



# Department of Nursing

Response to the

Evaluation Team Report on the Accreditation Review  
of the Baccalaureate Degree Program in Nursing  
and Master's Degree Program in Nursing  
at Fitchburg State University

December 7, 2015

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Fitchburg State University

Department of Nursing

December 7, 2015

Correction of Facts in the Evaluation Team Report on the Accreditation Review of the Baccalaureate Degree Program in Nursing and Master's Degree Program in Nursing at Fitchburg State University

<b>Fact as Stated in the Evaluation Team's Report</b>	<b>Page Number in the Evaluation Team Report</b>	<b>Correction of Fact</b>
<b>Last paragraph:</b> "there are 15 full-time and 23 part-time faculty"...	1	There are fifteen full-time, <b>three permanent part-time,</b>
<b>First full paragraph:</b> "the graduate chair and faculty confirmed to the team that NURS 8600 has not been offered but will be offered in Fall 2016."	9	The course was always scheduled to be offered Spring 2016, and in fact is on the schedule.
<b>First full paragraph:</b> "core faculty in the DON include 5 tenured, 2 tenure-track, "	12	core faculty in the DON include <b>4 tenured, 3 tenure-track,</b>
<b>First full paragraph:</b> "Several faculty positions also have non-faculty roles...coordinator of the LPN to BS and RN to BS tracks"	12	The department has a twenty hour-per week LPN/RN Coordinator. This is not a faculty role. In addition, the department has long designated three workload credits for a faculty member to oversee the RN to BS track. There is no faculty workload role for the LPN to BS track.
<b>Second full paragraph:</b> "The university approved a twenty hour per week position in academic year 2013-2014 for the DON to hire a part time clinical placement coordinator."	12	The coordinator was hired in January, 2014, and remains in her position.
<b>Last paragraph:</b> " and Dwight Hall"	12	There is no Dwight Hall on this campus; the Nursing Department is housed solely in Thompson Hall.

Fact as Stated in the Evaluation Team’s Report	Page Number in the Evaluation Team Report	Correction of Fact
<b>Second paragraph:</b> “All undergraduate students not yet admitted to the nursing program are advised by the DON chair.”	13	The DON not advise undergraduate students not admitted to nursing. Any undergraduate student not yet admitted to nursing is advised by university assigned faculty. All freshmen are Nursing Pre-majors and are advised by nursing faculty. The DON chair and the RN/ BS coordinator advise all undergraduate online RN to BS students.
<b>Last sentence:</b> “Worcester”	14	Correct spelling : Worcester
<b>Second paragraph:</b> “ the chair receives a \$3000.00 stipend to work 15 days during the summer”	16	All university chairs receive this stipend. However, the DON chair receives an additional stipend of \$9000.00 to work fifteen hours per week in June, July and August. This has been in effect since 2006.
<b>1st paragraph under rationale:</b> “3 credit hours of global diversity”	22	6 credit hours of courses with a global diversity designation – at least 3 credit hours must be in a non-western designation, and each three credits must be in a different cluster.
<b>Under Master’s (last sentence);</b> “the team was not able to observe a clinical site used for student clinical experience”	24	The student clinical site visited was not currently (this semester) being used as a clinical site. It has been used in the past, and will be next used in the spring of 2016.
<b>Last sentence first paragraph:</b> “toward the end of each semester, students have the opportunity to complete course and clinical faculty evaluations”	27	During the final two weeks of every course, students complete a course evaluation and a clinical <b>site</b> evaluation. These evaluation tools are used for curriculum evaluations. (Students also have the opportunity to evaluate faculty who teach in the classroom and those who teach in the clinical area; these are contractual evaluations.)
<b>Under Master’s:</b> “Students complete preceptor evaluations... “	27	This is correct for the undergraduate program only; the master’s program has just developed a tool and will be using it for the first time at the end of the fall semester.
<b>First paragraph under rationale:</b> “...conducts an annual program evaluation workshop...”	28	The PEC conducts a departmental program evaluation workshop each semester (two per year).

<b>Fact as Stated in the Evaluation Team’s Report</b>	<b>Page Number in the Evaluation Team Report</b>	<b>Correction of Fact</b>
<p><b>First paragraph:</b></p> <p>“the MA BORN requires faculty to obtain 15 continuing education units annually..”</p> <p>“ Aggregated data for overall scores on the SIR II were compared to the comparative national mean score of 4.01 for Spring 2013 and Fall 2013.”</p>	<p>33</p>         <p>33</p>	<p>The requirement for license renewal of registered nurses in Massachusetts is actually biannually (every two years).</p>         <p>The overall SIR II scores were compared to the comparative national mean for the previous 5 semesters ( see Self-Study p. 80)</p>
<p><b>First paragraph under Baccalaureate:</b></p> <p>“In the PEC’s review of findings related to an attrition study (PEC minutes dated January 15, 2014) it was noted that the PEC was waiting for direction from the DON, since factors contributing to being at risk for failing had been identified.”</p>	<p>34</p>	<p>There was no meeting of PEC on that date; PEC met on January 29, 2014, and there was no mention of this item. There was a department meeting on January 15, 2014, and the chair reported on her work with Christopher Cratsley, Director of Assessment. The minutes state “Once data is analyzed, students identified as at risk for fail will be encouraged to participate in peer tutoring.” (Please see appendix A, page 3). Please see the Self-Study p. 84 for a discussion of how this was implemented during the fall, 2014 semester.</p>
<p><b>First paragraph under Baccalaureate;</b></p> <p>“There was no evidence for tracking employment data in the Resource Room other than the fact that it was mentioned in PEC meeting minutes dated February 25, 2015, that it would be discussed at the committee’s next meeting.”</p>	<p>34</p>	<p>There were three excel spreadsheets in the Resource Room which documented the employment of our graduates individually for the past 3 years. This data was used to evaluate Key Element IV. D, which had no compliance concerns for the baccalaureate program.</p> <p>The PEC minutes of February 25, 2015 state that ‘the Employer Survey was identified as on the docket for the next PEC meeting.’ This comment refers to the discussion with the UG Curriculum Committee which had occurred, and relates to the reassigning of which committee would be responsible to evaluate data from all our UG surveys. Please see Self Study pp. 85-86.</p>

Fact as Stated in the Evaluation Team’s Report	Page Number in the Evaluation Team Report	Correction of Fact
<p><b>Third paragraph under Baccalaureate:</b>            “The DON approved the preceptor and learning experience evaluation form by students to be implemented in May 2014 (UGCC minutes dated May 14, 2014). The team saw no evidence of Quantitative or qualitative analysis for May 2014 and may 2015 preceptor evaluation data.”</p>	<p>34-5</p>	<p>Aggregated data from both May of 2014 and May of 2015 was in the Resource Room, filed under Standard II E. Please see the Self Study page 37 for discussion. Data from the May 2014 evaluations was discussed in the May 13, 2015 UGCC meeting (see minutes, Appendix B).</p>

Fitchburg State University

Department of Nursing

Response of the Baccalaureate Degree Program to the Evaluation Team Report

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

**Key Element III H:** Curriculum and teaching-learning practices are evaluated at regularly scheduled intervals to foster ongoing improvement.

***CCNE 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 evaluated by faculty and other communities of interest as appropriate. Data from the evaluation of curriculum and teaching-learning practices are used to foster program improvement.*

**Baccalaureate**

As discussed in our Self Study, the department uses course surveys, clinical site surveys, and the senior exit survey to collect data about the curriculum and teaching learning practices. In addition, individual faculty receive results of their SIR II and C 4 evaluations, which identify student evaluation of their teaching-learning practices and overall effectiveness. Faculty are then able to make changes to their practice as warranted.

The self study described changes made to all tracks of the program based on benchmarks below 80% in several course evaluations related to the outcome related to ethics.

In response to the Visitors' report, the program has made the following changes:

The frequency of review of this Key Element in our Program Evaluation Map (PEM) has been changed from every two years to every year during the fall semester. This will allow the curriculum committee to report on data collected the previous academic year. (See 2015-2016 PEM, Appendix C). In addition, benchmarks and the review plan for III H were revised.

The UG Curriculum Committee has approved the Faculty Evaluation of Clinical Site Tool (see Appendix D) and the tool has been deployed for the end of this semester.

The department has formed a Sim Team, who have their first meeting December 7, 2015. One of the first tasks of that committee will be to review the Simulation Evaluation Tool. The team will edit the tool if needed, and ensure the use of the tool after each simulation during the spring, 2016 semester.

The PEM has also been revised to reflect the use of all surveys, including the Simulation Evaluation Tool in evaluating this key element.

Lastly, the department has addressed the issue of data analysis. The department has done all data aggregation internally, and it has become difficult to rely on faculty members to add this task to their

other workload. On October 7, 2015 as our site visit was occurring, the university announced the formation of a Department of Institutional Planning and Research. After the site visit, the head of this department reached out to offer their assistance in data aggregation and analysis. A meeting with the head of this department, AVP McCafferty, Director of Assessment Cratsley, Dean Hoey and the department chair was held on October 20. At that meeting, data aggregation for all nursing surveys was discussed (see minutes (Appendix E). It was agreed that as a first step, course and clinical evaluation data for the past two years would be aggregated by student outcome; results were received by the department on Thursday, December 3. These results will be reviewed by the UG Curriculum Committee at their meeting on December 9, and reported to faculty during the Program Evaluation Workshop in the spring semester, with recommendations if needed.

The next meeting with this department will be held on December 15, when aggregation of data for both the undergraduate and graduate programs will be discussed.

#### **Standard IV Program Effectiveness: Assessment and Achievement of Program Outcomes**

**Key Element IV B.** Program completion rates demonstrate program effectiveness.

***CCNE Elaboration:*** *The program demonstrates achievement of required program outcomes regarding completion. For each degree program, (baccalaureate, master's and DNP) and post-graduate APRN certificate program:*

- *The completion rate for each of the three most recent calendar years is provided.*
- *The program specifies the entry point and defines the time period to completion.*
- *The program describes the formula it uses to calculate the completion rate.*
- *The completion rate for the most recent calendar year is 70% or higher. However, if the completion rate for the most recent calendar year is less than 70%, (1) the completion rate is 70% or higher when the annual completion rates for the three most recent calendar years are averaged or (2) 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.*

*A program with a completion rate less than 70% for the most recent calendar year provides a written explanation/analysis with documentation for the variance.*

#### **Baccalaureate**

The undergraduate program tracks completion rates for the RN to BS track separately from the generic and LPN tracks, because the populations are very different. Going forward, we will combine data from all three tracks to reflect baccalaureate program completion rates. This change is reflected in the 2015-2016 PEM.



The following table reflects the compilation of the two tables that were submitted in our self-study.

Year of Admission into Nursing	# of Students Admitted	Year of Graduation	Number of Graduates	Completion Rate
2007	53	2012	38	72%
2008	76	2013	58	76%
2009	90	2014	69	77%
2010	107	2015	Pending December Grads	Pending December Grads

**Key Element IV F.** Faculty outcomes, individually and in the aggregate, demonstrate program effectiveness.

*CCNE Elaboration:* The program demonstrates achievement of expected faculty outcomes. Expected faculty outcomes:

- are identified for the faculty as a group;
- incorporate expected levels of achievement;
- reflect expectations of faculty in their roles and evaluation of faculty performance;
- are consistent with and contribute to achievement of the program’s mission and goals; and
- are congruent with institution and program expectations.

Actual faculty outcomes are presented in the aggregate for the faculty as a group, analyzed, and compared to expected outcomes.

The Department of Nursing has established the following benchmarks for the faculty outcomes. (Table IV F-1 from the Self Study, page 79, **with fourth column ‘Benchmark’ added**). These benchmarks have been added to the 2015-2016 PEM, and will be evaluated per the map.

Table IV F-1: Measurement Sources for Undergraduate Faculty Outcomes

Faculty Outcomes	Definition of Faculty Outcomes (as per <i>The Agreement</i> )	Measurement Sources	Benchmark
Teaching Effectiveness	“teaching effectiveness, including pedagogical experimentation, as exhibited in lectures, seminars, internships, independent studies, and other instructional settings.”	SIR-IIs C4s	The aggregate FSU DON mean SIR II ‘Overall’ score will meet or exceed the comparative mean national overall score each semester.
Continuing Scholarship	“contribution to the content of the discipline, participation in or contribution to professional organizations and societies, research as demonstrated by published or unpublished work, artistic or other creative activities (where applicable), and work toward the terminal degree or relevant postgraduate study.”	<ul style="list-style-type: none"> <li>-Good standing with licensure</li> <li>- CEU programs</li> <li>-Nursing Education-Specific CEU programs</li> <li>-Advanced graduate study</li> <li>-Faculty publications</li> <li>-Faculty presentations</li> <li>-Grant development work</li> <li>-Active engagement in clinical practice</li> <li>-Certifications</li> </ul>	100 % of faculty licensure is in good standing. 100 % of faculty will acquire ≥ 15 CEUs every two years related to professional role(s). ≥ 80% of full time faculty will be involved in Professional Organizations
Academic Advising	“the giving of academic advice and assistance to students enrolled in the faculty member’s own courses and the giving of such advice and assistance to students enrolled as majors in the Department, including the giving of such advice and assistance on an individualized or group basis.”	-FSU Advising Questionnaires -Student Survey	≥ 80 % of respondents will indicate a response of ‘very much so’ on the two questions related to satisfaction with advising on the Student Surveys.

Faculty Outcomes	Definition of Faculty Outcomes (as per <i>The Agreement</i> )	Measurement Sources	Benchmark
Other Professional Activities	Service, Contribution to Growth & Development of University and community	-Intradepartmental Committees -University Committees -SOAR Program -Open House -Community Volunteer Work	100% of full-time faculty participate in at least 2 intradepartmental committees. ≥90 % of faculty participate in service to the University (e.g. Open Houses and SOAR Programs; University-Wide Committees)

**Key Element IV-H:** Data analysis is used to foster ongoing program improvement.

*CCNE Elaboration:* The program uses outcome data for improvement. Data regarding completion, licensure, certification, and employment rates; other program outcomes; and formal complaints are used as indicated to foster program improvement.

- Data regarding actual outcomes are compared to expected outcomes.
- Discrepancies between actual and expected outcomes inform areas for improvement.
- Changes to the program to foster improvement and achievement of program outcomes are deliberate, ongoing, and analyzed for effectiveness.
- Faculty are engaged in the program improvement process.

**Baccalaureate:**

A number of actions have been undertaken to address this issue. The Program Evaluation Committee (PEC) has met seven times to revise the Program Evaluation Map. (See minutes from PEC, Appendix F). A decision was approved to create one PEM for the undergraduate program, and one for the graduate program. Appendix C contains the undergraduate PEM accepted on December 2, 2015. In the undergraduate PEM, Standard IV has been completely redone, and specific benchmarks for each program outcome have been identified. The committee also redesigned the Program Evaluation Report Worksheet, and added two more tools: the Program Evaluation Post-Workshop Tracking Table, which will prompt an action plan for those elements not meeting the benchmark with follow-up and final evaluation, and a Tracking Table for Evaluation Tool Items Not Meeting Benchmarks, which will ensure

Action Plans with follow-up for items within the Evaluation Tools which do not meet the benchmarks (see Appendix G). The new PEM was approved by the faculty at the December 2 faculty meeting (see Minutes, Appendix H). The new PEM will be used during the spring 2016 semester, along with the aforementioned tracking tools.

Although the form used for minutes in the department has not changed, the department is now recording more information in the discussion column to provide more context to motions. In addition, at the Annual Faculty Meeting, held at the end of May each year, the year-end report form will have an added column to follow-up on motions voted on during the year.

The Program Evaluation Tools- Timeline and Responsibility Table (self study, page 86), developed in Spring 2015, represents a collaboration between the UG Curriculum Committee and the Program Evaluation Committee to share responsibility for administration of the selected tools and for evaluation of the results with follow-up. Coupled with the assistance of the Department of Institutional Research and Planning, the aggregation of data will allow timely data evaluation and action if needed.

In addressing Key Element IV H when writing the Self Study, we cited several examples of how we have used data analysis for program improvement. Additional examples were cited throughout the self study. For example, the data analysis and decisions regarding the Preceptor and Learning Experience Evaluation form were discussed in Key Element II E; tabulation of data for this evaluation tool was filed under Key Element II E in the Resource Room. Analysis of data and interventions related course outcomes scoring below the benchmark scores in course evaluations were presented in Key Element III E. The UG Curriculum Committee also discussed and formulated plans to address other outcomes not meeting the established benchmark. Please see Appendix I for minutes to demonstrate the analysis and action plans for these results. Lastly, in regard to the course evaluations it is also important to note that we were in the middle of a curriculum change which included new course, level and terminal outcomes. The class of 2014 was the first to graduate under the new curriculum.

