

Frances Payne Bolton School of Nursing Systematic Evaluation Plan

This Systematic Evaluation Plan has been developed to reflect all Standards and Criteria the School of Nursing is expected to meet. It is a synthesis of the standards and criteria of the accrediting bodies and the relevant Professional Standards and Regulatory Guidelines.

KEY ELEMENT	DATA	WHO RESPONSIBLE	TIME FRAME	ASSESSMENT METHOD	OUTCOME OF ASSESSMENT	ACTION RESULTING FROM ASSESSMENT.
I. MISSION AND GOVERNANCE						
Mission, philosophy, goals and expected program outcomes are congruent with those of the university and consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.	CW RU Mission SON Mission and philosophy CW RU and SON Strategic plans SON Goals Expected Student outcomes	Dean	Every 5 years 2018	Review of documents to ensure congruency of Mission, philosophy, goals, and expected student outcomes with those of the university, and consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals	Matrices that reflect congruence of Mission, philosophy, goals and expected student outcomes with those of the University, SON, and regulations and professional nursing standards Documentation of inconsistencies, if any, and recommendations of needed revisions	Evaluation Committee minutes show that matrices have been reviewed and revised as necessary. Minutes of the faculty meeting show that the matrices have been presented and discussed. Minutes of the programs' meetings show action taken as needed.
Organizational Structure Ensure congruency between University and SON Organizational Structures	CW RU Organizational Chart SON Organizational Chart CW RU Faculty Senate Bylaws SON By laws Organizational structure within each program	Dean	Every 5 years 2018	Review Organizational Charts of the University and SON to ensure congruency between University and SON Organizational Structures Review Bylaws of the University Faculty Senate and SON as they describe the structure of the School and University to a) ensure congruency between University and SON Bylaws and b) that the organizational structures that exist are congruent with the SON bylaws.	Documentation that the organizational charts of the university and the SON were reviewed for consistency. Documentation that the by-laws of the university and the SON were reviewed for consistency. Documentation of inconsistencies, if any, and recommendations of needed revisions	Executive Committee minutes reflect that the SON organizational chart has been reviewed for congruency and that the by-laws have also been reviewed for consistency. Organizational Chart and Bylaws with dates of review and approval are documented in the Executive committee minutes. The executive Committee minutes will reflect plans to address inconsistencies and will make the necessary revisions.

Participation in Governance – Faculty, Student, and Community/Third party	<p>1. CW RU faculty senate by-laws and SON by-laws</p> <p>2. CW RU and SON committee membership lists</p> <p>3. Schedule of meetings for SON Visiting Committee</p> <p>4. Schedule of meetings with SON leadership and outside agencies (e.g. NEONI) to discuss programs and provide/receive input</p>	Executive Committee	Every year 2015	<p>Review of by-laws for committee composition</p> <p>Review of committee membership to assess congruency with the by-laws</p> <p>Notify GSNA and USNA of openings so that student committee members can be elected</p> <p>Review of schedule of meetings for SON Visiting Committee</p> <p>Review of schedule of meetings with SON leadership and outside agencies (e.g. NEONI) to discuss programs and provide/receive input</p>	<p>Executive committee minutes reflect that the by-laws have been reviewed for committee composition Documentation of deviations from bylaws, if any, and recommendations of needed revisions.</p> <p>Executive committee review committee lists and membership openings are detailed.</p> <p>Voting faculty vote on membership openings, as specified in bylaws. Appointments are made to committees as specified in bylaws</p> <p>Statement of community/third party governance other than that specified in the by-laws.</p>	<p>Executive committee minutes reflect that membership of committees are congruent with the by-laws and that any deviations from the by-laws, and recommendations have been addressed</p> <p>Executive committee minutes reflect that there is community/third party governance other than that specified in the by-laws.</p>
Partnerships/ Contracts with all partner agencies in compliance with regulations and professional nursing standards in place for each site	Partnership agreements/ contracts	Dean	Every year 2015	<p>Review: Affiliation Agreements</p> <p>Contracts</p> <p>MOUs</p> <p>Preceptor Agreements</p>	<p>1. Agreements in compliance with regulations and professional nursing standards in place for each site</p> <p>Documentation of inadequate contracts, if any, and recommendations of needed revisions.</p>	<p>Agreements revised as required.</p> <p>As relevant regulations and professional nursing standards change agreements will be revised. Inadequate contracts are referred to the Office of Legal counsel for negotiated revisions, if necessary.</p>
Academic and Non-Academic policies of CW RU and the SON are congruent and reflect relevant	SON Student handbook CW RU Bulletin CW RU policies	Associate Dean for Academic Affairs	Every year 2015	Review FPB policies, in FPB Student Handbook for consistency of policy, with CW RU policies and CW RU bulletin	The gaps and needs for changes are identified by the Associate Dean for Academic Affairs and the Program Directors.	A decision from the Associate Dean for Academic Affairs, Program Directors to revise the policies, if necessary.

