FRANCES PAYNE BOLTON SCHOOL OF NURSING SYSTEMATIC EVALUATION PLAN (revised/approved April/2019)

EFFECTIVE: Summer 2019

KEY ELEMENT	DATA	RESPONSIBLE PERSON	TIME FRAME	ASSESSMENT METHOD	CALCULATIONS & TARGET	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.	CWRU Mission FPB Mission and philosophy CWRU and FPB Strategic plans FPB Goals Expected Student outcomes	Dean Evaluation Committee	Every 5 years or more often as needed Last revision 2019	Review of documents to ensure congruence 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.	NA	Documents reflect congruence of mission, philosophy, goals and expected student outcomes with those of the University, FPB, and regulations and professional nursing standards. Any inconsistencies are identified and recommendations for revisions are presented to the Dean and Executive Committee.	Evaluation Committee minutes reflect documents have been reviewed and revised as necessary. Faculty Meeting minutes reflect documents have been presented and discussed. Program Meeting minutes reflect actions taken as needed to address any inconsistencies, recommendations or revisions.
Organizational Structure Ensure congruence between University and FPB Organizational Structures	University Organizational Chart FPB Organizational Chart	Dean Executive Committee Associate Dean Academic Affairs Program Directors	Every 5 years or more often as needed Last revision 2018	Review organizational charts of the University and FPB to ensure congruence between organizational structures	NA	Executive Committee minutes reflect congruence of organizational structures.	Faculty meeting minutes reflect congruence of organizational structures.
	CWRU Faculty Senate Bylaws FPB By laws			Review bylaws of the University Faculty Senate and FPB to ensure congruence between bylaws		Executive Committee minutes reflect congruence of the by-laws.	Faculty meeting minutes reflect congruence of the bylaws, and any deviations or recommendations have been addressed.

KEY ELEMENT	DATA	RESPONSIBLE PERSON	TIME FRAME	ASSESSMENT METHOD	CALCULATIONS & TARGET	OUTCOME OF ASSESSMENT	ACTION RESULTING FROM ASSESSMENT
	CWRU and FPB committees and membership lists		Every Academic year Last review 2018	Review of committees and membership to assess congruence with the by-laws.		Executive committee reviews committee lists and memberships detailing open positions. Voting faculty vote on membership openings, as specified in bylaws. GSNA and USNA are notified of openings so student committee members can be elected.	Faculty meeting minutes reflect nomination and voting process complete and committee memberships are filled, including student members.
Academic and Non-Academic policies of CWRU and the FPB are congruent and reflect relevant regulations and professional nursing standards	CWRU Bulletin CWRU Policies FPB Student handbook	Associate Dean for Academic Affairs Executive Committee	Every Academic year Last revision 2018	Review FPB policies in FPB Student Handbook to ensure congruence with CWRU policies and CWRU bulletin.	NA	Associate Dean for Academic Affairs and Program Directors will recommend revisions of policies as necessary to support the programs and expected outcomes.	Executive Committee minutes reflect congruence of policies. Faculty meeting minutes reflect updated policies presented for review.
Documents and Publications are accurate	CWRU Bulletin FPB Student handbooks FPB websites Recruitment materials Marketing materials	Associate Dean for Academic Affairs Program Directors Assistant Dean for Marketing	Every 6 months for online and marketing Annually for General Bulletin and Student Handbook Last Review December 2018	Review of all printed and online materials		All documents, publications, websites are accurate and current	Associate Dean for Academic Affairs, Program Directors, and Assistant Dean of Marketing review and revise documents and websites as needed. Dean's Council minutes and Faculty meeting minutes reflect decisions to revise any print or online documents presented for review and approval, as necessary.
II. INSTITUTIONAL COMMITMENT AND RESOURCES							
Fiscal and physical resources are sufficient for FPB to fulfill its	FPB budget (developed in conjunction with Program Directors and	Dean	Every Academic year and as needed	Budget Review	NA	Budget Committee meeting minutes reflect the FPB budget has been reviewed and	Annual Budget Committee Executive Summary is submitted to the Dean.