Fitchburg State University

Department of Nursing

Master's Degree Program Response to the Evaluation Team Report

The Graduate Curriculum Committee met on 12-3-15 to set the implementation of the Spring 2016 priorities to address compliance concerns. (Appendix J)

Standard compliance concern	Short term action plan	Long term action plan
<p>Standard I-E</p>	<p>1) The FSU Nursing, Forensic Nursing, (Online), M.S. Website at <a href="http://catalog.fitchburgstate.edu/preview_program.php?catoid=21&amp;moid=5194&amp;hl=masters+forensic&amp;returnto=search">http://catalog.fitchburgstate.edu/preview_program.php?catoid=21&amp;moid=5194&amp;hl=masters+forensic&amp;returnto=search</a> currently reflects that 39 credit hours are required for graduation.</p> <p>2) By January 1, 2016, the graduate committee will determine if the evaluation team's report is accurate in its contention that further training and/or certification is required for the FSU Forensic nursing published "career opportunities" for graduates, including Career Opportunities including:</p> <ul style="list-style-type: none"> <li>•Death investigator</li> <li>•Legal Nurse Consultant</li> <li>•Medico-legal Investigator</li> <li>•Forensic Nurse Hospital-Based Expert</li> <li>•Forensic Mental Health Consultant</li> </ul> <p>If the team report is accurate, then a qualifying statement will preface the listing of "career opportunities" indicating that further training and/or certification is required.</p>	<p>By February 1, 2016</p> <p>A) Create data table /check list, reviewed annually, that:</p> <ul style="list-style-type: none"> <li>- Contains a list of program documents &amp; publications.</li> </ul> <p>AND</p> <p>Identifies Yes, No, or N/A with regards to accuracy of:</p> <ul style="list-style-type: none"> <li>- program's outcomes</li> <li>- accreditation/approval status</li> <li>- academic calendar</li> <li>- recruitment</li> <li>- admissions policies</li> <li>- grading policies</li> <li>- degree completion requirements</li> <li>- tuition</li> <li>- fees</li> <li>- career opportunities'</li> </ul> <p>B) Identify the phrasing used by our program re: our CCNE accreditation status and assure required CCNE phrasing is used.</p> <p>C) Explain the department's process for notifying constituents of any changes to documents and publications AND provide some examples (if applicable for the reporting period.)</p>

Standard compliance concern	Short term action plan	Long term action plan
Standard II-E	<p>1) On 11-10-15 the following email was sent to all matriculated students and graduate instructors.</p> <p>Dear Graduate Students, Please note the following changes (<u>effective immediately</u>) to obtain approval for a preceptor and clinical agency (for courses with a clinical component):</p> <ol style="list-style-type: none"> <li>1. Email preceptor’s resume to the professor of your class – to obtain her/his approval of your preceptor and clinical agency.</li> <li>2. Email preceptor’s resume and the Preceptor Contract (signed by you and preceptor) to me at <a href="mailto:dgiffor1@fitchburgstate.edu">dgiffor1@fitchburgstate.edu</a>, then I will obtain the signature of the professor of your class.</li> <li>3. <u>And Retroactive, if you are in a FA15 courses with a clinical component:</u> email a copy of your preceptor’s resume to me at your earliest convenience.</li> </ol> <p>An excel tracking file was established to track the required documents above. Student response has been slow and a reminder email was sent on 12-4-15 emphasizing the importance of a response prior to the end of term.</p> <p>2) At the 12-9-15 the graduate curriculum committee will outline the requirements of a comprehensive preceptor orientation packet that identifies preceptor responsibilities and expectations.</p>	<p>A) By January 1, 2016 incorporate these requirements in each clinical course syllabus and have clinical faculty post them on the BB announcement frame for each clinical course.</p> <p>B.1.) By January 1, 2016 distribute the draft of the orientation packet to clinical faculty for review and comment.</p> <p>B.2.) By January 19, 2016 present orientation packet to graduate committee for adoption and distribution.</p>

Standard compliance concern	Short term action plan	Long term action plan
Standard III-B	<p>Content related to health assessment across the lifespan was added to NURS 7300 Advanced Clinical Concepts to begin January 19, 2016 in the Spring 2016 semester. (Appendix K)</p> <p>NURS 8600 Advanced Patho-Pharmacology and Epigenetics in Forensic Nursing was scheduled for Spring 2016 in September 2015 published online 10-15-15.</p>	
Standard III-H	<p>1) By 12-9-15 deploy course evaluation for the seven courses offered in FA 2015 namely:</p> <ul style="list-style-type: none"> <li>NURS 7000 Nursing w/Diverse Population</li> <li>NURS 7200 Nursing Theory</li> <li>NURS 7300 Advanced Clinical Concepts</li> <li>NURS 8000 Intro to Forensic Nursing</li> <li>NURS 8130 Scien Found For Foren Nurs Int</li> <li>NURS 8200 Foren Nurs: Caring for Victims</li> <li>NURS 9100 Research Project</li> </ul> <p>2) By 12-19-15 deploy preceptor evaluation forms (Appendix L)</p> <p>3) By 12-9-15 obtain the Division of Graduate and Continuing Education’s course evaluations for the review period and establish a timeline for evaluating that data.</p>	<p>A) By January 15 2016 determine the program evaluation format to be used with students graduating the program</p> <p>B) By January 15 2016 determine the program evaluation format to be used with students leaving the program for non-medical reasons.</p> <p>C) By May 15, 2016 initiate, complete, and evaluate, data collected on the Tracking Table for Evaluation Tool, Items not Meeting Benchmarks (Appendix M)</p>
Standard IV-B	<p>1)By January 1, 2016 create narrative analysis that:</p> <ul style="list-style-type: none"> <li>• Defines the point of entry and time period to completion for matriculated graduate students.</li> <li>• Identifies the formula(s) used to calculate annual retention and graduation rates</li> <li>• Compares the actual retention and graduation rates to the identified benchmarks (have data for the 3 most current calendar years available).</li> </ul>	<p>By Jan 19, 2016</p> <p>A) Create data table with Completion Rate for Mater’s Program data</p> <p>B) Explain/Analyze variances in expected vs. actual rates.</p> <p>C) Review Key Element Annually for data entry and analysis as needed</p>

Standard compliance concern	Short term action plan	Long term action plan
Standard IV-C	<p>Program response</p> <p>There is no ANCC certification examination in forensic nursing. The current ANCC-IAFN portfolio process launched in late 2012 requires applicants to document 2000 hours of forensic nursing practice in the previous three years which remains a challenging accomplishment because of the limited opportunities for forensic nursing employment, aside from SANE nurses. ANCC 's most recent annual report (2013) lists initial aggregate certification applications but does not list certification rates.</p> <p><a href="http://www.nursecredentialing.org/AdvForensicNursing-Eligibility.aspx">http://www.nursecredentialing.org/AdvForensicNursing-Eligibility.aspx</a> (portfolio requirements)</p> <p>ANCC 2013 Annual report  <a href="http://www.nursecredentialing.org/Documents/Annual-Reports-Archive/2013-AnnualReport.pdf">http://www.nursecredentialing.org/Documents/Annual-Reports-Archive/2013-AnnualReport.pdf</a></p> <p>Short term action plan</p> <p>By January 1, 2016 contact ANCC and attempt to determine if any FSU MS graduate has applied for portfolio certification, and if so, did the student meet the portfolio requirements.</p>	<p>A) Determine the usefulness of portfolio certification as a reflection of required program outcomes.</p>
Standard IV-D	<p>By January 15, 2016</p> <p>1) Review data from resources and add data to existing data table(s)</p> <p>One Excel document for May grads  One Excel document for Dec. grads</p> <p>2) Explain/Analyze variances with the identified benchmark</p> <p><b>RESOURCES:</b></p> <p>Alumni Survey Data  Communication/ Correspondence between the DON (nursing faculty &amp; staff) and its graduates  Employment data on Excel spreadsheets in the Alumni Folder in I-Drive</p> <p>3) By January 30, 2016, Develop and deploy a modified alumni survey which asks if the alumnus performs any forensic functions in his/her employment role.</p>	<p>A) Annually, survey alumni with a modified survey that asks if they perform any forensic functions as part of their employment role.</p>



Standard compliance concern	Short term action plan	Long term action plan
Standard IV-E	1) By March 1, 2016 provide documentary evidence of results of student outcomes enumerated in the submitted self study.	<p>A) Annually, review survey data &amp; identify degree of student, alumni, and employer survey satisfaction with the program's effectiveness.</p> <p>B) Annually, document student outcomes in employment, higher education, leadership, achievements, and contributions to the discipline.</p> <p>Survey data:</p> <ul style="list-style-type: none"> <li>- Graduate Exit Survey (pending)</li> <li>- Alumni Survey (pending)</li> <li>- Employer Survey</li> <li>- Course Evaluations (pending)</li> <li>- Student Exit Survey</li> </ul>
Standard IV-F	NOTE: Benchmarks for all faculty teaching in the Graduate Nursing Program are the same as those identified in Key Element IV-F for the Undergraduate Nursing Program.	
Standard IV-H	<p>Create a data table +/- or narrative analysis that:</p> <ul style="list-style-type: none"> <li>- Identifies 'Key Element' benchmarks that were not met in this PEM.</li> <li>- Identifies action plan(s) that were discussed +/- or implemented in an effort to address unmet benchmarks.</li> <li>- Identifies status of the action plan(s).</li> <li>- Provides evidence of faculty involvement in the program improvement process.</li> </ul> <p>POTENTIAL RESOURCES: Data and resources from reports on Key Elements: IV-A IV-B IV-D IV-E IV-F IV-G</p>	

## Table of Appendices

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Appendix C	Revised Program Evaluation Map 2015-2016 and Activities Calendar
Appendix D	Faculty Evaluation of clinical Site Tool
Appendix E	Minutes of Meeting with Department of Institutional Planning and Research 10.20.15
Appendix F	Program Evaluation Committee Minutes October- November, 2015
Appendix G	Program Evaluation Report Worksheet Program Evaluation Post-Workshop Tracking Table Tracking Table for Evaluation Tool Items Not Meeting Benchmarks
Appendix H	Minutes of Faculty Meeting 12.2.15
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Appendix J	Minutes of Special Graduate Curriculum Committee Meeting 12. 3.15
Appendix K	NURS 7300 Advanced Clinical Concepts in Forensic Nursing syllabus
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Appendix M	Tracking Table for Evaluation Tool Items Not meeting Benchmarks

# Appendix A

## Fitchburg State University Department of Nursing

### Minutes

Meeting Group Name: Nursing Department Meeting

Date of Meeting: 1/15/2014

Location/Time: Miller Oval/11:00 AM

Adjourned: 12:45 PM

Submitted by: A. Meyer

Attendees: A. Aranda, A. Arsenault, M. Bechar, D. Benes, R. Burgess, C. Devine, R. Dumas, N. Duphily, S. Easton, T. Finn, J. Kressy, T. Mariolis, L. McKay, C. McKew, L. Meskauskas, A. Meyer, B. Powers, A. Scannell, A. Shields, D. Stone

Absent:

<u>Topic</u>	<u>Discussion</u>	<u>Action</u>
1. Call to Order	- 11:10 AM	
2. Minutes of 11/6/2013	- Top of page 3 should read "while people are being seated."	- M/S/P as changed.
3. Chair Report	<ul style="list-style-type: none"><li>- L. McKay introduced new faculty and staff:<ul style="list-style-type: none"><li>- Althea Aranda will be co-teaching NURS 3400 and doing 2 days of sophomore clinical at Heywood Hospital.</li><li>- Stephanie Easton is our new Clinical Placement Coordinator</li></ul></li><li>- L. McKay asked for volunteer to proctor Senior HESI exam for one student who will be retaking exam on January 28.</li></ul>	

<u>Topic</u>	<u>Discussion</u>	<u>Action</u>
	<ul style="list-style-type: none"> <li>- Linda will continue to try and recruit a volunteer</li> </ul>	
4. Lab Coordinator Report	<ul style="list-style-type: none"> <li>- C. McKew referred faculty to her written report (attached).</li> <li>-C. McKew clarified page 2 of her report under Remediation that there are 9 students who will remediate fall course content in the spring 2014 semester</li> <li>- C. McKew also reported on students enrolled in Evidence Based Practice (Fall 2013) used the lab to film a short presentation on 'Family Members Present during Resuscitation'</li> </ul>	<ul style="list-style-type: none"> <li>- This will be shown to the faculty at the February Department meeting.</li> </ul>
5. Committee Reports  A. Admissions  B. Bylaws  C. Curriculum  D. Graduate  E. Liason/Nominations  F. PEC	<ul style="list-style-type: none"> <li>-No Report</li> <li>-No Report</li> <li>-No Report</li> <li>-2 Students graduated in December</li> <li>-Committee working on curriculum revision</li> <li>-Committee reviewing applications for entry into program</li> <li>-No report</li> <li>Committee is working on the</li> </ul>	

# Appendix A

<u>Topic</u>	<u>Discussion</u>	<u>Action</u>
<p style="text-align: center;">G. Student Policies</p>	<p>new PEM. They are hoping to have the new document ready in February for faculty review and vote.</p> <p>-Committee distributed new policy on Social Media for faculty review and vote. Suggested amendments to the policy:</p> <ul style="list-style-type: none"> <li>-delete the word "stated"</li> <li>-delete the words "whose behavior" and replace with "who"</li> </ul> <p>-All students will be notified in writing of the addition of this policy. Students will receive a document in duplicate that they will be required to sign and date acknowledging that they have received and understand the Social Media policy. Targeted date for policy activation is January 31, 2014</p> <p>-Coordinators will be responsible for distribution of a pamphlet on Social Media to their respective levels.</p>	<p><u>Motion:</u> To accept the presented policy on the sue of social media with suggested amendments</p> <p>M/S/P</p>
<p>6. Undergraduate Level Reports</p> <p>A. Sophomore</p>	<p>-A. Meyer referred department members to her written report (attached)</p> <p>-L. McKay reported on her work with Chris Cratsley looking at data to determine factors contributing to sophomore attrition. Once data is analyzed, students identified as at risk for fail will be encouraged to participate in peer tutoring.</p>	

<u>Topic</u>	<u>Discussion</u>	<u>Action</u>
<p>B. Junior</p> <p>C. Senior</p> <p>D. RN to BS</p> <p>E. LPN to BS</p>	<p>-C. Devine referred department members to her written report (attached)</p> <p>-41 students enrolled in second semester senior courses -8 students enrolled in first semester senior courses</p> <p>-L. McKay reported that this program will be moving to a cohort model accepting a maximum of 40 students for entry in the fall semester and another maximum of 40 students for entry in the spring semester -L. McKay wanted to thank C. Devine for hosting the January GCE Open House for prospective and accepted students in the RN to BS in Nursing program</p> <p>-Planning is underway for the summer for these students who will be taking junior courses. These students will be seniors in the fall (2014)</p>	
7. Old Business	None	
8. New Business	- Some faculty have had their old computers replaced and have "lost" their TestGen program.	A. Meyer will contact TestGen and send links to faculty who need TestGen.

