and expected student outcomes,*
- *congruent with relevant professional nursing standards and guidelines, and*
- *reviewed periodically and revised as appropriate.*

Preceptors have the expertise to support student achievement of expected outcomes. The program is responsible for evaluating the performance of preceptors.

Expected Outcome	Timeline for Collection	Responsible Party	Supporting Documents and Location	Actual Outcome
<p>100% of preceptors will meet academic and experiential qualifications appropriate to their assigned role and specialty area.</p> <p>All preceptors will receive written expectations for teaching, supervision, and evaluation of students.</p> <p>Preceptor performance will be reviewed regularly to ensure effectiveness in supporting student achievement of outcomes.</p>	<p>Each Semester: Faculty and program coordinators verify preceptor qualifications during student placement.</p> <p>Annually (Spring): Curriculum Committee (undergraduate) and Graduate Committee review preceptor records and performance feedback.</p> <p>Every three years: Comprehensive evaluation of preceptor processes, expectations, and outcomes.</p>	<p>Primary Oversight: SON Director</p> <p>Shared Responsibility: Assistant Directors (Undergraduate and Graduate Programs)</p> <p>Committee Role: Curriculum Committee (undergraduate programs); Graduate Committee (graduate programs)</p> <p>Faculty Role: Course faculty document preceptor effectiveness in course reports</p>	<p>Internal Sources (SON):</p> <p>SON HUB (Curriculum and Graduate Committee minutes; course reports)</p> <p>D2L course assignments (preceptor license/qualification uploads for NRSG 4981 and graduate courses)</p> <p>Project Concert or equivalent online clinical tracking system (for graduate programs)</p> <p>Institutional Sources:</p> <p>Office of the Dean of COHS (official agency contracts, preceptor agreements)</p> <p>SON policies and procedures on preceptor qualifications and evaluation</p> <p>External Sources:</p>	<p>100% of preceptors meet academic and experiential qualifications appropriate to their assigned role and specialty area.</p> <p>All preceptors receive written expectations for teaching, supervision, and evaluation of students.</p> <p>Preceptor performance is reviewed regularly to ensure effectiveness in supporting student achievement of outcomes.</p>

			Preceptor licensure and certification records (state boards, national certifying bodies) Clinical partner documentation confirming preceptor qualifications	
<p>II-H. 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><i>Elaboration: Institutional support is available to promote faculty outcomes congruent with defined expectations of the faculty role (full-time, part-time, adjunct, tenured, non-tenured, or other) and in support of the mission, goals, and expected faculty outcomes.</i></p> <ul style="list-style-type: none"> • Faculty have opportunities for ongoing development in teaching. • If scholarship is an expected faculty outcome, the institution provides resources to support faculty scholarship. • If service is an expected faculty outcome, the institution provides support for service activities. • If practice is an expected faculty outcome, the institution provides opportunities for faculty to maintain practice competence. • Institutional support is sufficient so that currency in clinical practice is maintained for faculty in roles that require it. 				
Expected Outcome	Timeline for Collection	Responsible Party	Supporting Documents and Location	Actual Outcome
<p>100% of full-time and part-time faculty will have access to professional development opportunities that support excellence in teaching, scholarship, service, and practice.</p> <p>100% of faculty will meet Georgia Board of Nursing continuing education requirements for single state or compact license.</p>	<p>Ongoing: Faculty licensure, certification, and CE compliance verified.</p> <p>Annually (Spring): Faculty professional development activities reviewed during annual evaluation.</p> <p>Every three years: EE Committee surveys faculty regarding adequacy of institutional</p>	<p>Primary Oversight: SON Director</p> <p>Shared Responsibility: Dean of COHS; Office of Academic Affairs</p> <p>Committee Role: Educational Effectiveness (EE) Committee monitors adequacy of faculty resources and support</p> <p>Institutional Role: Center for Teaching and Learning (CTL)</p>	<p>Internal Sources (SON):</p> <p>Faculty evaluations and self-reflections (Taskstream/Watermark)</p> <p>SON HUB (EE Committee minutes, NFO minutes)</p> <p>SON workload and faculty development policies</p> <p>Institutional Sources:</p>	<p>100% of full-time and part-time faculty have access to professional development opportunities that support excellence in teaching, scholarship, service, and practice.</p> <p>100% of faculty meet Georgia Board of Nursing continuing education requirements for single state or compact license.</p>

<p>100% of APRN faculty will maintain current national certification. Faculty will report satisfaction (≥ 4.0 on a 5-point scale) with institutional and program support for teaching, scholarship, service, and practice.</p>	<p>and program support (next due 2025).</p>	<p>Sponsored Programs Office</p> <p>Academic Affairs</p>	<p>COHS faculty development and promotion guidelines</p> <p>University CTL records of faculty development participation</p> <p>Office of Academic Affairs policies on professional development and research support</p> <p>External Sources:</p> <p>Certification and continuing education records for APRN and RN faculty</p> <p>Documentation of grant funding, scholarship, and service activities</p>	<p>100% of APRN faculty maintains current national certification.</p> <p>Faculty and student surveys were revised Fall'25 and will be distributed and aggregated prior to the next SPE plan review (2026).</p>
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Standard III: Program Quality: Curriculum and Teaching – Learning Practices

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

Key Elements:

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

- **Are congruent with the program’s mission and goals;**
- **Are congruent with the roles for which the program is preparing its graduates; and**
- **Consider the needs of the program-identified community of interest**

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.

Expected Outcome	Timeline for Collection	Responsible Party	Supporting Documents and Location	Actual Outcome
<p>The curricula for all SON programs (BSN, MSN, DNP, Post-Master’s APRN Certificates) will be 100% congruent with:</p> <p>The mission and goals of the School of Nursing and GCSU/COHS.</p> <p>The professional roles for which graduates are being prepared.</p> <p>The identified needs of the community of interest.</p> <p>All course, program, and degree outcomes will be clearly stated, measurable, and reviewed regularly for accuracy and relevance.</p>	<p>Each Semester: Course outcomes reviewed by course faculty; course reports submitted.</p> <p>Annually: Curriculum and Graduate Committees evaluate program-level outcomes and make recommendations for improvement.</p> <p>Every five years (or sooner if standards change): Comprehensive program curriculum review (next review due 2024–2025).</p>	<p>Primary Oversight: SON Director</p> <p>Shared Responsibility: Assistant Directors (Undergraduate and Graduate Programs)</p> <p>Committee Role: Curriculum Committee, Graduate Committee, Nursing Faculty Organization (NFO)</p> <p>Faculty Role: All course faculty responsible for aligning course outcomes with program outcomes</p>	<p>Internal Sources (SON):</p> <p>SON HUB (Curriculum and Graduate Committee minutes, NFO minutes)</p> <p>Course reports with outcome data and faculty analysis</p> <p>Program-level outcome maps and curriculum grids</p> <p>Student handbooks (program outcome statements)</p> <p>Institutional Sources:</p> <p>GCSU Catalog (degree requirements, course descriptions)</p>	<p>The curricula for all SON programs (BSN, MSN, DNP, Post-Master’s APRN Certificates) are 100% congruent with:</p> <p>The mission and goals of the School of Nursing and GCSU/COHS.</p> <p>The professional roles for which graduates are being prepared.</p> <p>The identified needs of the community of interest.</p> <p>All course, program, and degree outcomes are clearly stated, measurable, and reviewed regularly for accuracy and relevance.</p>

			University-wide curriculum approval documents External Sources: Accreditation and professional standards (AACN Essentials, NONPF, ACME, NTF) Advisory Board feedback documenting community of interest input	
<p>III-B Key Element: 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).</p> <p><i>This key element is not applicable if the baccalaureate degree program is not under review for accreditation.</i></p> <p><i>Elaboration: The baccalaureate degree program incorporates professional nursing standards and guidelines (or components thereof) relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills derived from professional nursing standards and guidelines are incorporated into the curriculum.</i></p> <p><i>The baccalaureate degree program incorporates the following components of The Essentials: Core Competencies for Professional Nursing Education (Essentials) (AACN, 2021):</i></p> <ul style="list-style-type: none"> <i>• the 10 “Domains for Nursing” (Essentials, pp. 10-11);</i> <i>• the 8 “Concepts for Nursing Practice” (Essentials, pp. 11-14); and</i> <i>• the 45 “Competencies” (numbered 1.1 through 10.3 and organized by Domain, Essentials, pp. 27-54).</i> 				
Expected Outcome	Timeline for Collection	Responsible Party	Supporting Documents and Location	Actual Outcome
The BSN curriculum will demonstrate 100% alignment with the <i>AACN Essentials: Core Competencies for</i>	Each Semester: Course outcomes reviewed by course faculty, with evidence of competency integration documented in course reports.	Primary Oversight: SON Director Shared Responsibility: Assistant Director for Undergraduate Program	Internal Sources (SON): SON HUB (Curriculum Committee minutes, NFO minutes, course reports)	The BSN curriculum demonstrates 100% alignment with the <i>AACN Essentials: Core Competencies for</i>