CLD 3/27/19, **rev 4/5/19, 4/9/19, 4/18/19, 4/22/19, Final - 4/25/19**

KEY ELEMENT	DATA	RESPONSIBLE PERSON	TIME FRAME	ASSESSMENT METHOD	CALCULATIONS & TARGET	OUTCOME OF ASSESSMENT	ACTION RESULTING FROM ASSESSMENT
mission, goals and expected outcomes.	Associate Dean for Academic Affairs)

FPB Budget Committee input per functions outlined in bylaws | Associate Dean for Finance and Administration

Budget Committee

Associate Dean Academic Affairs

Program Directors | | | | recommendations for revision, if any, are documented.

Budget Committee meeting minutes reflect physical resources have been reviewed and recommendations, if any, for building modification and upgrades are documented.

An Executive Summary prepared by the Budget Committee detailing the adequacy of the fiscal and physical resources including identification of areas of excellence and issues of concern/need or improvements are documented. | Faculty meeting minutes reflect the Budget Committee Executive Summary was presented for discussion or as a consent agenda item. |
| | Faculty Survey (Annual) | CWRU Institutional Research | Annually | Review of Physical resources | NA | Physical resource needs are identified and prioritized within budget parameters. | Faculty meeting minutes reflect outcome of Faculty Survey and prioritization of identified building updates or upgrades. |
| **Academic Support and Learning Resources**: Technology, Equipment | Student Course Evaluations

Faculty Course Evaluations | Dean

Associate Dean for Academic Affairs | Every Academic year | Review of academic support and learning resources | | Associate Dean for Academic Affairs and Program Directors evaluate learning resource needs, and recommendations, if any, for modifications or upgrades to current systems or equipment are documented. | Faculty meeting minutes reflect plans to address needs, if any, related to academic support or learning resources (including technology upgrades and equipment purchases). |
| Chief Nurse Administrator | Curriculum Vitae (CV)

State Licensure | President

Provost | Annual Review

Each new appointment | Review CV and state license | | Documentation confirms Dean meets qualifications as Chief Nurse Administrator per University and FPB policy | Change document submitted to University and accreditation agency as necessary. |

KEY ELEMENT	DATA	RESPONSIBLE PERSON	TIME FRAME	ASSESSMENT METHOD	CALCULATIONS & TARGET	OUTCOME OF ASSESSMENT	ACTION RESULTING FROM ASSESSMENT
Faculty Numbers sufficient to accomplish the mission, goals, the learning and expected student outcomes, and the faculty outcomes Preceptors	Faculty CVs Faculty Evaluations Preceptor Qualification Forms (PQF) PQF Audits	Dean Associate Dir of Academic Affairs Program Directors Course Coordinators	Each semester preceptors are used	Review of Faculty CVs Review of preceptor criteria in accordance with OBN Rules Completed PQF Forms Review of PQF audits	100% compliance target	Faculty audit results reviewed for congruence with relevant professional nursing standards and guidelines Program Directors and Course Coordinators review preceptor evaluations to determine preceptor performance meets expectations. PQF audit results reviewed for congruence with relevant professional nursing standards and guidelines.	Associate Dean of Academic Affairs and Program Directors determine any changes of clinical sites or placements based on outcomes of evaluations, site visits, and student and faculty feedback.

III.   CURRICULUM

KEY ELEMENT	DATA	RESPONSIBLE PERSON	TIME FRAME	ASSESSMENT METHOD	CALCULATIONS & TARGET	OUTCOME OF ASSESSMENT	ACTION RESULTING FROM ASSESSMENT
The curriculum is developed, implemented, and revised to reflect course level objectives that are congruent with the nursing unit's mission, philosophy, goals, expected student learning outcomes (at the program level), and relevant professional standards and guidelines.	CWRU Mission FPB mission, philosophy, goals Program Outcomes level outcomes, course outcomes, Curricular plan for each program	Curriculum Committee Program Committees FPB Faculty	Every 5 years BSN 2020 MN 2020 MSN 2020 DNP 2016 Post Masters Cert. 2020	Review student learning outcomes for each program for clarity and congruence with the CWRU and FPB mission, philosophy, goals, and expected student outcomes. Review Crosswalk detailing objectives and teaching methods mapping expected student learning outcomes. Crosswalk = Program / level / course / student learning objectives /professional standards/measures	100% compliance target	Crosswalk provides evidence of expected learning related to student outcomes. Curriculum Committee meeting minutes reflect statements of consistency and congruence for each program, as well as documentation of any identified areas of requiring changes or updates.	Curriculum Committee recommends revisions to program curriculum as needed. These actions are systematically presented to the full faculty for discussion, recommendations, and approval of any proposed changes. Curriculum Committee presents annual report to Faculty/Staff meeting each academic 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/ accrediting agencies) Programs Outcomes Level Outcomes	Curriculum Committee, PhD Council (for PhD), Associate Dean for Academic Affairs	Every 5 years BSN 2020 MN 2020 MSN 2020 DNP 2020 Post Masters Cert. 2020	Review FPB documents for consistency and congruence with relevant professional standards and guidelines (regulatory and accrediting agencies)		Crosswalk correlates the knowledge and skills identified in the relevant professional standards and guidelines with program and course outcomes.	Curriculum Committee will recommend revisions to current programs' outcomes as needed.