# Appendix A

<u>Topic</u>	<u>Discussion</u>	<u>Action</u>
9. Congratulations	- D. Benes and D. Stone have completed course work for PhD and are now PhD(c)s!	
10. Adjournment	- 12:45 pm	





# Appendix B

## Fitchburg State University Department of Nursing

### Minutes

**Meeting Group Name:** Curriculum  
**Date of Meeting:** 5.13.2015  
**Location/Time:** Health Assessment Lab/ 2:20 pm  
**Adjourned:** 4:30 pm  
**Submitted by:** Nancy Duphily  
**Attendees:** A. Aranda J. Costa, C. Devine, N. Duphily, L. McKay, B. Powers  
  
**Excused/Absent:** D. Benes, A. Gill

Topic	Discussion	Action
I. Call to Order		2:20 pm
II. Minutes of 4.8.2015	Reviewed by committee	Motion to approve the following definition: "system sensitive problem solver" definition M/S/P
Minutes 4.22.2015	Reviewed by committee	M/S/P
III. Portfolios NURS4750	NURS4750 tool reviewed; discussion and suggestions for edits made by committee	Finished revision of NURS4750 tool
IV. Preceptor and Learning Experience Evaluation Form	Discussed responses from 2014 Survey  Tool results to be scanned by L. McKay and attached to meeting minutes	Themes included number of clinical hours, scheduling of meetings off unit with faculty Will examine 2015 data in the fall to



**UNDERGRADUATE NURSING PROGRAM**

**STANDARD I:**

**PROGRAM QUALITY: MISSION & GOVERNANCE**

**KEY ELEMENTS A-G**

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**STANDARD I: MISSION & GOVERNANCE**

Key Element I-A. (IA.a and IA.b)	BENCHMARK /MEASURE	REVIEW PLAN & RESOURCES	FREQUENCY OF REVIEW
<p>The mission, goals and expected program outcomes are:</p> <p>IA.a. Congruent with those of the parent institution</p> <p style="text-align: center;">AND</p> <p>IA.b. Consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals:</p> <ul style="list-style-type: none"> <li>• Essentials of Baccalaureate (2008) ANA Code of Ethics for Nurses (2001)</li> <li>• ANA Nursing Scope and Standards of Practice (2004)</li> <li>• Social Policy Statement (2010)</li> </ul>	<p>IA.a. Scheduled reviews will indicate that each aspect of the program's mission, vision, and expected student outcomes are represented in those of the parent institution.</p> <p>IA.b. Scheduled reviews will find that each element of the program's mission, vision and expected student outcomes will be representative of the professional nursing standards and guidelines for the preparation of nursing professionals.</p>	<p>IA.a. Create a table /matrix that identifies linkages between the FSU institutional and the DON program's mission, vision, and expected student outcomes.</p> <p><b>Resources:</b> -FSU's Mission, Vision and Expected Student Outcomes -DON UG &amp; G Program's Mission, Vision and Expected Student Outcomes (Terminal Outcomes)</p> <p>IA.b. Create a data table +/- or matrix that demonstrates how the program's mission, and vision and outcomes align with the professional nursing standards and guidelines.</p> <p><b>Resources:</b> -Program Mission, Vision, and expected student outcomes -Professional <i>Standards</i> and guidelines noted under Key Element 1-A.b</p>	<p>Every four years +/- or when substantive changes are made.</p> <p><b>RESPONSIBLE STAFF/ COMMITTEE</b> UG Curriculum Committee &amp; G Curriculum Committee</p>

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 Department of Nursing ~ Program Evaluation Map

**STANDARD I: MISSION & GOVERNANCE**

Key Element I-B (I B.a & I B.b)	BENCHMARK /MEASURE	REVIEW PLAN & RESOURCES	FREQUENCY OF REVIEW
The mission, goals and expected student outcomes are reviewed periodically and revised, as appropriate, to reflect:  IB.a. Professional nursing standards and guidelines	IB.a. Scheduled reviews will identify when the program's mission, vision and expected student outcomes are reviewed and revised to reflect any changes to the professional nursing standards and guidelines.	For <u>IB.a.</u> Write a narrative analysis +/- or create a data table that:  - Identifies all updates to professional nursing standards and guidelines.  - Assesses how/if program mission, vision, and expected student outcomes align with any identified updates.	Every 2 years +/- or when substantive changes are made.
AND	IB.b. Scheduled reviews will find that:	- Identifies any subsequent revisions to program mission, vision, and expected student outcomes  - Identifies dates that reviews & revisions by the program occurred.	<b>RESPONSIBLE STAFF/ COMMITTEE :</b> UG Curriculum Committee
IB.b. The needs and expectations of the community of interest	<ol style="list-style-type: none"> <li>1. The DON clearly identifies its community(ies) of interest.</li> <li>2. The needs/expectations of the community(ies) of interest are identified.</li> <li>3. The program's mission, vision, and terminal outcomes reflect the needs/expectations of our community(ies) of interest.</li> </ol>	<b>Resources:</b> -Program's mission, vision and expected student outcomes -Current professional nursing standards and guidelines documents -G & UG Curriculum Committee meeting Minutes - Minutes from Department meetings - The DON's definition of Community of Interest ( accepted 5/2014)	

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**STANDARD I: MISSION & GOVERNANCE**

Key Element I-B (Cont'd)	BENCHMARK / MEASURE	REVIEW PLAN & RESOURCES	FREQUENCY OF REVIEW
1 B.b continued.		<p><u>For I.B.b:</u> Write a narrative analysis +/- or data table that:</p> <ul style="list-style-type: none"> <li>-Defines our community (ies)of interest.</li> <li>-Identify the needs of our community(ies) of interest via a simple survey +/- or discussion.</li> <li>-Compares the program's mission, vision and expected student outcomes with the identified needs of our community(ies) of interest.</li> <li>-Identifies areas of incongruence.</li> </ul> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>-Program's Mission and Terminal Outcomes tools/resources</li> <li>- Minutes from Advisory Committee meetings</li> <li>- Advisory Committee agenda discussion/ possible survey ( i.e. Likert Scale format)</li> <li>- DON vision statement</li> <li>- Grants that meet community of interest needs</li> </ul>	<p>AS NOTED ABOVE</p> <p><b>RESPONSIBLE STAFF/ COMMITTEE</b></p>

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**STANDARD I: MISSION & GOVERNANCE**

KEY ELEMENT I-C	BENCHMARK /MEASURE	REVIEW PLAN & RESOURCES	FREQUENCY OF REVIEW
<p>Expected faculty outcomes are clearly identified by the nursing unit, are written and communicated to the faculty, and are congruent with the institutional expectations.</p>	<p>Scheduled reviews will find that faculty outcomes are:</p> <ol style="list-style-type: none"> <li>1. Clearly identified by our Department of Nursing</li> <li>2. Written and communicated to the nursing faculty.</li> <li>3. In alignment with expectations of our parent institution</li> </ol>	<p>Write a narrative analysis that +/- or data table that identifies:</p> <ul style="list-style-type: none"> <li>-Expected DON faculty outcomes</li> <li>-Process for communication of outcomes and expectations to faculty</li> <li>-Institutional expectations of faculty</li> <li>-Areas of congruency between faculty outcomes and institutional expectations.</li> </ul> <p><b>Resources:</b> -Agreement between the BOHE and the MA/NEA/MSCA</p>	<p>Every 2 years +/- or when substantive changes are made</p> <p><b><u>RESPONSIBLE STAFF/ COMMITTEE:</u></b> DON Chair</p>

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**STANDARD I: MISSION & GOVERNANCE**

KEY ELEMENT I-D	BENCHMARK / MEASURE	REVIEW PLAN & RESOURCES	FREQUENCY OF REVIEW
<p>Faculty and students participate in program governance.</p>	<p>Scheduled reviews of departmental meeting minutes and departmental committee meeting minutes will find:  At least one student attends each regularly scheduled undergraduate curriculum meeting *</p> <p>* Benchmark reflects the accepted revision from 5/2012 workshop</p>	<p>1. Create a data table that : -Identifies each departmental committee. -Identifies committee members as faculty, support staff, students, and chair.</p> <p>2. Review departmental minutes to identify /quantify participation in program governance by faculty.</p> <p>3. Review departmental <u>committee meeting minutes</u> to identify / quantify participation by faculty and students.</p> <p><b>Resources:</b> -DON Bylaws -Minutes from Departmental meetings -Minutes from Departmental Committee meetings</p>	<p>Every other year</p> <p><b>RESPONSIBLE STAFF/ COMMITTEE</b> By-Law Committee</p>



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**STANDARD I: MISSION & GOVERNANCE**

KEY ELEMENT I-E	BENCHMARK /MEASURE	REVIEW PLAN & RESOURCES	FREQUENCY OF REVIEW
<p>Documents and publications are accurate. A process is used to notify constituents about changes in documents and publications.</p>	<p>1. Scheduled reviews of the identified program documents and publications will find accurate and current information about the program.</p> <p>2. Reviews will find phrasing of our program's CCNE accreditation status consistent with CCNE's required phrasing.</p> <p>3. Reviews will also identify efforts to update these documents and publications as appropriate and to notify constituents about changes</p>	<p>1. Create a data table /check list that: -Contains a list of program documents &amp; publications. AND Identifies Yes, No, or N/A with regards to accuracy of: -program's outcomes -accreditation/approval status -academic calendar -recruitment -admissions policies -grading policies -degree completion requirements -tuition -fees</p> <p>2. Identify the phrasing used by our program re: our CCNE accreditation status and note if the required CCNE phrasing is used.</p> <p>3. Explain the department's process for notifying our constituents of any changes to documents and publications AND provide some examples (if applicable for the reporting period.)</p> <p><b>Potential Resources:</b> -FSU Catalog -DON UG &amp; G Student Handbooks -FSU DON website -Flyers and 'Open House' packets -CCNE Elaboration for Standard I-E (re: Accred. Phrasing)</p>	<p>Annually</p> <p><b>RESPONSIBLE STAFF/ COMMITTEE:</b> Admissions Committee</p>

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**STANDARD I: MISSION & GOVERNANCE**

KEY ELEMENT I-F	BENCHMARK /MEASURE	REVIEW PLAN & RESOURCES	FREQUENCY OF REVIEW
<p>Academic policies of the parent institution and the nursing program are congruent and support achievement of the mission, goals and expected student outcomes.</p> <p>These policies are: fair and equitable; published and accessible; and reviewed and revised as necessary to foster program improvement.</p>	<p>1. Scheduled reviews of the program's academic policies listed in the University Catalog, the Departmental Website, and Student Handbooks will find consistency with corresponding academic policies of the institution.</p> <p>2. Scheduled reviews will find evidence that policies are reviewed and revised annually for clarity and equity.</p>	<p>1. Create data table that:</p> <ul style="list-style-type: none"> <li>-Identifies Academic Policies of both FSU and the DON.</li> <li>-Demonstrates how the two academic policies align and differ with one another.</li> </ul> <p>2. Audit minutes from Student Policies Committee and Departmental meetings. Identify review dates and revisions made to policies. Provide some examples of revisions made during the report period ( if applicable).</p> <p><b>Potential Resources:</b></p> <ul style="list-style-type: none"> <li>-University Catalog: Academic Policies</li> <li>-DON Student Handbooks: Academic Policies</li> <li>- Minutes from Student Policies Committee meetings</li> <li>-Minutes from Departmental meetings</li> </ul>	<p>Annually</p> <p><b>RESPONSIBLE STAFF/ COMMITTEE:</b></p> <p>Student Policies Committee</p>

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Appendix C

**STANDARD I: MISSION & GOVERNANCE**

KEY ELEMENT I-G (BORN)	BENCHMARK /MEASURE	REVIEW PLAN & RESOURCES	FREQUENCY OF REVIEW
<p>A published policy exists for nondiscriminatory criteria for admission, course exemptions, advanced placement, transfer, Educational mobility, withdrawal, readmission, graduation, student rights, and grievances exist and are published.</p> <p>All applicants and students are aware of the BORN Good Moral Character regulations</p>	<p>Scheduled reviews will identify:</p> <ul style="list-style-type: none"> <li>-The presence of published nondiscriminatory policies.</li> <li>-A signed BORN <i>Good Moral Character</i> document in every student file.</li> </ul>	<p>1. Create a data table +/-or narrative analysis that identifies existing and published nondiscriminatory policies and provides examples of evidence this evidence of nondiscriminatory criteria for:</p> <ul style="list-style-type: none"> <li>Admission</li> <li>Course exemptions</li> <li>Advanced placement</li> <li>Transfer</li> <li>Educational mobility</li> <li>Withdrawal</li> <li>Readmission</li> <li>Graduation</li> <li>Student rights</li> <li>Grievances</li> </ul> <p>2. Create a Yes/No checklist for the presence of a signed <i>Good Moral Character</i> regulations document in student nurse files. Randomly select ~ 40 student nurse files and review these files for the presence of the signed document.</p> <p><b>Resources:</b></p> <ul style="list-style-type: none"> <li>- University Catalog &amp;- DON Student Handbooks</li> <li>- Admissions Committee Meeting Minutes</li> <li>- BORN</li> <li>- Student Files</li> </ul>	<p>Annually</p> <p><b>RESPONSIBLE STAFF/ COMMITTEE:</b></p> <p>Admissions Committee</p>

**UNDERGRADUATE NURSING PROGRAM**

**STANDARD II**

**PROGRAM QUALITY: INSTITUTIONAL COMMITMENT & RESOURCES**

**KEY ELEMENTS A-F**

Fitchburg State University  
Department of Nursing ~ Program Evaluation Map

Appendix C

**STANDARD II: INSTITUTIONAL COMMITMENT & RESOURCES**

KEY ELEMENT II- A	BENCHMARK/ MEASURE	REVIEW PLAN & RESOURCES	FREQUENCY OF EVALUATION
<p>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.</p>	<p>Scheduled reviews will find sufficient physical resources and funding to enable the program to fulfill its mission and vision, and to meet or exceed its expected outcomes.</p>	<p>Create line item/data table that identifies:</p> <ol style="list-style-type: none"> <li>1. Program's needs</li> <li>2. Program's fiscal and physical resources</li> <li>3. Program's needs as 'met' or 'unmet'</li> </ol> <p><b>Potential Resources:</b></p> <ul style="list-style-type: none"> <li>-DON Chair reports</li> <li>-Lab Coordinator reports</li> <li>-DON budget</li> <li>-DON Extraordinary Budget Request</li> <li>-Additional funding sources</li> <li>-Grants</li> <li>-Space availability: classroom, lab , faculty offices &amp; nursing Suite</li> <li>-Clinical labs &amp; equipment &amp; coordinator</li> </ul>	<p>Annually</p> <p><b>RESPONSIBLE STAFF / COMMITTEE</b></p> <p>DON-Chair &amp; Laboratory Coordinator</p>

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**STANDARD II: INSTITUTIONAL COMMITMENT & RESOURCES**

KEY ELEMENT II-B	BENCHMARK/ MEASURE	REVIEW PLAN & RESOURCES	FREQUENCY OF EVALUATION
<p>Academic support services are sufficient to ensure quality and are evaluated on a regular basis to meet program and student needs.</p> <p>(BORN) Current and comprehensive learning resources are developed with faculty input and are available /accessible to students and faculty.</p>	<p>Scheduled reviews of academic support services will indicate sufficient resources exist to meet student and program needs</p>	<p>1. Identify faculty and student support resources/ services.</p> <p>2. Conduct queries with the identified support resources /services: To what extent do academic resources/services meet the academic needs ?</p> <p><b>Potential Resources:</b></p> <ul style="list-style-type: none"> <li>-Library Resources (For Both Faculty &amp; Student)</li> <li>-Clinical Skills Lab: Open Lab Sessions</li> <li>-Academic Support Center (Tutoring services and Disability Services)</li> <li>-Expanded Horizons Program</li> <li>-Remediation Program</li> <li>-Student Surveys (every 4 years)</li> <li>-Faculty Survey (every 4 years)</li> <li>-IT Services / Help desk</li> <li>- Advisor: Student Ratios</li> <li>- Collaboration with Admissions</li> </ul>	<p>Annually</p> <p><b>RESPONSIBLE STAFF / COMMITTEE</b></p> <p>Admissions Committee</p>

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Appendix C

**STANDARD II: INSTITUTIONAL COMMITMENT & RESOURCES**

KEY ELEMENT II C	BENCHMARK /MEASURE	REVIEW PLAN & RESOURCES	FREQUENCY OF REVIEW
<p>The chief nurse administrator:</p> <ul style="list-style-type: none"> <li>-Is a registered nurse (RN)</li> <li>-Holds a graduate degree in Nursing</li> <li>-Holds a doctoral degree if the nursing unit offers a graduate program in nursing</li> <li>-Is academically and experientially qualified to accomplish the mission, goals, and expected program outcomes</li> <li>-Is vested with the administrative authority to accomplish the mission, goals, and expected program outcomes; and provides effective leadership to the nursing unit in achieving its mission; goals, and expected program outcomes.</li> <li>-BORN and AACN notified of changes in DON Chairperson</li> </ul>	<p>Review of the DON Chair's CV and faculty data sheet will indicate that he/she is qualified to accomplish the mission, goals, and expected program outcomes.</p> <p>Documentation of election, appointment and reappointment of the DON Chairperson will indicate that he/she effectively facilitates the accomplishment of the program's mission, goals, and expected program outcomes.</p> <p>Contractual Agreement indicates he/she is vested with administrative authority.</p>	<ol style="list-style-type: none"> <li>1. Create a data table or check list that aligns DON Chair qualifications with those identified in the respective job description.</li> <li>2. Identify ongoing efforts to effectively maintain this leadership role.</li> </ol> <p><b>Potential Resources:</b></p> <ul style="list-style-type: none"> <li>-FSU Job Description / Requirements for DON Chairperson position</li> <li>-CV of the DON Chairperson</li> <li>- Minutes from Departmental meetings</li> <li>-Documentation of election, appointment, and reappointment process</li> <li>- MA BORN Regs and MSC/MTS/NEA Agreement</li> </ul>	<p>When appointment occurs</p> <p><b>RESPONSIBLE STAFF/ COMMITTEE:</b></p> <p>Program Evaluation Committee</p>

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**STANDARD II: INSTITUTIONAL COMMITMENT & RESOURCES**

KEY ELEMENT II D	BENCHMARK /MEASURE	REVIEW PLAN & RESOURCES	FREQUENCY OF REVIEW
<p>Faculty members are: Sufficient in number to accomplish the mission, goals, and expected program outcomes. Academically prepared for the areas in which they teach and experientially prepared for the areas in which they teach.</p>	<p>Review of faculty CV's will demonstrate that faculty are academically &amp; experientially prepared, and qualified in the areas in which they teach. Review of workload will identify an adequate number of faculty to deliver curriculum.</p>	<p>Write a narrative analysis +/- or create a data table that: -Identifies numbers of full time, part-time (permanent) and adjunct faculty members.- -Identifies level of education for each faculty member. - Aligns faculty qualifications with their assigned teaching responsibilities.</p>	<p>Annually</p>
<p>(BORN) Adequate number of full-time, part-time and support personnel exist, including a maximum 10:1 student to faculty clinical ratio.</p>	<p>Review of Clinical Data Sheets will indicate no greater than a 10:1 student to faculty clinical ratio for any clinical group</p>	<p>- Tracks faculty: student ratios for clinicals/labs  <b>Potential Resources:</b> -Faculty: Student Clinical Ratio Mass BORN Clinical Info Sheets -Faculty CV's -Faculty Data Sheets</p>	<p><b>RESPONSIBLE STAFF/ COMMITTEE:</b> DON -Chairperson</p>



