

EAST STROUDSBURG UNIVERSITY
Department of Nursing
ANNUAL PROGRAM EVALUATION WORKSHEET FOR ACADEMIC YEAR 2009-2010
Revised May, 2010

NLNAC Standard 1: Mission and Administrative Capacity

The nursing education unit's mission reflects the governing organizations' core values and is congruent with its strategic goals and objectives. The governing organization and programs have administrative capacity resulting in effective delivery of the nursing program and achievement of identifies outcomes.

Component	Expected Level of Achievement (Benchmark)	Frequency of Assessment	Assessment Methods	Results of Data collection and analysis including actual level of achievement	Actions for Program Development, Maintenance or Revision
Mission	There is consistency between the missions of the University and the Department.	Annually in May	Comparison of documents in university handbook, student handbook, nursing department handbook, and ESU website.	Mission statements are congruent.	Continue to assess and monitor changes made in the student handbook, web site, and university catalogs to assure that the nursing departments mission statement appears and has remained congruent with university's mission.
Governance Faculty	100% of nursing faculty are active members of 2 of the 4 departmental committees, PET, APG, Curriculum, and Program Evaluation, during each academic year	Assigned in August by Chair, reviewed Annually in May	Review of documents that indicate assigned committees for faculty and continuing part-time time faculty. These documents are located in the chair's office and copies were distributed to faculty.	Bench mark met. 100% of faculty served on at least two standing committees and participate in at least one ad hoc committee during the 2009--10 academic year.	Committee membership is reviewed yearly by the chair with each faculty member serving a minimum of 3 years on assigned committee Continue to monitor faculty membership in departmental communities. Continue to document meeting minutes and implement committee bylaws and procedures

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NLNAC Standard 1	70% of nursing faculty serve on university wide committees on an annual basis.	November in Dossiers, May	Review of documents provided by the faculty and university that identify membership on university committees. University committees are defined as any committee that serves the campus community outside the realm of the nursing department.	Benchmark met, 90% of full time tenure track faculty serve on university wide committees. Continue to encourage nursing faculty participation with committees that serve the university. Continue to share findings from university committees with nursing faculty.	Review of University committee membership lists and minutes that note contributions made by nursing faculty member.
Departmental Bylaws NLNAC Standard 1	Bylaws clearly identify the necessary responsibilities and activities to carry out the purpose and functions of the Faculty Organization of the Department of Nursing	Review of Bylaws in August prior to the start of the Fall semester	Bylaws clearly identified the necessary responsibilities and activities to carry out the purpose and functions of the Faculty Organization of the Department of Nursing Review of committee bylaws, and departmental policies and procedures located in the faculty and student handbooks.	Bylaws are reviewed yearly. Revisions are made in accordance to departmental needs and mission.	Continue to monitor and update bylaws in accordance with committee and departmental needs.

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Faculty Policies NLNAC Standard 1	Policies are consistent with the governing organization and where they are different it is justified in meeting the need of the Nursing department	Annually in May and throughout the semester as the need may arise.	Comparison of documents in student and faculty handbooks, university catalog, and APSCUF agreement. Benchmark was met, faculty policies are consistent with the governing organization ,ASCUF,/PASSHE, and the bargaining agreement.	Departmental policies are written, approved and revised in accordance with need.	Maintain and revise policies and procedures as they pertain to departmental goals and mission, and student academic success.
Chairperson	Chairperson of the Nursing Department will be doctoral prepared in nursing or a related discipline and have 5 years of baccalaureate or higher degree teaching experience in nursing.	Every three years by CBA, or in the event of resignation, re-appointment, or change in position.	Review of documents before election of chair . Current chair meets all criteria: PhD and greater than five years teaching at the university level.	The nursing department chair has been doctoral prepared.	Maintain standard for education preparation and teaching experience.
Chairperson	Election of the Chairperson will be according to the APSCUF contract.	Every three years as per CBA, or as needed	Election process per CBA. Dr. Prestoy was elected to the chair position according to the APSCUF contract in the spring 2006. and resigned from the chair position effective at the end of the 2009 -2010 semester. Dr. Laura Waters was elected chair for a one year appointment only 2010- April 2011.	The election of the chair has been voted upon from the faculty and Dean.	Maintain chair election per CBA Begin the search to appoint a new chairperson for the nursing department for a three year term- 2011- 2014..

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NLNAC Standard 1	<p>75% of nursing faculty will provide feedback to chair yearly.</p> <hr/> <p>The nurse administrator has authority and responsibility for the development and administration of the program and has adequate time and resources to fulfill the role.</p>	<p>Annually in May</p> <hr/> <p>Ongoing assessment</p>	<p>Chair evaluation form, written communication via email, personal correspondence, or verbal feedback.</p> <p>Chairperson receives 12 credits release time for departmental leadership /administrative duties.</p> <p>End of year report from the Chairperson, report of administrative activities during faculty and dean meetings.</p>	<p>Benchmark not met.. The chair evaluation form was updated and approved by the faculty 2008-2009. The change to this evaluation form was the rating criteria; instead of a excellent to needs improvement scale, it was changed to meets standard to needs improvement and provides an area for comments. The rationale for this change was to offer feedback to the chair that can be quantified. Faculty did not evaluate the chair using this method.</p> <hr/> <p>Release time as been granted to meet the administrative duties of the chair per CBA. The nursing chair person release time is not</p>	<p>Review procedure for departmental chair evaluation,</p> <p>Encourage faculty to complete this evaluation tool or determine an alternative method for evaluation.</p> <hr/> <p>Continue to assess the adequacy of resources and release time for chair administrative duties.</p>