CLD 3/27/19, **rev 4/5/19, 4/9/19, 4/18/19, 4/22/19, Final - 4/25/19**

KEY ELEMENT	DATA	RESPONSIBLE PERSON	TIME FRAME	ASSESSMENT METHOD	CALCULATIONS & TARGET	OUTCOME OF ASSESSMENT	ACTION RESULTING FROM ASSESSMENT
	Course Outcomes Student Learning Outcomes FPB Course Syllabi					Curriculum Committee meeting minutes reflects statements of consistency for each program.	
Curriculum content is logically structured to achieve expected student learning outcomes	CWRU Bulletin – course descriptions of nursing and non-nursing courses FPB Course Syllabi Canvas course site(s)	Curriculum committee PhD Council (for PhD) Associate Dean for Academic Affairs Program Directors Program Faculty	Every 5 years BSN 2020 MN 2020 MSN 2020 DNP 2020 Post Masters Cert. 2020	Review of curriculum map reveals progression from basic to more complex concepts, from knowledge to application, from understanding to integration. Content progresses logically across courses and all program levels. Course objectives progress from knowledge acquisition to higher level mastery and application and student learning evaluations reflect this progression of development. **BSN** - demonstrates knowledge from arts, sciences, and humanities course are incorporated into nursing practice **MN** – addresses BSN and Master's essentials into curriculum **MSN** – addresses comprehensive graduate level course to address APRN core **DNP** – addresses standards relevant to curriculum track offered	NA	Program faculty review of the Crosswalk document demonstrates curriculum logical progression. Crosswalk = Program / level / course / student learning objectives /professional standards/measures	Program Faculty meeting minutes affirm or refine logical progression of curriculum.
Teaching-Learning practices are evaluated regularly	Course Syllabi	Program Faculty	Every Academic year	Review course/clinical documents to ensure appropriate and adequate to achieve course outcomes.	100%	Program faculty meeting minutes reflect the course outcomes and teaching strategies have been	Program faculty meeting minutes affirm or refine logical progression of curriculum.

KEY ELEMENT	DATA	RESPONSIBLE PERSON	TIME FRAME	ASSESSMENT METHOD	CALCULATIONS & TARGET	OUTCOME OF ASSESSMENT	ACTION RESULTING FROM ASSESSMENT
		Program Directors Associate Dean for Academic Affairs PhD Council (for PhD)		Review of evaluation documents to ensure all clinical sites/learning environments are appropriate and adequate to achieve expected outcomes.		evaluated and recommendations for change have been made, if necessary, to foster improvement.	Program faculty meeting minutes reflect decisions and action plans based on evaluations to facilitate achievement of student outcomes and continuation of clinical site assignments.
Teaching-Learning environments evaluated regularly to foster ongoing improvement and support the achievement of expected learning outcomes	Faculty Evaluations of Course			Review of evaluations per course per semester	100% participation 90% Threshold		
	Faculty Evaluations of Clinical Site(s)				100% participation 90% Threshold		
	Student Evaluation of Clinical Site(s)				100% participation 80% Threshold		
IPE Collaboration **Clinical Practice Experiences** include opportunities for inter-professional collaboration	Student Evaluation of IPE basic course Student Evaluation of team experience	Program Directors IPE Team Coordinators Course Faculty	Each semester	Review of undergraduate student evaluations of IPE sessions Graduate students collaborative practice opportunities in clinical areas (review clinical site evaluations)	100% Target participation 80% Threshold 100% Target participation 80% Threshold	Faculty meeting minutes reflect integration of nursing practice with IPE.	Faculty meeting minutes reflect refinement of program and student IPE experiences.