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**STANDARD II: INSTITUTIONAL COMMITMENT & RESOURCES**

KEY ELEMENT II E	BENCHMARK /MEASURE	REVIEW PLAN & RESOURCES	FREQUENCY OF REVIEW
<p>Preceptors, when used by the program 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.</p>	<p>Review of the program's preceptors' education and experience will correspond with the qualifications identified within the DON policies and MA BORN Regulations.</p>	<p>Create data table +/-or narrative analysis that:                      - Aligns preceptor qualifications with those identified in the respective <i>MA BORN Qualifications of Preceptor</i> document                      - Identifies all courses that utilize preceptors   <b>Potential Resources:</b>                      -BORN: Preceptor Policy/Qualifications document for each preceptor</p>	<p>Annually</p> <p><b>RESPONSIBLE STAFF/ COMMITTEE</b>                      DON Chairperson</p>

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**STANDARD II: INSTITUTIONAL COMMITMENT & RESOURCES**

KEY ELEMENT II F	BENCHMARK /MEASURE	REVIEW PLAN & RESOURCES	FREQUENCY OF REVIEW
<p>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.</p>	<p>Scheduled reviews will find:                      -Scholarship funds and grant applications are available to faculty through the institution.                      AND                      -Internal support resources are identified, available and utilized by faculty.</p>	<p>Create data table/checklist and /or a narrative analysis that identifies:                      -Available faculty resources                      -Grant &amp;scholarship fund availability &amp; utilization                      -Conferences/ courses/workshops attended by faculty                      -Conferences/ courses/workshops where faculty presented content through the support of the institution                      -Utilization of the CTL Mentorship program and teaching effectiveness / support program                      -Types of service in which faculty engage</p> <p><b>Potential Resources:</b>                      - BHE &amp; MSCA Agreement                      - Faculty Handbook                      - Department budget                      - Approved Faculty /Continuing Scholarship Request Forms                      - Faculty Data Sheets                      - Faculty Center for Teaching &amp; Learning (CTL)                      -Faculty survey of support service utilization</p>	<p>Every 2 Years</p> <p><b>RESPONSIBLE STAFF/ COMMITTEE:</b>                      DON- Chair</p>

**UNDERGRADUATE NURSING PROGRAM**

**STANDARD III**

**PROGRAM QUALITY: CURRICULUM & TEACHING LEARNING PRACTICES**

**KEY ELEMENTS A-H**

Appendix C

Fitchburg State University  
Department of Nursing ~ Program Evaluation Map

**STANDARD III: CURRICULUM & TEACHING LEARNING PRACTICES**

KEY ELEMENT III -A	BENCHMARK /MEASURE	REVIEW PLAN & RESOURCES	FREQUENCY OF REVIEW
<p>The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that are congruent with the program's mission and goals AND the roles for which the program is preparing its graduates.</p>	<p>Scheduled curriculum reviews will demonstrate:</p> <ul style="list-style-type: none"> <li>-Alignment of expected student outcomes with the program mission and goals.</li> <li>-Congruency between curriculum and roles for which we preparing our students</li> </ul>	<p>1.Create course outcomes tables that align expected terminal outcomes and respective level outcomes with all courses for each level ( Soph. Jr., Sr.).</p> <p>2. Demonstrate how outcomes align with the program's mission and goals and the roles for which we are preparing our students.</p> <p>3. Compare outcomes in course syllabi with those identified in the course outcome tables for each respective level. Identify areas where alignment is weak +/- or not evident.</p> <p>4. Identify some examples of dates and types of curriculum revisions.</p> <p><b>Potential Resources:</b></p> <ul style="list-style-type: none"> <li>- Mission, Terminal Outcomes</li> <li>- Student Outcomes at each level (Soph.- Sr. yrs)</li> <li>- Syllabi: Course Outcomes</li> <li>- Products /Outcomes of FSU DON Curriculum Workshop(s)</li> <li>-Minutes from Curriculum Committee &amp; Departmental meetings</li> </ul>	<p>Every 2 years+/-or with substantive changes</p> <hr style="border-top: 1px dashed black;"/> <p><b>RESPONSIBLE COMMITTEE /STAFF:</b></p> <p>UG Curriculum</p>

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**STANDARD III: CURRICULUM & TEACHING –LEARNING PRACTICES**

KEY ELEMENT III- B	BENCHMARK /MEASURE	REVIEW PLAN / RESOURCES	FREQUENCY OF REVIEW
<p>Curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines that are clearly evident within the curriculum and within the expected student outcomes (Individual and aggregate).</p> <p>- Baccalaureate program curricula incorporate <i>The Essentials of Baccalaureate Education for Professional Nursing Practice</i> (AACN, 2008).</p>	<p>Scheduled reviews will find that:</p> <p>The BS in Nursing Program incorporates the respective 'Essentials' throughout the program of study</p>	<p>Create a table that demonstrates linkage between terminal outcomes of the BSN Program and the respective 'Essentials'</p> <p><b>Potential Resources:</b></p> <ul style="list-style-type: none"> <li>- Program's Terminal Outcomes</li> <li>- DON UG Curriculum Worksheets</li> <li>- Course Syllabi</li> <li>- Products/Proposals from the FSU DON Curriculum Workshop(s)</li> <li>- Course: Outcomes Tables for each level</li> <li>- Minutes from Curriculum Committee meetings</li> <li>- Minutes from Departmental meetings</li> </ul>	<p>Every 4 Years +/- or with Substantive Change</p> <p><b>RESPONSIBLE STAFF/ COMMITTEE:</b></p> <p>UG Curriculum Committee</p>

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**STANDARD III: CURRICULUM & TEACHING-LEARNING PRACTICES**

Key Element III-C	Benchmark/Measure	Review Plan/Resources	Frequency of Review
<p>-The curriculum is logically structured to achieve expected student outcomes.</p> <p>-Baccalaureate curricula build upon a foundation of the arts, sciences, and humanities.</p> <p>-Master's curricula build on a foundation comparable to baccalaureate level nursing knowledge.</p>	<p>Annual Review of the 4-year plan of studies for the BSN and Master's Curricula will identify a logical progression of courses in the humanities, arts, sciences, and the core nursing courses.</p> <p>Scheduled reviews will find evidence that the DON has collaborated with at least one cognate department with regards to the required LA &amp; S courses.</p>	<p>1. Create a data table +/- or write a narrative analysis to demonstrate this logical progression of courses within the respective programs' <i>Plan of Studies</i> worksheets.</p> <p>2. Secure syllabi from 2 cognate departments and identify how the nursing courses build upon the respective cognate courses.</p> <p><b>Potential Resources:</b>                      -BSN: Plan of Studies Worksheet                      -UG Student Handbook                      -Master's : Plan of Studies worksheet                      -Graduate Student Handbook                      - Minutes from UG &amp; G Curriculum Committee meetings                      - Minutes from Department meetings</p>	<p>Every 2 years OR with any change to the 4-year plan of study</p> <hr/> <p><b>Responsible Committee /Staff:</b>                      UG &amp; G Curriculum Committees</p>

Fitchburg State University  
 Department of Nursing ~ Program Evaluation Map

**STANDARD III: CURRICULUM & TEACHING-LEARNING PRACTICES**

KEY ELEMENT III-D	Benchmark/Measure	Review Plan /Resources	Frequency of Review
Teaching-learning practices and environments support the achievement of expected student outcomes	Scheduled reviews will find that the program's teaching-learning practices and environments promote individual and aggregate student outcomes	1. Create a data table that identifies teaching/learning practices and environments utilized at the Sophomore through Senior levels. Include in table: -Didactic components -Clinical skills lab components -Simulation components -Health Assessment Lab components -Clinical experiences  2. Create a data table or narrative that identifies how these teaching-learning practices promote our expected student outcomes.  <b>Potential Resources:</b> - Course Syllabi -Lab Plans & Skills Checklists - Lab resources - Student Surveys: Nsg course evaluations	Every 4 Years  <b>Responsible Committee /Staff :</b>  DON- Chair  UG Curriculum Committees

Fitchburg State University  
Department of Nursing ~ Program Evaluation Map

**STANDARD III: CURRICULUM & TEACHING-LEARNING PRACTICES**

KEY ELEMENT III-E	BENCHMARK/MEASURE	REVIEW PLAN/ RESOURCES	FREQUENCY OF REVIEWS
<p>The curriculum includes planned clinical practice experiences that enable students to integrate new knowledge and demonstrate attainment of program outcomes</p> <p>AND</p> <p>These planned clinical practice experiences are evaluated by faculty.</p>	<p>Scheduled reviews will:</p> <ul style="list-style-type: none"> <li>• Identify the types of clinical/lab practice experiences</li> <li>• Demonstrate alignment of clinical/lab experiences with programs outcomes</li> <li>• Demonstrate faculty evaluation of all clinical/lab experiences</li> </ul>	<p>1. Create a data table and/or narrative analysis that identifies:</p> <ul style="list-style-type: none"> <li>-Clinical/Lab experiences across the curriculum</li> <li>-Alignment of clinical/lab experiences with program outcomes</li> </ul> <p>2. Identify process and tools for clinical/lab evaluation by faculty</p> <p><b>Potential Resources</b> Clinical Agency Contracts Course Syllabi for courses with clinical experience Program outcome table Clinical evaluation tools TK 20 Evaluation</p>	<p>Every 2 years</p> <hr/> <p><b>RESPONSIBLE STAFF / COMMITTEE</b></p> <p>DON- Chair</p> <p>UG Curriculum Committees</p>



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**STANDARD III: CURRICULUM**

KEY ELEMENT III-F	BENCHMARK/MEASURE	REVIEW PLAN / RESOURCES	FREQUENCY OF REVIEW
<p>The curriculum and teaching-learning practices consider the needs and expectations of the identified community of interest</p>	<p>Scheduled reviews will find evidence that both internal and external communities of interest are solicited for input regarding the program's curriculum and teaching-learning experiences.</p>	<p>Create a narrative analysis that identifies:</p> <ul style="list-style-type: none"> <li>-Our community (ies) of interest . (See Key Element I-B)</li> <li>-How the needs and expectations of our community(ies) of interest are identified. (See Key Element I-B)</li> <li>-Some examples of identified needs/expectations of our community(ies) of interest. (See Key Element I-B)</li> <li>- How our program responded to these needs and expectations ( i.e. provide examples of changes made to our curriculum and teaching-learning practices).</li> </ul> <p><b>Potential Resources:</b>                      Minutes from Advisory Committee meetings                      Any surveys that target our internal or external communities of interest</p>	<p>Annually</p> <hr/> <p><b>RESPONSIBLE STAFF / COMMITTEE</b>                      Chair &amp; UG Program Curriculum Committee</p>

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**STANDARD III: CURRICULUM & TEACHING-LEARNING PRACTICES**

KEY ELEMENT III-G	BENCHMARK/MEASURE	REVIEW PLAN/RESOURCES	FREQUENCY OF REVIEW
<p>Individual student performance is evaluated by the faculty and reflects achievement of expected student outcomes.</p> <p>AND</p> <p>Evaluation policies and procedures for individual student performance are defined and consistently applied.</p>	<p>Scheduled reviews NURS course syllabi will find:</p> <ul style="list-style-type: none"> <li>-All syllabi include current course outcomes</li> <li>-All syllabi include evaluation criteria for didactic component of course</li> <li>-All syllabi of courses with clinical components clearly identify the requirement of a passing grade in the clinical component is required in order to pass the course.</li> <li>- All clinical evaluation tools include course outcomes</li> <li>- Review of a random selection of 40 student files (10 from each level) will show that all files contain completed &amp; signed clinical evaluation tools.</li> </ul>	<p>Write a narrative analysis that:</p> <ul style="list-style-type: none"> <li>-Identifies our policies and procedures r/t individual student evaluation</li> <li>- Provides evidence that both didactic and clinical/lab evaluations of individual student performance are conducted by faculty at all levels in the program</li> </ul> <p>Conduct a review of the clinical evaluation tools within student files via a random sampling of 10 files from each grade level and include May grads from the prior year (N= 40). Review of the 40 randomly-selected files targets the <u>previous 1 or 2 semesters</u> (as applicable) to assess for presence of completed and signed clinical eval tools.</p> <p><b>Potential Resources:</b></p> <ul style="list-style-type: none"> <li>- Course Syllabi: Outcomes, Academic Policies &amp; Evaluation Methods for didactic, Skills Lab; Clinical components</li> <li>- Student files</li> <li>- Clinical Evaluation Tools</li> <li>- Clinical Skills Checklist</li> <li>- Assignment Rubrics (as applicable)</li> <li>- Disability/Special Needs Accommodations as applicable (i.e. Testing Accommodations)</li> <li>- DON UG &amp; G Handbooks</li> </ul>	<p>Annually</p> <hr/> <p><b>RESPONSIBLE STAFF / COMMITTEE:</b></p> <p>Student Policies Committee</p>

Fitchburg State University  
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**STANDARD III: CURRICULUM & TEACHING-LEARNING PRACTICES**

KEY ELEMENT III-H	BENCHMARK/MEASURE	REVIEW PLAN/RESOURCES	FREQUENCY OF REVIEW
<p>Curriculum and teaching-learning practices are evaluated at regularly scheduled intervals to foster ongoing improvement.</p>	<p>Scheduled reviews will identify:</p> <ol style="list-style-type: none"> <li>1. the tools used to evaluate the program's curriculum and teaching and learning practices</li> <li>2. the schedule of frequency of evaluations</li> <li>3. evidence that data are used to improve curriculum and teaching-learning practices</li> </ol>	<p>Complete the <i>Tracking Table for Evaluation Tool/Items not Meeting Benchmarks</i> ( in I drive /Program Evaluation folder)</p> <p><b>Potential Resources:</b></p> <ul style="list-style-type: none"> <li>-End of Semester Course Evaluation Tool</li> <li>-Clinical Evaluation Tool</li> <li>-Faculty Evaluation of Clinical Site Tool</li> <li>-Sr. Exit Survey</li> <li>-Simulation Evaluation Tool</li> <li>-Minutes from Curriculum meetings and department meetings</li> <li>-Nursing course syllabi and content outlines</li> </ul>	<p>Annually each Fall</p> <hr/> <p><b>RESPONSIBLE STAFF / COMMITTEE:</b></p> <p>UG Curriculum committee</p>

UNDERGRADUATE NURSING PROGRAM

STANDARD IV

**PROGRAM EFFECTIVENESS: ASSESSMENT AND ACHIEVEMENT OF PROGRAM OUTCOMES**

**KEY ELEMENTS: A- H**

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Appendix C

**STANDARD IV: ASSESSMENT & ACHIEVEMENT OF PROGRAM OUTCOMES**

KEY ELEMENT IV- A	BENCHMARK/MEASURE	REVIEW PLAN & RESOURCES	FREQUENCY OF REVIEW
<p>A systematic process is used to determine program effectiveness.</p>	<p>Scheduled reviews will find a systematic process exists to evaluate the effectiveness of the UG Nursing Program.</p> <p>Benchmarks include:</p> <ul style="list-style-type: none"> <li>- All Program Evaluation tools are posted in I- Drive (Program Evaluation Map, Program Evaluation Activity Calendar, Post Workshop Follow-Up Tables)</li> <li>- Evidence that Program Evaluation Workshops are conducted twice a year.</li> </ul>	<p><b>Review Plan:</b> Identify the systematic process for program evaluation</p> <p><b>Resources:</b> PEC Meeting Minutes PEC Annual Report Program Evaluation I Drive folder The written plan for program evaluation The FSU Assessment Dept.</p>	<p>Every 2 years (Spring) and when needed.</p> <p><b>RESPONSIBLE PERSON / COMMITTEE:</b>  Program Evaluation Committee</p>