<p><i>Professional Nursing Education</i> (2021).</p> <p>All 10 Domains, 8 Concepts, and 45 Competencies from the AACN Essentials will be integrated into the BSN curriculum and mapped to program outcomes.</p> <p>Program outcomes will be consistently reflected in course syllabi, assignments, and clinical practice expectations.</p>	<p>Annually: Curriculum Committee evaluates aggregate BSN program outcomes for alignment with AACN Essentials.</p> <p>Every five years: Comprehensive curriculum review ensures full integration of professional standards (next review scheduled for 2025).</p>	<p>Committee Role: Curriculum Committee; Nursing Faculty Organization (NFO)</p> <p>Faculty Role: All faculty teaching in the BSN program</p>	<p>BSN program curriculum map and outcome grids</p> <p>Student handbook (BSN program outcomes)</p> <p>Institutional Sources:</p> <p>GCSU Catalog (BSN program requirements)</p> <p>Course syllabi for BSN courses</p> <p>External Sources:</p> <p><i>AACN Essentials: Core Competencies for Professional Nursing Education</i> (2021)</p> <p>End-of-course evaluations and student clinical evaluations demonstrating competency integration</p>	<p><i>Professional Nursing Education</i> (2021).</p> <p>All 10 Domains, 8 Concepts, and 45 Competencies from the AACN Essentials are integrated into the BSN curriculum and mapped to program outcomes.</p> <p>Program outcomes are consistently reflected in course syllabi, assignments, and clinical practice expectations.</p>
<p>III-C Key Element: 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>This key element is not applicable if the master’s degree program is not under review for accreditation.</p> <p><i>Elaboration: The master’s degree program incorporates professional nursing standards and guidelines (or components thereof) relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills derived from professional nursing standards and guidelines are incorporated into the curricula.</i></p> <p><i>The master’s degree program incorporates the following components of The Essentials: Core Competencies for Professional Nursing Education (Essentials) (AACN, 2021):</i></p>				

- the 10 “Domains for Nursing” (Essentials, pp. 10-11),
- the 8 “Concepts for Nursing Practice” (Essentials, pp. 11-14, and
- the 45 “Competencies” (numbered 1.1 through 10.3 and organized by Domain, Essentials, pp. 27-54)

A master’s degree program with a direct-entry track that prepares students for RN licensure includes advanced disciplinary knowledge and clinical practice experiences beyond baccalaureate-level nursing content.

The master’s degree program, regardless of focus, includes content and practice experiences to attain disciplinary expertise in an advanced nursing practice specialty (e.g., leadership/administration, informatics, population health, nursing education) or APRN role. For example, a master’s degree program with a nurse educator track provides advanced disciplinary knowledge and experiences in addition to teaching-learning content.

APRN tracks (i.e., clinical nurse specialist, nurse anesthesia, nurse midwife, and nurse practitioner) in master’s degree programs 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, including assessment of all human systems, advanced assessment techniques, concepts, and approaches, and*
- *Advanced pharmacology, including 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.

Master’s degree programs that have a track with a direct care focus that does not prepare APRNs (e.g., nurse educator and clinical nurse leader) incorporate graduate-level content addressing the APRN core. Such tracks are not required to offer this content as three separate courses.

Expected Outcome	Timeline for Collection	Responsible Party	Supporting Documents and Location	Actual Outcome
<p>The MSN curriculum will demonstrate 100% alignment with the <i>AACN Essentials: Core Competencies for Professional Nursing Education (2021)</i>.</p> <p>Advanced practice tracks will integrate NONPF</p>	<p>Each Semester: Course faculty review course outcomes and document alignment with professional standards in course reports.</p> <p>Annually: Graduate Committee evaluates aggregate MSN outcomes for consistency</p>	<p>Primary Oversight: SON Director</p> <p>Shared Responsibility: Assistant Director for Graduate Program</p> <p>Committee Role: Graduate Committee;</p>	<p>Internal Sources (SON):</p> <p>SON HUB (Graduate Committee minutes, NFO minutes, course reports)</p> <p>MSN program curriculum maps and outcome grids</p>	<p>The MSN curriculum demonstrates 100% alignment with the <i>AACN Essentials: Core Competencies for Professional Nursing Education (2021)</i>.</p> <p>Advanced practice tracks integrate NONPF Criteria</p>

<p>Criteria (2022) and, where applicable, ACME Standards (2019) for midwifery education.</p> <p>APRN tracks will include comprehensive graduate-level courses addressing:</p> <ul style="list-style-type: none"> • Advanced physiology/pathophysiology • Advanced health assessment • Advanced pharmacology <p>All MSN courses will clearly document alignment with professional standards in course syllabi, curriculum maps, and outcome measures.</p>	<p>with AACN Essentials, NONPF, and ACME standards.</p> <p>Every five years: Comprehensive MSN curriculum review (next due date: 2025).</p>	<p>Nursing Faculty Organization (NFO)</p> <p>Faculty Role: All MSN faculty, including Program Coordinators (FNP, PMHNP, WHNP, NM, NE)</p>	<p>Graduate Student Handbook (MSN outcomes)</p> <p>Institutional Sources:</p> <p>GCSU Catalog (MSN program requirements)</p> <p>Course syllabi across MSN core and specialty tracks</p> <p>External Sources:</p> <p><i>AACN Essentials: Core Competencies for Professional Nursing Education</i> (2021)</p> <p><i>Criteria for Evaluation of Nurse Practitioner Programs</i> (NTF, 2022)</p> <p><i>Accreditation Commission for Midwifery Education Standards</i> (ACME, 2019)</p> <p><i>Essentials of Master's Education in Nursing</i> (AACN, 2011)</p>	<p>(2022) and, where applicable, ACME Standards (2019) for midwifery education.</p> <p>APRN tracks include comprehensive graduate-level courses addressing:</p> <ul style="list-style-type: none"> • Advanced physiology/pathophysiology • Advanced health assessment • Advanced pharmacology <p>All MSN courses clearly document alignment with professional standards in course syllabi, curriculum maps, and outcome measures.</p>
<p>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).</p> <p>This key element is not applicable if the DNP program is not under review for accreditation.</p>				

Elaboration: The DNP program incorporates professional nursing standards and guidelines (or components thereof) relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills derived from professional nursing standards and guidelines are incorporated into the curricula.

The DNP program incorporates the following components of The Essentials: Core Competencies for Professional Nursing Education (Essentials) (AACN, 2021):

- *the 10 “Domains for Nursing” (Essentials, pp. 10-11),*
- *the 8 “Concepts for Nursing Practice” (Essentials, pp. 11-14); and*
- *the 45 “Competencies” (numbered 1.1 through 10.3 and organized by Domain, Essentials, pp. 27-54).*

A DNP program with a direct-entry track that prepares students for RN licensure includes advanced disciplinary knowledge and clinical practice experiences beyond baccalaureate-level nursing content.

The DNP program, regardless of focus, includes content and practice experiences to attain disciplinary expertise in an advanced nursing practice specialty (e.g., leadership/administration, informatics, population health, nursing education) or APRN role. For example, a DNP program with a nurse educator track provides advanced disciplinary knowledge and experiences in addition to teaching-learning content.

APRN tracks (i.e., clinical nurse specialist, nurse anesthesia, nurse midwife, and nurse practitioner) in DNP programs 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, including assessment of all human systems, advanced assessment techniques, concepts, and approaches; and*
- *Advanced pharmacology, including 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 registered nurses, unless the program deems this necessary.

DNP tracks with a direct care focus that do not prepare APRNs (e.g., nurse educator) incorporate graduate-level content addressing the APRN core. Such tracks are not required to offer this content as three separate courses.

