



GCSU School of Nursing

FY 2019-2020 Systematic Program Evaluation Plan

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Standard I: Mission and Governance

The mission, goals, and expected program outcomes are congruent with those of the parent institution, reflect professional nursing standards and guidelines, and consider the needs and expectations of the community of interest. Policies of the parent institution and nursing program clearly support the program's mission, goals, and expected outcomes. The faculty and students of the program are involved in the governance of the program and in the ongoing efforts to improve program quality.

I-A Key Element:

The mission, goals, and expected program outcomes are:

1. congruent with those of the parent institution; and
2. reviewed periodically and revised as appropriate.

I-A elaboration: The program's mission, goals, and expected program outcomes are written and accessible to current and prospective students, faculty, and other constituents. Program outcomes include student outcomes, faculty outcomes, and other outcomes identified by the program. The mission may relate to all nursing programs offered by the nursing unit or specific programs may have separate mission statements. Program goals are clearly differentiated by level when multiple degree/certificate programs exist. Expected program outcomes may be expressed as competencies, objectives, benchmarks, or other terminology congruent with institutional and program norms.

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

Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome
<p>Congruency found in handbooks, online SON, CoHS, and GCSU Websites</p> <p>GCSU Catalog, SON shared drive: Minutes of NFO and EE Committees</p>	<p>Mission is reviewed every five years OR as needed to remain congruent with GCSU and the CoHS</p>	<p>Director of SON</p> <p>Assistant Directors of Undergraduate and Graduate Programs</p> <p>Curriculum, Graduate, and EE Committees</p>	<p>The SON mission, goals, and expected outcomes will be fully congruent with GCSU and CoHS and will be reviewed every five years or as needed.</p>	<p>The SON mission is fully congruent with GCSU and CoHS, and the AACN Essentials are incorporated into all program outcomes.</p> <p>BSN Curriculum was revised in 2016-2017 and was become effective Fall 2018. The first cohort under the new curriculum graduated in May 2020.</p> <p>RN-BSN program was formally reviewed and a decision was made to de-activate the program</p>

				<p>because of low numbers. A teach out of all enrolled students was completed in December of 2019. This decision was in alignment with the overall mission of GCSU and SON. An initial plan to work towards an RN – MSN has been delayed for review at future date.</p> <p>MSN was formally reviewed in 2018 and program outcomes were updated. New program outcomes were implemented in Fall of 2019.</p> <p>DNP Curriculum was revised in 2016-2017 and changes became effective Fall 2018. The first cohort to graduate was in May of 2020.</p>
<p>I-B Key Element:</p> <p>The mission, goals, and expected program outcomes are consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.</p> <p><i>I-B elaboration: The program identifies the professional nursing standards and guidelines it uses. CCNE requires, as appropriate, the following professional nursing standards and guidelines:</i></p> <ul style="list-style-type: none"> <i>The Essentials of Baccalaureate Education for Professional Nursing Practice [American Association of Colleges of Nursing (AACN), 2008];</i> <i>The Essentials of Master's Education in Nursing (AACN, 2011);</i> <i>The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006); and</i> <i>Criteria for Evaluation of Nurse Practitioner Programs [National Task Force on Quality Nurse Practitioner Education (NTF), 2016].</i> 				
Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome

<p>Professional standards are incorporated into BSN, MSN, DNP, and Post-Master's APRN Certificate curricula found in curricular mapping spreadsheets.</p> <p>a. The Essentials of Baccalaureate Education for Professional Nursing Practice [American Association of Colleges of Nursing (AACN), 2008];</p> <p>b. The Essentials of Master's Education in Nursing (AACN, 2011);</p> <p>c. The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006); and</p> <p>d. Criteria for Evaluation of Nurse Practitioner Programs [National Task Force on Quality Nurse Practitioner Education (NTF), 2012].</p>	<p>Curricula are reviewed every five years.</p>	<p>Director of SON</p> <p>Assistant Directors of Undergraduate and Graduate Programs</p> <p>Curriculum, Graduate, and EE Committees</p>	<p>The SON mission, goals, and expected outcomes will be reviewed every five years or as needed to ensure consistency with relevant professional nursing standards and guidelines for the preparation of nursing professionals.</p>	<p>BSN Curriculum was revised in 2016-2017 and was become effective Fall 2018. The first cohort under the new curriculum graduated in May 2020.</p> <p>RN-BSN program was formally reviewed and a decision was made to de-activate the program because of low numbers. A teach out of all enrolled students was completed in December of 2019. This decision was in alignment with the overall mission of GCSU and SON.</p> <p>MSN was formally reviewed in 2018 and program outcomes were updated. New program outcomes were implemented in Fall of 2019.</p> <p>DNP Curriculum was revised in 2016-2017 and changes became effective Fall 2018. The first cohort to graduate was in May of 2020.</p>
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I-C Key Element:

The mission, goals, and expected program outcomes reflect the needs and expectations of the community of interest.

I-C elaboration: The community of interest is defined by the nursing unit. The needs and expectations of the community of interest are considered in the periodic review of the mission, goals, and expected program outcomes.

Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome
Compliance Assist, SON shared drive: Minutes of NFO Committees, Teaching Communities, Advisory Board.	<p>Mission, goals, and expected student outcomes are reviewed every five years OR as needed.</p> <p>Course outcomes are reviewed every semester by the course coordinator, teaching communities, Curriculum or Graduate Committee, and EE Committee.</p>	<p>Director of SON</p> <p>Assistant Directors of Undergraduate and Graduate Programs</p> <p>All faculty, students, and communities of interest.</p>	The mission, goals, and expected student outcomes will be reviewed every five years or as needed and revised, as appropriate, to reflect the needs and expectations of the community of interest.	<p>Survey 2019 was completed and analyzed to assess the needs and expectations of SON community of interest: students, faculty, alumni, community stake holders.</p> <p>Data analysis was reported to appropriate SON committees and responsible person to work on any issues that were noted.</p> <p>Revisions will be made to survey to be completed in fall of 2021 to further enhance the quality of information obtained. SON Advisory Board will meet in Fall of 2020 and provide additional input into survey revisions.</p>
<p>I-D Key Element:</p> <p>Expected faculty outcomes are clearly identified by the nursing unit, written and communicated to the faculty, and congruent with institutional expectations.</p> <p><i>I-D elaboration: The nursing unit identifies expectations for faculty, whether in teaching, scholarship, service, practice, or other areas. Such expectations may vary for different groups of faculty (full-time, part-time, adjunct, tenured, non-tenured, or other). Expected faculty outcomes are congruent with those of the parent institution.</i></p>				
Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome
CoHS Tenure and Promotion Guidelines, Faculty Development Standards, Annual Faculty Evaluations, Digital Measures, Faculty Outcomes document	Every Spring semester	Director of SON, EE Committee, all Faculty.	Faculty outcomes will be achieved annually. Faculty outcomes are listed in Standards IV-G and IV-H.	<p>All faculty are evaluated annually.</p> <p>Faculty outcomes are addressed in Standard IV-F.</p> <p>Fully met: See results in Standard IV.</p>

I-E Key Element: Faculty and students participate in program governance. <i>I-E elaboration: Roles of the faculty and students in the governance of the program, including those involved in distance education, are clearly defined and promote participation. Nursing faculty are involved in the development, review, and revision of academic program policies.</i>				
Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome
SON shared drive: Minutes of NFO Committees, Teaching Communities, Advisory Board, student groups.	Every semester	EE Committee	<p>NFO Bylaws will include mechanisms for student involvement in program governance.</p> <p>Student participation in program governance will be reflected in at least 50% of NFO meetings.</p>	<p>NFO Bylaws include mechanisms for student and involvement in program governance.</p> <p>Fully met: Student participation in program governance is reflected in 100% of NFO meetings.</p>
I-F Key Element: Academic policies of the parent institution and the nursing program are congruent and support achievement of the mission, goals, and expected program outcomes. These policies are: <ol style="list-style-type: none"> 1. fair and equitable; 2. published and accessible; and 3. reviewed and revised as necessary to foster program improvement. <i>I-F elaboration: Academic policies include, but are not limited to, those related to student recruitment, admission, retention, and progression. Policies are written and communicated to relevant constituencies. Policies are implemented consistently. Differences between the nursing program policies and those of the parent institution are identified and support achievement of the program's mission, goals, and expected outcomes. A defined process exists by which policies are regularly reviewed. Policy review occurs and revisions are made as needed.</i>				
Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome
GCSU Catalog: Academic policies, Student Handbooks, SON Website Policy Committee Minutes will reflect review.	Every Spring semester	Policy Committee	Academic policies of the parent institution and the nursing program will be reviewed annually.	Documents and publications were reviewed and needed changes are requested – it was noted that some changes that were requested had not been made and notification to Registrar was made to request