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**STANDARD IV: ASSESSMENT & ACHIEVEMENT OF PROGRAM OUTCOMES**

KEY ELEMENT IV- B	BENCHMARK/ MEASURE	REVIEW PLAN & RESOURCES	FREQUENCY OF REVIEW
<p>Program completion rates * demonstrate program effectiveness.</p>	<p>Scheduled reviews will find:  The Baccalaureate Degree Nursing Program 5 year completion rate* will be <math>\geq 70\%</math>.  *The UG program measures a 5-year completion rate for all tracks excluding students who have changed majors, those who have transferred to another institution, and those who have identified family obligations, relocation or financial barriers</p>	<p>1. Create narrative analysis that: -Defines the point of entry and time period to completion (for the past three years). -Identifies the formula(s) used to calculate annual retention and graduation rates (have formula(s) used for the 3 most current calendar years available). -Compares the actual retention and graduation rates to the identified benchmarks (have data for the 3 most current calendar years available).  2. Create data table with Completion Rate for Baccalaureate Program data.  3. Explain/Analyze variances in expected vs. actual rates.</p> <p><b>POTENTIAL RESOURCES</b></p> <ul style="list-style-type: none"> <li>- Data Table(s) on Program Completion Rates</li> <li>- DON Chair source documents with data</li> <li>- Data from Banner</li> </ul>	<p>Annually</p> <p><b>RESPONSIBLE STAFF /COMMITTEE:</b>  Program Evaluation Committee</p>

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**STANDARD IV: ASSESSMENT & ACHIEVEMENT OF PROGRAM OUTCOMES**

KEY ELEMENT IV- C	BENCHMARK/ MEASURE	REVIEW PLAN & RESOURCES	FREQUENCY OF REVIEW
Licensure pass rates demonstrate program effectiveness.	Scheduled reviews will find NCLEX-RN first time pass rate is $\geq 90\%$	<p><b>REVIEW PLAN</b></p> <ol style="list-style-type: none"> <li>1. Create a data table that compares the actual NCLEX first time pass rates to the program's benchmark (have data for the 3 most current calendar years available).</li> <li>2. Explain/Analyze variances to the identified benchmark</li> </ol> <p><b>POTENTIAL RESOURCES</b>                      NCLEX First time pass rate data from NSCBN</p>	<p>Annually</p> <p><b><u>RESPONSIBLE STAFF /COMMITTEE:</u></b>                      UGCC/ DON Chair</p>

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**STANDARD IV: ASSESSMENT & ACHIEVEMENT OF PROGRAM OUTCOMES**

KEY ELEMENT IV- D	BENCHMARK/ MEASURE	REVIEW PLAN & RESOURCES	FREQUENCY OF EVALUATION
Employment rates demonstrate program effectiveness.	Scheduled reviews will find that ≥ 70 % of the program's graduates are employed within 1 year after graduation.	<p><b>REVIEW PLAN</b></p> <ul style="list-style-type: none"> <li>1. Review data from resources and add data to existing data table(s)</li> <li>-1 Excel document for May grads</li> <li>-1 Excel document for Dec. grads</li> </ul> <p>2. Explain/Analyze variances to the identified benchmark</p> <p><b>RESOURCES:</b></p> <ul style="list-style-type: none"> <li>-Alumni Survey ( e.g. Question # 3)</li> <li>-Communication/ Correspondence between the DON (nursing faculty &amp; staff) and its graduates</li> <li>- Employment data on Excel spreadsheets in the Alumni Folder in I-Drive</li> </ul>	<p>Annually (Fall)</p> <hr/> <p><b>RESPONSIBLE STAFF / COMMITTEE</b></p> <p>Program Evaluation Committee</p>



Fitchburg State University  
Department of Nursing ~ Program Evaluation Map

Appendix C

**STANDARD IV: ASSESSMENT & ACHIEVEMENT OF PROGRAM OUTCOMES**

KEY ELEMENT IV-E	BENCHMARK/ MEASURE	REVIEW PLAN & RESOURCES	FREQUENCY OF REVIEW
<p>Program outcomes demonstrate program effectiveness.</p> <p><i>As per CCNE: This 'Key Element' does <b>NOT</b> refer to our program outcomes of:</i></p> <ul style="list-style-type: none"> <li>-Graduation Rates</li> <li>-Licensure Pass Rates</li> <li>-Employment Rates</li> <li>-Faculty Outcomes</li> </ul>	<p>Scheduled reviews will find:</p> <ol style="list-style-type: none"> <li>1. Aggregate student testing data show increased HESI scores in selected areas (e.g. AACN Curriculum Categories, QSEN) from Sophomore to Senior years</li> <li>2. 80 % or more of first-time Exit HESI scores will be <math>\geq 850</math></li> <li>3. Benchmarks are met or exceeded for the following surveys used to evaluate program effectiveness:                             <ul style="list-style-type: none"> <li>-Sr. Exit Survey: <math>\geq 80\%</math> of respondents will indicate they agree or strongly agree Program outcomes were met.</li> <li>-Sr. Exit Survey: <math>\geq 80\%</math> of respondents will indicate they agree or strongly agree to questions related to student satisfaction with the program (Q #'s 14, 15 and 16).</li> <li>-Alumni Survey: <math>\geq 80\%</math> of respondents indicate they are satisfied or very satisfied with their program of study at FSU (Q# 7).</li> <li>-Employer Survey: <math>\geq 80\%</math> of respondents indicate they are satisfied or very satisfied with the professional practice of the FSU graduates.</li> <li>-End of semester course evaluations: <math>\geq 80\%</math> of respondents indicate they agree or strongly agree that course outcomes were met.</li> </ul> </li> </ol>	<p><b>REVIEW PLAN:</b> Create data tables and analyze data for each of the following:</p> <ol style="list-style-type: none"> <li>1. 2nd Semester Sophomore vs. Second Semester Senior HESI Scores for AACN Curriculum Categories</li> <li>2. Compare three consecutive years of our graduates' Exit HESI Data (first exam) for Nursing Process to the Nursing Process component in the NCLEX percentile reports for graduates of similar programs</li> <li>3. <u>Exit</u> HESI First-Time Pass Rates</li> <li>4. Review survey data &amp; identify degree of student, alumni and employer survey satisfaction with our program's effectiveness (Sr. Exit, Alumni, Employer Surveys)</li> </ol> <p><b>RESOURCES</b> -HESI and NCLEX Score/Data Binders -Compiled Data from: Sr. Exit Survey Alumni Survey Employer Survey End of semester Course Evaluations( refer to III- H)</p>	<p>Annually</p> <p><b>RESPONSIBLE STAFF /COMMITTEE</b>  Program Evaluation Committee</p>

Fitchburg State University  
Department of Nursing ~ Program Evaluation Map

**STANDARD IV: ASSESSMENT & ACHIEVEMENT OF PROGRAM OUTCOMES**

KEY ELEMENT IV- F	BENCHMARK/ MEASURE	REVIEW PLAN & RESOURCES	FREQUENCY OF EVALUATION
<p>Faculty outcomes*, individually and in the aggregate, demonstrate program effectiveness.</p> <p><i>*As per The Agreement, faculty Outcomes are identified as:</i></p> <ul style="list-style-type: none"> <li>• Teaching Effectiveness</li> <li>• Continuing Scholarship</li> <li>• Academic Advising</li> <li>• Measures for Service and Contributions to Growth and Development of the Discipline:</li> </ul>	<p>Scheduled reviews will find the following:</p> <p><u>Measures of Teaching Effectiveness:</u> The aggregate FSU DON mean SIR II 'Overall' score will meet or exceed the comparative mean national overall score each semester.</p> <p><u>Measures for Continuing Scholarship</u> 100 % of faculty licensure is in good standing. 100 % of faculty will acquire ≥ 15 CEUs every two years related to professional role(s). ≥ 80% of full time faculty will be involved in Professional Organizations</p> <p><u>Measures for Academic Advising</u> ≥ 80 % of respondents will indicate a response of 'very much so' on the two questions related to satisfaction with advising on the Student Surveys.</p> <p><u>Measures for Service and Contributions to Growth and Development of the Discipline:</u> 100% of full-time faculty participate in at least 2 intradepartmental committees. ≥90 % of faculty participate in service to the University (e.g. Open Houses and SOAR Programs; University-Wide Committees)</p>	<ol style="list-style-type: none"> <li>1. Create a data table that compares the actual data with the expected faculty benchmarks.</li> <li>2. Explain how these outcomes contribute to the achievement of our program's mission and goals</li> <li>3. Explain/ Analyze variances to the identified benchmark.</li> </ol> <p><b>POTENTIAL RESOURCES:</b> -Annual Faculty Data Sheets -List of intradepartmental committees -Departmental Meeting minutes (i.e. attendance) -Departmental Committee Meeting Minutes -SIR II scores (through DON Chair) - Student Surveys</p>	<p>Annually (Spring cycle appears reasonable IF the time period includes data from any May activities that occurred that were not captured in the prior year's report.)</p> <p><b><u>RESPONSIBLE STAFF / COMMITTEE</u></b>  Program Evaluation Committee &amp; DON Chair ( for SIR II Data)</p>

Fitchburg State University  
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Appendix C

**STANDARD IV: ASSESSMENT & ACHIEVEMENT OF PROGRAM OUTCOMES**

KEY ELEMENT IV- G	BENCHMARK/ MEASURE	REVIEW PLAN & RESOURCES	FREQUENCY OF EVALUATION
<p>The program defines and reviews formal complaints according to established policies.</p>	<p>Scheduled reviews will find:                      -The Department's definition of formal complaint and the process for review of a formal complaint are published in the student nurse handbooks                      -Any formal complaint is logged in the Formal Complaint Log                      -This policy is reviewed annually by the Student Policies Committee</p>	<p>Create a narrative analysis +/-or data table that:                      - Identifies The Department's established policy for review of formal complaints                      - Identifies our definition of formal complaints                      -Identifies <u>where</u> the formal complaint policy can be found.                      -Provides evidence that this policy is reviewed regularly.                      -Provides evidence that this policy is utilized when applicable .  <b>Resources:</b>                      Formal complaint log                      All DON UG &amp; G Student Handbooks                      FSU Handbook                      Student Policies Meeting Minutes                      University Catalog                      DON Student Handbooks</p>	<p>Annually</p> <p><b>RESPONSIBLE STAFF / COMMITTEE</b>                      Student Policies</p>

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**STANDARD IV: ASSESSMENT & ACHIEVEMENT OF PROGRAM OUTCOMES**

KEY ELEMENT IV- H	BENCHMARK/ MEASURE	REVIEW PLAN & RESOURCES	FREQUENCY OF EVALUATION
Data analysis is used to foster ongoing program improvement	<p>Scheduled reviews will find evidence that:</p> <ol style="list-style-type: none"> <li>All discrepancies between expected benchmarks and actual outcome data are identified at the Fall and Spring Program Evaluation Workshops (PEWs)</li> <li>Minutes from Faculty Meetings, and /or Faculty Workshops, and /or PEWs will reflect that faculty are involved in the process of data analysis and 'Action Plan' development.</li> <li>Follow-up reports on the status of 'Action Plans' are presented at the next scheduled Program Evaluation Workshop.</li> <li>The 'Action Plans' are evaluated to determine their effectiveness in achieving the identified program benchmarks.</li> </ol>	<p>Create a data table that includes:</p> <ul style="list-style-type: none"> <li>-Each Key Element in Standard IV</li> <li>-Identified Benchmarks</li> <li>-Actual Outcomes</li> <li>-Met/Unmet</li> <li>-Action Plan</li> </ul> <p><b>POTENTIAL RESOURCES:</b> Data and resources from reports on Key Elements: IV-A IV-B IV-C IV-D IV-E IV-F IV-G</p>	Annually

Undergraduate Nursing Program  
Program Evaluation Map Activities Calendar

Appendix C

Note: Pale grey type in shaded columns denote review cycles based on former PEM

Outcome	Committee/Staff Responsible	Frequency	SP 12	FA 12	SP 13	FA 13	SP 14	FA 14	SP 15 Self-Study	FA 15 Self-Study	SP 16	FA 16	SP 17	FA 17	SP 18
<b>Standard I: Mission &amp; Governance</b>															
I A-a	UG Curriculum	4 Years	X								X				
I A-b	UG Curriculum	4 Years	X								X				
I B-a	UG Curriculum	2 Years	X				X				X				X
I-B-b	UG Curriculum	2 Years	X				X				X				X
I-C	Chair	2 Years	X				X				X				X
I-D	By-Laws	Q O Year	X					X				X			
I-E	Admissions	Annually			X				X		X*		X		X
I-F	Policies	Annually	X		X		X		X		X		X		X
I-G (BORN) (Formerly I-H)	Admissions	Annually	X		X			X		X		X		X	

\*Report Moved to New Review Cycle  
# Interim Report Due  
^ Report Not Submitted or Incomplete; Report Due at Next Workshop  
+ Available Help (PEC: Spring 2014)

Fitchburg State University  
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Outcome	Committee/Staff Responsible	Frequency	SP 12	FA 12	SP 13	FA 13	SP 14	FA 14	SP 15 Self-Study	FA 15 Self-Study	SP 16	FA 16	SP 17	FA 17	SP 18
Standard II. Institutional Commitment & Resources															
II A	Chair /Lab Coordinator	Annually	X		X		X		X		X		X		X
II B	Admissions	Annually	X		X		X		X		X		X		X
II C	PEC	@ Appt.			X <sup>^</sup>		X								
II D	Chair	Annually	X		*Fall	X		X		X		X		X	
II E	Chair	Annually		X	#	X	#	X		X		X		X	
II F	Chair	2 years		X				X				X			

\*Report Moved to New Review Cycle  
# Interim Report Due  
^ Report Not Submitted or Incomplete; Report Due at Next Workshop  
+ Available Help (PEC: Spring 2014)

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Standard III: Curriculum & Teaching-Learning Practices	Committee/Staff Responsible	Frequency	SP 12	FA 12	SP 13	FA 13	SP 14	FA 14	SP 15 Self- Study	FA 15 Self- Study	SP 16	FA 16	SP 17	FA 17	SP 18
III A (Contains Part of Former III-B)	UG Curriculum	2 years	X				X				X				X
III B	UG Curriculum	4 years	Sp. 2009 X				X								X
III C	UG Curriculum	2 years	X	X	X		*		X				X		
III D	Chair / UG Curriculum	4 years				deferred	X								X
III E	Chair/UG Curriculum	2 years	N/A	N/A	N/A	N/A	X				X				X
III F	Chair/UG Curriculum	Annually				X				* Annual		X		X	
III G	Student Policies	Annually	X		X		X		X		X		X		X
III H	UG Curriculum	Annually	X		X				* Move to Fall	X		X		X	

\*Report Moved to New Review Cycle  
# Interim Report Due  
^ Report Not Submitted or Incomplete; Report Due at Next Workshop  
+ Available Help (PEC: Spring 2014)

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Outcome	Committee/Staff Responsible	Frequency	SP 12	FA 12	SP 13	FA 13	SP 14	FA 14	SP 15	FA 15	SP 16	FA 16	SP 17	FA 17	SP 18
<b>Standard IV: Assessment &amp; Achievement of Program Outcomes</b>															
IV A Identify Process Only Here (Former IV-A is now broken down into IV A,B,C,D)	UG Curriculum/ Chair	2 years	X				X+				X				X
IV B (Formerly part of IV-A)	UG Curriculum/ Chair	Annually	N/A	N/A	N/A	N/A	X+		X		X		X		X
IV C (Formerly part of IV-A)	UG Curriculum/ Chair	Annually	N/A	N/A	N/A	N/A	X+		X		X		X		X
IV D (Formerly part of IV-A)	PEC	Annually	N/A	N/A	N/A	N/A	X+		*Move to Fall	X		X		X	
IV E (Parts of former IV B & C See CCNE Elaboration!)	UG Curriculum/ Chair	Annually	N/A	N/A	N/A	N/A	X+			X		X		X	
IV F (Formerly IV-E)	PEC	Annually	X^	X^	# *Fall	X	*	*Spring	X		X		X		X
IV G (Formerly I-G)	Student Policies	Annually	X		X		X		X		X		X		X
IV H (Newer version of former IV-D. See CCNE Elaboration)	Chair/UG Curriculum	Annually	N/A	N/A	N/A	N/A	X+		X		X		X		X

\*Report Moved to New Review Cycle

# Interim Report Due

^ Report Not Submitted or Incomplete; Report Due at Next Workshop

+ Available Help (PEC: Spring 2014)



# Appendix D

## Fitchburg State University Department of Nursing

### Faculty Evaluation of Clinical Site

Faculty member completing this form:

Instructor's time spent at site:

Years of university affiliation at site

Semester/Year:

Course Title:

Organization & Site:

Please check the appropriate box using the five-point Likert scale.

Strongly Agree (SA); Agree (A); Disagree (D); Strongly Disagree (SD)

KEY	SA	A	D	SD
1. Appropriate client situations were available for student learning needs to meet course objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Students were able to give "hands-on" care as appropriate to the course objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Students were able to obtain needed information from the client record and staff as appropriate to the agency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Adequate references were available on the unit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The number of patients in the clinical setting was sufficient to meet course objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The range of major health problems represented in the patient population was sufficient to meet course objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The variety of learning opportunities was sufficient to meet course objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The nursing staff modeled professional behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The attitude of the staff contributed to a supportive learning environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Adequate space was available for post-conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11.19.2015/ NHD



Linda McKay

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**From:** Pam McCafferty  
**Sent:** Tuesday, October 20, 2015 3:54 PM  
**To:** Christopher Cratsley; Meg Hoey; Linda McKay  
**Subject:** meeting notes  
**Attachments:** CCNE Meeting Notes Oct 20.docx

Hello,

I pulled together a quick summary of our meeting. I am sure I missed things, so please feel free to comment via email response or via edits to the attached. I also made a few comments in red if folks could please read and clarify for me.