Expected Outcome	Timeline for Collection	Responsible Party	Supporting Documents and Location	Actual Outcome
The DNP curriculum will demonstrate 100%	Each Semester:	Primary Oversight: SON Director	Internal Sources (SON):	The DNP curriculum demonstrates 100%

<p>alignment with the <i>AACN Essentials: Core Competencies for Professional Nursing Education</i> (2021).</p> <p>APRN tracks within the DNP program will incorporate comprehensive graduate-level coursework in:</p> <ul style="list-style-type: none"> • Advanced physiology/pathophysiology • Advanced health assessment • Advanced pharmacology <p>DNP students will engage in sufficient direct care and practice experiences to meet AACN and specialty standards, including a minimum of 1,000 post-baccalaureate practice hours.</p> <p>All program and course outcomes will clearly reflect integration of national standards, as documented in syllabi, curriculum maps, and outcome measures.</p>	<p>Course outcomes and clinical hour documentation reviewed by faculty and program coordinators.</p> <p>Annually: Graduate Committee evaluates aggregate program outcomes for consistency with AACN Essentials and specialty standards.</p> <p>Every five years: Comprehensive DNP curriculum review (next due date: 2025).</p>	<p>Shared Responsibility: Assistant Director for Graduate Programs</p> <p>Committee Role: Graduate Committee; Nursing Faculty Organization (NFO)</p> <p>Faculty Role: DNP faculty and Program Coordinator(s) (DNP, FNP, PMHNP, WHNP, NM, NE tracks as applicable)</p>	<p>SON HUB (Graduate Committee minutes, NFO minutes, course reports)</p> <p>DNP program curriculum map and outcome grids</p> <p>Graduate Student Handbook (DNP outcomes)</p> <p>Clinical tracking system documenting practice hours (e.g., Project Concert)</p> <p>Institutional Sources:</p> <p>GCSU Catalog (DNP program requirements)</p> <p>Course syllabi for DNP courses (core and specialty tracks)</p> <p>External Sources:</p> <p><i>AACN Essentials: Core Competencies for Professional Nursing Education</i> (2021)</p> <p>National certification and regulatory requirements for APRN roles</p>	<p>alignment with the <i>AACN Essentials: Core Competencies for Professional Nursing Education</i> (2021).</p> <p>APRN tracks within the DNP program incorporate comprehensive graduate-level coursework in:</p> <ul style="list-style-type: none"> • Advanced physiology/pathophysiology • Advanced health assessment • Advanced pharmacology <p>DNP students engage in sufficient direct care and practice experiences to meet AACN and specialty standards, including a minimum of 1,000 post-baccalaureate practice hours.</p> <p>All program and course outcomes clearly reflect integration of national standards, as documented in syllabi, curriculum maps, and outcome measures.</p>
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			Essentials of graduate programs (AACN, 2021) Adopted by DNP program 2023	
<p>III-E. 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).</p> <p>This key element is not applicable if the post-graduate APRN certificate is not under review for accreditation.</p> <p><i>Elaboration: The post-graduate APRN certificate program incorporates professional nursing standards and guidelines (or components thereof) relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills derived from professional nursing standards are incorporated into the curricula.</i></p> <p><i>The post-graduate APRN certificate program incorporates the following components of The Essentials: Core Competencies for Professional Nursing Education (Essentials) (AACN, 2021), as applicable to the role and/or population focus for which students are being prepared:</i></p> <ul style="list-style-type: none"> • the 10 “Domains for Nursing” (Essentials, pp. 10-11); • the 8 “Concepts for Nursing Practice” (Essentials, pp. 11-14); and • the 45 “Competencies” (numbered 1.1 through 10.3 and organized by Domain, Essentials, pp. 27-54). <p><i>APRN tracks (i.e., Clinical Nurse Specialist, Nurse Anesthesia, Nurse Midwife, and Nurse Practitioner) in a post-graduate APRN certificate program incorporate separate comprehensive graduate-level courses to address the APRN core, defined as follows:</i></p> <ul style="list-style-type: none"> • Advanced physiology/pathophysiology, including general principles that apply across the lifespan, • Advanced health assessment, including assessment of all human systems, advanced assessment techniques, concepts, and approaches; and • Advanced pharmacology, including pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents. <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>Separate courses in advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology are not required for certificate students who have already completed such courses, unless the program deems this necessary.</i></p>				
Expected Outcome	Timeline for Collection	Responsible Party	Supporting Documents and Location	Actual Outcome
The Post-Graduate APRN Certificate curricula will	Each Semester: Course faculty document alignment with program	Primary Oversight: SON Director	Internal Sources (SON):	The Post-Graduate APRN Certificate curricula

<p>demonstrate 100% alignment with:</p> <p>The <i>AACN Essentials: Core Competencies for Professional Nursing Education</i> (2021).</p> <p><i>Criteria for Evaluation of Nurse Practitioner Programs</i> (National Task Force, 2022).</p> <p>Specialty standards for APRN role and population focus (e.g., NONPF, ACME for midwifery).</p> <p>All certificate tracks will include graduate-level courses in:</p> <ul style="list-style-type: none"> • Advanced physiology/pathophysiology • Advanced health assessment • Advanced pharmacology <p>Program outcomes and course syllabi will clearly reflect alignment with role-specific standards and national guidelines.</p>	<p>and national standards in course reports.</p> <p>Annually: Graduate Committee evaluates aggregate program outcomes for consistency with professional standards.</p> <p>Every five years: Comprehensive certificate curriculum review (next due date: 2025).</p>	<p>Shared Responsibility: Assistant Director for Graduate Programs</p> <p>Committee Role: Graduate Committee; Nursing Faculty Organization (NFO)</p> <p>Faculty Role: Program Coordinators for each certificate track</p>	<p>SON HUB (Graduate Committee minutes, NFO minutes, course reports)</p> <p>Post-Master’s APRN Certificate curriculum maps and outcome grids</p> <p>Graduate Student Handbook (certificate outcomes)</p> <p>Institutional Sources:</p> <p>GCSU Catalog (Post-Master’s APRN Certificate program requirements)</p> <p>Course syllabi for certificate program courses</p> <p>External Sources:</p> <p><i>AACN Essentials: Core Competencies for Professional Nursing Education</i> (2021)</p> <p><i>Criteria for Evaluation of Nurse Practitioner Programs</i> (NTF, 2022)</p> <p><i>Accreditation Commission for Midwifery Education Standards</i> (ACME, 2019)</p>	<p>demonstrate 100% alignment with:</p> <p>The <i>AACN Essentials: Core Competencies for Professional Nursing Education</i> (2021).</p> <p><i>Criteria for Evaluation of Nurse Practitioner Programs</i> (National Task Force, 2022).</p> <p>Specialty standards for APRN role and population focus (e.g., NONPF, ACME for midwifery).</p> <p>All certificate tracks include graduate-level courses in:</p> <ul style="list-style-type: none"> • Advanced physiology/pathophysiology • Advanced health assessment • Advanced pharmacology <p>Program outcomes and course syllabi clearly reflect alignment with role-specific standards and national guidelines.</p>
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			National certification body requirements for APRN population-focused roles	
<p>III-F The curriculum is logically structured and sequenced to achieve expected student outcomes.</p> <ul style="list-style-type: none"> • Baccalaureate curricula build on a foundation of the arts, sciences, and humanities. • Master’s curricula build on a foundation comparable to baccalaureate-level nursing knowledge. • DNP curricula build on a baccalaureate and/or master’s foundation, depending on the level of entry of the student. • Post-graduate APRN certificate programs build on a graduate-level nursing foundation. <p><i>Elaboration: Baccalaureate degree programs demonstrate that 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 advanced nursing knowledge.</i></p> <p><i>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, even if they do not award a baccalaureate degree in nursing in addition to the graduate degree.</i></p> <p><i>DNP programs, whether post-baccalaureate or post-master’s, demonstrate how students acquire doctoral-level knowledge and competencies. 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.</i></p> <p><i>The program provides a rationale for the sequence of the curriculum for each program.</i></p>				
Expected Outcome	Timeline for Collection	Responsible Party	Supporting Documents and Location	Actual Outcome
The curricula for all SON programs (BSN, MSN, DNP, Post-Master’s APRN Certificates) will demonstrate logical sequencing that supports progressive achievement of competencies.	<p>Each Semester: Faculty review sequencing through course reports and outcome evaluations.</p> <p>Annually: Curriculum Committee (BSN) and Graduate Committee (MSN, DNP,</p>	<p>Primary Oversight: SON Director</p> <p>Shared Responsibility: Assistant Directors (Undergraduate and Graduate Programs)</p>	<p>Internal Sources (SON): SON HUB (Curriculum Committee, Graduate Committee, and NFO minutes; course reports)</p> <p>Program curriculum maps and progression grids</p>	The curricula for all SON programs (BSN, MSN, DNP, Post-Master’s APRN Certificates) demonstrate logical sequencing that supports progressive achievement of competencies.