				<p>a second time. Changes in process.</p> <p>A process is used to notify constituents about changes in documents and publications.</p> <p>Fully met: Policies are reviewed by the Policy Committee annually.</p>
<p>I-G Key Element:</p> <p>The program defines and reviews formal complaints according to established policies.</p> <p><i>I-G elaboration: The program defines what constitutes a formal complaint and maintains a record of formal complaints received. The program's definition of formal complaints includes, at a minimum, student complaints. The program's definition of formal complaints and the procedures for filing a complaint are communicated to relevant constituencies.</i></p>				
Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome
GCSU Policy Manual, Student handbooks, Files in SON Director's office.	Ongoing	<p>Associate Directors for Undergraduate and Graduate Programs</p> <p>SON Director</p>	Review of student complaints includes recommendations for ongoing program improvement, when indicated.	Fully met: All student complaints or grievance are reviewed and addressed. During 2019-2020 this review result in revisions to policy about clinical absence – formal documentation as excused or unexcused.
<p>I-H Key Element:</p> <p>Documents and publications are accurate. A process is used to notify constituents about changes in documents and publications.</p> <p><i>I-H elaboration: References to the program's offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, grading policies, degree/certificate completion requirements, tuition, and fees are accurate. Information regarding licensure and/or certification examinations for which graduates will be eligible is accurate. For APRN education programs, transcripts or other official documentation specify the APRN role and population focus of the graduate.</i></p>				
Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome
GCSU, CoHS and SON Websites, GCSU Catalogs, Student Handbooks	Every Spring semester	<p>Director SON</p> <p>Assistant Directors for</p>	Documents and publications will be reviewed annually for accuracy.	Documents and publications were reviewed and needed changes are requested – it was noted that some changes that

		Undergraduate and Graduate Programs	A process will be used to notify constituents about changes in documents and publications.	<p>were requested had not been made and notification to Registrar was made to request a second time. Changes in process.</p> <p>A process is used to notify constituents about changes in documents and publications.</p>
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Standard II: Program Quality: Institutional Commitment and Resources

The parent institution demonstrates ongoing commitment to and support for the nursing program. The institution makes resources available to enable the program to achieve its mission, goals, and expected outcomes. The faculty, as a resource of the program, enable the achievement of the mission, goals, and expected program outcomes.

Key Element	Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome
II-A. Fiscal and physical resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of resources is reviewed periodically and resources are modified as needed.	Annual and ongoing budget, SON shared drive: Minutes of EE & APR committees	Annually	<p>Director SON, APR Committee.</p> <p>EE Committee will survey all students and faculty every three years to gather input into resource adequacy. The next survey of faculty and students is due in 2019.</p>	<p>The Director will review fiscal and physical resources annually for sufficiency.</p> <p>Faculty and students will have input into reviewing resources: faculty and student respondents' ratings will have a mean score of 4 of > (agree or strongly agree) with Standard II-A.</p>	<p>The Director reviewed fiscal and physical resources annually for sufficiency:</p> <p>FY 2019: Faculty (17) M=3.94 BSN (178) M=4.26 MSN (45) M=4.36 DNP (17) M=4.71</p> <p>See details from Satisfaction Survey Analysis in appendix.</p>

Key Element	Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome
II-B. Physical resources and clinical sites enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of physical resources and clinical sites is reviewed periodically, and resources are modified as needed.	SON shared drive: minutes of EE & APR committees	Every Fall semester	<p>APR Committee and Graduate Committee annually</p> <p>EE Committee will survey all students and faculty every three years to gather input into academic support adequacy. The next survey of faculty and students is due in 2021.</p>	<p>The APR Committee and Graduate will review academic support services annually for sufficiency.</p> <p>Faculty and students will have input into reviewing academic support services: faculty and student respondents' ratings will have a mean score of 4 of > (agree or strongly agree) with Standard II-B.</p>	<p>The APR Committee and Graduate Committee reviewed academic support services and were found to be sufficient.</p> <p>FY 2019: Faculty (17) M=3.94 BSN (178) M=4.26 MSN (45) M=4.36 DNP (17) M=4.71</p>
II-C. Academic support services are sufficient to meet program and student needs and are evaluated on a regular basis.	SON shared drive: minutes of EE & APR committees	Every Fall semester	<p>APR Committee and Graduate Committee annually</p> <p>EE Committee will survey all students and faculty every three years to gather input into academic support adequacy. The next survey of faculty and students is due in 2021.</p>	<p>The APR Committee and Graduate will review academic support services annually for sufficiency.</p> <p>Faculty and students will have input into reviewing academic support services: faculty and student respondents' ratings will have a mean score of 4</p>	<p>The APR Committee and Graduate Committee reviewed academic support services and were found to be sufficient – areas of concerns for BSN students were addressed and found to be related to lack of awareness of services. Steps were taken to address. See details in appendix.</p>

				of > (agree or strongly agree) with Standard II-C.	<p>FY 2019: Faculty (17) M=4.25</p> <p>Advising BSN (178) M=3.9 MSN (45) M=4.34 DNP (17) M=4.88</p> <p>Career Services BSN (178) M=3.91 MSN (45) M=3.65 DNP (17) M=4.56</p> <p>Counseling BSN (178) M=3.98 MSN (45) M=3.37 DNP (17) M=4.63</p> <p>Library BSN (178) M=4.16 MSN (45) M=4.39 DNP (17) M=4.88</p>
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II-D. The chief nurse administrator: 1. is a registered nurse (RN); 2. holds a graduate degree in nursing; 3. is academically and experientially qualified to accomplish the mission, goals, and expected program outcomes; 4. is vested with the administrative authority to accomplish the mission, goals, and expected program outcomes; 5. provides effective leadership to the nursing unit in achieving its	Office of Dean CoHS	Every Spring semester	Dean CoHS, APR Committee	The Director will meet all requirements and have comparable authority to that of other unit administrators at GCSU.	The Director meets all requirements and has comparable authority to that of other unit administrators at GCSU.
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Key Element	Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome
mission, goals, and expected program outcomes.					
II-E. Faculty members are: 1. sufficient in number to accomplish the mission, goals, and expected program outcomes; 2. academically prepared for the areas in which they teach; and 3. experientially prepared for the areas in which they teach.	Budget, Digital Measures, Semester Schedule of Classes, Table of faculty expertise and teaching assignments	Ongoing	Director SON, APR Committee	100% of faculty will have academic degrees or alternative credentials, practice experience and expertise appropriate for their teaching assignments. 100% of tenure-track faculty will have teaching assignments that do not exceed 12 credit hours per semester or 24 credit hours per academic year. (Faculty may contract for additional teaching assignments). 100% of Non-Tenure Track faculty will have teaching assignments that do not exceed 20 credit hours per	MET: 100% (29/29) of faculty will have academic degrees or alternative credentials, practice experience and expertise appropriate for their teaching assignments. NOT MET: 77.7% (14/18) of tenure-track faculty will have teaching assignments that do not exceed 12 credit hours per semester or 24 credit hours per academic year. (Faculty may contract for additional teaching assignments). MET: 100% of Non- Tenure Track faculty had teaching assignments that did not exceed 20 credit hours per semester or 40

Key Element	Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome
				semester or 40 credit hours per academic year. (Faculty may contract for additional teaching assignments).	credit hours per academic year. (Faculty may contract for additional teaching assignments).
II-F. When used by the program, preceptors, as an extension of faculty, are academically and experientially qualified for their role in assisting in the achievement of the mission, goals, and expected student outcomes	Office of the Director of the School of Nursing (minutes & annual reports of all committees) Office of the Dean of the CoHS (official agency contracts) Minutes of EE and Graduate Committee Course report for NRS 4981	Ongoing	Curriculum committee will review course reports for undergraduate precepted courses and Graduate Committee will review graduate course reports for precepted courses. Minutes will reflect that preceptor qualification records meet standards.	100% of Preceptor qualification records will meet standards.	MET: 100% of preceptor qualification records met standards.
II-F. The parent institution and program provide and support an environment that encourages faculty teaching, scholarship, service, and practice in keeping with the mission, goals, and expected faculty outcomes.	Digital Measures, Budget, Faculty Annual Evaluations, Class Schedules, Annual faculty survey	Ongoing	Director SON, Task force on Faculty Practice, APR Committee EE Committee will survey all students and faculty every three years to gather input into resource adequacy. The next survey of faculty and	Faculty will be supported in teaching, scholarship, and service endeavors: Faculty respondents rating will reflect a mean score of 4 or > (agree or strongly agree) with standard II-F.	Faculty are supported in teaching, scholarship, and service endeavors: MET: FY 2019: Faculty respondents rating reflected a mean score of 4.35 (17/29) agree with Standard II-F.