I look forward to continuing to work with everyone in the months ahead. Thank you.

Pam

*Pamela McCafferty*  
*Assistant Vice President*  
*Institutional Research and Planning*



*Fitchburg State University is committed to excellence in teaching and learning and blends liberal arts and sciences and professional programs within a small college environment. Our comprehensive public university prepares students to lead, serve, and succeed by fostering lifelong learning and civic and global responsibility. A Fitchburg State education extends beyond our classrooms to include residential, professional, and co-curricular opportunities. As a community resource, we provide leadership and support for the economic, environmental, social, and cultural needs of North Central Massachusetts and the Commonwealth.*



# Appendix E

## Program Evaluation Tools (Table IV H-1)

### Course/Clinical:

UG: Survey data exists in TK20; data has not been aggregated or reviewed

*IRP will aggregate data going back to 14-15 AY*

*Curriculum Committee/ Faculty will review data*

*Minutes will reflect review of data and any actions recommended*

Response rates are low

*Surveys will be administered in class*

GR: Surveys do not exist

*Surveys will be created by end of fall semester, and will be administered*

*Chris will follow up with TK20 re: Blackboard link if this is possible*

*Survey could then be imbedded in course via BB*

### Preceptor:

No data to be aggregated or reviewed at this time

*Chris will review current survey, and look at possibility of loading survey onto TK20*

*Curriculum Committee will establish benchmarks*

*Comment question will be kept if the survey is loaded onto TK 20*

### Employer:

Low response rate therefore no data to compile or review at this time

*Department will continue to explore ways to increase response rate*

### Alumni:

Low response rate therefore no data to compile or review at this time

*Department will explore ways to increase response rate*

**Senior Exit:**

Survey required as part of class so response rate is good.

*IRP will (also aggregate this data) and will incorporate this data into the Aggregated Course Survey Data (Item 1 above.)*

**Faculty:**

Department can pull report out of TK20 / Data will still need to be aggregated as above

*PEC Committee will review current survey and then Chris will review it*

*Survey will be administered in the spring*

**Student:**

Department can pull report out of TK20/ Data will still need to be aggregated as above

*PEC Committee will review current survey and then Chris will review it*

*Survey will be administered in the spring*

**Faculty Outcomes**

Visiting team was concerned with existing benchmarks. It was suggested that we could use some of the questions on the course survey related to teaching effectiveness. Data will need to be aggregated in order to mask data for single faculty taught courses. Perhaps aggregate by level. Will wait to see what the visiting team's report indicates.

**Program Completion Rates**

Currently data is manually tracked on spreadsheets which are cumbersome.

*IRP can work with the department to create a system to manage this data better.*

*Create cohort codes in Banner for each nursing class for all programs*

*Create reports to facilitate tracking in the Department*

## Appendix E

*Explore ways to track completion exceptions (LOA, change of major, etc.)*

### Other

It was suggested that the Department look at aligning HESI data with terminal outcomes.

Chris will look at NCLEX Program Report in order to assist with data interpretation.

IRP will look at ways that we can assist with organizing graduate program data. At the present time, the department needs to develop tools and administer them to start collecting data.





# Appendix F

Fitchburg State University  
Department of Nursing

## Minutes

**Committee:** Program Evaluation Committee (PEC)  
**Date/Time of Meeting:** 10/19/2015 @ 1100  
**Location/Time:** T-324C  
**Adjourned:** 1300  
**Attendees:** M. Bechar, T. Finn, T. Mariolis, L. McKay, A. Shields  
**Excused/ Absent:** S. Martin  
**Submitted by:** T. Finn

Topic	Discussion	Action
1. Call to order	1.Meeting called to order at 1115 by T. Finn	1. No action
2. Review of Minutes	2. Minutes from 9/15/2015 reviewed and discussed.	2. Motion by M. Bechar to accept the 9/15/2015 Minutes as written with a 'Second' by A. Shields  5 In Favor/0 Opposed/ 0 Abstained
3. Post- CCNE Self-Study	3A. Members discussed the recent Self-Study process.  3B. UG Program is well represented at the PEC meetings but Grad Program is not represented. Discussion ensued about how to pull Grad Program into the PEC meetings for not only the post-self-study process, but also, for the future.  3C. Preliminary Standard IV feedback by the CCNE Accrediting Team related to the UG Program was discussed. PEC began looking at the benchmarks and tools and review plan for Key Elements IV –A, IV-B, IV-C, IV- D & IV- E	3A. L. McKay will notify PEC and faculty when the CCNE Accreditors' report becomes available.  3B. L. McKay will further consider strategies to incorporate the Grad Program into the PEC process.  3C. T. Finn will type-up proposed the revisions to these Key Elements for PEC to review next week.  L. McKay will be connecting with the FSU Assessment Office later this week.
4. Adjournment	4. Meeting adjourned at 1300	4. Next meeting: Monday Oct. 26, 2015 @ 1115 Location: T-324-C



# Appendix F

## Fitchburg State University Department of Nursing

### Minutes

Committee: Program Evaluation Committee (PEC)  
 Date/Time of Meeting: 10/26/2015 @ 1115  
 Location/Time: T -324-C  
 Adjourned: 1250  
 Attendees: M. Bechar, T. Finn, T. Mariolis, S. Martin L. McKay, A. Shields  
 Excused/ Absent: N/A  
 Submitted by: T. Finn

Topic	Discussion	Action
1. Call to order	1.Meeting called to order at 1115 by T. Finn	1. No action
2. Review of Minutes	2. Minutes from 10/19/2015 were reviewed and discussed.	2. Motion by A. Shields to accept the 10/19/2015 Minutes as written with a 'Second' by S. Martin  6 In Favor/0 Opposed/ 0 Abstained
3. Grad Program Program Evaluation	3. The committee discussed connecting with the Grad Committee members for the Nov 18, 2015 PEC meeting.	3. T. Finn will send an e-mail to the Grad Committee members about any availability to join the 11/18/2015 PEC Meeting.  Linda McKay will connect with R. Dumas about the progress PEC has made to date with Standard IV for the UG Program.
4. Assessment Office Meeting Update	4. L. McKay reported that she met with the FSU Assessment Office on 10/20/2015 and discussed a collaborative effort to compile data from surveys related to nursing program evaluation. The Assessment Dept. will be able compile the data from our surveys and forward that compiled data to the DON for analysis.	4. L. McKay will continue working with the Assessment Office to establish a plan for data compilation.
5. Post- CCNE Self-Study Work	5. The committee reviewed the 10/19/2015 proposed revisions to Standard IV Key Elements. Further	5. T. Finn will compile revisions from today's meeting and forward today's draft to PEC members over

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Department of Nursing

	<p>revisions were made to benchmarks, resources and plan for review.</p> <p>The committee members also decided to plan an additional PEC meeting for 11/9/2015 to continue with revision work.</p>	<p>the coming week.</p>
<p>6. Adjournment</p>	<p>6. Meeting adjourned at 1250</p>	<p>6. Next meeting: Monday, Nov. 9, 2015 @ 1115 Location: T-324-C</p>

Appendix F  
Fitchburg State University  
Department of Nursing

Minutes

Committee: Program Evaluation Committee (PEC)  
 Date/Time of Meeting: 11/09/2015 @ 1300  
 Location/Time: T -324-C  
 Adjourned: 1445  
 Attendees: M. Bechar, T. Finn, T. Mariolis, S. Martin  
 Excused/ Absent: L. McKay, A. Shields  
 Submitted by: T. Finn

Topic	Discussion	Action
1. Call to order	1.Meeting called to order at 1310 by T. Finn	1. No action
2. Review of Minutes	2. Minutes from 10/26/2015 were reviewed and discussed. One correction noted in Item # 6 Action Column as follows: Change Monday, Nov. 9, 2015 @ 1115 to: Monday, Nov. 9, 2015 @ 1300	2. Motion by T. Mariolis to accept the 10/26/2015 Minutes with the identified revision noted in the discussion column. This motion was given a 'Second' by S. Martin.  4 In Favor/0 Opposed/ 1 Abstained
3. Grad Program Program Evaluation	3. R. Dumas joined the PEC meeting today. Options for incorporating Grad Program Benchmarks into the UG Standard IV PEM vs. its own Standard IV PEM were discussed. Decision is pending.	3. R. Dumas will continue work on Standard IV for Grad Program and discuss options with L. McKay
4. Post- CCNE Self-Study Work	4. The 10/26/2015 draft of Standard IV UG PEM revisions was discussed. T. Finn compiled feedback and questions from committee members.	4. T. Finn and R. Dumas will meet with L. McKay later this week to address questions on Standard IV.
5. Adjournment	5. Meeting adjourned at 1445	5. Next meeting: Monday, Nov. 18, 2015 @ 1115 Location: T-324-C



*Appendix F*  
 Fitchburg State University  
 Department of Nursing

Minutes

Committee: Program Evaluation Committee (PEC)  
 Date/Time of Meeting: 11/18/2015 @ 1115  
 Location/Time: T -324-C  
 Adjourned: 1300  
 Attendees: M. Bechar, R. Dumas, T. Finn, L. McKay, T. Mariolis, A. Shields, D. Stone  
 Excused: S. Martin  
 Absent: N/A  
 Submitted by: T. Finn

Topic	Discussion	Action
I. Call to order	1. Meeting called to order at 1115 by T. Finn	1. No action
2. Review of Minutes	2. Minutes from 11/09/2015 meeting were reviewed and discussed.	2. Motion by T. Mariolis to accept the 11/09/2015 Minutes as written with a "Second" by R. Dumas.  4 In Favor/0 Opposed/ 3 Abstained
3. Post- CCNE Self-Study Work	3A. L. McKay shared with the committee that the CCNE Accreditation Team's Report became available yesterday. The letter was reviewed during today's meeting.  L. McKay also discussed the timeline for submitting our Programs' responses the CCNE Accreditation Team's Report given the upcoming holiday.  3B. T. Finn reported that she, L. McKay and R. Dumas met twice since the last formal PEC meeting to continue work on the PEM benchmarks (dates: 11/13/2015 and 11/16/2015).  The 11/16/2015 draft of Standard IV Key Elements IV -A, IV-B, IV-C, IV-D, and IV-E for the UG Program and Graduate Program PEM were reviewed today in the context of the CCNE Team Report.	3A. L. McKay will contact CCNE to seek clarification about the timeline for response submission.  3B. This committee will meet next week to complete the review of Key Elements IV-F, IV-G, IV-H, and II-H  R. Dumas and D. Stone will meet at the end of this week to continue work on Grad Program's Standard IV.

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	<p>3C. 'Next Steps' were identified as:</p> <ul style="list-style-type: none"> <li>• Wrap –up PEM revisions</li> <li>• Update the Program Evaluation Activity Calendar</li> <li>• Revise the Program Evaluation Workshop Report Template</li> <li>• Revise the Post Workshop Tracking form.</li> <li>• Post/Distribute PEM the above documents to all DON faculty for review</li> </ul>	<p>3C. T. Finn will post drafts of these documents in the I Drive 2015-2016 Program Evaluation folder for the committee and DON Faculty to review.</p>
<p>4. Adjournment</p>	<p>4. Meeting adjourned at 1300</p>	<p>4. Next meeting: Monday, Nov. 23, 2015 @ 1330 Location: T-324-C</p>



Appendix F  
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Minutes

Committee: Program Evaluation Committee (PEC)  
 Date/Time of Meeting: 11/23/2015 @ 1330  
 Location/Time: T -324-C  
 Adjourned: 1515  
 Attendees: M. Bechar, R. Dumas, T. Finn, L. McKay, T. Mariolis, A. Shields, D. Stone  
 Excused: N/A  
 Absent: S. Martin  
 Submitted by: T. Finn

Topic	Discussion	Action
1. Call to order	1. Meeting called to order at 1330 by T. Finn	1. No action
2. Review of Minutes	2. Minutes from 11/18/2015 meeting were reviewed and discussed.	2. Motion by T. Mariolis to accept the 11/18/2015 Minutes as written with a "Second" by R. Dumas.  7 In Favor/0 Opposed/ 0 Abstained
3. Post- CCNE Self-Study Work	<p>3A. L. McKay shared with the committee that she contacted CCNE about the time-line for our response to the CCNE Accreditation Team's Report (given the holiday). The response date deadline is now 12/7/2015</p> <p>Standard IV Work: Key Elements IV-F, IV-G, IV-H, and II-H for the UG Program and Graduate Program PEM were reviewed today in the context of the CCNE Team Report. Revisions were made to benchmarks and to review plans.</p> <p>3B. Grad Program-Specific Work: R. Dumas and D. Stone met last week to continue work on Grad Program's Standard IV. Work to date includes: Key Element I -E; Key Element II-E; Key Element III-B; Key Element III-H.</p>	<p>3A. PEM work and writing responses to CCNE Accreditation Team Report continue in both programs.</p> <p>T. Finn will post the 'Draft PEM 11/23/2015' document into the I Drive /Program Evaluation/ 2015-2016 folder this week.</p> <p>L. McKay will add the "Draft PEM 11/23/2015" to the agenda for review/discussion/vote at the 12/2/2015 Faculty Meeting.</p> <p>3B. Grad Committee members will continue to address the Key Elements with compliance concerns. R. Dumas will plan a meeting with L. McKay to discuss further.</p>

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	<p>3C. L. McKay reported on the status of the Key Element III-H revisions for the PEM. UGC re-visited the benchmarks last week during their meeting.</p> <p>3D. The following revisions were made to the existing tools:</p> <ul style="list-style-type: none"> <li>• Program Evaluation Workshop Report Template now includes the date of the Program Evaluation Workshop as well as the Date of the Review</li> <li>• The Post Workshop Tracking form now includes an 'Outcome of Action Plan' column.</li> </ul> <p>3E. Next Step:</p> <ul style="list-style-type: none"> <li>• Update the Program Evaluation Activity Calendar (PEAC).</li> <li>• Program Responses to CCNE Accreditation Team Report</li> </ul>	<p>3C. L. McKay will revise the Key Element III-H benchmark directly into the 'Draft PEM 11/23/2015' document in the I-Drive</p> <p>3D. T. Finn will post drafts of the revised documents into the I Drive / Program Evaluation/ 2015-2016 folder this week.</p> <p>3E. PEC will meet to update the PEAC</p> <p>L. McKay will continue working on response for UG Program.</p> <p>R. Dumas will continue working on a response for the Grad. Program.</p>
4. Adjournment	4. Meeting adjourned at 1515	<p>4. Next meeting: Monday, Nov. 30, 2015 @ noon in T-324-C with T. Finn and L. McKay; PEC will then meet from 1330- 1430 (Location TBA)</p>

# Fitchburg State University ~ Department of Nursing

## Program Evaluation Report Worksheet

**Responsible Person or Committee:** \_\_\_\_\_ **Date of Report:** \_\_\_\_\_

**For Academic Year(s):** \_\_\_\_\_ **Date of Review at Program Evaluation Workshop:** \_\_\_\_\_

**Standard:** \_\_\_\_\_

**Key Element:** \_\_\_\_\_

**FSU Benchmark/ Measure:** \_\_\_\_\_

<b>Review Findings</b> <i>Please Type Narrative in the column below +/-or                      attach Data Table as indicated in the Review                      Plan/Resources column of the PEM Tool</i>	<b>Recommendation (s) by                      Reviewers</b>	<b>Department's Decision to                      Accept Report and                      Recommendations During                      Program Evaluation Workshop</b>	<b>Action Plan Required                      Yes /No</b>

Appendix G



Fitchburg State University ~ Department of Nursing ~ Program Evaluation

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Appendix G

**(Semester / Year) Program Evaluation Post-Workshop Tracking Table**

Key Element	Committee/ Staff Responsible for Review	Date of Review at Program Evaluation Workshop	Benchmark Met Y / N	Post-Workshop Action Plan & Responsible Person/Committee	Follow-Up and Final Outcome of Post- Workshop Action Plan (To be Presented at the following Program Evaluation Workshop)



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## Appendix G

### Tracking Table for Evaluation Tool Items Not Meeting Benchmarks

Semester/Year \_\_\_\_\_ Program \_\_\_\_\_

Evaluation Tool (e.g. Sr. Exit Survey)	Item # ( e.g. Q.#)	Comparison of Benchmark to Actual Data	Related Program Outcome (e.g. Satisfaction level with program)	Date Data Reviewed by Faculty	Action Plan	Follow-Up and Final Outcome