CLD 3/27/19, **rev 4/5/19, 4/9/19, 4/18/19, 4/22/19, Final - 4/25/19**

KEY ELEMENT	DATA	RESPONSIBLE PERSON	TIME FRAME	ASSESSMENT METHOD	CALCULATIONS & TARGET	OUTCOME OF ASSESSMENT	ACTION RESULTING FROM ASSESSMENT
Student evaluation by faculty reflects achievement of expected individual student learning outcomes. Evaluation policies and procedures are defined and consistently applied.	Student Handbook Canvas – course sites Course Syllabi	Associate Dean for Academic Affairs Program Directors Course Faculty PhD Council (for PhD)	Every Academic year	Review of student handbook and Canvas sites and course syllabi for course outcomes and grading policy. Syllabi content audit	100% Target 80% Threshold	Foster ongoing improvement.	Program directors provide guidance for issues arising within courses and programs. Evaluation Committee presents annual report of syllabi content audits to Faculty/Staff meeting each academic year.
Partnerships/ Contracts with all partner agencies are current and in compliance with regulations and professional nursing standards for each site.	Partnership affiliation agreements/contracts	Dean Special Assistant to the Dean	Every Academic year	Review: Affiliation Agreements Contracts Memorandum of Understanding (MOU) - Preceptor Agreements	100%	Agreements are current, and in compliance with professional regulations and University policies.	Agreements revised as required.

IV. PROGRAM EFFECTIVENESS: ASSESSMENT AND ACHIEVEMENT OF PROGRAM OUTCOMES

PROGRAM

KEY ELEMENT	DATA	RESPONSIBLE PERSON	TIME FRAME	ASSESSMENT METHOD	CALCULATIONS & TARGET	OUTCOME OF ASSESSMENT	ACTION RESULTING FROM ASSESSMENT
Program Completion	Graduation Data	Associate Dean for Academic Affairs Program Directors	Every Academic Year	A ratio is calculated using the number of students who require longer than the target to complete the program of study as the numerator and the total number in the class on admission as the denominator. BSN – 6 years MN – 4 Years MSN – 5 years DNP – 5 years PhD – 5 years	Target: 100% Threshold: 70%	Program faculty meeting minutes reflect trends identified and evaluated to inform program improvements. Annual program report provided to the Evaluation Committee for review and program improvement.	Faculty meeting minutes reflect annual program reports submitted to inform program improvements.

KEY ELEMENT	DATA	RESPONSIBLE PERSON	TIME FRAME	ASSESSMENT METHOD	CALCULATIONS & TARGET	OUTCOME OF ASSESSMENT	ACTION RESULTING FROM ASSESSMENT
BSN - NCLEX First Time Pass Rates	NCLEX Reports		Every Academic Year	Report from NCSBN	Target: 100% Threshold: 80%		
MN - NCLEX First Time Pass Rates	NCLEX Reports			Report from NCSBN	Target: 100% Threshold: 80%		
MSN - Certification Pass Rates	Student Feedback			Reports from organizations that certify population focus advanced practice	Target: 100% Threshold: 80%		
Post Masters Certification Pass Rates	Student Feedback			Reports from organizations that certify population focus advanced practice	Target: 100% Threshold: 80%		
Employment Rate	Student Surveys and LinkedIn search			Evaluate in relation to peer schools	Target: 100% Threshold: 70%		
ADDITIONAL PROGRAM OUTCOMES							
Program outcomes demonstrate program effectiveness	Program Exit Surveys: *Skyfactor*	Program Directors Evaluation Committee	Every Academic year	Evaluate in relation to peer schools	Target: 7.0 Threshold: 5.5 (scale = 0-7)	Program faculty meeting minutes reflect trends identified and evaluated to inform program improvements and appropriate curricular actions.	Faculty meeting minutes reflect annual program reports submitted to inform program improvements.
	Alumni Surveys	Alumni Relations Program Directors	Every Academic year for graduating BSN, MN and MSN students 1st and 5th year DNP, and Post-Master's APRN certificate program	Evaluate in relation to other CWRU schools	30% participation	Assessments and resulting actions are systematically reported to the Evaluation Committee.	Findings are reported to students and input is invited.
	CWRU Senior Survey		Every Academic year	Evaluate in relation to other CWRU schools	30% participation		
ADDITIONAL AGGREGATE STUDENT OUTCOMES							