regulations and professional nursing standards				Review FPB policies for reflection of relevant regulations and professional nursing standards		Minutes of the faculty meeting show that the policies have been reviewed and revisions have been made as needed
Documents and Publications are accurate	CW RU bulletin FPB Student handbooks SON websites Recruitment materials	Associate Dean for Academic Affairs Program Directors	Every 6 months October 2015 and April 2016	Review of school of Nursing printed and online materials	All documents, publications, websites are accurate and current	Associate Dean for Academic Affairs, and Program Directors Review and revise documents and websites as needed. Minutes of the faculty meeting show that the decision to revise any documents is presented for review and approval, as necessary.
Student Grievances	FPB Student handbook, CW RU Bulletin, Policy for grievance, Dean's Complaint's log	Associate Dean for Academic Affairs	Every year 2015	Periodic review of SON student grievance and appeal procedures Review of Dean's complaint's log to identify: Number of Grievances, length of time between filing and hearing, and resolutions.	Statements in the Executive committee minutes to reflect that the grievance process has been reviewed. Documentation to reflect receipt of a report from the Associate Dean for Academic Affairs to the Executive committee detailing the number of grievances, length of time between filing and hearing, and resolutions. The recommendations for changes to the grievance process are documented in the minutes.	Needed revisions in the SON grievance and appeal procedures are addressed by Associate Dean for Academic Affairs and Program Directors. If policy revisions are made they are submitted to the full faculty for discussion and approval.
Student Records Student educational records in compliance with the policies of the	Student records: maintained by Program, Maintained by Student Services,	Associate Dean for Academic Affairs	Every 2 years 2015	Review student record-keeping requirements for consistency and congruency with policies and regulations of internal and external governing bodies.	Report from the Associate Dean for Academic Affairs to the Evaluation Committee those requirements for student record-keeping have been reviewed, that the SON is in compliance with the	Associate Dean for Academic Affairs, and Evaluation Committee will address any needed changes in the student record-keeping requirements. The policies will be revised as necessary