# Appendix H

## Fitchburg State University Department of Nursing

### Minutes

Meeting Group Name: Faculty Meeting

Date of Meeting: 12/2/2015

Location/Time: Hammond 314/12:53 PM

Adjourned: 1:45 PM

Submitted by: D. Gifford

Attendees: A. Arsenault, M. Bechar, D. Benes, C. Devine, R. Dumas, N. Duphily, T. Finn, D. Gifford, N. Green, J. Kressy, T. Mariolis, S. Martin, K. McAvoy, L. McKay, L. Meskauskas, A. Scannell, A. Shields, D. Stone

Absent (excused): A. Aranda

<u>Topic</u>	<u>Discussion</u>	<u>Action</u>
I. Call to order	12:53 pm	
II. Minutes of Nov. 4, 2015	Correction: <ul style="list-style-type: none"><li>• Remove 'K. McAvoy' from Attendees</li><li>• Add 'K. McAvoy' to Absent (excused)</li></ul>	M/S/P with corrections VOTE: 17 in favor 0 opposed 1 abstained
III. Committee Reports:		
A. Admissions Committee – A. Shields	<ul style="list-style-type: none"><li>• Committee met after all Open Houses – to debrief</li><li>• Admissions/Lab Tours, weekly, Monday, 1:00 pm<ul style="list-style-type: none"><li>– Requested faculty members to volunteer to lead tours</li></ul></li></ul>	Verbal Report
B. Bylaws Committee – D. Stone	<ul style="list-style-type: none"><li>• D. Stone sent email to faculty requesting that each committee</li></ul>	Verbal Report

<u>Topic</u>	<u>Discussion</u>	<u>Action</u>
	<p>chair review the updated Bylaws for any changes pertinent to their respective committee</p>	
<p>C. Curriculum Committee – N. Duphily</p>	<ul style="list-style-type: none"> <li>• Piloting 'Faculty Evaluation of Clinical Site' form <ul style="list-style-type: none"> <li>– Distributed and will be emailed to faculty</li> </ul> </li> <li>• R. Burgess emailed TK20 survey link to each student <ul style="list-style-type: none"> <li>– Teachers are encouraged to allow time in their class for students to complete the TK20 survey</li> </ul> </li> </ul>	<p>Written Report</p>
<p>D. Graduate Committee – R. Dumas</p>	<ul style="list-style-type: none"> <li>• Thank you to A. Arsenault and D. Stone for assisting with writing the Graduate Forensic Nursing Program portion of the CCNE accreditation report</li> </ul>	<p>Written Report</p>
<p>E. Liaison/Nominations Committee – C. Devine</p>	<ul style="list-style-type: none"> <li>• Correction: 'NSA' to 'SNA'</li> <li>• End-of-Semester Celebration: <ul style="list-style-type: none"> <li>– Wed., Dec. 9, 9:00 am</li> <li>– Sign-up sheet circulated to bring cookies, hot chocolate or paper products</li> <li>– C. Devine will make hot chocolate</li> </ul> </li> <li>• Discussed need for a locked closet/cabinet for SNA supplies <ul style="list-style-type: none"> <li>– B. Dumas, S. Martin and conference room have unused locking file cabinets to donate</li> </ul> </li> </ul>	<p>Written Report</p>
<p>F. PEC – T. Finn</p>	<ul style="list-style-type: none"> <li>• PEC committee has met 6 times since self-study accreditation site visit</li> <li>• Bench marks have been discussed</li> <li>• As of yesterday, we will separate the 'Undergraduate' and 'Graduate' PEMs</li> </ul>	<p>Verbal Report</p>

## Appendix H

<u>Topic</u>	<u>Discussion</u>	<u>Action</u>
	<ul style="list-style-type: none"> <li>– L. McKay and R. Dumas are writing Program's Response to the CCNE Site Visitor's Report.</li> <li>– Report is due Dec. 7, 2015</li> <li>• The Undergraduate PEM (revised) was presented</li> </ul> <p>MOTION: To accept revised Undergraduate PEM dated 11/30/2015</p> <p>MOTION: To accept the recommendations of PEC to have an Undergraduate and a Graduate PEM</p>	<p>VOTE: 18 in favor 0 opposed 0 abstained</p> <p>VOTE: 18 in favor 0 opposed 0 abstained</p>
G. Student Policies Committee – T. Mariolis	<ul style="list-style-type: none"> <li>• Correction: Add 'S. Martin' to Committee Members</li> </ul>	Written Report
IV. Undergraduate Level Reports:		
A. Sophomore Level – A. Arsenault		Written Report
B. Junior Level – D. Benes	<ul style="list-style-type: none"> <li>• D. Benes met with a pilot group of junior students. She will be tracking their HESI Exam Analysis through graduation.</li> <li>– We will be able to flag students who fail a HESI and faculty will be able to recommend to students how to better prepare and improve for the next HESI exam</li> <li>– Addition discussion needed i.e. when and what do we want to benchmark? Do we want to give the Fundamental HESI exam at the end of the Fall and Spring semesters? Do we want</li> </ul>	Written Report

<u>Topic</u>	<u>Discussion</u>	<u>Action</u>
	to call it the 'Sophomore' HESI exam?	
C. Senior Level – A. Shields & A. Scannell	<ul style="list-style-type: none"> <li>• Update: <ul style="list-style-type: none"> <li>– Two students in NURS 4800 who were below 77% have improved their grades to above 77%</li> </ul> </li> </ul>	Written Report
D. RN – L. McKay	<ul style="list-style-type: none"> <li>• FSU Administration believe the RN to BS program could expand</li> <li>• A subcommittee of Curriculum Committee will be formed to review the RN/BS curriculum</li> </ul>	Verbal Report
V. Old Business	None	
VI. New Business	<ul style="list-style-type: none"> <li>• Pharmacology HESI Exam administered yesterday. Overall results are ok.</li> </ul>	
VII. Adjourned	1:45 pm	

# Appendix I

Fitchburg State College  
Department of Nursing

## Minutes

Meeting Group Name: Curriculum Committee

Date of Meeting: 2/11/2009

Location/Time: T327/12:30 PM

Adjourned: 2:00 PM

Submitted by: B. Powers

Attendees: D. Benes, S. Fredette, L. McKay, A. Meyer, B. Powers, S. Sbrogna,  
R. Trifilo, A. James (student), K. Creamer(student)

<u>Topic</u>	<u>Discussion</u>	<u>Action</u>
1. Call to Order		- 12:30 PM
2. Minutes of 12/10/2008	- Corrections: Pg. 1 – grammatical error – “Rick and <u>she</u> ”. Pg. 2 – B. Powers & S. Fredette “will report back”.	- M/S/P as corrected.
3. Old Business A. Subcommittee Report 1. Course Evals.	- See attached report.  - Media Technology: question on survey needs clarification.  - Handouts: do we need to continue to evaluate? Need to clarify this question.  - Textbook: might want specific questions about properties of textbook.	

<u>Topic</u>	<u>Discussion</u>	<u>Action</u>
<p>2. PEM</p> <p>3. Content/NCLEX</p> <p>Template – Table of Essentials with course content and where met.</p> <p>B. Bylaws Revisions</p> <p>D. RN to BSN Courses Updates on 3 Syllabi</p> <p>E. Course Descriptions</p> <p>4. New Business</p> <p>A. PSY2200 Human Growth &amp; Development</p>	<ul style="list-style-type: none"> <li>- Media Technology discussed, i.e., "Do you use blackboard in the classroom?"</li> <li>- Missing detailed content outline 2300, 2700, 3300, 3900, 4000, 4750, 4800.</li> <li>- <b>Motion:</b> To accept the bylaws revision as written (see attached).</li> <li>- Diversity</li> <li>- End-of-Life</li> <li>- Forensics</li> <li>- Do we want to change the following course descriptions from the present catalog: NURS4000 NURS4400 NURS4850</li> <li>- Consider taking it both semesters.</li> <li>- Need it done by Jr. Fall Semester.</li> </ul>	<ul style="list-style-type: none"> <li>- Need branching technique to get more specific data on each type of media.</li> <li>- Need to look at TKA survey and restructure. A. Meyer, D. Benes, and L. McKay will look at survey and report back on 3/25/09.</li> <li>- Divided up responsibilities and will report back to us on 3/25/09.</li> <li>- C. McGrath notified faculty who haven't submitted detailed content outlines.</li> <li>- To complete table by 5/09. Levels will do work and submit tables to Curriculum at beginning of May.</li> <li>- M/S/P – S. Sbrogna will send to R. Dumas, Chair of Bylaws.</li> <li>- L. McKay will defer course review and approval until 4/2009. She will bring copies to 3/2009 curriculum meeting.</li> <li>- B. Powers will bring to Senior Level.</li> <li>- Respective members will send revised description or report of "no change" to S. Sbrogna.</li> </ul>

# Appendix I

<u>Topic</u>	<u>Discussion</u>	<u>Action</u>
B. Chemistry	<ul style="list-style-type: none"> <li>- <b><u>Motion:</u></b> That PSY2200 be a pre- or co-requisite to NURS2900.</li> <li>- To have one semester of Chemistry.</li> <li>- What concepts do we want Chemistry to cover: Electrolytes Osmosis/osmolarity/osmolality Radiation Acid base Diffusion Ions/anions cations Hydrolysis Specific gravity</li> </ul>	<ul style="list-style-type: none"> <li>- M/S/P</li> </ul>
	<p><b><u>Motion:</u></b> That we change our requirement to one 4-credit Chemistry course tailored to nursing students.</p>	<ul style="list-style-type: none"> <li>- M/S/P</li> </ul>
	<p><b><u>Motion:</u></b> Failing development of a chemistry course tailored to nursing students, that CHEM1200 be the required chemistry.</p>	<ul style="list-style-type: none"> <li>- M/S/P</li> </ul>
F. Plan for DoN Curriculum Review	<ul style="list-style-type: none"> <li>- Get report from BHE identifying gaps.</li> </ul>	<ul style="list-style-type: none"> <li>- Hold focused discussion in May meetings.</li> </ul>





*Appendix I*  
 Fitchburg State College  
 Department of Nursing

Minutes

Meeting Group Name: Curriculum Committee

Date of Meeting: 11-18-2009

Location/Time: T-115/12:20 AM

Adjourned: 1:00 PM

Submitted by: C. Devine

Attendees: D. Benes, C. Devine, L. McKay, B. Powers, S. Sbrogna, C. Piro (student rep.)

Absent: R. Trifilo (excused), A. Meyer

<u>Topic</u>	<u>Discussion</u>	<u>Action</u>
1. Call Meeting to Order		
2. Minutes of 10/28/2009	<ul style="list-style-type: none"> <li>- 3.A. should read, "New courses in RN to BSN program reviewed by Curriculum Committee. Syllabi reviewed and returned to B. Cammuso and R. Boersma for edits."</li> <li>- 3.B. omit, "Gap in ability to process."</li> <li>- 3.E. Change PHIL2500 to PHIL2550.</li> <li>- 3.F. change revision of bylaws to read, "... no fewer than two students and a maximum of three voting members."</li> <li>- 4.B. Remove written content under 'Discussion' and rephrase as, "Questions from an instructor discussed."</li> <li>- 4.C. Remove second bullet.</li> </ul>	<ul style="list-style-type: none"> <li>- Eliminate written content under Action.</li> <li>- Minutes of 10/28/09 M/S/P with above corrections.</li> </ul>

<u>Topic</u>	<u>Discussion</u>	<u>Action</u>
<p>3. Subcommittee Reports</p> <p>A. Vision, Mission, Core, Values</p> <p>B. PET</p> <p>C. GNEC Modules</p> <p>D. Evaluations</p> <p>E. Ad Hoc Med. Calc. Exam Committee</p>	<p>- All PET forms can be found on the I-Drive.</p> <p>- L. McKay and B. Powers met and reviewed modules and present curriculum.</p> <p>- TK-20 survey results are being evaluated by A. Meyer.</p> <p>- Committee has not met.</p>	<p>- L. McKay will email comparison of Mission and Vision to S. Sbrogna.</p> <p>- L. McKay and B. Powers will evaluate presence of GNEC content in present curriculum.</p> <p>- C. Devine will evaluate participation in TK-20 surveys of FA 2009 GR I Junior courses.</p>
<p>4. Old Business</p> <p>A. Four RN to BSN Courses</p> <p>B. Self-Study Report 2005</p> <p>C. Writing, Speaking and Computer Literacy Requirement</p> <p>1. Sophomore Level (R. Trifilo)</p> <p>2. Junior Level (D. Benes, A. Meyer)</p> <p>3. Bylaws Revision (S. Sbrogna)</p> <p>4. EXSS requirement</p> <p>5. Update on Spanish class</p> <p>6. Free elective course update</p>	<p>- B. Cammuso submitted revised syllabi to L. McKay for review.</p> <p>- C. Devine presented a review of the recommendations from the 2005 Self-Study, and improvement taken by Nursing Department (summary attached).</p> <p>- Philosophy courses discussed.</p>	<p>- L. McKay will review syllabi to evaluate if recommended revisions were made. Curriculum Committee will vote on accepting changes to syllabi.</p> <p>- C. Devine will continue to provide evidence of improvements and report update at next Curriculum Committee meeting.</p> <p>- Items 1, 2, 3, 4, and 5 deferred due to time constraints.</p> <p>- <b>Motion:</b> The Selective Elective in Option C will be a choice of one Philosophy elective: PHIL1100, PHIL2550, or PHIL2600. M/S/P</p>

# Appendix I

Fitchburg State College  
Department of Nursing

## Minutes

Meeting Group Name: Curriculum Committee  
 Date of Meeting: 1-27-2010  
 Location/Time: T324-C/11:00 AM  
 Adjourned: 1:15 PM  
 Submitted by: B. Powers  
 Attendees: D. Benes, C. Devine, L. McKay, A. Meyer, B. Powers, , R. Trifilo  
 Absent: S. Sbrogna (excused); C. Piro, A. McKean, student reps (both excused)

<u>Topic</u>	<u>Discussion</u>	<u>Action</u>
1. Call to Order  2. Minutes 11/18/2009 01/20/2010  3. Subcommittee Reports A. Vision/Mission/Core Values in R/T Terminal Outcomes  B. PET (R. Trifilo)  C. GNEC (L. McKay)  D. Evaluations (D. Benes, A. Meyer) – see attached report from Evaluation Committee	- Revisions of Terminal Outcomes (T.O.) on I-Drive.  - No report.  - No report.  - C. McGrath and work study student made a template to organize information. - Discussion of Memorial Maternity Clinical Experience – Outcomes 2 and 3.	- Deferred. - Deferred.  - Terminal outcomes need to be aligned to Vision and Mission. - Need to work on as a committee on 2/10/10. - Members need to bring T.O., Vision, Mission, and bring New Essential and New Standards for Accreditation.  - Will be addressed with S. Sbrogna.