Key Element	Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome
			students is due in 2021.		

Standard III: Program Quality: Curriculum and Teaching-Learning Practices

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

III-A Key Element:

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

1. are congruent with the program's mission and goals;
2. are congruent with the roles for which the program is preparing its graduates; and
3. considers the needs of the program-identified community of interest.

III-A elaboration: Curricular objectives (e.g., course, unit, and/or level objectives or competencies as identified by the program) provide clear statements of expected learning that relate to student outcomes. Expected outcomes relate to the roles for which students are being prepared.

Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome
<ul style="list-style-type: none"> • Student handbooks • University online assessment tool • SON shared drive: aggregate student outcomes in EE, 	Baccalaureate, Master's, DNP, and Post-Master's APRN Certificate program curricula are reviewed every five years or as needed to	<ul style="list-style-type: none"> • SON Director • SON Assistant Directors for Undergraduate and Graduate Programs 	The curricula will be fully congruent with expected student outcomes, the SON mission and goals, and with the role for which the	BSN Curriculum was revised in 2016-2017 and was become effective Fall 2018. The first cohort under the new curriculum graduated in May 2020.

Curriculum, Graduate, and NFO Committee Minutes	<p>comply with GCSU and/or CoHS.</p> <p>Course outcomes are reviewed every semester by the course faculty and Curriculum or Graduate Committee.</p>	<ul style="list-style-type: none"> • Curriculum/Graduate Committee • All Faculty 	<p>program is preparing its graduates.</p> <p>All programs will be reviewed at least every five years or as needed to comply with GCSU and/or CoHS.</p>	<p>RN-BSN program was formally reviewed and a decision was made to deactivate the program because of low numbers. A teach out of all enrolled students was completed in December of 2019. This decision was in alignment with the overall mission of GCSU and SON.</p> <p>MSN was formally reviewed in 2018 and program outcomes were updated. New program outcomes were implemented in Fall of 2019.</p> <p>DNP Curriculum was revised in 2016-2017 and changes became effective Fall 2018. The first cohort to graduate was in May of 2020.</p>
<p>III-B Key Element:</p> <p>Baccalaureate curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate). Baccalaureate program curricula incorporate <i>The Essentials of Baccalaureate Education for Professional Nursing Practice</i> (AACN, 2008).</p> <p><i>III-B elaboration: The Baccalaureate degree program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curriculum.</i></p>				

Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome
<ul style="list-style-type: none"> Baccalaureate program and course outcomes Student handbooks SON shared drive: Minutes NFO, Curriculum Committee 	<p>BSN and RN-BSN curricula are reviewed every five years or as needed to comply with GCSU and/or CoHS.</p> <p>Course outcomes are reviewed every semester by the course faculty and Curriculum Committee.</p>	<ul style="list-style-type: none"> SON Director SON Assistant Director for Undergraduate Curriculum Committee All faculty teaching in the Baccalaureate program 	<p>Baccalaureate curricula will undergo a formal review and/or revision every five years or as needed to comply with GCSU and/or CoHS.</p> <p>The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008) will be incorporated into the Baccalaureate curricula.</p>	<p>Fully Met: BSN Curriculum was revised in 2016-2017 and was become effective Fall 2018. The first cohort under the new curriculum graduated in May 2020.</p> <p>RN-BSN program was formally reviewed and a decision was made to deactivate the program because of low numbers. A teach out of all enrolled students was completed in December of 2019. This decision was in alignment with the overall mission of GCSU and SON.</p>
<p>III-C Key Element:</p> <p>Master's curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).</p> <p>Master's program curricula incorporate professional standards and guidelines as appropriate.</p> <ol style="list-style-type: none"> All master's degree programs incorporate <i>The Essentials of Master's Education in Nursing</i> (AACN, 2011) and additional relevant professional standards and guidelines as identified by the program. All master's degree programs that prepare nurse practitioners incorporate <i>Criteria for Evaluation of Nurse Practitioner Programs</i> (NTF, 2016). <p>Graduate-entry program curricula incorporate <i>The Essentials of Baccalaureate Education for Professional Nursing Practice</i> (AACN, 2008) and appropriate graduate program standards and guidelines.</p>				

III-C elaboration: The master's degree program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curricula.

Master's degree APRN education programs (i.e., Clinical Nurse Specialist, Nurse Anesthesia, Nurse Midwife, and Nurse Practitioner) incorporate separate comprehensive graduate level courses to address the APRN core, defined as follows:

- *Advanced physiology/pathophysiology, including general principles that apply across the lifespan;*
- *Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and*
- *Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.*

Additional APRN core content specific to the role and population is integrated throughout the other role and population-focused didactic and clinical courses.

Master's degree programs that have a direct care focus but are not APRN education programs (e.g., nursing education and Clinical Nurse Leader), incorporate graduate level content addressing the APRN core. They are not required to offer this content as three separate courses.

Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome
<ul style="list-style-type: none"> Master's program and course outcomes Student handbook SON shared drive: Minutes NFO, Graduate Committee 	<p>MSN curricula are reviewed every five years or as needed to comply with GCSU and/or CoHS.</p> <p>Course outcomes are reviewed every semester by the course faculty and Graduate Committee.</p>	<ul style="list-style-type: none"> SON Director SON Assistant Director for Graduate Graduate Committee All faculty teaching in the Master's program 	<p>Master's curricula will undergo a formal review and/or revision every five years or as needed to comply with GCSU and/or CoHS.</p> <p>The AACN Master's Essentials will be incorporated into all Master's curricula. The NONPF Guidelines will be incorporated into all APRN curricula.</p>	<p>Fully Met: MSN was formally reviewed in 2018 and program outcomes were updated. New program outcomes were implemented in Fall of 2019.</p>
III-D Key Element:				

DNP curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).

Graduate-entry DNP program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and appropriate graduate program standards and guidelines.

DNP program curricula incorporate professional standards and guidelines as appropriate.

- a. All DNP programs incorporate *The Essentials of Doctoral Education for Advancing Nursing Practice* (AACN, 2006) and additional relevant professional standards and guidelines if identified by the program.
- b. All DNP programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016).

III-D elaboration: The DNP program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curricula.

DNP APRN education programs (i.e., Clinical Nurse Specialist, Nurse Anesthesia, Nurse Midwife, and Nurse Practitioner) incorporate separate comprehensive graduate level courses to address the APRN core, defined as follows:

- Advanced physiology/pathophysiology, including general principles that apply across the lifespan;
- Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and
- Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.

Additional APRN core content specific to the role and population is integrated throughout the other role and population-focused didactic and clinical courses.

Separate courses in advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology are not required for students enrolled in post-master's DNP programs who hold current national certification as advanced practice nurses, unless the program has deemed this necessary.

Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome
<ul style="list-style-type: none"> • DNP program and course outcomes 	DNP curricula are reviewed every five years or as needed	<ul style="list-style-type: none"> • SON Director 	DNP curricula will undergo a formal review and/or revision	Fully Met: DNP Curriculum was revised in

<ul style="list-style-type: none"> • Student handbook • SON shared drive: Minutes NFO, Graduate Committee 	to comply with GCSU and/or CoHS. Course outcomes are reviewed every semester by the course faculty and Graduate Committee.	<ul style="list-style-type: none"> • SON Assistant Director for Graduate • Graduate Committee • All faculty teaching in the DNP program 	every five years or as needed to comply with GCSU and/or CoHS. The AACN DNP Essentials will be incorporated into DNP curricula.	2016-2017 and changes became effective Fall 2018. The first cohort to graduate was in May of 2020.
<p>III-E Key Element:</p> <p>Post-graduate APRN certificate program curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate). Post-graduate APRN certificate programs that prepare nurse practitioners incorporate <i>Criteria for Evaluation of Nurse Practitioner Programs</i> (NTF, 2016).</p> <p><i>III-E elaboration: The post-graduate APRN certificate program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curricula.</i></p> <p><i>APRN education programs (i.e., Clinical Nurse Specialist, Nurse Anesthesia, Nurse Midwife, and Nurse Practitioner) incorporate separate comprehensive graduate level courses to address the APRN core, defined as follows:</i></p> <ul style="list-style-type: none"> • <i>Advanced physiology/pathophysiology, including general principles that apply across the lifespan;</i> • <i>Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and</i> • <i>Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.</i> <p><i>Additional APRN core content specific to the role and population is integrated throughout the other role and population-focused didactic and clinical courses.</i></p> <p><i>Separate courses in advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology are not required for students enrolled in post-master's DNP programs who hold current national certification as advanced practice nurses, unless the program has deemed this necessary.</i></p>				
Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome

<ul style="list-style-type: none"> • Post-Master's APRN Certificate program and course outcomes • Student handbook • SON shared drive: Minutes NFO, Graduate Committee 	<p>Post-Master's APRN Certificate program curricula are reviewed every five years or as needed to comply with GCSU and/or CoHS.</p> <p>Course outcomes are reviewed every semester by the course faculty and Graduate Committee.</p>	<ul style="list-style-type: none"> • SON Director • SON Assistant Director for Graduate • Graduate Committee • All faculty teaching in the Post-Master's APRN Certificate program 	<p>Post-Master's APRN Certificate program curricula will undergo a formal review and/or revision every five years or as needed to comply with GCSU and/or CoHS.</p> <p>The AACN Master's Essentials and NONPF Guidelines will be incorporated into Post-Master's APRN Certificate program curricula.</p>	<p>Fully Met: MSN Postmaster's Certificate Program foci were formally reviewed in 2018 and program outcomes were updated. New program outcomes were implemented in Fall of 2019.</p>
<p>III-F Key Element:</p> <p>The curriculum is logically structured to achieve expected student outcomes.</p> <ul style="list-style-type: none"> • Baccalaureate curricula build upon a foundation of the arts, sciences, and humanities. • Master's curricula build on a foundation comparable to baccalaureate level nursing knowledge. • DNP curricula build on a baccalaureate and/or master's foundation, depending on the level of entry of the student. • Post-graduate APRN certificate programs build on graduate level nursing competencies and knowledge base. <p><i>III-F elaboration: Baccalaureate programs demonstrate knowledge from courses in the arts, sciences, and humanities is incorporated into nursing practice. Graduate-entry programs in nursing incorporate the generalist knowledge common to baccalaureate nursing education as delineated in The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008) as well as advanced course work.</i></p> <p><i>Graduate programs are clearly based on a foundation comparable to a baccalaureate degree in nursing. Graduate programs delineate how students who do not have a baccalaureate degree in nursing acquire the knowledge and competencies comparable to baccalaureate education in nursing as a foundation for advanced nursing education. Programs that move students from basic nursing preparation (e.g., associate degree or diploma education) to a graduate degree demonstrate how these students acquire baccalaureate level knowledge and competencies delineated in The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008), even if they do not award a baccalaureate degree in nursing in addition to the graduate degree.</i></p> <p><i>DNP programs, whether post-baccalaureate or post-master's, demonstrate how students acquire doctoral- level competencies delineated in The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006). If the program awards the master's degree as part of the DNP program, the program demonstrates how students acquire master's level knowledge and competencies delineated in The Essentials of Master's Education in Nursing (AACN, 2011) and, if applicable, Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2016).</i></p>				

The program provides a rationale for the sequence of the curriculum for each program.

Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome
<ul style="list-style-type: none"> Grid showing progression from BSN, MSN, to DNP SON shared drive: Curriculum or Graduate Committee & NFO Minutes. 	The progression grid will be updated as needed to mirror curricular updates.	<ul style="list-style-type: none"> All Faculty Curriculum/Graduate/ NFO Committees SON Director 	<p>Curricula will be logically structured to achieve expected student outcomes.</p> <p>Each program will build upon appropriate foundations, and curricula will demonstrate progression from the Baccalaureate to the Doctorate degrees.</p>	<p>Curricula are logically structured to achieve expected student outcomes.</p> <p>Each program builds upon appropriate foundations, and curricula demonstrate progression from the Baccalaureate to the Doctorate degrees.</p>

III-G Key Element:

Teaching-learning practices and environments:

1. support the achievement of student outcomes;
2. consider the needs and expectations of the identified community of interest; and
3. expose students to individuals with diverse life experiences, perspectives, and backgrounds.

III-G elaboration: Teaching-learning practices (e.g., simulation, lecture, flipped classroom, case studies) in all environments (e.g., virtual, classroom, clinical experiences, distance education, laboratory) support achievement of expected student outcomes identified in course, unit, and/or level objectives.

Teaching-learning practices are appropriate to the student population (e.g., adult learners, second-language students, students in a post-graduate APRN certificate program); consider the needs of the program-identified community of interest; and broaden student perspectives.

Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome
<ul style="list-style-type: none"> Course Reports MOUs E-Value (MSN, DNP) 	Each semester	<ul style="list-style-type: none"> Course faculty and/or Program Coordinators 	100% of BSN and MSN/Post-Master's students will be placed in qualified	MET: 100% of BSN and MSN students were placed in qualified clinical sites and with qualified

<ul style="list-style-type: none"> E-Portfolio (MSN,BSN, RN-BSN, DNP) 		<ul style="list-style-type: none"> EE Committee will survey all students and faculty every three years to gather input into teaching-learning practices adequacy. The next survey of faculty and students is due in 2019. 	<p>clinical sites with qualified preceptors.</p> <p>100% of RN-BSN students will identify a qualified mentor to facilitate their learning.</p> <p>100% of DNP students will select qualified committee members to facilitate completion of their translational project.</p> <p>Students and faculty mean scores reflect a score of 4 or > (agree or strongly agree) with Standard III-G.</p> <p>100% of course reports will indicate that learning activities and instructional materials were assessed in light of student learning outcomes.</p> <p>100% of learning environments will have a current MOU/letter of agreement stating expectations of each party.</p> <p>100% of BSN and MSN clinical courses will complete site evaluations by students and faculty and preceptor evaluations by students.</p> <p>100% of BSN and MSN students are provided the</p>	<p>preceptors.</p> <p><u>MET:</u> 100% of RN-BSN students identified a qualified mentor to facilitate their learning.</p> <p><u>MET:</u> 100% of DNP students selected qualified committee members to facilitate defense of their translational project.</p> <p><u>MET:</u> FY 2019: Faculty (17) M= 4.59 BSN (178) M=4.18 MSN (45) M=4.27 DNP (17) M=4.88 (agree or strongly agree) with Standard III-G.</p> <p><u>MET:</u> 100% of end-of-course reports indicated that learning activities and instructional materials were assessed in light of student learning outcomes.</p> <p><u>MET:</u> 100% of learning environments have a current MOU/letter of agreement stating expectations of each party.</p> <p><u>MET:</u> 100% of BSN and MSN clinical courses completed site evaluations by students and</p>
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			<p>opportunity to provide care for vulnerable populations.</p> <p>100% of students (all programs) will be offered the opportunity for a study abroad either before or during their program of study.</p>	faculty and preceptor evaluations by students.
<p>III-H Key Element:</p> <p>The curriculum includes planned clinical practice experiences that:</p> <ol style="list-style-type: none"> 1. enable students to integrate new knowledge and demonstrate attainment of program outcomes; 2. foster interpersonal collaborative practice; and 3. are evaluated by faculty. <p><i>III-H elaboration: To prepare students for a practice profession, each track in each degree program and post-graduate APRN certificate program affords students the opportunity to develop professional competencies and to integrate new knowledge in practice settings aligned to the educational preparation. Clinical practice experiences include opportunities for interpersonal collaboration. Clinical practice experiences are provided for students in all programs, including those with distance education offerings. The program is responsible for ensuring adequate and appropriate clinical sites. Clinical practice experiences align with student and program outcomes. These experiences are planned, implemented, and evaluated to ensure students are competent to function as members of interprofessional teams at the level for which they are being prepared.</i></p> <p><i>Programs that have a direct care focus (including but not limited to post-licensure baccalaureate and nurse educator tracks) provide direct care experiences designed to advance the knowledge and expertise of students in a clinical area of practice.</i></p>				
Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome
<ul style="list-style-type: none"> • Program outcomes • SON shared drive: Minutes from NFO • University's online assessment tool 	Baccalaureate, Master's, DNP, and Post-Master's APRN Certificate planned clinical experiences are reviewed by faculty every semester to comply with GCSU and/or SON.	<ul style="list-style-type: none"> • Program assessment coordinators • Faculty teaching capstone courses 	<p>All clinical experiences will be reviewed by faculty every semester to comply with GCSU and/or SON.</p> <p>Program outcomes will be reviewed annually.</p>	<p>All clinical experiences are reviewed every five years or as needed to comply with GCSU and/or SON.</p> <p>100% of Course outcomes were reviewed at annually in the Capstone courses.</p>

