### 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.

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<tr>
<th>KEY ELEMENT</th>
<th>DATA</th>
<th>WHO RESPONSIBLE</th>
<th>TIME FRAME</th>
<th>ASSESSMENT METHOD</th>
<th>OUTCOME OF ASSESSMENT</th>
<th>ACTION RESULTING FROM ASSESSMENT</th>
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<tbody>
<tr>
<td><strong>MISSION AND GOVERNANCE</strong></td>
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<td>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.</td>
<td>OW RU Mission SON Mission and philosophy OW RU and SON Strategic plans SON Goals Expected Student outcomes</td>
<td>Dean</td>
<td>Every 5 years 2018</td>
<td>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</td>
<td>Matrices that reflect congruence of Mission, philosophy, goals and expected student outcomes with those of the University, SON, and regulations and professional nursing standards</td>
<td>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.</td>
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<tr>
<td>Organizational Structure Ensure congruency between University and SON Organizational Structures</td>
<td>OW RU Organizational Chart SON Organizational Chart OW RU Faculty Senate Bylaws SON Bylaws Organizational structure within each program</td>
<td>Dean</td>
<td>Every 5 years 2018</td>
<td>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.</td>
<td>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</td>
<td>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.</td>
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| Participation in Governance – Faculty, Student, and Community/Third party | 1. QW RU faculty senate by-laws and SON by-laws | Executive Committee | Every year 2015 | Review of by-laws for committee composition  
Review of committee membership to assess congruency with the by-laws  
Notify GSNA and USNA of openings so that student committee members can be elected  
Review of schedule of meetings for SON Visiting Committee  
Review of schedule of meetings with SON leadership and outside agencies (e.g. NEONI) to discuss programs and provide/receive input | Executive committee minutes reflect that the by-laws have been reviewed for committee composition  
Documentation of deviations from by-laws, if any, and recommendations of needed revisions.  
Executive committee review committee lists and membership openings are detailed.  
Voting faculty vote on membership openings, as specified in bylaws.  
Appointments are made to committees as specified in bylaws  
Statement of community/third party governance other than that specified in the by-laws. | 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.  
Executive committee minutes reflect that there is community/third party governance other than that specified in the by-laws. |
|---|---|---|---|---|---|
| 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 | Review: Affiliation Agreements  
Contracts  
MOUs  
Preceptor Agreements | 1. Agreements in compliance with regulations and professional nursing standards in place for each site  
Documentation of inadequate contracts, if any, and recommendations of needed revisions.  
Agreements revised as required.  
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. |  |
| Academic and Non-Academic policies of QW RU and the SON are congruent and reflect relevant | SON Student handbook  
QW RU Bulletin  
QW RU policies | Associate Dean for Academic Affairs | Every year 2015 | Review FPB policies, in FPB Student Handbook for consistency of policy, with QW RU policies and QW 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. |  |
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<tr>
<th>Regulations and professional nursing standards</th>
<th>Review FPB policies for reflection of relevant regulations and professional nursing standards</th>
<th>Minutes of the faculty meeting show that the policies have been reviewed and revisions have been made as needed</th>
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<tbody>
<tr>
<td><strong>Documents and Publications are accurate</strong></td>
<td>OW RU bulletin, FPB Student handbooks, SON websites, Recruitment materials</td>
<td>Associate Dean for Academic Affairs Program Directors, 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.</td>
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<tr>
<td><strong>Student Grievances</strong></td>
<td>FPB Student handbook, OW RU Bulletin, Policy for grievance, Dean’s Complaint’s log</td>
<td>Associate Dean for Academic Affairs, Every year, 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.</td>
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<tr>
<td><strong>Student Records</strong></td>
<td>Student records: maintained by Program, Maintained by Student Services,</td>
<td>Associate Dean for Academic Affairs, Every 2 years, 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 requirements. The policies will be revised as necessary</td>
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<tr>
<td>Faculty Records</td>
<td>Faculty records (SON administration and by Program)</td>
<td>Dean</td>
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| Faculty Records | Faculty records (SON administration and by Program) | Dean | Every 2 years 2016 | Review faculty record-keeping requirements for consistency and congruency with policies and regulations of internal and external governing bodies. | Report from the Dean to the Evaluation Committee that requirements for faculty record-keeping have been reviewed, that the SON is in compliance with the policies, and that faculty records are being collected and maintained according to the policy. Also documentation of needed revisions and recommendations for changes to the policies. | Dean will address any needed changes in the faculty record-keeping requirements. The policies will be revised as necessary |

**II. FACULTY**
### Instructional Personnel

- **Faculty CVs**
  - Faculty Contracts
  - Faculty transcripts
  - Faculty course Assignments and workload
  - Position
  - Descriptions for the Program Administrators and Course leaders
- **Relevant Prof. standards and guidelines** (regulatory and accrediting bodies) regarding qualifications of faculty, and student/teacher ratio of faculty
- **Course enrollment data**
- **Teaching Assistants CVs**
- **Preceptor CVs**
- **Preceptor criteria in OBN rules**

### Faculty Numbers

- Statement of evidence that the faculty numbers are sufficient to accomplish the mission, goals, the learning and expected student outcomes, and the faculty outcomes.