<p>Baccalaureate curricula will build on general education foundations in the arts, sciences, and humanities.</p> <p>Graduate curricula (MSN, DNP, Post-Master’s Certificates) will build on undergraduate or graduate knowledge, as appropriate.</p> <p>100% of program curriculum maps will show clear progression from foundational knowledge to advanced practice.</p>	<p>Certificates) confirm alignment and progression.</p> <p>Every five years (or sooner if curriculum changes): Comprehensive sequencing review with program mapping updates (next full review due 2025).</p>	<p>Committee Role: Curriculum Committee (BSN), Graduate Committee (MSN, DNP, Certificates), Nursing Faculty Organization (NFO)</p> <p>Faculty Role: Course faculty document sequencing effectiveness in course reports</p>	<p>Student handbooks (program requirements)</p> <p>Institutional Sources: GCSU Catalog (degree requirements, prerequisites, and sequencing)</p> <p>University curriculum approval records</p> <p>External Sources: AACN Essentials (2021) NONPF Criteria (2022), ACME Standards (2019), and other specialty guidelines for graduate/APRN tracks</p>	<p>Baccalaureate curricula build on general education foundations in the arts, sciences, and humanities.</p> <p>Graduate curricula (MSN, DNP, Post-Master’s Certificates) build on undergraduate or graduate knowledge, as appropriate.</p> <p>100% of program curriculum maps show clear progression from foundational knowledge to advanced practice.</p>
<p>III-G. Teaching-learning practices and environments:</p> <ul style="list-style-type: none"> • Support the achievement of expected student outcomes; and • Consider the needs and expectations of the identified community of interest <p><i>Elaboration: Teaching-learning practices (e.g., simulation, lecture, flipped classroom, case studies, service learning) in all environments (e.g., virtual, classroom, clinical experiences, distance education, laboratory) support achievement of expected student outcomes identified in course, unit, and/or level objectives.</i></p> <p><i>Teaching-learning practices are appropriate to the student population (e.g., adult learners, second-language students, students in a post-graduate APRN certificate program) and consider the needs of the program-identified community of interest.</i></p>				
<p>Expected Outcome</p>	<p>Timeline for Collection</p>	<p>Responsible Party</p>	<p>Supporting Documents and Location</p>	<p>Actual Outcome</p>

<p>Teaching–learning practices will be evidence-based, learner-centered, and aligned with program outcomes.</p> <p>100% of course syllabi will demonstrate integration of teaching–learning practices that support achievement of student learning outcomes and are appropriate to the student population.</p> <p>Faculty will implement innovative strategies (e.g., simulation, case-based learning, interprofessional education, technology-enhanced learning) to reflect best practices in nursing education.</p> <p>At least 90% of students will report satisfaction with teaching–learning practices in course and end-of-program evaluations.</p>	<p>Each Semester: Faculty evaluate effectiveness of teaching–learning practices through course reports and student evaluations.</p> <p>Annually: EE Committee reviews aggregate data from student evaluations, faculty reports, and surveys to identify trends.</p> <p>Every three years: Comprehensive evaluation of teaching–learning practices, including survey of faculty innovation and effectiveness (next due 2026).</p>	<p>Primary Oversight: SON Director</p> <p>Shared Responsibility: Assistant Directors (Undergraduate and Graduate Programs)</p> <p>Committee Role: EE Committee; Curriculum Committee; Graduate Committee</p> <p>Faculty Role: All faculty responsible for documenting use and effectiveness of teaching–learning strategies in course reports</p>	<p>Internal Sources (SON):</p> <p>SON HUB (committee minutes; course reports)</p> <p>Student course evaluations (end-of-course and end-of-program)</p> <p>Simulation and clinical learning center reports</p> <p>Faculty annual evaluations documenting innovation in teaching</p> <p>Institutional Sources:</p> <p>Center for Teaching and Learning (CTL) records of faculty participation in pedagogy workshops</p> <p>GCSU institutional student satisfaction surveys</p> <p>External Sources:</p> <p>AACN Essentials (2021)</p> <p>INACSL Standards of Best Practice: Simulation Professional literature supporting evidence-based teaching practices</p>	<p>Teaching–learning practices are evidence-based, learner-centered, and align with program outcomes.</p> <p>100% of course syllabi demonstrate integration of teaching–learning practices that support achievement of student learning outcomes and are appropriate to the student population.</p> <p>Faculty implement innovative strategies (e.g., simulation, case-based learning, interprofessional education, technology-enhanced learning) to reflect best practices in nursing education.</p> <p>At least 90% of students report satisfaction with teaching–learning practices in course and end-of-program evaluations.</p> <p>Graduate programs will implement end of program surveys beginning Spring’26.</p>
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III-H. The curriculum includes planned clinical practice experiences that:

- **Enable students to integrate new knowledge and demonstrate attainment of program outcomes; and**
- **Are evaluated by faculty**

Elaboration: To prepare students for a practice profession, the program affords students the opportunity to develop professional competencies and to integrate new knowledge in practice settings aligned to the educational preparation. For programs that prepare students for certification, clinical practice experiences align with certification requirements, as appropriate. Programs that prepare students for certification incorporate sufficient clinical practice experiences appropriate to the role. Clinical practice experiences are provided for students in all programs, including those with distance education offerings. Clinical practice experiences align with student and program outcomes. These experiences are planned, implemented, and evaluated.

Programs that have a direct care focus (including, but not limited to, post-licensure baccalaureate and nurse educator tracks) provide direct care experiences (i.e., care provided to individuals, families, groups, and/or communities) designed to advance the knowledge and expertise of students in a clinical area of practice.

DNP programs require a minimum of 1,000 hours of practice post-baccalaureate as part of a supervised academic program. Programs preparing students for nurse practitioner certification provide a minimum of 500 direct patient care clinical hours. For nurse practitioner tracks in DNP programs, these 500 hours are included in the minimum 1,000 practice hours.

Programs preparing students for certification meet or exceed the clinical practice requirements specified by the appropriate certification agencies.

Expected Outcome	Timeline for Collection	Responsible Party	Supporting Documents and Location	Actual Outcome
<p>Clinical practice experiences will be systematically planned, sufficient in number, and appropriate in scope to ensure that students achieve program outcomes.</p> <p>100% of students will be placed in clinical sites that meet accreditation and regulatory requirements.</p>	<p>Each Semester: Course faculty document adequacy of clinical practice experiences in course reports and collect student evaluations.</p> <p>Annually (Fall): Graduate and APR Committees review aggregate data on clinical placement adequacy.</p>	<p>Primary Oversight: SON Director</p> <p>Shared Responsibility: Assistant Directors (Undergraduate and Graduate Programs)</p> <p>Committee Role: APR Committee; Graduate Committee; Curriculum Committee</p>	<p>Internal Sources (SON):</p> <p>SON HUB (committee minutes; course reports) Clinical site evaluations (student and faculty feedback)</p> <p>Clinical tracking systems (e.g., Project Concert) documenting hours and outcomes</p>	<p>Clinical practice experiences are systematically planned, sufficient in number, and appropriate in scope to ensure that students achieve program outcomes.</p> <p>100% of students are placed in clinical sites that meet accreditation and regulatory requirements.</p>

<p>All clinical syllabi will demonstrate clear linkage between course objectives, clinical activities, and program outcomes.</p> <p>At least 90% of students and faculty will report satisfaction with the quality and adequacy of clinical practice experiences.</p>	<p>Every five years: Comprehensive review of clinical practice experiences for alignment with national standards and program outcomes (next review due 2025).</p>	<p>Faculty Role: Course faculty evaluate clinical learning outcomes and provide feedback on site quality</p>	<p>Student handbooks (clinical expectations and requirements)</p> <p>Institutional Sources:</p> <p>Affiliation agreements maintained through COHS and University legal office</p> <p>GCSU Catalog (clinical requirements for each program)</p> <p>External Sources:</p> <p>AACN Essentials (2021)</p> <p>State Board of Nursing regulations regarding clinical experiences</p> <p>National certification body requirements for direct care hours (APRN programs)</p>	<p>All clinical syllabi demonstrate clear linkage between course objectives, clinical activities, and program outcomes.</p> <p>At least 90% of students and faculty report satisfaction with the quality and adequacy of clinical practice experiences.</p> <p>Graduate programs will implement end of program surveys beginning Spring'26.</p>
<p>III-I. The curriculum includes planned experiences that prepare students to provide care to diverse individuals and populations.</p>				
<p><i>Elaboration: The program provides planned didactic, simulation, and/or clinical practice experiences that prepare students to provide care to diverse individuals and populations. Such experiences are in a variety of settings appropriate to the role for which students are being prepared. These experiences enable students to provide care to individuals and populations with diverse life experiences, perspectives, and backgrounds.</i></p>				
<p>Expected Outcome</p>	<p>Timeline for Collection</p>	<p>Responsible Party</p>	<p>Supporting Documents and Location</p>	<p>Actual Outcome</p>
<p>Clinical and simulation learning experiences will expose students to diverse</p>	<p>Each Semester: Course faculty document student exposure to</p>	<p>Primary Oversight: SON Director</p>	<p>Internal Sources (SON):</p>	<p>Clinical and simulation learning experiences expose students to diverse</p>

<p>patient populations, care environments, and cultural contexts.</p> <p>100% of program outcome maps will demonstrate alignment with AACN Essentials regarding diversity, equity, and inclusion.</p> <p>At least 90% of students will affirm, through end-of-program surveys, that their clinical and simulation experiences prepared them to provide culturally responsive, evidence-based care.</p>	<p>diverse care settings in course reports.</p> <p>Annually (Spring): Graduate and Curriculum Committees review aggregate data on diversity of care experiences across programs.</p> <p>Every five years: Comprehensive review of program-level integration of diversity, equity, and inclusion in clinical and didactic content (next due 2025).</p>	<p>Shared Responsibility: Assistant Directors (Undergraduate and Graduate Programs)</p> <p>Committee Role: Curriculum Committee; Graduate Committee; APR Committee</p> <p>Faculty Role: Course faculty ensure students receive planned experiences with diverse populations and document this in course reports</p>	<p>SON HUB (Curriculum and Graduate Committee minutes; course reports)</p> <p>Student handbooks (program outcomes related to diversity and inclusion)</p> <p>Simulation scenarios and clinical assignments reflecting diverse populations</p> <p>Institutional Sources: GCSU Office of Inclusion and Belonging initiatives and strategic plan</p> <p>COHS annual reports reflecting Inclusion and Belonging integration</p> <p>External Sources: AACN Essentials (2021), Domains 4 & 8 (Equity and Inclusion; Population Health)</p> <p>Accrediting body expectations regarding diversity of clinical learning experiences</p>	<p>patient populations, care environments, and cultural contexts.</p> <p>100% of program outcome maps demonstrate alignment with AACN Essentials regarding diversity, equity, and inclusion.</p> <p>At least 90% of students affirm, through end-of-program surveys, that their clinical and simulation experiences prepared them to provide culturally responsive, evidence-based care.</p> <p>Graduate programs will implement end of program surveys beginning Spring'26.</p>
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III-J. The curriculum includes planned experiences that foster interprofessional collaborative practice.