<ul style="list-style-type: none"> Students' evaluations of program outcomes E-Portfolio/Evalue 	Program outcomes and students' evaluations of program outcomes are reviewed in the capstone course annually.		Assessment data will be reported to NFO annually.	Assessment data was reported to NFO.
<p>III-I Key Element:</p> <p>Individual student performance is evaluated by the faculty and reflects achievement of expected student outcomes. Evaluation policies and procedures for individual student performance are defined and consistently applied.</p> <p><i>III-I elaboration: Evaluation of student performance is consistent with expected student outcomes. Grading criteria are clearly defined for each course, communicated to students, and applied consistently. Processes exist by which the evaluation of individual student performance is communicated to students. In instances where preceptors facilitate students' clinical learning experiences, faculty may seek input from preceptors regarding student performance, but ultimately faculty are responsible for evaluation of individual student outcomes. The requirement for evaluation of student clinical performance by qualified faculty applies to all students in all programs. Faculty evaluation of student clinical performance may be accomplished through a variety of mechanisms.</i></p>				
Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome
<ul style="list-style-type: none"> Course syllabi Handbooks Course reports ExamSoft E-Value DegreeWorks 	Ongoing	<ul style="list-style-type: none"> Curriculum/Graduate/ NFO Committees Nursing professional advisors Program assessment coordinators 	<p>All students will be evaluated by faculty during each clinical course.</p> <p>Evaluation policies and procedures for individual student performance will be defined and consistently applied.</p>	<p><u>MET:</u> 100% of BSN and MSN students are clinically evaluated during each clinical course.</p> <p><u>MET:</u> 100% of RN-BSN students successfully completed the RN- BSN Portfolio rubric.</p> <p><u>MET:</u> 100% of DNP students achieved outcomes as indicated by the DNP Portfolio rubric and met criteria to successfully defend and disseminate the translational project.</p>

III-J Key Element:

Curriculum and teaching-learning practices are evaluated at regularly scheduled intervals and evaluation data are used to foster ongoing improvement.

III-J elaboration: Faculty use data from faculty and student evaluation of teaching-learning practices to inform decisions that facilitate the achievement of student outcomes. Such evaluation activities may be formal or informal, formative or summative. Curriculum is regularly evaluated by faculty as appropriate.

Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome
<ul style="list-style-type: none"> University's online assessment tool Course reports SON shared drive: minutes of Curriculum/Graduate Committee SRIS results Annual Progress and Planning Report 	<p>Ongoing</p> <p>Course outcomes are reviewed every semester by the course faculty and Curriculum or Graduate Committee.</p>	<ul style="list-style-type: none"> Curriculum/Graduate/ NFO Committees Program assessment coordinators SON Director 	<p>100% of course outcomes will be reviewed annually.</p> <p>100% of faculty will be reviewed by students (SRIS) and the SON Director (faculty evaluation) each year.</p> <p>Program assessment reports and annual progress and planning report will be completed and reported to NFO annually.</p>	<p>MET: 100% of course outcomes are reviewed at the end of each semester.</p> <p>MET: 100% of faculty are reviewed by students (SRIS) and the Director (faculty evaluation) each year.</p>

Standard IV: Assessment and Achievement of Program Outcomes

The program is effective in fulfilling its mission and goals as evidenced by achieving expected program outcomes. Program outcomes include student outcomes, faculty outcomes, and other outcomes identified by the program. Data on program effectiveness are used to foster ongoing program improvement.

IV-A Key Element:

A systematic process is used to determine program effectiveness.

IV-A elaboration: The program (baccalaureate, master's, DNP, and/or post-graduate APRN certificate) uses a systematic process to obtain relevant data to determine program effectiveness. The process:

1. is written, ongoing, and exists to determine achievement of program outcomes;
2. is comprehensive (i.e., includes completion, licensure, certification, and employment rates, as
3. required by the U.S. Department of Education; faculty outcomes; and other program outcomes);
4. identifies which quantitative and/or qualitative data are collected to assess achievement of the
5. program outcomes;
6. includes timelines for data collection, review of expected and actual outcomes, and analysis; and
7. is periodically reviewed and revised as appropriate.

Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome
<ul style="list-style-type: none"> SON shared drive: minutes of: Curriculum/Graduate, A&P/Graduate Committees and EE Committees Course reports Online university assessment tool 	<p>Ongoing</p> <p>EE Committee will survey students, faculty, alumni, and employers every three years to gather input into resource adequacy. The next surveys are due in 2019.</p>	<ul style="list-style-type: none"> NFO Curriculum/Graduate Committees A&P/Graduate Committees EE Committee Program assessment coordinators SON Director Course faculty 	<p>The SON has a systematic process in place to determine program effectiveness.</p> <p>Program outcomes will be reviewed and reported annually.</p> <p>The EE plan is reviewed annually.</p>	<p>The SON has a program effectiveness.</p> <p>MET: Program outcomes were reviewed annually.</p>

IV-B Key Element:

Program completion rates demonstrate program effectiveness.

IV-B elaboration: The program (baccalaureate, master's, DNP, and/or post-graduate APRN certificate) demonstrates achievement of required program outcomes regarding completion in any one of the following ways:

- the completion rate for the most recent calendar year is 70% or higher;
- the completion rate is 70% or higher when averaged for the three most recent calendar years; or
- the completion rate is 70% or higher when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education.

The program identifies the cohort(s), specifies the entry point, and defines the time period to completion, each of which may vary by track; however, the program provides the completion rate for the overall degree/certificate program. The program describes the formula it uses to calculate the completion rate. The program identifies the factors used and the number of students excluded if some students are excluded from the calculation.

Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome										
<ul style="list-style-type: none">SON shared drive: minutes of: NFO and EE CommitteesOffice of Institutional Research and Effectiveness websiteOnline university assessment tool	Annually or biannually as appropriate per program	<ul style="list-style-type: none">EE CommitteeProgram assessment coordinatorsSON DirectorAPR Committee for UGMSN and DNP program coordinators	The program completion rates for all programs will be at least 70% for the calendar year.	<p>Average program completion rates for FY 2019 are as follows:</p> <table><tr><td>BSN</td><td>91.0% (104/109)</td></tr><tr><td>RN-BSN</td><td>66.7% (2/3)</td></tr><tr><td>MSN</td><td>94.9% (37/39)</td></tr><tr><td>Postmaster's Certificate</td><td>100% (9/9)</td></tr><tr><td>DNP</td><td>88.9 (8/9)</td></tr></table>	BSN	91.0% (104/109)	RN-BSN	66.7% (2/3)	MSN	94.9% (37/39)	Postmaster's Certificate	100% (9/9)	DNP	88.9 (8/9)
BSN	91.0% (104/109)													
RN-BSN	66.7% (2/3)													
MSN	94.9% (37/39)													
Postmaster's Certificate	100% (9/9)													
DNP	88.9 (8/9)													

IV-C Key Element:

Licensure pass rates demonstrate program effectiveness.

IV-C elaboration: The pre-licensure program demonstrates achievement of required program outcomes regarding licensure. A program demonstrates that it meets the licensure pass rate if 80% in any one of the following ways:

- the NCLEX-RN® pass rate for each campus/site and track is 80% or higher for first-time takers for the most recent calendar year (January 1 through December 31);*
- the pass rate for each campus/site or track is 80% or higher for all takers (first-time and repeaters who pass) for the most recent calendar year;*
- the pass rate for each campus/site or track is 80% or higher for first-time takers across the three most recent calendar years; or*
- the pass rate for each campus/site or track is 80% or higher for all takers (first-time and repeaters who pass) across the three most recent calendar years.*

Identify for each campus/site track which of the above methods for calculating the pass rate was used.

Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome
<ul style="list-style-type: none"> SON shared drive: minutes of NFO and EE GA BON NCLEX Report Office of Institutional Research and Effectiveness 	Annually	<ul style="list-style-type: none"> EE Committee Program assessment coordinators SON Director 	The 1st time taker NCLEX pass rate will be at least 80%.	1 st time taker NCLEX 99.06% (105/106)
<p>IV-D Key Element:</p> <p>Certification pass rates demonstrate program effectiveness.</p> <p><i>IV-D elaboration: The master's, DNP, and post-graduate APRN certificate programs demonstrate achievement of required program outcomes regarding certification. For programs that prepare students for certification, certification rates are obtained and reported for those completers taking each examination, even when national certification is not required to practice in a particular state.</i></p> <p><i>For programs that prepare students for certification, data are provided regarding the number of completers taking each certification examination and the number that passed. A program is required to provide these data regardless of the number of test takers.</i></p> <p><i>A program that prepares students for certification demonstrates that it meets the certification pass rate of 80%, for each examination, in any one of the following ways:</i></p> <ul style="list-style-type: none"> <i>the certification pass rate for each examination is 80% or higher for first-time takers for the most recent calendar year (January 1 through December 31);</i> <i>the pass rate for each certification examination is 80% or higher for all takers (first-time and repeaters who pass) for the most recent calendar year;</i> <i>the pass rate for each certification examination is 80% or higher for first-time takers across the three most recent calendar years; or</i> <i>the pass rate for each certification examination is 80% or higher for all takers (first-time and repeaters who pass) across the three most recent calendar years.</i> <p><i>A program provides certification pass rate data for each examination, but may combine certification pass rate data for multiple examinations relating to the same role and population when calculating the pass rate described above.</i></p>				

Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome
<ul style="list-style-type: none"> SON shared drive: minutes of NFO and EE ANCC, AANP, and/or NLN certification reports 	Annually	<ul style="list-style-type: none"> EE Committee Program assessment coordinators SON Director 	The 1st time taker certification pass rates for FNP, PMHNP, and CNE will be at least 80%.	FNP 100% (33/33) FNP-PM 100% (2/2) PMHNP 66.67% (4/3) PMHNP-PM 100% (7/7) NE 0% 2-year average for PMHNP is 88.33% (9/10)
IV-E Key Element: Employment rates demonstrate program effectiveness. <i>IV-E elaboration: The program demonstrates achievement of required outcomes regarding employment rates.</i> <ul style="list-style-type: none"> The employment rate is collected separately for each degree program (baccalaureate, master's, and DNP) and post-graduate APRN certificate program. Data are collected within 12 months of program completion, not at program entry. For example, employment data may be collected at the time of program completion or at any time within 12 months after program completion. The employment rate is 70% or higher. However, if the employment rate is less than 70%, the employment rate is 70% or higher when excluding graduates who have elected not to be employed. 				
Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome
<ul style="list-style-type: none"> SON shared drive: minutes of NFO and EE NRSG 4981 End of Semester Student Survey Program coordinators 	Annually	<ul style="list-style-type: none"> EE Committee Program assessment coordinators SON Director Graduate administrative assistant 	The employment rate for all graduates will be 70% or higher.	The employment rates for FY19 were: BSN= 100% (37/37) MSN FNP 94% (33/31) FNP- PM 100% (2/2) MSN PMHNP 67% (3/2) NM PMHNP-PM 75% (6/8) NE 100% (1/1) DNP 100% (8/8)
IV-F Key Element:				

Data regarding completion, licensure, certification, and employment rates are used, as appropriate, to foster ongoing program improvement.

IV-F elaboration: The program uses outcome data for improvement.

1. Discrepancies between actual and CCNE expected outcomes (program completion rates 70%, licensure pass rates 80%, certification pass rates 80%, employment rates 70%) inform areas for improvement.
2. Changes to the program to foster improvement and achievement of program outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.
3. Faculty are engaged in the program improvement process.

Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome
<ul style="list-style-type: none"> SON shared drive: minutes of NFO and EE University online assessment tool Course reports 	Annually	<ul style="list-style-type: none"> EE Committee Program Assessment Coordinators SON Director NFO 	<p>Data regarding completion, licensure, certification, and employment rates will be used, as appropriate, to foster ongoing program improvement.</p> <p>Results regarding completion, licensure, certification, and employment rates will be presented to NFO annually.</p>	All programs program goals are reviewed annually as indicated in Compliance Assist. As closing the loop is completed – faculty worked to make changes when goals were not met or in most instances when goals were met – worked to increase or strengthen the benchmark for higher achievement if possible.

IV-G Key Element:

Aggregate faculty outcomes demonstrate program effectiveness.

IV-G elaboration: The program demonstrates achievement of expected faculty outcomes as identified in Key Element IV-D. In order to demonstrate program effectiveness, outcomes are consistent with and contribute to achievement of the program's mission and goals, and are congruent with institution and program expectations. Expected faculty outcomes:

1. are identified for the faculty as a group;
2. specify expected levels of achievement for the faculty as a group; and

3. *reflect expectations of faculty in their roles.*

Actual faculty outcomes are presented in the aggregate for the faculty as a group, and each outcome is compared to its expected level of achievement.

Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	
<ul style="list-style-type: none"> Digital measures Faculty Annual Evaluations SRIS results 	Every Spring semester	<ul style="list-style-type: none"> EE Committee SON Director Individual faculty 	<p><u>Scholarship</u> 100% of Full-Time Appointment, One-Year Temporary, and Part-Time (Classroom) Appointment faculty will engage in scholarly activities as described in the SON Promotion and Tenure document and evidenced in Digital Measures.</p> <p>100% of Full-Time Appointment, One-Year Temporary, and Part-Time Appointment faculty will maintain the GA Board of Nursing required continuing education hours.</p> <p>100% of Full-Time Appointment, One-Year Temporary, and Part-Time Appointment APRN faculty will maintain certification.</p> <p><u>Teaching</u> 65% of individual Full-Time Appointment, One-Year Temporary, and Part-Time (Classroom) Appointment</p>	<p><u>Scholarship</u> NOT MET: 86% (25/29) of Full-Time Appointment, One-Year Temporary, and Part-Time (Classroom) Appointment faculty will engage in scholarly activities as described in the SON Promotion and Tenure document and evidenced in Digital Measures.</p> <p>MET: 100% (33/33) of Full-Time Appointment, One-Year Temporary, and Part-Time Appointment faculty will maintain the GA Board of Nursing required continuing education hours.</p> <p>NOT MET: 95.4% (21/22) of Full-Time Appointment, One-Year Temporary, and Part-Time Appointment APRN faculty will maintain certification.</p> <p><u>Teaching</u></p>

			<p>faculty scores on the SRIS item “instructor teaching as excellent” will be at or above the Georgia College mean.</p> <p>65% of individual Full-Time Appointment, One-Year Temporary, and Part-Time (Classroom) Appointment faculty scores on the SRIS item “course rating as excellent” will be at or above the Georgia College mean.</p> <p>100% of Full-Time Appointment, One-Year Temporary, and Part-Time (Classroom) Appointment faculty will meet with the Director to discuss teaching evaluations and review the faculty self-reflection and plan.</p> <p>100% of Part-Time (Clinical) faculty will be evaluated by students (clinical evaluation) and Assistant Director (faculty evaluation) annually.</p> <p><u>Service</u> 100% of Full-Time Appointment, One-Year Temporary, and Part-Time (Classroom) Appointment faculty will serve on a Georgia College, CoHS, or SON committee.</p>	<p><u>MET:</u> 79.4% (23/29) of individual Full-Time Appointment, One-Year Temporary, and Part-Time (Classroom) Appointment faculty scores on the SRIS item “instructor teaching as excellent” will be at or above the Georgia College mean. Fall 2019 M = 4.1/5 Spring 2020 M = 4.4/5 Summer 2020 M = 4.4/5</p> <p><u>MET:</u> 75.8% (22/29) of individual Full-Time Appointment, One-Year Temporary, and Part-Time (Classroom) Appointment faculty scores on the SRIS item “course rating as excellent” will be at or above the Georgia College mean. Fall 2019 M = 4.1/5 Spring 2020 M = 4.2/5 Summer 2020 M = 4.2/5</p> <p><u>MET:</u> 100% (29/29) of Full-Time Appointment, One-Year Temporary, and Part-Time (Classroom) Appointment faculty will meet with the Director to discuss teaching evaluations and review the faculty self-reflection and plan.</p> <p><u>MET:</u> 100% (14/14) of Part-Time (Clinical) faculty will be evaluated by students (clinical evaluation) and Assistant</p>
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				<p>Director (faculty evaluation) annually.</p> <p><u>Service</u> MET: 100% (29/29) of Full-Time Appointment, One-Year Temporary, and Part-Time (Classroom) Appointment faculty will serve on a Georgia College, CoHS, or SON committee.</p>
<p>IV-H Key Element:</p> <p>Aggregate faculty outcome data are analyzed and used, as appropriate, to foster ongoing program improvement.</p> <p><i>IV-H elaboration: The program uses faculty outcome data for improvement.</i></p> <ol style="list-style-type: none"> <i>Discrepancies between actual and expected outcomes inform areas for improvement.</i> <i>Changes to the program to foster improvement and achievement of program outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.</i> <i>Faculty are engaged in the program improvement process.</i> 				
Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome
<ul style="list-style-type: none"> SON shared drive: minutes of NFO and EE University's online assessment tool Annual Progress and Planning report 	Ongoing	<ul style="list-style-type: none"> EE Committee SON Director NFO 	Aggregate faculty outcome data will be analyzed and used, as appropriate, to foster ongoing program improvement.	Aggregate faculty outcome data was reviewed and was present at Fall 2020 NFO meeting. During this meeting 2021 Faculty Outcomes benchmarks will be set.
<p>IV-I Key Element:</p> <p>Program outcomes demonstrate program effectiveness.</p>				

IV-I elaboration: The program demonstrates achievement of outcomes other than those related to completion rates (Key Element IV-B), licensure pass rates (Key Element IV-C), certification pass rates (Key Element IV-D), and employment rates (Key Element IV-E); and those related to faculty (Key Element IV-G).