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NLNAC Standard 1	With faculty input, the nurse administrator has the authority to prepare and administer the program budget and advocates for equity among units of the governing organization.	Yearly	Submission and approval of the budget. Weekly monitoring of the budget through SAP BI. Budget is allocated from the PASSHE system.	adequate with meeting the demands of the department in regards to the following: Accreditation standards Ongoing hiring of adjunct faculty. Monthly reporting to state board of nursing. The budget is closely monitored in regards to faculty requests, equipment needs, and daily departmental operations.	Maintain monitoring activities in regards to departmental expenditures and purchases
Students	100% of the Nursing Department's 4 committees, will have student participation	Annually-September	Review of committee minutes and student activities records	Benchmark not met Unfortunately, no student representatives volunteered for the Fall, 2009-2010 to serve on departmental committees.	Recruit students for participation on faculty committees, promote service as part of community participation Provide a meeting schedule at the beginning of the Fall semester in order to elicit participation from students.

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					Determine if student participation in the APG committee is recommended due to confidentiality issues in regards to transfer student admission into program.
	Communities of interest have input into program processes and decision making	Annually in April	The nursing department advisory council consists of members of the clinical agencies, and members of the ESU university community that provide services/instruction to our nursing students. The council meets yearly in April.	Advisory council is an effective mode of communication to link department mission with community standards. The advisory council meets the needs of the department by offering feedback on the curriculum, quality of the students, and recommendations for improvement.	Maintain the advisory council and take into consideration their recommendations for program improvement
	Partnerships exist that promote excellence in nursing education enhance the profession, and benefit the community	August and January prior to the start of semesters	Nursing faculty seeks out the use of clinical agencies and community resources that support the curriculum.	Partnerships exist with Pocono Medical Center, Lehigh Valley Hospital, VNA of Munroe County, Clearbrook, Clarks Summit State Hospital, St. Lukes. See Annual Program Worksheet for complete list.	Continue to seek partnerships within the professional community to support the curriculum and student learning.

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NLNAC Standard 1	Records reflect that program complaints and grievances receive due process.	Ongoing	Documented evidence of complaint and grievance resolution is completed in accordance with the CBA, university catalog, and student handbook. Students are encouraged to submit program complaints and grievances to nursing department chair person and nursing faculty.	Complaint and grievance process is completed within recommended guidelines.	Continue to follow CBA, university catalog and student handbook complaint and grievance process.

Component	Expected Level of Achievement (Benchmark)	Frequency of Assessment	Assessment Methods	Results of Data collection and analysis including actual level of achievement	Actions for Program Development, Maintenance or Revision
NLNAC Standard 2: Qualified faculty and staff provide leadership and support necessary to attain the goals and outcomes of the nursing education unit.					
Faculty Teaching Effectiveness	100% of nursing faculty will be rated 3 or higher on student evaluations (#19 of the APSCUF Evaluation Form).	APSCUF surveys at the end of Fall and Spring semesters	Review of dossiers of non-tenured faculty yearly, dossiers of tenured faculty every 5 years.	Faculty meets the standard of achieving a rating of “3” or better on the 1 to 5 teaching effectiveness scale. Continue to provide support for faculty teaching effectiveness.	Maintain teaching effectiveness in accordance with CBA
	100% of the non-tenure faculty will be evaluated.	Non-tenured faculty- 2 evaluations/ semester annually Tenured faculty- 1 evaluation/ semester every 5 years	Review of dossiers of non-tenured faculty yearly, dossiers of tenured faculty every 5 years	Non-tenure faculty have been evaluated for the 2009-2010 academic year, however written evaluations were not all submitted.	Continue peer evaluations per semester for non-tenured faculty Continue to encourage faculty to submit written reports in a timely manner. Continue to encourage faculty to apply for tenure and promotion
NLNAC Standard 2	100% of nursing faculty will document evidence of preparation and experience for all teaching assignments (within and outside of	Bi-Annually (December and May)	Review of dossiers, updated faculty vitae, documents of support	100% of nursing faculty has documented evidence of preparation and experience for all teaching assignments on an annual basis	TSCC forms are completed by nursing faculty exclusively to help identify areas of nursing scholarship according to Boyer (1990) and Jasper (1994). It was suggested that these forms be phased out and replaced with curriculum vitas. Maintain adequate faculty preparation for

Component	Expected Level of Achievement (Benchmark)	Frequency of Assessment	Assessment Methods	Results of Data collection and analysis including actual level of achievement	Actions for Program Development, Maintenance or Revision
	area of specialty) and/or administration on an annual basis.			Continue to monitor curriculum vitas. Continue to encourage faculty to submit written reports in a timely manner.	teaching assignments.
Clinical Expertise	100% of nursing faculty will document evidence of continuing education and experience in area of specialty.	Bi-Annually (December and May)	. Review of dossiers, updated faculty vitae, documents of support	90% faculty provided evidence of meeting this benchmark through dossiers and 5 year review documents.	Maintain expertise in clinical specialty. Continue to monitor. Continue to encourage faculty to submit written reports in a timely manner.
Faculty Utilization	The number and utilization of faculty (full and part-time) ensure that program outcomes are achieved. There are sufficient number of course coordinators and assisting teachers to staff all didactic and clinical courses in the Department of Nursing	Bi-Annually in August and January	Review of faculty course schedules and faculty workload reports. Review of faculty open positions with departmental Search and Screen committee.	2009-2010 year: 7 full- time faculty; 3 full –time temporary faculty, and two continuing part time faculty Faculty needs are assessed in accordance with student/faculty ratios and CBA allotments.	Maintain adequate faculty to meet student needs and actively recruit ABD, PhD nurse educators for open positions within the department.