II. FACULTY

<p>Instructional personnel are academically, professionally, and experientially qualified (for the areas in which they teach)</p> <p>a. Regular faculty</p> <p>b. Teaching assistants/Part time lecturers</p> <p>c. Preceptors</p> <p>Faculty Numbers sufficient to accomplish the mission, goals, the learning and expected student outcomes, and the faculty outcomes.</p>	<p>Faculty CVs Faculty Contracts Faculty transcripts Faculty course Assignments and workload</p> <p>Position Descriptions for the Program Administrators and Course leaders</p> <p>Relevant Prof. standards and guidelines (regulatory and accrediting bodies) regarding qualifications of faculty , and student/teacher ratio of faculty</p> <p>Course enrollment data</p> <p>Teaching Assistants CVs T/As criteria in OBN rules</p> <p>Preceptor CVs</p> <p>Preceptor criteria in OBN rules</p>	<p>Dean, Associate Dean for Academic Affairs, and ARPT Committee</p> <p>Program Directors</p>	<p>Every Year 2015</p>	<p>Review of Faculty CVs</p> <p>Review of faculty contracts Review of transcripts Review relevant professional standards and guidelines (regulatory and accrediting bodies) regarding qualifications of faculty, and student/teacher ratio of faculty</p> <p>Review of Faculty course Assignments</p> <p>Review of Course enrollment data</p> <p>Review of Teaching Assistants CVs Review T/As criteria in OBN Rules</p> <p>Review of Preceptor CVs Review Preceptor criteria in OBN Rules</p>	<p>Statements of evidence of review that Regular faculty, Teaching assistants/Part time lecturers, and Preceptors are academically, professionally, and experientially qualified (for the areas in which they teach)</p> <p>Statement of evidence that the faculty numbers are sufficient to accomplish the mission, goals, the learning and expected student outcomes, and the faculty outcomes.</p> <p>Statements in Evaluation committee minutes that the faculty qualifications and faculty numbers have been reviewed. Any recommendations or needed changes are documented in the minutes</p>	<p>Revision of assignments and addition of qualified faculty as needed.</p>
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3. Policies related to Instructional Personnel responsibilities (didactic, clinical, lab) and student supervision	Teaching assignments Course syllabi Student clinical evaluations Student course evaluation. Faculty Course evaluation Policies related to Instructional Personnel responsibilities and student supervision	Associate Dean for Academic Affairs Program Directors	Each year 2015	Review of Course syllabi Review of Student clinical evaluations, Review of student course evaluations, Review of Faculty course evaluations Review of Policies related to Instructional Personnel responsibilities and student supervision	Policies are congruent with all regulations related to instructional personnel responsibilities Responsibilities of instructional personnel teaching didactic, lab, and clinical are clearly delineated and available to all Instructional Personnel. Syllabi course documents are congruent with the policy. Documentation of inconsistencies, if any, and recommendations of needed revisions	Minutes of the Evaluation Committee reflect that the policies have been reviewed. Program Directors' will make necessary revisions in consultation with the faculty.
Faculty Outcomes are congruent with the mission, goals, and expected program outcomes	Annual faculty evaluation data ARPT guidelines (CW RU and SON guidelines) Annual review policy and procedure, Timeline for Faculty, Evaluation Review, Schedule of individual faculty evaluation meetings, Schedule of faculty evaluation meetings with the Dean,	Dean ARPT committee Associate Dean Academic Affairs, Program Directors	Every year 2015	Review of faculty evaluation data with regard to adherence of ARPT and SON guidelines Review annual review procedure	Documentation to the Dean from the ARPT Committee and the Program Directors stating that SON adhere to the CW RU and SON guidelines to evaluate faculty. Documentation of inconsistencies, if any, and recommendations of needed revisions.	ARPT committee and Program directors provide recommendations for improvement Dean reviews and approves these recommendations

<p>Faculty Development</p> <p>Faculty engage in ongoing development and CW RU and SON facilitate and provide support for scholarly and professional activities</p> <p>Faculty orientation and mentoring in their areas of responsibilities</p>	<p>Faculty development activities from faculty – data from their annual self-evaluation reported in the aggregate</p> <p>Results of annual SON faculty needs assessment survey related to faculty development needs</p> <p>List of faculty development opportunities sponsored by the SON</p> <p>List of faculty supported to attend CW RU, SON, and outside faculty development activities</p> <p>List of Orientation opportunities and schedule for new faculty</p> <p>Identification of mentor by faculty – data from their annual self-evaluation</p>	Associate Dean Academic Affairs,	Every Year 2015	<p>Review of Faculty development activities obtained from faculty annual self evaluation</p> <p>Review of SON faculty development activities and the faculty support provided</p> <p>Review of results of annual SON faculty needs assessment survey related to faculty development needs</p> <p>Review list of faculty development opportunities sponsored by the SON</p> <p>Review of list of faculty supported to attend CW RU, and outside faculty development activities</p> <p>Review orientation opportunities and schedule for new faculty</p> <p>Review mentor list from faculty</p>	Associate Dean for Academic Affairs reports to the Evaluation committee and to the Dean's Administration council that the faculty are actively engaged in professional development and that CW RU and SON provides adequate support for scholarly and professional activities. Any inadequacies are documented and recommendations to meet these inadequacies are made.	The Associate Dean for Academic Affairs and the relevant faculty and/or administration positions will prepare a plan to address identified deficiencies. This plan is presented to full faculty, discussed and implemented.
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III. STUDENTS