Program outcomes are defined by the program and incorporate expected levels of achievement. The program describes how outcomes are measured. Actual levels of achievement, when compared to expected levels of achievement, demonstrate that the program, overall, is achieving its outcomes. Program outcomes are appropriate and relevant to the degree and certificate programs offered.

Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome
<ul style="list-style-type: none"> SON Shared drive: minutes of NFO, EE, Graduate, Curriculum, and A&P Committees University's online assessment tool Annual Progress and Planning report 	Ongoing	<ul style="list-style-type: none"> EE Committee SON Director Program Assessment Coordinators Curriculum/Graduate Committee 	<p>All programs will meet program goals annually as indicated in the University's online assessment tool.</p> <p>The SON will achieve all goals set in the Annual Progress and Planning Report. If not, the administrative team will analyze why goals were not met.</p> <p>Results of program assessment and the Annual Progress and Planning report will be presented to NFO annually.</p>	<p>All programs program goals were reviewed as indicated in Compliance Assist. As closing the loop is completed – faculty worked to make changes when goals were not met or in most instances when goals were met – worked to increase or strengthen the benchmark for higher achievement if possible.</p> <p>The SON did not achieve all goals set in the Annual Progress and Planning Report.</p> <p>Goals that were not met:</p> <ol style="list-style-type: none"> Holistic Admission Process Workshop Application for NLN Center of Excellence <p>Both of these goals were postponed to Fall 2020 because of COVID-19</p>

				<p>See Progress and Planning report for AY 2019-2020.</p> <p>Results of program assessment and P&P Report were presented at NFO.</p>
<p>IV-J Key Element:</p> <p>Program outcome data are used, as appropriate, to foster ongoing program improvement.</p> <p><i>IV-J elaboration: For program outcomes defined by the program:</i></p> <ol style="list-style-type: none"> <i>1. Discrepancies between actual and expected outcomes inform areas for improvement.</i> <i>2. Changes to the program to foster improvement and achievement of program outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.</i> <i>3. Faculty are engaged in the program improvement process.</i> 				
Where Documentation is Found	Timeline for Collection	Who is Responsible	Expected Outcome	Actual Outcome
<ul style="list-style-type: none"> SON Shared drive: minutes of NFO, EE, Graduate, Curriculum, and A&P Committees Annual Progress and Planning report 	Ongoing	<ul style="list-style-type: none"> EE Committee SON Director Program Assessment Coordinators NFO 	<p>Plans for program improvement will be discussed and included in NFO minutes.</p> <p>Results of the EE plan and Annual Progress and Planning Report will be presented to NFO annually.</p>	<p>Plans for program improvement were discussed and included in NFO minutes.</p> <p>Results of the EE plan and Annual Progress and Planning Report were presented to NFO annually.</p>

CCNE Standard IV-B
FY 2018 Program Completion Rates

BSN Completion Rates				
Semester of Entry/ Expected Grad Date	Retention Rate Graduation Within 6 Semesters	Did Not Graduate Personal (Includes Major Change)	Did Not Graduate Academic (Failure)	Currently in Program
Fall 2014/Spring 2016	48/53 = 90.5%	3/53	2/53	N/A
Spring 2015/Fall 2016	47/56 = 83.9%	3/56	5/56	1/56
Fall 2015/Spring 2017	48/50 = 96%	0/50	0/50	2/50
Spring 2016/Fall 2017	47/52 = 90.4%	2/52	3/52	N/A
Fall 2016/Spring 2018	46/53 = 86.8%	0/53	2/53	5/53
Spring 2017/Fall 2018	36/58 = 62%	49/58 = 84%	3/58	6/58
Fall 2017/Spring 2019	51/56 = 91%	53/56 = 94.6%	2/56	1/56
Spring 2018/Fall 2019	46/53 = 86.7%	51/53 = 96.2%	0/53	2/53
Fall 2018/Spring 2020	50/54 = 92.6%	1 deceased	1/54	3/54
RN-BSN Completion Rate				
2017	5/5 = 100%	0/5	0/5	0
2018	6/6 = 100%	0/5	0/5	0

2019	2/3 = 66.7%	0/4	1/3	0
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FY 2018 Summary Program Completion Rates MSN

MSN Completion Rates				
Expected Grad Date	Retention Rate Graduation	Did Not Graduate Personal (Includes Major Change)	Did Not Graduate Academic (Failure)	Currently in Program
Spring 2017	30/31 = 96.7%	3/34	1/31	0
Spring 2018	27/33 = 81.8%	4/37	3/33	0
Spring 2019	37/39 = 94.9%	5/44	2/39	0
Spring 2020	44/46 = 95.6%	3/56	5/56	1/56

FY 2018 Summary Program Completion Rates MSN
Postmaster's Certificate

MSN Postmaster's Completion Rates				
Expected Grad Date	Retention Rate Graduation	Did Not Graduate Personal (Includes Major Change)	Did Not Graduate Academic (Failure)	Currently in Program
Spring 2017	4/5 = 80%	3/8	0/5	1 graduated Spring 2018
Spring 2018	11/12 = 91.7%	1/13	1/12	0

Spring 2019	9/9 = 100%	3/12	0	0
Spring 2020	8/10 = 80%	4/14	2/10	0

See detailed calculations below. This data was revisited this year to address consistency in how data was calculated. Director and Program Coordinators worked with institutional research to review graduation numbers/ retentions/ and degrees awarded. This was part of the 10-year review cycle with USG. Past inconsistencies with year degree was awarded was noted. A process is in place now to check data each fall and spring to ensure accuracy of coding. Part of the inconsistency had to do with incorrect coding under the MSN degree.

PMSN expected Grad date 2020:

- Completed within 1.5 time of Program of Study: 8
- Completed PAST 1.5 time of Program of Study: 0
- Did not Graduate, not currently in program: 6
 - **Failed, ineligible to return: 2**
 - Withdrew/ personal and medical reasons: 4
- Currently in Program: 0
- **Completion rate: 8/10 completed program (80%); 8-8 completed on time (100%)**
- **N=8 completed in 2.2 years**
 - **6 in 2 years and 2 in 3 years**
 - **$((1.96 \times 6) + (2.94 \times 2)) / 8 = 2.20$**

MSN expected Grad date 2020:

- Completed within 1.5 time of Program of Study: $31 + 5 + 8 = 44$
- Completed PAST 1.5 time of Program of Study: 0
- Did not Graduate, not currently in program: 7
 - **Ineligible to return (two failures): 2**
 - Withdrew for personal/medical reasons: 4
 - **Deceased: 1**
- Currently in Program: 2 (Thomas & Sutton) not at 1.5 times

- **Completion Rate: 44/46 completed program (95.6%); 44/44 completed on time (100%)**
 - **N=44**
 - **7 in 3 years = 20.58**
 - **36 in 2 years = 70.56**
 - **1 in 4 years = 3.92**
 - **95.06/44 = 2.16y**
-

PMSN expected Grad date 2019:

- Completed within 1.5 time of Program of Study: $2 + 7 = 9$
- Completed PAST 1.5 time of Program of Study: 0
- Did not Graduate, not currently in program: 3
 - **Failed, ineligible to return: 0**
 - Failed one course, but choose not to return for personal reasons: 3
- Currently in Program: 0
- **Completion rate: 9/9 completed program (100%); 9-9 completed on time (100%)**
- **N= 9**
 - **1 at 1.66years = 1.66**
 - **2 at 3 years = 5.88**
 - **7 at 2 years = 13.72**
 - **21.26/9 = 2.36y**