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Faculty Scholarship	Faculty (full and part-time) performance reflects scholarship and evidence based practice	Bi-Annually	Review of dossiers, PA State Board of Nursing licensing website, published articles, FDR funding report summaries, and faculty self-reporting.	100% of faculty has provided evidence of scholarship, continuing education offerings, and/or presentations at national conferences.	Maintain the professional development of nursing faculty through scholarship, formal education, and CEU offerings.
NLNAC Standard 2					
	A minimum of 25% of the full time faculty hold earned doctorates.	Bi-Annually	. Review of dossiers, PA State Board of Nursing licensing website, published articles, FDR funding report summaries, and faculty self-reporting.	77% of the faculty have earned doctorates	Continue to mentor and support doctoral education for faculty positions.
	Nursing faculty meets PA RN requirements for continuing education (CEU)	Bi- Annually	Review of dossiers, PA State Board of Nursing licensing website, published articles, FDR funding report summaries, and faculty self-reporting. All nursing faculty meets PA RN requirements for continuing education for state licensure.	100% of the faculty are PA registered nurses and have met the CEU requirements.	Maintain the professional development of nursing faculty through scholarship, formal education, and CEU offerings
	Rationale is provided for utilization of faculty who do not meet the minimum credentials	PET committee/ Chair	Minimum credentials for adjunct and full/part time faculty is an earned master’s degree in nursing. All faculty members meet this requirement.	Rationale for use of non-PhD faculty has been documented with the PA State Board of Nursing, PASSHE, and APSCUF	Continue to mentor and support doctoral education for faculty positions
NLNAC Standard 2	Faculty are oriented and mentored in their area of responsibilities	Bi-Annually	Orientation of new faculty is offered through the university, clinical agencies, and departmentally by the chair and PET committee.	All nursing faculty are oriented to the university and nursing department policies and procedures. Faculty mentors are	Monitor orientation participation of new faculty members. Evaluate mentorship of new faculty.

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Faculty Orientation				assigned to new faculty by the chairperson of the department.	
Non-nurse faculty and staff	Staff performance is regularly reviewed in accordance with the policies of the governing organizations.	Within 6 months of hire, 12 months, and then yearly.	Orientation of new staff is offered through the university, and departmentally by the chair and PET committee.	Orientation process for staff is completed.	Maintain the orientation process of new staff. Provide education and assistance in adapting to new role.

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<p>NLNAC Standard 3: Student polices, development, and services support the goals and outcomes of the nursing education unit.</p>					
<p>Students Student Policies</p>	<p>There will be 100% of consistency relating to student admission, internal, external, and transfer progression and dismissal policies in the dissemination of information to students in the following areas of communication; Student handbook, ESU Catalog, View book, ESU Student Handbook, brochures or RN to BSN, and generic students and Departmental web page.</p>	<p>On going Assessment</p>	<p>Comparison of all printed university and departmental documents, ESU webpage.</p> <p>Signed verification of student having read the student handbook, and core performance competencies in student’s departmental file.</p>	<p>Consistency within publications is maintained and revised as needed.</p> <p>Students document that they have read the student handbook, are aware of the department policies, and the availability of resources where these policies are maintained and updated , Students also documented that they are aware of the core standards of the program and changes in the curriculum.</p>	<p>Maintain consistency with publications that provide information about progressions, dismissal, and transferring into nursing.</p>

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Communication of Policies	<p>80% of students will be satisfied with faculty’s ability to communicate policies effectively.</p> <p>-Changes in policies, procedures, and program information are clearly consistently communicated to students in a timely manner.</p>	Annually in May	<p>Student Level Surveys that are given to students at end of each semester, upon graduation, and 1 and 5 years post graduation. University catalog, student handbooks, nursing handbooks, and email correspondence are methods of communication used within the department and university.</p> <p>On 2010 student level surveys, students were asked to rate their satisfaction with how nursing faculty communicates policies and procedure. The results are illustrated on the following table: Student Satisfaction with Communication of Policies</p> <table border="1" data-bbox="889 976 1596 1370"> <thead> <tr> <th>2010</th> <th>Very Dissatisfied</th> <th>Dissatisfied</th> <th>Neutral</th> <th>Satisfied</th> <th>Very Satisfied</th> <th># of students</th> </tr> </thead> <tbody> <tr> <td>Soph</td> <td>N = 4 (15%)</td> <td>N = 3 (12%)</td> <td>N = 6 (23%)</td> <td>N = 7 (27%)</td> <td>N = 6 (23%)</td> <td>N = 26</td> </tr> <tr> <td>Juniors</td> <td>N = 2 (6%)</td> <td>N = 2 (6%)</td> <td>N = 6 (19 %)</td> <td>N = 14 (44%)</td> <td>N = 8 (25 %)</td> <td>N= 32</td> </tr> <tr> <td>Seniors</td> <td>N = 2 (7%)</td> <td>N = 5 (17%)</td> <td>N = 5 (17%)</td> <td>N = 14 (47%)</td> <td>N = 4 (13%)</td> <td>N = 30</td> </tr> </tbody> </table>	2010	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	# of students	Soph	N = 4 (15%)	N = 3 (12%)	N = 6 (23%)	N = 7 (27%)	N = 6 (23%)	N = 26	Juniors	N = 2 (6%)	N = 2 (6%)	N = 6 (19 %)	N = 14 (44%)	N = 8 (25 %)	N= 32	Seniors	N = 2 (7%)	N = 5 (17%)	N = 5 (17%)	N = 14 (47%)	N = 4 (13%)	N = 30	Benchmark was met, see table. Changes in policies and procedures are communicated to students in a timely and effective manner.	Maintain the lines of communication between faculty and students in a consistent and effective manner.
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<p>NLNAC Standard 3</p> <p>Graduation Rate/Retention Rate</p>	<p>80% of the students who start the first clinical course (Nursing 320, Introduction to Nursing Practice) will progress to graduation.</p>	<p>Annually in May</p>	<p>Admissions and the nursing department monitor the student enrollment patterns beginning with the first clinical course.</p>	<p>Benchmark met, 80% of juniors progress to graduation after the start of the first clinical course.</p> <p>University trending of data that measures: -SAT scores -Admission/Transfer criteria -Pre-admission testing of math and English skills -Transfer in and out of major data</p>	<p>Maintain the tracking of students as they progress through the nursing program to graduation and document activities that are the variance to this outcome.</p> <p>Documentation of the number of students leaving the major due to grades, financial concerns, or other related reasons to enhance trended data.</p>
<p>NLNAC Standard 3</p>					
<p>Retention/Attrition</p>	<p>65% of admitted Freshman students will complete the program within 4 years</p>	<p>May</p>	<p>Review of enrollment pattern beginning with the entry of the freshmen student to graduation.</p>	<p>University and departmental trending data supports this benchmark. Benchmark met for freshmen nursing majors. 90% of freshmen nursing majors for 2009, and 87% of freshmen for 2010 were retained for 4</p>	<p>Maintain the tracking of students as they progress through the nursing program to graduation and document activities that are the variance to this outcome.</p>