Elaboration: The program provides planned didactic, simulation, and/or clinical practice experiences that prepare students to engage in interprofessional collaborative practice. The program affords opportunities for students to collaborate with a variety of individuals and/or organizations that enable students to develop the necessary communication and negotiation skills to enhance patient outcomes.

Expected Outcome	Timeline for Collection	Responsible Party	Supporting Documents and Location	Actual Outcome
<p>100% of nursing students will participate in interprofessional education (IPE) and collaborative practice experiences during their program of study.</p> <p>At least 90% of students will report satisfaction with interprofessional experiences through course and end-of-program evaluations.</p> <p>All course syllabi that include IPE will explicitly map interprofessional learning objectives to program outcomes.</p>	<p>Each Semester: Course faculty document interprofessional activities in course reports and collect student feedback.</p> <p>Annually: Curriculum and Graduate Committees evaluate the adequacy and distribution of interprofessional learning opportunities.</p> <p>Every three years: Comprehensive review of interprofessional education activities to ensure alignment with AACN Essentials and national standards (next review due 2026).</p>	<p>Primary Oversight: SON Director</p> <p>Shared Responsibility: Assistant Directors (Undergraduate and Graduate Programs)</p> <p>Committee Role: Curriculum Committee; Graduate Committee; Educational Effectiveness (EE) Committee</p> <p>Faculty Role: Course faculty integrate and document IPE activities in didactic, clinical, and simulation experiences</p>	<p>Internal Sources (SON): SON HUB (Curriculum and Graduate Committee minutes; course reports)</p> <p>Simulation center reports documenting IPE activities</p> <p>Student handbooks (program outcomes emphasizing interprofessional practice)</p> <p>Institutional Sources: GCSU interprofessional education initiatives (e.g., COHS collaborative programs with allied health, social work, psychology)</p> <p>University-wide IPE/clinical simulation center event records</p> <p>External Sources:</p>	<p>100% of nursing students participated in interprofessional education (IPE) and collaborative practice experiences during their program of study.</p> <p>At least 90% of students reported satisfaction with interprofessional experiences through course and end-of-program evaluations.</p> <p>Graduate programs will implement end of program surveys beginning Spring'26.</p> <p>All course syllabi that include IPE explicitly map interprofessional learning objectives to program outcomes.</p>

			AACN Essentials (2021), Domain 6: Interprofessional Partnerships INACSL Standards for Simulation (IPE-specific guidelines) Professional organization statements supporting IPE (e.g., IPEC Core Competencies)	
III- K. 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.				
<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.</i>				
Expected Outcome	Timeline for Collection	Responsible Party	Supporting Documents and Location	Actual Outcome
100% of student evaluation methods will be aligned with course, program, and national competency outcomes (AACN Essentials, NONPF, specialty standards). All evaluation tools (clinical checklists, rubrics, exams, simulation)	Each Semester: Course faculty evaluate student performance using standardized tools and document results in course reports. The Assistant Directors of Graduate and Undergraduate programs will review course syllabi each semester to ensure	Primary Oversight: SON Director Shared Responsibility: Assistant Directors (Undergraduate and Graduate Programs) Committee Role: Curriculum Committee; Graduate Committee; APR Committee	Internal Sources (SON): SON HUB (committee minutes; course reports, course syllabi review documentation) Student handbooks (policies on grading, progression, and evaluation)	100% of student evaluation methods align with course, program, and national competency outcomes (AACN Essentials, NONPF, specialty standards). All evaluation tools (clinical checklists, rubrics, exams, simulation)

<p>assessments) will be applied consistently across students and courses.</p> <p>100% of course syllabi will include clearly defined grading criteria.</p>	<p>grading criteria are explicitly stated and consistent with course expectations.</p> <p>Annually: Curriculum and Graduate Committees review aggregate performance data to ensure consistency and alignment with outcomes.</p> <p>Every five years: Comprehensive review of student evaluation policies and tools to confirm congruence with professional standards (next review due 2025).</p>	<p>Faculty Role: Course faculty apply evaluation tools consistently and provide student feedback</p>	<p>Evaluation tools (rubrics, clinical evaluation forms, simulation checklists)</p> <p>End-of-course and end-of-program student surveys</p> <p>Institutional Sources:</p> <p>GCSU Catalog (grading policies, progression standards)</p> <p>University academic policies on evaluation and appeals</p> <p>External Sources:</p> <p>AACN Essentials (2021)</p> <p>NONPF Core Competencies (2022)</p> <p>Specialty standards (e.g., ACME for midwifery, certification body requirements)</p>	<p>assessments) are applied consistently across students and courses.</p> <p>100% of course syllabi include clearly defined grading criteria.</p>
<p>III-L. The curriculum and teaching-learning practices are evaluated at regularly scheduled intervals, and evaluation data are used to foster ongoing improvement.</p> <p><i>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. The curriculum is regularly evaluated by faculty and revised as appropriate.</i></p>				
<p>Expected Outcome</p>	<p>Timeline for Collection</p>	<p>Responsible Party</p>	<p>Supporting Documents and Location</p>	<p>Actual Outcome</p>

<p>100% of curricula and teaching–learning practices will be evaluated systematically and regularly to ensure alignment with program outcomes, accreditation standards, and professional guidelines.</p> <p>Results from evaluations will be used for continuous improvement, with documented evidence of changes made in response to data.</p> <p>At least 90% of faculty will report satisfaction with the process for curriculum and teaching–learning evaluation, as measured by faculty surveys.</p>	<p>Each Semester: Faculty document curriculum effectiveness and teaching–learning practices in course reports.</p> <p>Annually (Spring): Curriculum Committee, Graduate Committee, and EE Committee review aggregate data for trends and needed improvements.</p> <p>Every five years (or sooner if standards change): Comprehensive review of curricula and teaching–learning practices for full alignment with national guidelines (next review due 2025).</p>	<p>Primary Oversight: SON Director</p> <p>Shared Responsibility: Assistant Directors (Undergraduate and Graduate Programs)</p> <p>Committee Role: Curriculum Committee; Graduate Committee; Educational Effectiveness (EE) Committee</p> <p>Faculty Role: Course faculty contribute to evaluation through course reports, surveys, and feedback during governance meetings</p>	<p>SON HUB (Curriculum, Graduate, and EE Committee minutes; course reports)</p> <p>Student and faculty survey results (curriculum effectiveness, teaching–learning evaluation)</p> <p>End-of-course and end-of-program evaluations</p> <p>SON annual reports documenting program changes</p> <p>Institutional Sources: GCSU Catalog (curricular revisions and approvals) University-wide assessment and program review policies</p> <p>External Sources: AACN Essentials (2021) National specialty standards (NONPF, ACME, NTF) Accrediting body feedback reports</p>	<p>100% of curricula and teaching–learning practices are evaluated systematically and regularly to ensure alignment with program outcomes, accreditation standards, and professional guidelines.</p> <p>Results from evaluations are used for continuous improvement, with documented evidence of changes made in response to data.</p> <p>Faculty surveys were revised in Fall 2025 and will be available for the next SPE plan review (2026).</p> <p>Comprehensive review of curricula and learning practices has been completed and alignment with national guidelines has been verified; however, changes to the curricula are still under consideration.</p>
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Standard IV: Program Effectiveness: 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 is used to foster ongoing program improvement.