Student retention and progression	Retention Rates, GPA, Duration of Program Plan, Separation Decisions	Associate Dean Academic Affairs, Program Directors	Every year 2015	Review of Retention rates; Review of duration of program plans, and GPA Review of Separation Decisions	Trends and patterns are identified. Areas of needed change are identified. The report is presented to each of the Program meetings and to the Evaluation committee.	Annual report to Full Faculty and the Evaluation Committee with decisions on needed changes.
Student Support Services/Academic Support Services are sufficient to ensure quality to meet program and student needs	List of student support services/academic support services available to students. Results of Programs' exit surveys, Results of CW RU Senior Survey, Faculty course evaluations Student course evaluations, Results of Program Directors' annual survey on availability and utilization of Student Support Services and Academic Support Services	Associate Dean Academic Affairs	Every Year 2015	Review the list of student support services and academic support services available to students Review data on student surveys related to student support services and academic support services. Review data on faculty course evaluations, and student course evaluations related to student support services and academic support services. Review of Program Directors' survey data related to student support services and academic support services.	Associate Dean of Academic Affairs proves the Evaluation committee with a written report with analyses of survey items and evaluations about adequacy of student support services and academic support services with clear identification of areas of excellence or areas for revision and improvement. Documentation in the Evaluation committee minutes that the report was received.	Evaluation Committee minutes reflect that they have reviewed the report regarding adequacy of student support services and academic support services and the need for revision and improvements. Minutes of the faculty meeting show that the report was presented and that the full faculty had the opportunity to discuss the findings and make recommendations.
IV. CURRICULUM						
The curriculum is developed, implemented, and revised to reflect	CW RU Mission SON mission SON philosophy SON goals	Curriculum committee PhD Council (for PhD)	Every 5 years BSN 2020 MN 2020	Review Student learning outcomes (characteristics of the graduate) for each	The data are placed in a matrix that correlates with the mission, philosophy, goals and expected outcomes with	A decision from the curriculum committee to make revisions will be made. These actions are

expected individual learning outcomes that are congruent with the nursing unit's mission, philosophy, goals, and expected student outcomes	Programs' Outcomes level outcomes, course outcomes, Curricular plan for each program, Relevant professional standards and guidelines (regulatory and accrediting bodies)		MSN 2020 DNP 2016 PhD 2016	program for clarity and consistency with the CW RU and SON mission, philosophy, goals, and expected outcomes. Review of the course grids showing how objectives and teaching methods lead to expected learning outcomes (characteristics of the graduate).	stated student learning outcomes (characteristics of the graduate). Statements of consistency and congruency for each program are supplied in curriculum committee minutes, also documentation of any identified areas of inconsistency.	systematically reported to the full faculty for discussion and recommendations. The curriculum committee with present the report related to at least one program to the faculty meeting each year
Curriculum outcomes Expected individual learning outcomes are consistent with the roles for which the program is preparing its graduates and reflects professional nursing standards and guidelines	Relevant professional standards and guidelines (regulatory and accrediting bodies), Programs' Outcomes Course outcomes, Course syllabi	Curriculum committee PhD Council (for PhD) Associate Dean for Academic Affairs, Program Directors	2020	Review SON documents for consistency and congruence with the relevant professional standards and guidelines (regulatory and accrediting bodies)	The data are placed in a matrix which correlates the knowledge and skills identified in the Relevant professional standards and guidelines (regulatory and accrediting bodies) with program and course outcomes. Statements of consistency for each program are supplied in the Curriculum committee meeting minutes.	A decision from the curriculum committee to either continue with the current programs' outcomes or to make revisions will be made. These actions are systematically reported to the full faculty for discussion and recommendations. The curriculum committee will present the report related to at least one program to the faculty meeting each year
Curriculum Content is logically structured to achieve expected student outcomes	Programs' Outcomes, Relevant professional standards and guidelines (regulatory and accrediting bodies), Course descriptions in CW RU bulletin	Curriculum committee PhD Council (for PhD) Associate Dean for Academic Affairs	BSN 2020 MN 2020 MSN 2020 DNP 2016 PhD 2016	1. Identify content and logical sequence between required non-nursing courses and nursing courses Identify the logical sequence among the courses and competencies for the different nursing programs Analyze items on the student exit surveys, and the alumni surveys with	The development of a matrix that shows the association between non-nursing required courses and the nursing courses, where non-nursing courses are required.. Data are placed in a matrix that shows association between each program's end of program outcomes. Systematic responses to student exit survey and alumni surveys' findings	A decision from the curriculum committee to either continue with the current programs' outcomes or to make revisions will be made. These actions are systematically reported to the full faculty for discussion and recommendations. Summary report with statements of consistency for each program and identified areas of needed change