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<p>Recruitment</p>	<p>The Department of Nursing will sponsor/participate in at least one activity each semester</p>	<p>Open Houses; Fall, Spring and Summer</p>	<p>Documentation of nursing faculty who has participated in university wide open houses and recruitment fairs.</p>	<p>years. 100% of nursing department faculty actively participates in admission open houses and student recruitment fairs. .</p>	<p>Maintain participation with recruitment events.</p>																								
<p>Student Services</p>	<p>Student services are commensurate with the needs of students pursuing or completing the baccalaureate program.</p>	<p>MAY</p>	<p>Student reports of satisfaction with student services on end of semester level surveys.</p> <p>Multiple student services are evaluated yearly. Tables reflect students rating of services. Benchmark for all is 80% of total number per class.</p> <p>Study Break Area</p> <table border="1" data-bbox="889 1122 1564 1255"> <thead> <tr> <th>SOPH</th> <th>SOPH</th> <th>JUNIOR</th> <th>JUNIOR</th> <th>SENIOR</th> <th>SENIOR</th> </tr> </thead> <tbody> <tr> <td>2009</td> <td>2010</td> <td>2009</td> <td>2010</td> <td>2009</td> <td>2010</td> </tr> <tr> <td>N = 32</td> <td>N =26</td> <td>N = 32</td> <td>N = 32</td> <td>N = 26</td> <td>N = 30</td> </tr> <tr> <td>91%</td> <td>65%</td> <td>97%</td> <td>81%</td> <td>100%</td> <td>80%</td> </tr> </tbody> </table> <p>Students recommend the addition of new furniture, a television, and snack machines in the break area in Denike.</p>	SOPH	SOPH	JUNIOR	JUNIOR	SENIOR	SENIOR	2009	2010	2009	2010	2009	2010	N = 32	N =26	N = 32	N = 32	N = 26	N = 30	91%	65%	97%	81%	100%	80%	<p>Continue to assess the adequacy of the lounge, forward student concerns to building facilities.</p>	<p>Maintain the evaluation of student services yearly and make recommendations to correct deficits.</p>
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<p>NLNAC Standard 3</p> <p>Student Services</p>	<p>Benchmark for all student services is 80% of total number per class.</p>	<p>May</p>	<p>Nursing Learning Lab</p> <table border="1" data-bbox="889 529 1602 743"> <thead> <tr> <th>JUNIOR</th> <th>JUNIOR</th> <th>SENIOR</th> <th>SENIOR</th> </tr> </thead> <tbody> <tr> <td>2009</td> <td>2010</td> <td>2009</td> <td>2010</td> </tr> <tr> <td>N= 32</td> <td>N = 32</td> <td>N = 26</td> <td>N = 30</td> </tr> <tr> <td>87%</td> <td>72%</td> <td>100%</td> <td>76%</td> </tr> </tbody> </table> <p>Comments. Equipment is old; need new mannequins, and larger space..</p> <p>Classrooms</p> <table border="1" data-bbox="889 930 1602 1117"> <thead> <tr> <th>SOPH</th> <th>SOPH</th> <th>JUNIOR</th> <th>JUNIOR</th> <th>SENIOR</th> <th>SENIOR</th> </tr> </thead> <tbody> <tr> <td>2009</td> <td>2010</td> <td>2009</td> <td>2010</td> <td>2009</td> <td>2010</td> </tr> <tr> <td>N= 32</td> <td>N = 26</td> <td>N = 32</td> <td>N = 32</td> <td>N = 26</td> <td>N=30</td> </tr> <tr> <td>100%</td> <td>100%</td> <td>91%</td> <td>90%</td> <td>93%</td> <td>90%</td> </tr> </tbody> </table> <p>Students consistently comment that classrooms are too cold/hot, heaters are noisy, and desks are small. This has been discussed with ESU maintenance. Heat/AC is controlled from an outside source. Heaters can not be fixed.</p> <p>Computer Labs</p>	JUNIOR	JUNIOR	SENIOR	SENIOR	2009	2010	2009	2010	N= 32	N = 32	N = 26	N = 30	87%	72%	100%	76%	SOPH	SOPH	JUNIOR	JUNIOR	SENIOR	SENIOR	2009	2010	2009	2010	2009	2010	N= 32	N = 26	N = 32	N = 32	N = 26	N=30	100%	100%	91%	90%	93%	90%	<p>Continue to order and upgrade nursing learning lab with each fiscal year.</p> <p>Continue to share the need for fixing the heat/AC with administration. Instruct students to dress appropriately to accommodate room temperature.</p>	
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<p>NLNAC Standard 4</p> <p>Student clinical experiences reflect current best practices and nationally established patient health and safety goals.</p>	<p>achieve a grade of “C” or better in nursing and support courses.</p> <p>Faculty and students rated clinical facilities as satisfactory in providing opportunities which facilitate student achievement of program/course objectives while promoting safety.</p>	<p>End of Semester and annually during level meetings.</p>	<p>Student Level Surveys, Student evaluations of clinical agencies, agency evaluations by faculty.</p> <p>Clinical Agency Ratings</p> <table border="1" data-bbox="889 639 1341 854"> <thead> <tr> <th>JUNIOR</th> <th>JUNIOR</th> <th>SENIOR</th> <th>SENIOR</th> </tr> </thead> <tbody> <tr> <td>2009</td> <td>2010</td> <td>2009</td> <td>2010</td> </tr> <tr> <td>N = 32</td> <td>N = 32</td> <td>N= 26</td> <td>N = 30</td> </tr> <tr> <td>100</td> <td>100%</td> <td>100%</td> <td>100%</td> </tr> </tbody> </table> <p>Benchmark was met, junior and senior level students and faculty rate the clinical agency as satisfactory or better.</p> <table border="1" data-bbox="889 930 1596 1458"> <thead> <tr> <th>Faculty rating of Clinical Agencies 2009-2010</th> <th>Junior Level</th> <th>Senior Level</th> </tr> </thead> <tbody> <tr> <td>Pocono Medical Center</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>Lehigh Valley Hospital</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>Moses Taylor</td> <td></td> <td>100%</td> </tr> <tr> <td>Munroe County VNA</td> <td></td> <td>100%</td> </tr> <tr> <td>Clarks Summit State Hospital</td> <td></td> <td>100%</td> </tr> <tr> <td>St. Lukes</td> <td>100%</td> <td>100%</td> </tr> </tbody> </table>	JUNIOR	JUNIOR	SENIOR	SENIOR	2009	2010	2009	2010	N = 32	N = 32	N= 26	N = 30	100	100%	100%	100%	Faculty rating of Clinical Agencies 2009-2010	Junior Level	Senior Level	Pocono Medical Center	100%	100%	Lehigh Valley Hospital	100%	100%	Moses Taylor		100%	Munroe County VNA		100%	Clarks Summit State Hospital		100%	St. Lukes	100%	100%	<p>Clinical agencies provide experiences for students that reflect best practice standards and national safety goals.</p>	<p>Continue to utilize current clinical agencies that reflect best practice standards while maintaining national safety goals.</p>
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<p>NLNAC Standard 4 Current written agreements specify expectations for all parties and ensure the protection of students.</p> <hr/> <p>Evaluation methodologies are varied to reflect professional practice competencies, and measure student learning outcomes.</p>	<p>Contracts are in force for 100% of the clinical agencies in use.</p> <hr/> <p>ANA best practice standards, Competencies of entry level RN's by American College of Nursing?</p>	<p>As per contract due dates: Pocono-October, Lehigh Valley Hospital-August.</p> <p>August and May</p>	<p>Review of anniversary of contract date.</p> <p>Clinical course evaluations, and course syllabi are viewed to determine methodologies, varied approaches to achieve professional competencies, and measurement of student outcomes.</p>	<p>Reviews of agency agreements are specific in their expectations and the protection of students. Benchmark was met. Contracts are in force for all the clinical agencies in use. Letters for observational experiences are initiated by course coordinators and are maintained in the department office.</p> <p>Data collection method to be determine to measure achievement of competencies and learning outcomes</p>	<p>Continue to keep agency agreements current and review their expectations and processes to assure protection of our students.</p> <p>Revision of clinical evaluation forms to include core competencies from governing/professional agencies. Revise student learning outcomes in measurable terms.</p>