Key Elements:

IV-A. A systematic process is used to determine program effectiveness.				
<p><i>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:</i></p> <ul style="list-style-type: none"> • is written, is ongoing, and exists to determine achievement of program outcomes; • is comprehensive (includes completion, licensure, certification, and employment rates, as required by the U.S. Department of Education; faculty outcomes; and other program outcomes); • identifies which quantitative and/or qualitative data are collected to assess achievement of the program outcomes; • includes timelines for each of the following: data collection, review of expected and actual outcomes, and analysis; and • is periodically reviewed and revised as appropriate. 				
Expected Outcome	Timeline for Collection	Responsible Party	Supporting Documents and Location	Actual Outcome
<p>The School of Nursing (SON) will maintain and implement a Systematic Plan for Evaluation (SPE) that includes clear expected outcomes, timelines, responsible parties, and supporting documentation.</p> <p>100% of program outcomes (student, faculty, and other program</p>	<p>Each Semester: Course-level outcomes documented in course reports and entered into the SON HUB.</p> <p>Annually (Spring): EE Committee aggregates outcome data for program review.</p> <p>Every three years: Comprehensive review of</p>	<p>Primary Oversight: SON Director</p> <p>Shared Responsibility: Educational Effectiveness (EE) Committee</p> <p>Committee Role: Curriculum Committee, Graduate Committee, APR Committee, and NFO provide input into systematic assessment.</p>	<p>Internal Sources (SON):</p> <p>SON Systematic Plan for Evaluation (SPE)</p> <p>SON HUB (EE Committee minutes, course reports, aggregated data reports)</p> <p>Student and faculty survey results</p>	<p>The SON maintains and implements a Systematic Plan for Evaluation (SPE) that includes clear expected outcomes, timelines, responsible parties, and supporting documentation.</p> <p>100% of program outcomes (student, faculty, and other program</p>

<p>outcomes) will be assessed using the SPE according to defined timelines.</p> <p>Results of evaluations will be documented, disseminated to stakeholders, and used to guide continuous improvement.</p>	<p>the SPE process by faculty committees to ensure alignment with CCNE standards (next review due 2026).</p> <p>Every accreditation cycle: Full review and update of the SPE to reflect current CCNE standards and program practices.</p>	<p>Faculty Role: All faculty contribute through course reports, surveys, and committee participation.</p>	<p>SON annual reports documenting outcome achievement and improvements</p> <p>Institutional Sources: GCSU and COHS assessment plans and institutional effectiveness reports University program review policies</p> <p>External Sources: CCNE Standards for Accreditation Accrediting body correspondence and feedback reports</p>	<p>outcomes) are assessed using the SPE according to defined timelines.</p> <p>Results of evaluations are documented, disseminated to stakeholders, and used to guide continuous improvement.</p>
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IV-B. Program completion rates demonstrate program effectiveness.

This key element is not applicable to a degree or certificate program that does not yet have individuals who have completed the program.

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 (January 31 through December 31) is 70% or higher,*
- *The completion rate is 70% or higher over the three most recent calendar years,*
- *The completion rate is 70% or higher for the most recent calendar year 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, or*

- The completion rate is 70% or higher over the three most recent calendar years 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.

Expected Outcome	Timeline for Collection	Responsible Party	Supporting Documents and Location	Actual Outcome
<p>At least 80% of students enrolled in each degree/certificate program (BSN, MSN, DNP, Post-Master’s Certificates) will complete the program within 150% of the stated program length (CCNE threshold).</p> <p>The SON target goal is \geq 85% completion rate, reflecting commitment to student success and program effectiveness.</p> <p>Completion data will be aggregated, trended, and used to identify and address barriers to student progression.</p>	<p>Each Semester: Faculty document student progression and attrition in course and program reports.</p> <p>Annually (Spring): EE Committee aggregates program completion data by track and compares against ELAs.</p> <p>Every three years: Comprehensive trend analysis conducted to identify patterns in retention, attrition, and completion rates (next analysis due 2026).</p>	<p>Primary Oversight: SON Director</p> <p>Shared Responsibility: Assistant Directors (Undergraduate and Graduate Programs)</p> <p>Committee Role: EE Committee; APR Committee; Graduate Committee</p> <p>Institutional Role: Institutional Research and Office of the Registrar (for official completion data)</p>	<p>Internal Sources:</p> <p>SON HUB (EE Committee, APR Committee, and Graduate Committee minutes)</p> <p>Course and program reports)</p> <p>Completion data dashboards maintained by SON leadership</p> <p>SON annual reports</p> <p>Institutional Sources:</p> <p>GCSU Office of Institutional Research data reports</p> <p>Registrar’s official program completion data COHS retention and completion reports</p>	<p>At least 80% of students enrolled in each degree/certificate program (BSN, MSN, DNP, Post-Master’s Certificates) completed the program within 150% of the stated program length (CCNE threshold).</p> <p>Completion data is aggregated, trended, and used to identify and address barriers to student progression.</p>

			External Sources: CCNE accreditation standards for program completion State and national benchmark data (AACN, NLN, AANP, ACME, etc.)	
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IV-C. Nursing licensure pass rates demonstrate program effectiveness.

This key element is not applicable to a program that does not prepare students for licensure examinations or does not yet have individuals who have taken licensure examinations.

This key element is applicable to a program that prepares students for the NCLEX-RN® or other professional nursing licensure examination.

Elaboration: Programs with a pre-licensure track demonstrate achievement of required program outcomes regarding licensure. The program demonstrates that it meets the licensure pass rate of 80% in any one of the following ways:

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

A program is required to provide these data regardless of the number of test takers. For each campus/ site and track, identify which of the above options was used to calculate the pass rate. The program may exclude test takers who take the licensure examination more than two years after program completion.

Expected Outcome	Timeline for Collection	Responsible Party	Supporting Documents and Location	Actual Outcome
Undergraduate (BSN):	Annually:	Primary Oversight: SON Director	Internal Sources (SON):	Undergraduate BSN:

<p>First-time NCLEX pass rates will be $\geq 80\%$ (CCNE threshold) with a program goal of $\geq 90\%$, reflecting commitment to excellence in nursing education.</p> <p>Results will be aggregated annually, trended over 3–5 years, and used for continuous program improvement.</p>	<p>Certification and licensure pass rate data collected, aggregated, and reported to EE Committee and SON Director.</p> <p>Every three years: Trend analysis conducted to identify patterns and guide curricular/program revisions (next due 2026).</p> <p>Each Accreditation Cycle: Pass rate benchmarks reviewed and updated to reflect best practices and CCNE standards.</p>	<p>Shared Responsibility: Assistant Directors (Undergraduate and Graduate Programs)</p> <p>Committee Role: EE Committee; Graduate Committee; APR Committee</p> <p>Institutional Role: Office of Institutional Research assists in validating data integrity</p>	<p>SON HUB (EE Committee and Graduate Committee minutes; aggregated pass rate reports)</p> <p>SON annual reports documenting NCLEX and certification results</p> <p>Student handbooks (licensure and certification requirements)</p> <p>Institutional Sources:</p> <p>GCSU Institutional Research reports</p> <p>Registrar data for graduates eligible for testing</p> <p>External Sources:</p> <p>NCLEX pass rate reports (NCSBN)</p> <p>National certification board reports (AANP, ANCC, NCC, ACNM, etc.)</p> <p>CCNE standards on program outcomes</p>	<p>2024 1st time NCLEX pass rate: 91.55 % 2025: 93.94%</p> <p>5-year trend:</p> <p>2025: 93.94% 2024: 91.55 % 2023: 94.81 % 2022: 88.99 % 2021: 92.45 %</p>
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IV-D. Certification pass rates demonstrate program effectiveness.

This key element is not applicable to a degree or certificate program that does not prepare students for certification examinations or does not yet have individuals who have taken certification examinations.

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 pass rates are obtained and reported for those graduates/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 graduates/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. The pass rate is provided separately for each degree program (master’s and DNP) and the post-graduate APRN certificate program.

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 pass rate for each certification 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 all first-time takers over the three most recent calendar years; or*
- *The pass rate for each certification examination is 80% or higher for all takers (first-time and repeaters who pass) over the three most recent calendar years.*

The program identifies which of the above options was used to calculate the pass rate. The program provides certification pass rate data for each examination but, when calculating the pass rate described above, may combine certification pass rate data for multiple examinations relating to the same role and population. The program may exclude test takers who take the certification examination more than two years after program completion.