	<p>of nursing and non-nursing courses,</p> <p>SON course syllabi,</p> <p>Student Exit surveys,</p> <p>Alumni surveys</p>			<p>regard to the logical sequencing of course content in the different nursing programs</p> <p>Review SON documents for consistency and congruence with Relevant professional standards and guidelines (regulatory and accrediting bodies)</p>	<p>about the curriculum content, sequencing and organization of courses are documented in the curriculum committee minutes</p> <p>The data are placed in a matrix which correlates with the knowledge and skills identified in the relevant professional standards and guidelines with program, and course outcomes. Statements of consistency for each program and identified areas of needed change are documented in the Curriculum committee minutes.</p>	<p>submitted by the Curriculum committee, to the full faculty for discussion and recommendations.</p>
<p>Teaching-Learning practices and environments</p> <p>Evaluated regularly to foster ongoing improvement and support the achievement of expected learning outcomes</p>	<p>Course syllabi - for teaching strategies and course outcomes</p> <p>Faculty course evaluations</p> <p>Clinical site evaluations</p> <p>Student evaluations of courses and clinical sites</p> <p>List of current clinical sites</p>	<p>Associate Dean for Academic Affairs, Program Directors Curriculum committee PhD Council (for PhD)</p>	<p>Every year 2015</p>	<p>Review course teaching strategies for evidence that they are appropriate and adequate for the course outcomes</p>	<p>Documentation in the Curriculum committee, and PhD council (for PhD) minutes that the course outcomes and teaching strategies have been evaluated and recommendations for change have been made, if necessary, to foster improvement</p>	<p>A decision from the Curriculum Committee and PhD council (for PhD), to either continue with the current programs' course outcomes or to make revisions will be made and communicated to the appropriate faculty. These actions are systematically reported to the full faculty for discussion and recommendations.</p>
<p>Student evaluation by faculty reflects achievement of expected individual</p>	<p>Course Syllabi</p> <p>Faculty course Evaluations</p>	<p>Curriculum committee PhD Council (for PhD)</p>	<p>Every Year 2015</p>	<p>Review of course syllabi for course outcomes and grading policy</p> <p>Review of clinical evaluations</p>	<p>Evidence minutes that student evaluation by faculty has been reviewed and recommendations for needed changes, if any, are made.</p>	<p>The report is presented by the committee to the full faculty for discussion and recommendations.</p>

student learning outcomes. Evaluation policies and procedures are defined and consistently applied	Examples of clinical evaluations	Associate Dean for Academic Affairs, Program Directors				Where changes are needed, actions appropriate for them will be taken. Program directors will provide programmatic guidance for issues arising from courses and programs
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V. RESOURCES