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<p>NLNAC Standard 4 The curriculum reflects: -educational theory interdisciplinary Collaboration,-research, Best practice standards, technology</p>	<p>80 % of students rate nursing courses as adequate to excellent in meeting program objectives.</p>	<p>MAY</p>	<p>Results of Student Level Surveys of Nursing Courses</p> <table border="1" data-bbox="889 480 1634 1136"> <thead> <tr> <th></th> <th><u>SOPH</u></th> <th><u>SOPH</u></th> <th><u>JUNIOR</u></th> <th><u>JUNIOR</u></th> <th><u>SENIOR</u></th> <th><u>SENIOR</u></th> </tr> <tr> <th></th> <th>2009</th> <th>2010</th> <th>2009</th> <th>2010</th> <th>2009</th> <th>2010</th> </tr> <tr> <th></th> <th>N = 32</th> <th>N = 26</th> <th>N = 32</th> <th>N = 32</th> <th>N=26</th> <th>N = 30</th> </tr> </thead> <tbody> <tr> <td>Nurs Sem.</td> <td>81%</td> <td>65%</td> <td>44%</td> <td>59%</td> <td>68%</td> <td>50%</td> </tr> <tr> <td>Nutrit.</td> <td>100</td> <td>96%</td> <td>94%</td> <td>96%</td> <td>100%</td> <td>93%</td> </tr> <tr> <td>Concepts</td> <td>94%</td> <td>66%</td> <td>62%</td> <td>82%</td> <td>96%</td> <td>63%</td> </tr> <tr> <td>Gero.</td> <td></td> <td></td> <td>97%</td> <td>100%</td> <td>98%</td> <td>97%</td> </tr> <tr> <td>Intro</td> <td></td> <td></td> <td>91%</td> <td>97%</td> <td>96%</td> <td>93%</td> </tr> <tr> <td>Health Assessment</td> <td>96%</td> <td>81%</td> <td>97%</td> <td>97%</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>Commun 1</td> <td></td> <td></td> <td>84%</td> <td>91%</td> <td>85%</td> <td>87%</td> </tr> <tr> <td>CBF</td> <td></td> <td></td> <td>96%</td> <td>100%</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>CAF</td> <td></td> <td></td> <td>86%</td> <td>97%</td> <td>96%</td> <td>100%</td> </tr> <tr> <td>Research</td> <td></td> <td></td> <td>69%</td> <td>90%</td> <td>80%</td> <td>67%</td> </tr> <tr> <td>Pharm.</td> <td></td> <td></td> <td>94%</td> <td>100%</td> <td>81%</td> <td>100%</td> </tr> <tr> <td>Adult I</td> <td></td> <td></td> <td></td> <td></td> <td>100%</td> <td>100%</td> </tr> <tr> <td>Adult II</td> <td></td> <td></td> <td></td> <td></td> <td>100%</td> <td>100%</td> </tr> <tr> <td>Psych</td> <td></td> <td></td> <td></td> <td></td> <td>100%</td> <td>87%</td> </tr> <tr> <td>Commun. 2</td> <td></td> <td></td> <td></td> <td></td> <td>96%</td> <td>93%</td> </tr> <tr> <td>Senior Sem</td> <td></td> <td></td> <td></td> <td></td> <td>73%</td> <td>50%</td> </tr> <tr> <td>Intern</td> <td></td> <td></td> <td></td> <td></td> <td>100%</td> <td>100%</td> </tr> </tbody> </table> <p>Nursing courses that did not reach the 80% benchmark are: Nursing seminar, Concepts of nursing, Nursing research, and Senior Seminar.</p> <p>Chair and APG chair review student's graduation evaluations</p>		<u>SOPH</u>	<u>SOPH</u>	<u>JUNIOR</u>	<u>JUNIOR</u>	<u>SENIOR</u>	<u>SENIOR</u>		2009	2010	2009	2010	2009	2010		N = 32	N = 26	N = 32	N = 32	N=26	N = 30	Nurs Sem.	81%	65%	44%	59%	68%	50%	Nutrit.	100	96%	94%	96%	100%	93%	Concepts	94%	66%	62%	82%	96%	63%	Gero.			97%	100%	98%	97%	Intro			91%	97%	96%	93%	Health Assessment	96%	81%	97%	97%	100%	100%	Commun 1			84%	91%	85%	87%	CBF			96%	100%	100%	100%	CAF			86%	97%	96%	100%	Research			69%	90%	80%	67%	Pharm.			94%	100%	81%	100%	Adult I					100%	100%	Adult II					100%	100%	Psych					100%	87%	Commun. 2					96%	93%	Senior Sem					73%	50%	Intern					100%	100%	<p>Student surveys reflect satisfaction with the curriculum over all, but some courses do not meet the benchmark of 80%</p>	<p>Action needed for courses not meeting satisfaction from students. Consider changing the benchmark? Change courses that do not meet the benchmark.</p>
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<p>NLNAC Standard 4 Program length is congruent with identified outcomes.</p>	<p>Students have 4 to 7 years to complete the nursing program.</p>	<p>MAY</p>	<p>for GPA and course completion.</p>	<p>Students in the nursing program complete requirements in four to seven years.</p>	<p>Revise program outcomes and congruency with program completion</p>