Expected Outcome	Timeline for Collection	Responsible Party	Supporting Documents and Location	Actual Outcome
<p>100% of APRN faculty will maintain current national certification in their population focus area(s).</p> <p>At least 90% of students and graduates in APRN</p>	<p>Ongoing: Faculty licensure, certification, and CE records verified annually.</p> <p>Annually (Spring): Graduate Committee reviews certification pass</p>	<p>Primary Oversight: SON Director</p> <p>Shared Responsibility: Assistant Directors (Undergraduate and Graduate Programs)</p>	<p>Internal Sources (SON): SON HUB (Graduate Committee and EE Committee minutes; certification outcome reports)</p>	<p>100% of APRN faculty maintain current national certification in their population focus area(s).</p> <p>APRN Certification:</p>

<p>programs will achieve role-specific national certification within 12 months of program completion.</p> <p>Graduate (MSN, DNP, Post-Master’s Certificates): Certification exam pass rates (e.g., FNP, PMHNP, WHNP, NM, NE) will be ≥ 80% (CCNE threshold) with a program goal of ≥ 85% first-time pass rates.</p>	<p>rates for students and CE compliance for faculty.</p> <p>Every three years: Trend analysis of student and faculty certification/CE outcomes conducted by EE Committee (next due 2026).</p>	<p>Committee Role: Graduate Committee; EE Committee</p> <p>Faculty Role: Maintain licensure, certification, and CE compliance; provide verification during annual review</p>	<p>Faculty credential files (CVs, licensure, certification, CE records)</p> <p>Student handbooks (licensure and certification requirements)</p> <p>Institutional Sources: COHS and GCSU faculty credentialing policies Institutional Research certification outcome data</p> <p>External Sources: National certification boards (AANP, ANCC, NCC, AMCB, etc.) CCNE accreditation standards for role-specific competencies</p>	<p>(within 12 months) FNP (2023): 100% FNP (2024): 100%</p> <p>PMHNP (2023): 100% PMHNP (2024): 100%</p> <p>WHNP (2023): 100% WHNP (2024): 100%</p> <p>CNM (2023): 100% CNM (2024): 100%</p> <p>Graduate (MSN, DNP, Post-Master’s Certificates): Certification exam pass rates: FNP (2023): 100% FNP (2024): 92% PMHNP (2023): 93.75% PMHNP (2024): 100% PMHNP (2025): 100% WHNP (2023): 100% WHNP (2024): 100%</p> <p>CNM (2023): 90% CNM (2024):</p>
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IV-E. Employment rates demonstrate program effectiveness.

This key element is not applicable to a degree or certificate program that does not yet have individuals who have completed the program.

Elaboration: The program demonstrates achievement of required outcomes regarding employment rates.

- *The employment rate is provided separately for each degree program (baccalaureate, master's, and DNP) and the post-graduate APRN certificate program.*
- *Data are collected within 12 months of program completion. Specifically, employment data are collected at the time of program completion or at any time within 12 months of program completion.*
- *The employment rate is 80% or higher. However, if the employment rate is less than 80%, the employment rate is 80% or higher when excluding graduates/completers who have elected not to be employed.*

Expected Outcome	Timeline for Collection	Responsible Party	Supporting Documents and Location	Actual Outcome
<p>At least 80% of graduates from each degree/certificate program will secure employment in a nursing role appropriate to their education within 12 months of graduation (CCNE threshold).</p> <p>Employment data will be collected, aggregated, and trended to monitor program effectiveness and inform curriculum or support service adjustments.</p>	<p>Each Semester: Faculty and program coordinators collect self-reported graduate employment data during exit surveys.</p> <p>Annually (Spring): EE Committee aggregates employment rates from alumni surveys, employer surveys, and available state/national workforce reports.</p> <p>Every three years: Trend analysis conducted to identify employment patterns and workforce needs (next due 2026).</p>	<p>Primary Oversight: SON Director</p> <p>Shared Responsibility: Assistant Directors (Undergraduate and Graduate Programs)</p> <p>Committee Role: EE Committee; Graduate Committee; APR Committee</p> <p>Institutional Role: GCSU Career Services and Alumni Affairs (support employment tracking and survey distribution)</p>	<p>Internal Sources (SON):</p> <p>SON HUB (EE Committee and Graduate Committee minutes:</p> <p>Exit survey data – 4980 course for undergraduates</p> <p>Data from alumni, and graduate student surveys done every three years.</p> <p>SON annual reports summarizing employment rates</p> <p>Alumni and employer survey results</p> <p>Institutional Sources:</p> <p>GCSU Alumni Affairs survey reports</p>	<p>BSN Employment rates (upon graduation): Fall'24 – 80% Spring'25 – 93% Summer'25 – 86.4%</p> <p>Alumni surveys have been revised to include a question that captures employment within 12 months of graduation.</p> <p>Graduate programs will implement end of program surveys beginning Spring'26.</p> <p>Alumni and Employer surveys were revised in Fall 2025, with data available for next SPE review (2026).</p>

			Career Services graduate employment reports Institutional Research workforce outcomes data External Sources: State Board of Nursing workforce reports National nursing workforce surveys (AACN, NLN, ANA) Employer feedback collected via Advisory Board meetings	
<p>IV-F. Data regarding completion, licensure, certification, and employment rates are used, as appropriate, to foster ongoing program improvement.</p> <p>This key element is applicable if one or more of the following key elements is applicable: Key Element IV-B (completion), Key Element IV-C (licensure), Key Element IV-D (certification), and Key Element IV-E (employment).</p> <p><i>Elaboration: The program uses outcome data (completion, licensure, certification, and employment) for improvement.</i></p> <ul style="list-style-type: none"> • <i>Discrepancies between actual and CCNE expected outcomes (program completion rates 70%, licensure pass rates 80%, certification pass rates 80%, employment rates 80%) inform areas for improvement.</i> • <i>Changes to the program to foster improvement and achievement of program outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.</i> • <i>Faculty are engaged in the program improvement process.</i> 				
Expected Outcome	Timeline for Collection	Responsible Party	Supporting Documents and Location	Actual Outcome
100% of student, faculty, and program outcome data will be collected ,	Each Semester: Faculty complete course reports documenting outcome achievement and	Primary Oversight: SON Director	Internal Sources (SON): SON HUB (EE Committee minutes;	Student, faculty, and alumni surveys were revised in Fall 2025 with data being available for

<p>analyzed, and reviewed annually.</p> <p>Evidence of data-driven decision-making will be documented in SON committee minutes, course reports, and annual reports.</p> <p>At least 90% of faculty will affirm, through surveys, that program outcome data are effectively used to guide improvements in teaching, curriculum, and student support.</p>	<p>recommended improvements.</p> <p>Annually (Spring): EE Committee aggregates program outcome data and disseminates reports to SON leadership and faculty.</p> <p>Every three years: Comprehensive trend analysis of student, faculty, and program outcomes used for strategic planning (next due 2026).</p>	<p>Shared Responsibility: EE Committee</p> <p>Committee Role: Curriculum Committee, Graduate Committee, APR Committee, and NFO use data to guide decision-making.</p> <p>Faculty Role: Course faculty submit course reports and incorporate data into instructional improvements.</p>	<p>aggregated outcome reports; course reports)</p> <p>SON annual reports documenting program improvements</p> <p>Faculty and student survey results</p> <p>Institutional Sources:</p> <p>COHS and GCSU program review and institutional effectiveness reports</p> <p>Office of Institutional Research data reports</p> <p>External Sources:</p> <p>Accrediting body feedback (CCNE correspondence, site visit reports)</p> <p>Benchmark data from national organizations (AACN, NLN, certification boards)</p>	<p>the next SPE plan review (2026).</p> <p>Evidence of data-driven decision-making is documented in SON committee minutes, course reports, and annual reports.</p>
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IV-G. Aggregate faculty outcomes demonstrate program effectiveness.

Elaboration: The program demonstrates achievement of expected faculty outcomes. 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:

- Are identified for the faculty as a group,
- Specify expected levels of achievement for the faculty as a group, and
- Reflect expectations of faculty in their roles

Actual faculty outcomes are compared to expected levels of achievement. Actual faculty outcomes are presented in the aggregate. If expected faculty outcomes vary for different groups of faculty (fulltime, part-time, adjunct, tenured, non-tenured, or other), actual faculty outcomes may be presented separately for each different group of faculty. These outcomes correspond to the faculty expectations identified by the nursing unit (refer to Key Element I-D).