MSN expected Grad date 2019:

- Completed within 1.5 time of Program of Study: $32 + 1 + 4 = 37$
- Completed PAST 1.5 time of Program of Study: 0
- Did not Graduate, not currently in program: 7
 - **Ineligible to return (2 failures): 2**
 - Personal decision not to return: 5
 - Failed one course, but choose not to return: 2

- Withdrew for personal/medical reasons: 3
 - Currently in Program: 0
 - **Completion Rate: 37/39 completed program (94.9%); 37-37 completed on time (100%)**
 - **N=37**
 - **18 in 2 years = 35.28**
 - **10 in 1.66 years = 16.6**
 - **1 in 2.66 years = 2.66**
 - **6 in 3 years = 17.64**
 - **2 in 4 years = 7.84**
 - **80.02/37= 2.16 years**
-

PMSN expected Grad date 2018:

- Completed within 1.5 time of Program of Study: 2 + 8= **10**
- **Completed PAST 1.5 time of Program of Study: 1** (switched majors and had car accident)
- Did not Graduate, not currently in program: 2
 - **Failed one course, but never returned: 1**
 - Withdrew for personal reasons: 1
- Currently in Program: 0
- **Completion rate: 11/12 completed program (91.7%); 10/11 graduated on time (90.9%).**
- **N=11**
 - **10 in 2 years = 19.6**
 - **1 in 4 years = 3.92**
 - **23.52/11 = 2.13yrs**

MSN expected Grad date 2018:

- Completed within 1.5 time of Program of Study: 19 + 3 + 5 = 27
- **Completed PAST 1.5 time of Program of Study: 3**

- Did not Graduate, not currently in program: 7
 - **Ineligible to return (2 failures): 3**
 - Failed one course, but never returned: 1
 - Medical/personal Withdrawal: 3
 - Currently in Program: 0
 - **Completion Rate: 27/33 = 81.8% completed program and 27 of 30 (90%) completed on time.**
 - **N=30**
 - **20 in 2 years = 39.2**
 - **7 in 3 years = 20.58**
 - **1 in 4 years = 3.92**
 - **1 in 5 years = 4.9**
 - **1 in 9 years to finish = 8.82**
 - **77.42/30= 2.58yrs**
-

True Retention Rates Assessment Fall 2017

PMSN- FNP

Expected Grad Date	Retention Rate Graduation Within 1.5 time of program of study	Did Not Graduate Personal (Includes Major Change)	Did Not Graduate Academic (Failure)	Currently in Program
Spring 2017	4/4 = 100% 5 enrolled and 4 finished on time 4/5 = 80% but not counted as shows in 2018	1-family 1-medical 1-withdrew	0/5	1- Will grad Spring 2018 4 of 4 graduated on time (100%).

N=4

- 1 completed in 2 semester (.66 year)
- 2 in 2 yrs = 3.92
- 1 in 3 yrs = 2.94
- $7.52/4 = 1.88$ yrs

MSN

Expected Grad Date	Retention Rate Graduation Within 1.5 time of program of study	Did Not Graduate Personal (Includes Major Change)	Did Not Graduate Academic (Failure)	NOTES
Spring 2017	25/26 true graduation FNP 5/5 = 60% NE 3 of 5 graduated on time	1-withdrew 1-family emergency Two students restarted MSN under new POS in NE program.	1 failed out	26+5 = 31 total grad. 25 + 5 = 30 on time 30/31 graduated on time (96.7%)

N=30

- 21 in 2 yrs = 41.16
- 7 in 3 yrs = 20.58
- 2 in 4 yrs = 7.84
- $69.58/30 = 2.32$ yrs

CCNE Standard IV-C

BSN NCLEX Results

Table IV-C.I. Comparative NCLEX Data: GC BSN, State, and National Outcomes

Year	GC SON BSN Pass Rate	Georgia	National
2017	95.96% (95/99)	87.31%	87.11%
2018	100% (96/96)	89.55%	88.29%
2019	99.06% (105/106)	90.85%	88.16%

Average	98.34%	89.24%	87.85
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CCNE Standard IV-C

FNP Certification Results

Table IV-C.2. FNP Initial Certification Exam Pass Rate

Year	FNP Graduates	Number Passing Certification	Certification Passage Rate
2016	26	25	96%
2017	25	24	96%
2018	28	28	100%*
2019	33	33	100%
Average			98%

* One student who graduated in 2017 who failed the exam on the first attempt retested in 2018 so the overall 2018 pass rate was 97%

Table IV-C.3. FNP Postmasters Initial Certification Exam Pass Rate

Year	FNP PM Certificate	Number Passing Certification	Certification Passage Rate
2017	4	4	100%
2018	2	2	100%
2019	2	2	100%
Average			100%

Table IV-C.4. PMHNP Initial Certification Exam Pass Rate

Year	PMHNP Graduates	Number taking Certification	Certification Passage Rate
2017	N/A	N/A	New program
2018	6	6	100%
2019	4	3	66.67%*
Average			83.33%

* Overall 1st time pass rate 90.00 for all candidates for 2019

Table IV-C.5. PMHNP Postmasters Initial Certification Exam Pass Rate

Year	PMHNP Graduates	Number taking Certification	Certification Passage Rate
2017	N/A	N/A	New program
2018	7	7	100%
2019	7	7	100%
Average			100%

Table IV-C.6. NE Initial Certification Exam Pass Rate

Year	NE Graduates	Number taking Certification	Certification Passage Rate
2017	5	0	0%
2018	5	1	100%
2019	1	0	0%
Average			

* No students have enrolled or graduated from the NE postmasters' program during this evaluation period. We currently have one student who enrolled in summer of 2020.

CCNE Standard IV-E
FY 2018 School of
Nursing
Annual Progress and Planning Report (APR) Results (See Report for Details)

FY18 SON Goal	Program	Results
To procure permanent funding for a new tenure track professor line in nursing that will focus on simulation and research.	ALL	MET
To fill all vacant faculty lines.	ALL	MET
Increase clarity of the evaluation/tenure and promotion expectations within the School of Nursing.	ALL	MET
To maintain 1st Time NCLEX-RN pass rate at $\geq 95\%$.	BSN	MET
To submit and receive approval for the new BSN Curriculum plan and implement the revised curriculum in Fall 2018.	BSN	MET
To receive approval for transiting the current RN-BSN program to an accelerated RN-MSN Bridge Program beginning Fall 2018.	RN-BSN	In Progress
To maintain first time NP board certification pass rates at greater than 90% in all focus areas.	MSN-NP	MET
To complete a review of FNP curriculum and assess opportunities for a BSN to DNP option	MSN-NP	In Progress
Students will demonstrate competencies of nurse educators based on the NLN criteria.	MSN-NE	MET
To increase enrollment in the nurse educator MSN program.	MSN-NE	MET
To implement the revised DNP curriculum Fall 2018.	DNP	In Progress in 2018 MET in 2019
To review the courses currently utilized for the student's DNP project and determine best practices for the student progression through the translational project.	DNP	In Progress in 2018 MET in 2019

CCNE Standard IV-E
FY 2019 School of
Nursing
Annual Progress and Planning Report (APR) Goals FY19

FY19 SON Goal	Program	Results
To have sufficient faculty and staff to achieve the programs' missions, goals, and student outcomes (Viability).	ALL	MET
Develop a plan that would enhance the School of Nursing professional environment to encourage the recruitment, retention, and success of an exemplary and diverse faculty and staff to fill all vacant faculty lines (Viability).	ALL	MET
Continue to develop and implement distinctive and transformative undergraduate curricular and co-curricular experiences by implementing the new prelicensure BSN curriculum to ensure compliance with all national standards and to connect our students with the liberal arts and the community beginning fall 2018 (Quality).	BSN	MET
To identify potential barriers that exist for recruiting, admitting, enrolling, retaining and graduating highly qualified and diverse undergraduate students (Quality).	BSN, RN-BSN	In Progress Holistic Admission Workshop Planned Fall 2020 RN-BSN Deactivated
To maintain first time board certification pass rates at greater than 90% in all focus areas (Quality).	MSN-FNP, MSN-PMHNP	MET FNP 100% (33/33) FNP PM

		100% (2/2) PMHNP PM 100% (7/7) NOT MET: 66.67% (3/4)
To identify potential barriers that exist for recruiting, admitting, enrolling, retaining and graduating highly qualified and diverse graduate students who elect the Nurse Educator Program (Viability).	MSN-NE	In Progress