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NLNAC Standard 5: Fiscal, physical, and learning resources promote the achievement of the goals and outcomes of the nursing education unit,					
Physical Resources Are sufficient to ensure the achievement of the nursing education unit and outcomes and meet the needs of faculty, staff, and students.	Faculty offices are equipped with computers that link to the internet and e-mail. Faculty offices are private for student conferences. (See Standard 3 for Student Support Services)	MAY	Student level surveys, faculty reports of satisfaction		
Fiscal resources are sufficient to ensure the achievement of the nursing education unit.	Faculty requests for classroom, laboratory and office supplies were met by the departmental and instructional budgets.	MAY	Review of Budget Requests.	Budget constraints are always an issue, plan for priority of spending needs.	Continue to monitor the fiscal budget and request funding as needed for upgrades in resources. Identify which resources are needed and in what area will receive priority for spending.

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NLNAC Standard 5					
Department budget for Faculty Development	All faculty requests for faculty development were met by the departmental budget, the Dean’s budget, and Faculty Development and Research (FDR)	Ongoing	Review of Dossiers, faculty and dean meeting minutes	Continue to encourage faculty to apply for FDR grants and outside funding. Faculty requests are considered in accordance with budget allocations. Not all faculty requests are honored.	To assure fairness with allocations for faculty requests, develop a plan that determines who shall receive money on a rotation basis.