KEY ELEMENT	DATA	RESPONSIBLE PERSON	TIME FRAME	ASSESSMENT METHOD	CALCULATIONS & TARGET	OUTCOME OF ASSESSMENT	ACTION RESULTING FROM ASSESSMENT
Student Retention	Retention Rates	Associate Dean Academic Affairs Program Directors	Every Academic Year	The total number of students who leave FPB (excluding those who leave for health reasons or family reasons, transfer to other schools within the university, transfer to other schools of higher education) divided by the total number of students admitted.	Target: 100% Threshold: 80%	Program faculty meeting minutes reflect trends identified and evaluated to inform program improvements and appropriate curricular actions. Assessments and resulting actions are systematically reported to the Evaluation Committee.	Faculty meeting minutes reflect annual program and outcome reports submitted to inform program improvements.
Academic Achievement	Grade Point Averages		Every Academic Year	Students will maintain 3.0 or better GPA	Target: 100% Threshold: 80%		
Separation	Individual Decision Letters	Associate Dean for Academic Affairs Program Directors Executive Committee	Every Academic Year	Students who fail to meet academic requirements as specified in the handbook (maintain a GPA of greater than 3.0) are separated from the program. All such decisions are reported to and reviewed by the Executive Committee.	Target: 0% Threshold: <20%	Executive Committee meeting minutes reflect the decisions and actions related to student separation.	
Grievances	Individual Complaints	Associate Dean for Academic Affairs Grievance Committee	Every Academic Year	A log of all student complaints regarding faculty or curriculum or other aspects of the student experience and the response to these complaints is maintained by the Academic Dean and available for review.	Target: 100% of complaints are addressed according to policy	Executive Committee meeting minutes reflect receipt of a report from the Associate Dean for Academic Affairs detailing the number of grievances, length of time between filing and hearing, and resolutions.	
AGGREGATE FACULTY OUTCOMES							
Teaching	Student Evaluations of Faculty Teaching	Faculty Program Director ARPT Committee	Every Semester	Faculty are evaluated by their students as meeting or exceeding expectations. Summary reports of student feedback are generated at the close of each semester. These reports are shared with individual faculty, program leadership, and the academic dean.	Target: 4.0 Threshold: 3.0 (scale = 0-5)	Program faculty meeting minutes reflect trends identified and evaluated to inform program improvement and appropriate support for faculty development.	Faculty meeting minutes reflect annual program and outcome reports submitted to inform program improvements and faculty development needs.
	Student Evaluations of Courses				Target: 4.0 Threshold: 3.0 (scale = 0-5)		
	Student participation in course Evaluations				Target: 80% Threshold: 50%		

CLD 3/27/19, **rev 4/5/19, 4/9/19, 4/18/19, 4/22/19, Final - 4/25/19**

KEY ELEMENT	DATA	RESPONSIBLE PERSON	TIME FRAME	ASSESSMENT METHOD	CALCULATIONS & TARGET	OUTCOME OF ASSESSMENT	ACTION RESULTING FROM ASSESSMENT
Research	Annual Faculty Activity Report	ARPT Committee	Annually or more Frequently	Tenured track faculty are engaged in research. Tenure track faculty are expected to submit proposals or secure funding for research.	Target: 100% Threshold: 80%		
Scholarship	Annual Faculty Activity Report			All faculty are engaged in dissemination of scholarly work.	Target: 100% Threshold: 80%		
Practice	Annual Faculty Activity Report			Non-tenured track faculty are engaged in clinical practice, administration or research.	Target: 100% Threshold: 80%		
Faculty Development							
Mentoring	Annual Faculty Activity Report	ARPT Committee	Annually	All faculty have a mentor.	Target: 100% Threshold: 80%	Annual report prepared by ARPT Committee and presented to Dean and faculty members.	Faculty meeting minutes reflect outcomes to inform improvements.
Orientation	Orientation Records	Associate Dean for Academic Affairs Director, Faculty Development	Ongoing	All new faculty participate in orientation at FPB and CWRU.	100%	Director of Faculty Development reviews roster of new faculty indicating attendance at required orientation session(s). Outliers identified and individual development plans created and mentor selection confirmed.	Faculty receive feedback during annual performance review and individual plans are created to support improvement.