### Faculty Qualifications

- **Review of Faculty CVs**
  - 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
  - Review of Faculty course Assignments
  - Review of Course enrollment data

### Faculty Assignments

- **Review of Teaching Assistants CVs**
  - Review T/As criteria in OBN rules
- **Review of Preceptor CVs**
  - Review Preceptor criteria in OBN rules

### Faculty Outcomes

- **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**
- **Revision of assignments and addition of qualified faculty as needed.**
| 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 Polices 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 Polices 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 (QW 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 QW 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 |
| Faculty Development | Faculty development activities from faculty – data from their annual self-evaluation reported in the aggregate  
Results of annual SON faculty needs assessment survey related to faculty development needs  
List of faculty development opportunities sponsored by the SON  
List of faculty supported to attend CW RU, SON, and outside faculty development activities  
List of Orientation opportunities and schedule for new faculty  
Identification of mentor by faculty – data from their annual self-evaluation  
| Associate Dean for Academic Affairs, | Every Year 2015  
Review of Faculty development activities obtained from faculty annual self-evaluation  
Review of SON faculty development activities and the faculty support provided  
Review of results of annual SON faculty needs assessment survey related to faculty development needs  
Review list of faculty development opportunities sponsored by the SON  
Review of list of faculty supported to attend CW RU, and outside faculty development activities  
Review orientation opportunities and schedule for new faculty  
Review mentor list from faculty  
| 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. |
### IV. CURRICULUM

<p>| The curriculum is developed, implemented, and revised to reflect | QW 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 |</p>
<table>
<thead>
<tr>
<th>Expected individual learning outcomes that are congruent with the nursing unit’s mission, philosophy, goals, and expected student outcomes</th>
<th>Programs’ Outcomes level outcomes, course outcomes, Curricular plan for each program, Relevant professional standards and guidelines (regulatory and accrediting bodies)</th>
<th>MSN 2020 DNP 2016 PhD 2016</th>
<th>program for clarity and consistency with the QW 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).</th>
<th>stated student learning outcomes (characteristics of the graduate). Statements of consistency and congruency for each program are supplied in the curriculum committee meeting minutes. also documentation of any identified areas of inconsistency.</th>
<th>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</th>
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<tr>
<td>Curriculum outcomes</td>
<td>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</td>
<td>2020</td>
<td>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.</td>
<td>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</td>
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<td>Curriculum Content is logically structured to achieve expected student outcomes</td>
<td>Programs’ Outcomes, Relevant professional standards and guidelines (regulatory and accrediting bodies), Course descriptions in QW RU bulletin Curriculum committee PhD Council (for PhD) Associate Dean for Academic Affairs</td>
<td>BSN 2020 MN 2020 MSN 2020 DNP 2016 PhD 2016</td>
<td>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</td>
<td>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</td>
<td>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</td>
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<tr>
<td>of nursing and non-nursing courses, SON course syllabi, Student Exit surveys, Alumni surveys</td>
<td>regard to the logical sequencing of course content in the different nursing programs Review SON documents for consistency and congruence with Relevant professional standards and guidelines (regulatory and accrediting bodies)</td>
<td>about the curriculum content, sequencing and organization of courses are documented in the curriculum committee minutes 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.</td>
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<td>Teaching-Learning practices and environments Evaluated regularly to foster ongoing improvement and support the achievement of expected learning outcomes</td>
<td>Course syllabi - for teaching strategies and course outcomes Faculty course evaluations Clinical site evaluations Student evaluations of courses and clinical sites List of current clinical sites</td>
<td>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.</td>
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<tr>
<td>Student evaluation by faculty reflects achievement of expected individual</td>
<td>Course Syllabi Faculty course Evaluations</td>
<td>Evidence minutes that student evaluation by faculty has been reviewed and recommendations for needed changes, if any, are made.</td>
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<td></td>
<td>Curriculum committee PhD Council (for PhD) Every Year 2015</td>
<td>The report is presented by the committee to the full faculty for discussion and recommendations.</td>
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<td></td>
<td>Review of course syllabi for course outcomes and grading policy Review of clinical evaluations</td>
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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.

V. RESOURCES

Fiscal and physical resources are sufficient for SON to fulfill its mission, goals and expected outcomes. Input from the SON Budget committee, CW RU Senior Students’ survey, Programs’ exit surveys, and Facility Survey (annual) are considered.

SON budget (developed in conjunction with program directors and Associate Dean for Academic Affairs)

Dean, Assistant Dean for Administrative Services, Budget Committee, Associate Dean for Academic Affairs, Program Directors

Every year and as needed 2015

Budget Review

Analysis of Programs’ exit surveys

Review of Physical resources

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.

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.

Learning Resources: Technology

Equipment

Student and Faculty course evaluations, CW RU Senior Students’ survey, Alumni surveys, Programs’ exit surveys

Dean, Associate Dean for Academic Affairs

Each year 2015

Review of Learning Resources

Technology and equipment

Review of Student and Faculty course evaluations

Review of CW RU Senior Students’ survey results

Evidence in the Budget Committee minutes that the learning resources have been reviewed and recommendations if any for modifications or upgrades are documented.

Written report from the budget committee to the Dean about the adequacy of the learning resources with clear identification of areas of excellence or areas for revision or improvement.

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.

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. |

### 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. |

| 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) 1st and 5th 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. |

(Approved Evaluation Committee Meeting 01.04.16)