Component	Expected Level of Achievement (Benchmark)	Frequency of Assessment	Assessment Methods	Results of Data collection and analysis including actual level of achievement	Actions for Program Development, Maintenance or Revision
<p>NLNAC Standard 6: Outcomes: Evaluation of student learning demonstrates that graduates have achieved indetified competencies consistent with the institutional mission and professional standards and that the outcome of the nursing education unit have been achieved.</p>					
<p>Evaluation findings are shared with communities of interest</p>	<p>Findings will be shared with the community.</p>	<p>_____</p>	<p>Advisory board meeting University open houses PA NCLEX results via web site</p> <hr/>	<p>Consistency with sharing of findings? Identify and state exactly how evaluations findings are shared.</p>	<p>Consistency with sharing of findings? Identify and state exactly how evaluation findings are shared.</p>
<p>Graduates demonstrate achievement of competencies appropriate to role preparation</p>	<p>80% of employers will self-report that our graduates are prepared for entry level positions at their facilities.</p>	<p>MAY</p>	<p>Employer surveys, Advisory Council. Student meet program outcomes as indicated in student handbook, e-portfolios, skills check lists.</p> <p>NEED TO IDENTIFY COMPETENCIES THAT ARE MEASURED.</p>	<p>Which competencies and how were they measured?</p>	<p>Change benchmark? Not all graduates employed upon graduation.</p>
<p>Performance on NCLEX: graduates who pass the NCLEX on the first attempt.</p>	<p>90% of the graduates taking the NCLEX for the first time will pass</p>	<p>Annually in accordance with NCLEX result reporting.</p>	<p>NCLEX and PA State Board of Nursing Reports</p>	<p>Change benchmark in accordance with state board requirements pass rates:</p> <p>2010= 70% 2011= 80%</p>	<p>Change benchmark?</p>

Component	Expected Level of Achievement (Benchmark)	Frequency of Assessment	Assessment Methods				Results of Data collection and analysis including actual level of achievement	Actions for Program Development, Maintenance or Revision
NLNAC Standard 6		MAY	Class	1 st time Pass/Fail	2 nd time Pass/Fail	3 rd time Pass/Fail		
			2007 N=29 Pass Rate 70%	21 Passed, 8 Failed	5 Passed, 3 failed, one student did not retake exam for 2 nd time	2 Passed, 1 Failed Last student passed 8/09 after 8 attempts		
			Class	1 st time Pass/Failed	2 nd time Pass/Fail	3 rd time Pass/Fail		
			2008 N=29 Pass Rate 84%	23 -Passed 5- Failed	2 -Passed 3- Passed	1- passed 2-Failed 1 student passed on fourth attempt, 1 yet to pass		
			2009 N = 37 Pass Rate 65%	22- Passed 11-Failed 4- Yet to take exam	4- Passed 2- Failed 5 have not retested	3- failed on 3 rd attempt		
			2010 N=30 Pass Rate 70%	19 – Passed, 7 failed, 5 yet to take exam	1 passed, 1 failed, 5 to re-take, 5 to take 1 st time			

Component	Expected Level of Achievement (Benchmark)	Frequency of Assessment	Assessment Methods	Results of Data collection and analysis including actual level of achievement	Actions for Program Development, Maintenance or Revision										
<p>NLNAC Standard 6</p> <p>Program completion criteria/outcome</p> <p>Program Satisfaction Definition: The Degree of student satisfaction with adequacy of curriculum, environment, learning resources, support services, and policies.</p>	<p>100% of graduates will meet program outcomes and objectives.</p> <p>80% of the students report satisfaction with the learning experiences at the completion of each level of study</p>	<p>MAY</p> <p>MAY</p>	<table border="1" data-bbox="889 418 1596 456"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>Add new program outcomes from student handbook</p> <p><i>Student Level Surveys- Over all Program Satisfaction 2010</i></p> <table border="1" data-bbox="889 1013 1499 1089"> <tr> <td><i>SOPH</i></td> <td><i>Juniors</i></td> <td><i>Seniors</i></td> </tr> <tr> <td><i>72%</i></td> <td><i>81%</i></td> <td><i>87%</i></td> </tr> </table>					<i>SOPH</i>	<i>Juniors</i>	<i>Seniors</i>	<i>72%</i>	<i>81%</i>	<i>87%</i>	<p>Level outcomes to be revised in regards to measurement of achievement.</p> <p>Should this benchmark be measured in other /more specific terms?</p>	<p>Change benchmark and level outcomes.</p> <p><i>Change benchmark?</i></p>
<i>SOPH</i>	<i>Juniors</i>	<i>Seniors</i>													
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	80% of the graduates report satisfaction with their learning experiences with the Department of Nursing.	MAY	Student Level Surveys- Students were asked to rate how they met the senior level objectives of the nursing program.	<p>Objective 1- 73% met, 27% partially met</p> <p>Objective #2- 97% met, 3% partially met</p> <p>Objective #3 – 77% met, 23% partially met,</p> <p>Objective #4- 77% met, 23% partially met</p> <p>Objective # 5- 77% met, 20% partially met</p> <p>Objective # 6- 67% met, 30% partially met</p> <p>Objective #7 – 87% met, 13% partially met</p> <p>Objective # 8 – 70% met, 30% partially met.</p>	Consider to revise level objectives with the new curriculum and new program objectives.