Fiscal and physical resources are sufficient for SON to fulfill its mission, goals and expected outcomes	<p>SON budget (developed in conjunction with program directors and Associate Dean for Academic Affairs)</p> <p>Input from the SON Budget committee</p> <p>CW RU Senior Students' survey</p> <p>Programs' exit surveys</p> <p>Facility Survey (annual)</p>	<p>Dean Assistant Dean for Administrative Services</p> <p>Budget Committee</p> <p>Associate Dean Academic Affairs, Program Directors</p>	Every year and as needed 2015	<p>Budget Review</p> <p>Analysis of Programs' exit surveys</p> <p>Review of Physical resources</p>	<p>Evidence in the Budget Committee minutes that the SON budget has been reviewed and recommendations if any for revision are documented. Evidence in the Budget Committee minutes that the physical resources have been reviewed and recommendations, if any, for building modification and upgrades are documented.</p> <p>Written report from the Budget Committee to the Dean about adequacy of the fiscal and physical resources with clear identification of areas of excellence or areas for revision or improvement</p>	The report is systematically presented by Budget Committee to the full faculty for discussion and recommendations. Also the Budget Committee will provide information to the full faculty meeting about plans to address inadequacies, if any, related to the fiscal and physical resources.
Learning Resources: Technology Equipment	<p>Student and Faculty course evaluations</p> <p>CW RU Senior Students' survey</p> <p>Alumni surveys</p> <p>Programs' exit surveys</p>	<p>Dean Associate Dean for Academic Affairs</p>	Each year 2015	<p>Review of Learning Resources Technology and equipment</p> <p>Review of Student and Faculty course evaluations</p> <p>Review of CW RU Senior Students' survey results</p>	<p>Evidence in the Budget Committee minutes that the learning resources have been reviewed and recommendations if any for modifications or upgrades are documented.</p> <p>Written report from the budget committee to the Dean about the adequacy of</p>	The Budget committee will present the report to the full faculty for discussion and recommendations. Also the Budget Committee will provide information to the full faculty meeting about plans for needed upgrades and additional resources.

				Review of alumni survey results Review of Programs' exit surveys	the learning resources with clear identification of areas of excellence or areas for replacement or improvement.	
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VI. PROGRAM EFFECTIVENESS

Aggregate student outcome data: Analyzed and compared with expected student outcomes; Provide evidence of the Programs' effectiveness in achieving its mission, goals, and expected outcomes; Are used to foster ongoing program improvement	Graduation rates NCLEX pass rate NP Certification results Retention Rates, Standardized Test results	Evaluation Committee Associate Dean Academic Affairs, Program Directors	Every year 2015	Review of data reports and summaries. Identify trends and patterns in data. Identify areas of needed change Expected completion rate is 70% or higher Expected NCLEX pass rate is 80% or higher Expected MSN certification rate is 80% or higher	Trends and patterns, and identified areas of needed change, identified in the program faculty minutes. Program Directors provide report to Evaluation committee.	A decision to continue with current practices or to make revisions will be made by the Program Directors in consultation with the faculty, and reported to Evaluation committee, Associate Dean Academic Programs, and Dean.
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Program outcomes demonstrate program effectiveness	Program Exit surveys, Alumni surveys, Employer surveys Employment rate	Evaluation Committee Executive committee	Every Year (Graduating BSN, MN and MSN) 1 st and 5 th year DNP and Post-Masters APRN certificate program alumni) 2016	Review of all indices Expected Employment Rate is 70% Benchmark for Program Exit surveys (RBI) for the BSN, MN, MSN programs is 5.5 Benchmark for Three overall effectiveness questions on alumni surveys for DNP and Post-Master's APRN certificate programs is 5.5s	Analyses of data and written summary of findings for each survey; each report clearly states strengths and areas for improvement	Results of surveys are reported to the Executive committee for review and referral for appropriate curricular action. These actions are systematically reported to the full faculty for discussion and recommendations.
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