Expected Outcome	Timeline for Collection	Responsible Party	Supporting Documents and Location	Actual Outcome
<p>100% of SON faculty will meet expected faculty outcomes in teaching, scholarship, service, and practice, as defined by SON, COHS, and GCSU.</p> <p>Faculty outcomes will demonstrate contribution to program mission, goals, and student achievement.</p> <p>At least 90% of faculty will indicate satisfaction with support provided for achieving faculty outcomes (measured by surveys).</p>	<p>Annually (Spring): Faculty outcomes reviewed through Taskstream/Watermark in the annual evaluation process.</p> <p>Every three years: Aggregate analysis of faculty outcomes conducted by the EE Committee (next due 2026).</p> <p>Every five years (or sooner if standards change): Comprehensive review of expected faculty outcomes for alignment with institutional and accreditation expectations.</p>	<p>Primary Oversight: SON Director</p> <p>Shared Responsibility: Assistant Directors (Undergraduate and Graduate Programs)</p> <p>Committee Role: EE Committee; NFO; APR Committee (for workload and progression policies)</p> <p>Institutional Role: COHS Dean and GCSU Academic Affairs for alignment with institutional standards</p>	<p>Internal Sources (SON):</p> <p>SON Faculty Outcomes document (SON HUB)</p> <p>Taskstream/Watermark faculty evaluation system</p> <p>SON HUB (EE Committee minutes; faculty development reports)</p> <p>Faculty CVs and workload assignments</p> <p>Institutional Sources: COHS Tenure and Promotion Guidelines</p> <p>GCSU Faculty Handbook and Development Standards</p>	<p>100% of SON faculty met expected faculty outcomes in teaching, scholarship, service, and practice, as defined by SON, COHS, and GCSU.</p> <p>Faculty outcomes demonstrated contribution to program mission, goals, and student achievement.</p> <p>Faculty surveys were revised in Fall 2025 and will be available for the next SPE review (2026).</p>

			<p>Institutional policies on faculty evaluation and promotion</p> <p>External Sources:</p> <p>Accreditation standards (CCNE, ACEN)</p> <p>Professional organization expectations for faculty practice and scholarship (AACN, NLN)</p>	
<p>IV-H. Aggregate faculty outcome data are analyzed and used, as appropriate, to foster ongoing program improvement.</p> <p><i>Elaboration: The program uses faculty outcome data for improvement.</i></p> <ul style="list-style-type: none"> • Faculty outcome data are used to promote ongoing program improvement. • Discrepancies between actual and expected levels of achievement inform areas for improvement. • Changes to foster achievement of faculty outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness. • Faculty are engaged in the program improvement process. 				
Expected Outcome	Timeline for Collection	Responsible Party	Supporting Documents and Location	Actual Outcome
<p>100% of publicly reported outcome data (completion rates, licensure/certification pass rates, and employment rates) will be accurate, current, and consistent with CCNE and GCSU disclosure requirements.</p> <p>Program outcome data will be updated at least annually and published on the SON website in a</p>	<p>Annually (Fall): SON Director reviews published outcome data for accuracy and timeliness.</p> <p>Annually (Spring): EE Committee verifies alignment between internal outcome reports, CCNE expectations, and public-facing data.</p>	<p>Primary Oversight: SON Director</p> <p>Shared Responsibility: EE Committee</p> <p>Institutional Role: GCSU Office of Institutional Research and COHS Dean’s Office ensure consistency with university-wide reporting standards</p>	<p>Internal Sources (SON):</p> <p>SON HUB (EE Committee minutes; outcome data reports)</p> <p>SON annual reports with completion, licensure/certification, and employment data</p> <p>Institutional Sources:</p>	<p>100% of publicly reported outcome data (completion rates, licensure/certification pass rates, and employment rates) are accurate, current, and consistent with CCNE and GCSU disclosure requirements.</p> <p>Program outcome data has been updated annually and published on the SON website in a format</p>

<p>format accessible to students, prospective students, faculty, and other stakeholders.</p> <p>Faculty outcome data will be utilized to foster ongoing program improvement, as appropriate.</p> <p>Outcome data will align with information reported to accrediting bodies, regulatory agencies, and institutional offices.</p>	<p>Every accreditation cycle: Comprehensive audit of outcome data accuracy as part of self-study and site visit preparation.</p>		<p>GCSU and COHS websites (program outcomes page, institutional effectiveness reports)</p> <p>Office of Institutional Research verification of student achievement data</p> <p>External Sources:</p> <p>SON website (publicly posted program outcomes data)</p> <p>Accrediting agency (CCNE) and regulatory body submissions</p> <p>National benchmarks (AACN, NLN, certification boards)</p>	<p>accessible to students, prospective students, faculty, and other stakeholders.</p> <p>Faculty outcome data are utilized to foster ongoing program improvement, as appropriate.</p> <p>Outcome data align with information reported to accrediting bodies, regulatory agencies, and institutional offices.</p>
<p>IV-I. Other program outcomes demonstrate program effectiveness.</p> <p><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 faculty (Key Element IV-G).</i></p> <p><i>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.</i></p> <p><i>Programs that do not yet have completers identify other program outcomes and specify the expected levels of achievement for those outcomes.</i></p>				
<p>Expected Outcome</p>	<p>Timeline for Collection</p>	<p>Responsible Party</p>	<p>Supporting Documents and Location</p>	<p>Actual Outcome</p>

<p>The School of Nursing (SON) will define and track additional program outcomes beyond completion, licensure/certification, employment, and faculty outcomes.</p> <p>These outcomes (e.g., student satisfaction, alumni satisfaction, employer feedback, scholarly productivity, community engagement) will demonstrate achievement of the SON mission and goals.</p> <p>100% of defined “other program outcomes” will meet or exceed the expected levels of achievement (ELAs) established by the program.</p> <p>Results will be systematically used for ongoing program improvement.</p>	<p>Annually (Spring): SON collects and reviews other program outcomes (student/alumni surveys, employer feedback, scholarly productivity reports, service/engagement data).</p> <p>Every three years: Trend analysis of other outcomes to identify patterns and guide strategic planning (next review due 2026).</p> <p>Each Accreditation Cycle: Documentation of other program outcomes included in the self-study.</p>	<p>Primary Oversight: SON Director</p> <p>Shared Responsibility: EE Committee</p> <p>Committee Role: Graduate Committee; Curriculum Committee; APR Committee (as appropriate, depending on the outcome)</p> <p>Faculty Role: Contribute data on scholarship, service, and community engagement; participate in survey feedback processes</p>	<p>Internal Sources (SON):</p> <p>SON HUB (EE Committee minutes; aggregate survey data; course reports)</p> <p>SON annual reports (scholarship, service, engagement, student/alumni/employer satisfaction)</p> <p>Taskstream/Watermark data (faculty/student outcomes)</p> <p>Institutional Sources:</p> <p>GCSU Institutional Research reports (student/alumni satisfaction, graduation follow-up)</p> <p>COHS reports on faculty productivity and community engagement</p> <p>External Sources:</p> <p>Alumni satisfaction surveys</p> <p>Employer satisfaction surveys</p>	<p>The School of Nursing (SON) has defined and tracked additional program outcomes beyond completion, licensure/certification, employment, and faculty outcomes.</p> <p>These outcomes (e.g., student satisfaction, alumni satisfaction, employer feedback, scholarly productivity, community engagement) demonstrate achievement of the SON mission and goals.</p> <p>100% of defined “other program outcomes” meet or exceed the expected levels of achievement (ELAs) established by the program.</p> <p>Results are systematically used for ongoing program improvement.</p>
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			Benchmark data from AACN, NLN, certification bodies	
<p>IV-J. Other program outcome data are used, as appropriate, to foster ongoing program improvement.</p> <p><i>Elaboration: For program outcomes defined by the program:</i></p> <ul style="list-style-type: none"> • Actual program outcomes are used to promote program improvement. • Discrepancies between actual and expected levels of achievement inform areas for improvement. • 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. 				
Expected Outcome	Timeline for Collection	Responsible Party	Supporting Documents and Location	Actual Outcome
<p>The School of Nursing (SON) will systematically collect, analyze, and use additional program outcome data (e.g., alumni satisfaction, employer feedback, faculty workload trends, student engagement metrics) to guide continuous quality improvement.</p> <p>At least 90% of faculty will report, through surveys, that additional program outcome data are appropriately incorporated into decision-making processes.</p>	<p>Annually (Spring): Aggregation of additional outcome data (e.g., alumni/employer surveys, faculty workload analyses, resource utilization reports).</p> <p>Every three years: Comprehensive review of “other” program outcomes to identify emerging trends and guide strategic planning (next due 2026).</p> <p>Each Accreditation Cycle: Outcome data integrated into self-study reports to demonstrate responsiveness and ongoing improvement.</p>	<p>Primary Oversight: SON Director</p> <p>Shared Responsibility: EE Committee; Assistant Directors (Undergraduate and Graduate Programs)</p> <p>Committee Role: Graduate Committee, APR Committee, Curriculum Committee (as applicable)</p> <p>Faculty Role: Participate in providing, reviewing, and applying additional outcome data for decision-making</p>	<p>Internal Sources (SON):</p> <p>SON HUB (EE Committee minutes; alumni and employer survey results; faculty workload analyses)</p> <p>SON annual reports documenting program improvements linked to outcome data</p> <p>Course and program reports reflecting use of additional outcome measures</p> <p>Institutional Sources:</p> <p>GCSU Alumni Affairs survey data</p>	<p>The SON systematically collects, analyzes, and uses additional program outcome data (e.g., alumni satisfaction, employer feedback, faculty workload trends, student engagement metrics) to guide continuous quality improvement.</p> <p>Alumni, student, and faculty surveys were revised in Fall 2025.</p>

<p>Evidence of program improvements directly linked to this data will be documented annually.</p>			<p>Institutional Research and Career Services reports on graduate engagement and career outcomes</p> <p>External Sources:</p> <p>Employer satisfaction surveys</p> <p>Alumni satisfaction surveys</p> <p>Benchmark data from AACN, NLN, and other professional organizations</p>	
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