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<p>Pattern of Employment Definition: The employment rate in nursing and the clinical areas in which the graduates are employed</p> <p>The NCLEX exam pass rates will be at or above the national mean</p>	<p>90% of the graduates will be employed in nursing 6 months post graduation.</p> <p>70% pass rate for 2010, 80% pass rate for 2011</p>	<p>One and five years post graduation</p> <p>May – October</p>	<p>1-yr and 5-yr surveys of Graduates</p> <p>PA State NCLEX report received in July and November yearly</p>	<p>Change benchmark? Not all graduates working- graduate follow-up difficult due to change in addresses/locations.</p> <p>70% pass rate met for Class of 2010- N = 30, 5 not taken yet, 18 passes, 7 failed</p>	<p>Revise benchmark</p> <p>NCLEX improvement strategies.</p>

Component	Expected Level of Achievement (Benchmark)	Frequency of Assessment	Assessment Methods				Results of Data collection and analysis including actual level of achievement	Actions for Program Development, Maintenance or Revision																								
	90% of graduating seniors will meet or exceed the score of 850 on the critical thinking subsection of the HESI Assessment Test.		<table border="1" data-bbox="889 492 1596 1167"> <thead> <tr> <th>Class of 2007</th> <th>Class of 2008</th> <th>Class of 2009</th> <th>Class of 2010</th> </tr> </thead> <tbody> <tr> <td>N=31</td> <td>N =29</td> <td>N = 31</td> <td></td> </tr> <tr> <td>Aggregate 758</td> <td>Aggregate 758</td> <td>Aggregate 682</td> <td></td> </tr> <tr> <td>Critical Thinking Score= 758</td> <td>Critical Thinking Score=742</td> <td>Critical Thinking Score=681</td> <td></td> </tr> <tr> <td>National Avg Score 835</td> <td>National Avg Score 825</td> <td>National Avg Score 828</td> <td></td> </tr> <tr> <td>Percentage of students who passed= 19% (N = 6)</td> <td>Percentage of students who passed= 14% (N = 4)</td> <td>Percentage of students who passed= 9% (N = 3)</td> <td></td> </tr> </tbody> </table> <p data-bbox="889 1174 1704 1273">Benchmark not met. There was not a significant improvement for students who repeated the HESI EXIT exam the second time.</p>				Class of 2007	Class of 2008	Class of 2009	Class of 2010	N=31	N =29	N = 31		Aggregate 758	Aggregate 758	Aggregate 682		Critical Thinking Score= 758	Critical Thinking Score=742	Critical Thinking Score=681		National Avg Score 835	National Avg Score 825	National Avg Score 828		Percentage of students who passed= 19% (N = 6)	Percentage of students who passed= 14% (N = 4)	Percentage of students who passed= 9% (N = 3)		Discussion included Consider revising the policy that students' need to retake the EXIT and CUSTOM exams if a score of 850 was not achieved. The students will need to pay for additional testing to reach this goal.	
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Communication Abilities Definition: A dynamic interactive process which enables	90% of graduating seniors will meet or exceed the score of 850 on the HESI test for Therapeutic		Next page					See above comments																								

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<p>participants to assimilate, formulate, and convey perceptions, thoughts and feelings.</p>	<p>Communication</p>		<table border="1"> <tr> <td>Class of 2007</td> <td>Class of 2008</td> <td>Class of 2009</td> <td>C</td> </tr> <tr> <td>N = 31</td> <td>N = 29</td> <td>N =31</td> <td></td> </tr> <tr> <td>Aggregate 758</td> <td>Aggregate 742</td> <td>Aggregate 682</td> <td></td> </tr> <tr> <td>Therapeutic Communication Score= 847</td> <td>Therapeutic Communication Score= 731</td> <td>Therapeutic Communication Score= 818</td> <td></td> </tr> <tr> <td>National Avg Score= 835</td> <td>National Avg Score= 825</td> <td>National Avg Score= 828</td> <td></td> </tr> </table>				Class of 2007	Class of 2008	Class of 2009	C	N = 31	N = 29	N =31		Aggregate 758	Aggregate 742	Aggregate 682		Therapeutic Communication Score= 847	Therapeutic Communication Score= 731	Therapeutic Communication Score= 818		National Avg Score= 835	National Avg Score= 825	National Avg Score= 828			
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<p>Therapeutic Interventions Definition: The response of the nurse to the client’s health care needs and nursing diagnoses. This intervention is based on scientific rational and clinical judgment. The nurse responds in a caring, compassionate,</p>	<p>90% of graduating seniors will meet or exceed the score of 850 on the Therapeutic Nursing Intervention component of the HESI exit exam.</p>	<p>Program Evaluation Committee</p>	<table border="1"> <tr> <td>Class of 2007</td> <td>Class of 2008</td> <td>Class of 2009</td> <td>Class of 2010</td> </tr> <tr> <td>N=31</td> <td>N =29</td> <td>N = 31</td> <td>N = 30</td> </tr> <tr> <td>Aggregate 758</td> <td>Aggregate 742</td> <td>Aggregate 682</td> <td>Aggregate</td> </tr> <tr> <td>Therp Nsg Intervn Score= 749</td> <td>Therp Nsg Intervn Score=738</td> <td>Terap Nsg Interv Score= 677</td> <td></td> </tr> <tr> <td>National Avg Score 835</td> <td>National Avg Score 825</td> <td>National Avg Score 828</td> <td></td> </tr> </table>				Class of 2007	Class of 2008	Class of 2009	Class of 2010	N=31	N =29	N = 31	N = 30	Aggregate 758	Aggregate 742	Aggregate 682	Aggregate	Therp Nsg Intervn Score= 749	Therp Nsg Intervn Score=738	Terap Nsg Interv Score= 677		National Avg Score 835	National Avg Score 825	National Avg Score 828			<p>See Above Comments for HESI Exam.</p>
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<p>timely manner to benefit the client, relieve suffering and provide comfort. This intervention is performed in/or interdependently</p> <p>NLNAC Standard 6</p>					
					<p>Curriculum Committee to identify the feasibility of offering Concepts of Nursing Practice, and Health Assessment in the sophomore year.</p> <p>Suggest that Gerontology and Introduction to Community Health be offered over 7 weeks each, rather than 15 weeks</p>

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