<u>Topic</u>	<u>Discussion</u>	<u>Action</u>
<p>E. Ad Hoc Med. Calc. Exam Committee</p> <p>4. Old Business</p> <p>A. RN to BSN</p> <p>B. Self-Study Report</p> <p>C. Writing, Speaking, Computer Literacy</p> <p>- Free Elective</p>	<ul style="list-style-type: none"> <li>- Psych – Classroom – Outcomes 3 and 5.</li> <li>- Sharing evaluation information from Curriculum.</li> <li>- Textbook questions on survey.</li> <li>- R. Trifilo’s TK-20 for Pathopharmacology</li> <li>- Senior survey response categories discussed.</li> <li>- <b><i>Motion:</i></b> Delete “completely competent” and “no response”, and change “moderately competent” to “competent”.</li> <li>- Nos. 9, 19, and 21 of senior survey discussed.</li> <li>- Need to track how students do over course of each level.</li> <li>- Courses handed back to B. Cammuso and R. Boersma.</li> <li>- Course titles need to be changed to differentiate between Graduate and Undergraduate courses.</li> <li>- There are three Philosophy electives to choose from.</li> </ul>	<ul style="list-style-type: none"> <li>- Need to continue to monitor as slightly below benchmark.</li> <li>- Curriculum members will bring comments back to respective levels.</li> <li>- Tie TK-20 to releasing grades.</li> <li>- User friendly.</li> <li>- Understandable.</li> <li>- Relevant to course content.</li> <li>- Need three questions for <u>each</u> text – Patho/Pharm.</li> <li>- M/S/P - Unanimous</li> <li>- L. McKay will bring to ACC.</li> <li>- <u>Caring for Forensic Populations</u> for RN to BSN.</li> <li>- Deferred.</li> <li>- L. McKay will find out if we go to ACC to amend Option C.</li> </ul>

# Appendix I

<u>Topic</u>	<u>Discussion</u>	<u>Action</u>
5. New Business A. SBAR Update  B. Review of Academic Advising Questionnaires  C. Next Meeting	- Discussed where to be discussed.  - Discussed	- Evaluation Committee will report back.  - 02/10/2010, 11 AM – 1 PM, T324-C



Appendix I  
Fitchburg State University  
Department of Nursing

Minutes

Meeting Group Name: Curriculum Committee

Date of Meeting: 4/13/2011

Location/Time: T324-C; 11:10 AM

Adjourned: 1:10 PM

Submitted by: A. Meyer

Attendees: D. Benes, C. Devine, L. McKay, A. Meyer, B. Powers,  
Student Rep.: R. Fulton

Absent: S. Sbrogna, excused

<u>Topic</u>	<u>Discussion</u>	<u>Action</u>
<p>1. Minutes of 3/23/2011</p> <p>2. Request from M. Bechar brought to committee by B. Powers to change date of end of year curriculum workshop from 5/25/2011 to 5/24/2011</p>	<ul style="list-style-type: none"> <li>- Add date of 3/23/2011 under Date of Meeting</li> <li>- Add 1:00 pm under Adjourned</li> <li>- Change B. Powell to B. Powers</li> </ul> <p>Discussion of work to do during curriculum workshop</p> <ul style="list-style-type: none"> <li>- Focus of workshop will be on sophomore course content as new outcomes will be in place for sophomores Fall 2011</li> <li>- Workshop to also focus on change in credits for Leadership and Management course from 2 credits to 3 credits and decrease in Practicum credits from 10 credits to 9 credits which will be implemented Spring 2012 (L. McKay will check to make sure this can happen</li> </ul>	<p>-Motion to accept minutes with corrections M/S/P</p>

<u>Topic</u>	<u>Discussion</u>	<u>Action</u>
<p>3. Subcommittee Reports</p> <p>A. Evaluations</p>	<p>since this these students were admitted to nursing under "old" curriculum plan)</p> <ul style="list-style-type: none"> <li>- -Groups to be formed in curriculum workshop</li> <li>- MedSurg to review content placement of content</li> <li>- Clinical skills across curriculum</li> <li>- Maternity and Pediatric content overlap with newborn</li> </ul> <p>D. Benes reported on Spring 2010 and Fall 2010 TK-20 surveys</p> <ul style="list-style-type: none"> <li>- NURS 3400 with multiple outcomes below the benchmark of 80%; specifically culture and ethics</li> </ul>	<p>Motion: Curriculum workshop will be held as originally scheduled 5/25/2011 M/S/P</p> <p>During curriculum revision need to pay attention to how course outcomes are written. Going forward may need to revise NURS 3400 course to strengthen culture and ethics content</p>
<p>4. Revised Syllabi</p> <p>5. Level and Course Outcomes from May 2010 Workshop</p>	<ul style="list-style-type: none"> <li>- NURS 4400 some outcomes identified below 80% benchmark, but no pattern identified.</li> </ul> <p>L. McKay asked for reordering of agenda in order to begin to review level and course outcomes as these need to be completed before the curriculum workshop.</p> <p>Began discussion of sophomore level and course outcomes</p> <ul style="list-style-type: none"> <li>- Sophomore Level Outcome 1-no change</li> <li>- Course outcomes for Level Outcome 1 (see attached)</li> </ul>	<p>Continue to monitor</p> <p>Motion: To reorder agenda of meeting to discuss level and course outcomes before Revised Syllabi M/S/P</p>



# Appendix I

<u>Topic</u>	<u>Discussion</u>	<u>Action</u>
<p>5. New Business</p> <p>6. Adjournment</p>	<ul style="list-style-type: none"> <li>- Sophomore Level Outcome 2-no change</li> <li>- Course outcomes for Level Outcome 2 (see attached)</li> <li>-</li> </ul> <p>L. McKay and A. Meyer to finish reviewing and revising NURS 2600, 2700 and 2900 for Outcome 2. Will also review and revise Outcome 3-5.</p> <p>C. Devine and D. Benes will review and revise Outcomes 6-8.</p> <p>A. Meyer will revise outcomes in table format for next meeting</p> <ul style="list-style-type: none"> <li>- No new business.</li> <li>- Next meeting 4/27/2011.</li> </ul>	



Appendix I  
Department of Nursing

Minutes

Meeting Group Name: Curriculum Committee

Date of Meeting: 4/27/2011

Location/Time: T324-C; 11:00 AM

Adjourned:

Submitted by: C. Devine

Attendees: D. Benes, C. Devine, L. McKay, A. Meyer, B. Powers, S. Sbrogna  
Student Reps.: R. Fulton, C. Lautert

<u>Topic</u>	<u>Discussion</u>	<u>Action</u>
1. Minutes of 4/13/2011	<ul style="list-style-type: none"> <li>- Pg. 1: Change date from 2001 to 2011.</li> <li>- Pg. 1: Change Fall 2011 to 2011.</li> <li>- Pg. 2: Rephrase second item to read, "Med-Surg. to review placement of content."</li> </ul>	<ul style="list-style-type: none"> <li>- Motion: Accept as corrected. 7 in favor, 1 abstention, 0 opposed.</li> </ul>
2. Subcommittee Reports		
A. Evaluations	<ul style="list-style-type: none"> <li>- L. McKay met with C. Cratsley and discussed nursing course evaluations. He identified ethics and culture as two components of evaluations that consistently need improvement.</li> </ul>	
3. Revised Syllabi	<ul style="list-style-type: none"> <li>- All ACC proposals will be reviewed at ACC Curriculum 4/18/2011.</li> </ul>	
4. Sophomore Course Outcomes	<ul style="list-style-type: none"> <li>- Sophomore course outcomes revised and posted to I-drive.</li> </ul>	<ul style="list-style-type: none"> <li>- In new folder "Curriculum Revision 2011".</li> </ul>
5. Next Meeting	<ul style="list-style-type: none"> <li>- 5/11/11</li> </ul>	<ul style="list-style-type: none"> <li>- Plan to review Jr. and Sr. level and course outcomes.</li> </ul>



# Appendix I

## Course Evaluations Fall 2011

Submitted by Curriculum Subcommittee (Evaluation)

Course Fall 2011	# Respondents	<80% Strongly Agree/agree (course outcomes)	< 80% Strongly agree/agree (other)
2500 Pathopharm I	23 out of 86 26%	Outcome 1 56% Outcome 2 52% Outcome 3 52% Outcome 4 39% Outcome 5 43% Outcome 6 60% Outcome 7 39%	Media technology 61% Handouts 39% Overall 39%
3200 Mental health	2 out of 16 (R1)  5 out of 15(R2)	Outcome 2 50%	Media 60%
3201 Mental health clinical	3 out of 17 (R1)  5 out of 15(R2)	Outcome 2 66% Outcome 3 66%  Outcome 2 50% Outcome 3 60% Outcome 4 20%	
3300 Maternity	2 out of 15 (R1)	Outcome 5 50%	
3301 Maternity clinical	3 out of 16 (R2)	Outcome 3 66% Outcome 4 66%	
3400 Med/Surg II	4 out of 17 (R2)		Primary text 50%
3401 Med/Surg Clinical	4 out of 17 (R2)	Outcome 1 75% Outcome 3 75 % Outcome 4 75%	
3900 pediatrics	5 out of 16(R1)	Outcome 3 60%	
4000 Research	23 out of 76	Outcome 3 77% Outcome 4 77%	Media/Tech 65% Handouts 65% Primary Text 47%
4400 Community Health	22 out of 53 42%	Outcome 1 72% Outcome 2 72% Outcome 3 77% Outcome 4 68% Outcome 5 72% Outcome 6 72% Outcome 7 68%	Media/Tech 31% Handouts 54% Primary Text 45% Overall learning 54%



# Appendix I

## Course Evaluations Spring 2011 Submitted by Curriculum Subcommittee (Evaluation)

Course Spring 2011	# Respondents	<80% Strongly Agree/agree (course outcomes)	< 80% Strongly agree/agree (other)
2600 Pathopharm 2	26 out of 69 38%	CO#3 -73% CO#6 – 73%	Media technology 73% Handouts 58% Primary text 35%
2900 Med/Surg I	24 out of 73 33%		Media/Tech 75% Handouts 42%
2901 Med/Surg clinical			
3200 Mental health	4 out of 13 (R1)		R1 -Media/tech 75%
3200 Mental Health clinical	2 out of 12 (R1)	2-66% - staff concerns Harrington	
3300 Maternity	4 out of 14 (R1) 36%  6 out of 16 (R2)		Media 20% Primary Text 60%  Media/tech 66% Primary Text 66%
3400 Med/Surg II	5 out of 16 (R1)       4 out of 13(R2)	Outcome 1 60% Outcome 2 60% Outcome 3 60% Outcome 4 60% Outcome 5 40% Outcome 6 60% Outcome 7 40%  CO#1 75% CO#2 75% CO#3 50% CO#4 75% CO#5 75% CO#6 75% CO#7 75%	Media/Tech 40% Handouts 40% Overall learning 40%  Media/Tech 75% Handout75% Text75% Overall 75%
3401 Med/Surg Clinical	7 out of 16 (R1)    4 out of 14(R2)	Outcome 1 71% Outcome 2 42 % Outcome 4 28%  Outcome 1 75% Outcome 2 50% Outcome 3 75% Outcome 4 75%	
3900 Pediatrics	4 out of 14(r2)	Outcome 3 75% Outcome 5 75%	Primary text 75%

3901 Pedi Clinical	4 out of 15(R1)	Outcome 2 75% Outcome 4 75%	
Senior exit	59% response rate	All outcomes > 80%	



# Appendix I

## Fall Courses Evaluation Trends

Reported in percentile (%)

Course	Outcome	2008	2009	2010	2011
2500 PathoPharm 1	Outcome 5	77	>80	70	70
3201 Mental Health clinical	Outcome 2	>80	76	33	66/50
3301 Maternity Clinical	Outcome 4	>80	>80	77	66
3401 Med/Surg 2 Clinical	Outcome 1 Outcome 4	>80	78 64	75 66	75 75
4400 Community Health	Outcomes 1-7 Outcome 4	78	>80	< 80	< 80

## Spring Courses Evaluation Trends

Reported in percentile (%)

Course	Outcome	2009	2010	2011
3400 Med/Surg 2	Outcomes 1-7	>80	<70	<70
3401 Med/Surg 2 Clinical	Outcome 2 Outcome 4	>80 >80	72 72	42/58 28/75



# Appendix I

Fitchburg State University  
Department of Nursing

## Minutes

Meeting Group Name: Curriculum Committee

Date of Meeting: 04/11/2012

Location/Time: T324-C/11:05 AM

Adjourned: 1:05 PM

Submitted by: C. Devine

Attendees: D. Benes, C. Devine, N. Duphily, L. McKay, B. Powers  
A. Orszulak, A. Addante (student reps.)

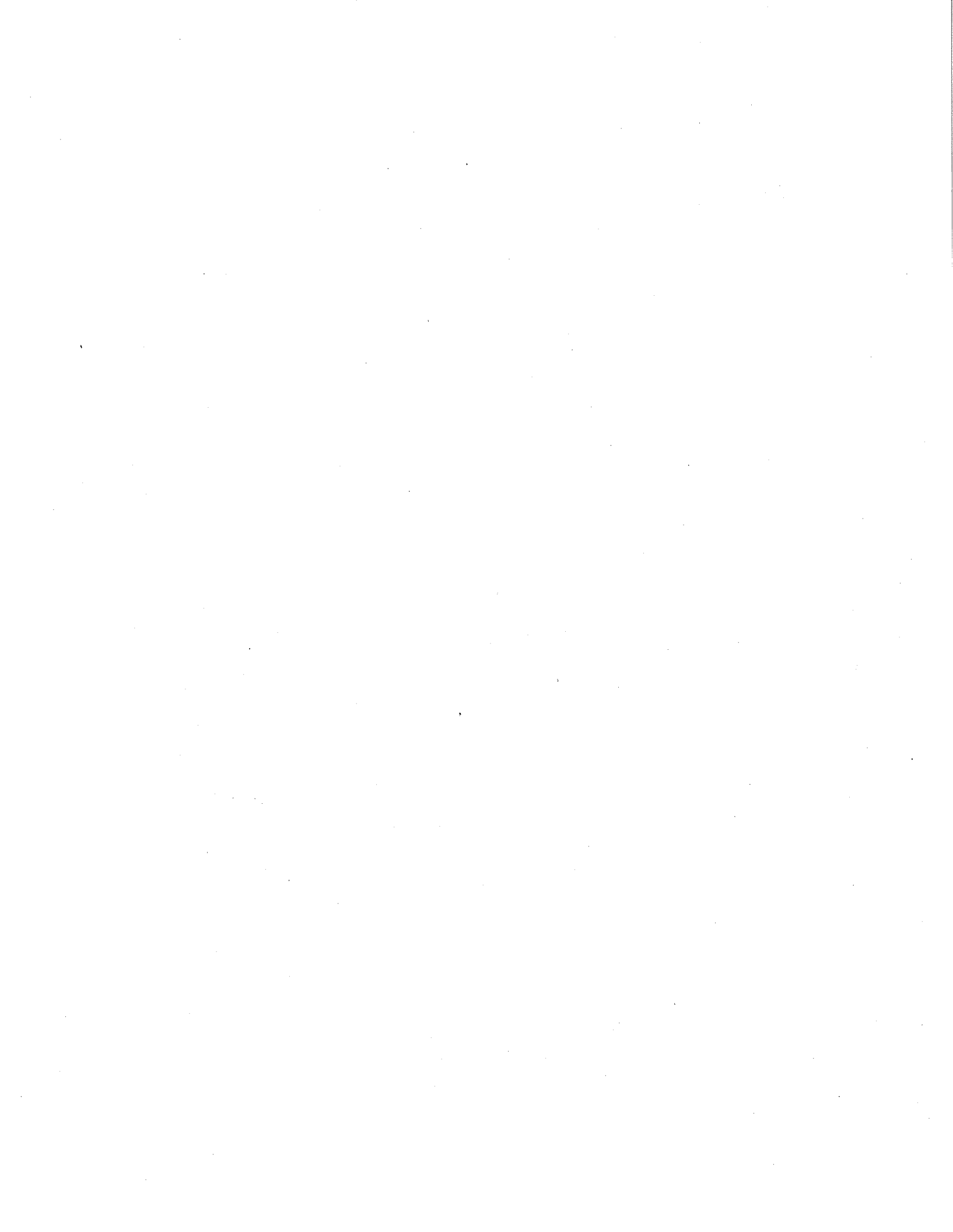
Absent: A. Meyer, L. Megan, student rep. (both excused)

<u>Topic</u>	<u>Discussion</u>	<u>Action</u>
1. Minutes of 2/8/2012	- Correct attendance to read B. Powers.	- M/S/P as corrected.
2. Reports from Subcommittees		
A. Evaluations D. Benes	<ul style="list-style-type: none"> <li>- Sophomore course syllabi reflect eight outcomes.</li> <li>- Outcome #6 in NURS3201 has been re-written in AY 2011-2012 curriculum</li> <li>- Outcome #5 in NURS2500 relates to ethics and needs to be implemented in curriculum.</li> </ul>	<ul style="list-style-type: none"> <li>- Change TK20 evaluation tool for SP2012 to reflect eight outcomes.</li> <li>- Junior and Senior nursing courses will include eight outcomes on syllabi in 2012-2013.</li> <li>- Review Outcome #6 for NURS3201 AY 2012-2013.</li> <li>- A. Meyer will report to soph. level NURS 2500 deficit in Outcome #5.</li> </ul>

<u>Topic</u>	<u>Discussion</u>	<u>Action</u>
<p>B. Med/Surg B. Powers, A. Meyer, L. McKay</p>	<ul style="list-style-type: none"> <li>- Outcome #4 in NURS3301 is less than 80 percent.</li> <li>- Outcome #1 in NURS3401 is less than 80 percent.</li> <li>- Outcome #4 in NURS3401 is less than 80 percent.</li> <li>- TK20 evaluation tool for SP2010 was never changed from "handouts clarified subject matter."</li> <li>- NURS4400 Community Hlth. has Outcomes 1 – 7 as less than 80 percent in 2008, 2010, and 2011.</li> <li>- NURS3400 Med/Surg. II SP2010, SP2011 Outcomes 1–7 are less than 70 percent.</li> <li>- Outcome #4 pertains to integrating nursing research and clinical thinking skills to plan individualized nursing care.</li> <li>- Committee discussed care of the cardiac patient, and if health promotion is a focus in 3400 and 4750 and 4800.</li> <li>- Annual Curriculum Workshop, 5/23/2012: M/S; lab/pharm. comm.; writing across the curriculum; grad. comm.;</li> </ul>	<ul style="list-style-type: none"> <li>- N. Duphily will continue to evaluate this outcome in the clinical setting.</li> <li>- C. Devine will review faculty for these clinical sections to see if adjunct faculty vs. full-time faculty teach this clinical, and will share findings with Junior faculty.</li> <li>- B. Powers will review curriculum minutes to identify proposed changes.</li> <li>- B. Powers will obtain the detained content outlines for both sections of NURS4400.</li> <li>- C. Devine will share results with Junior faculty.</li> <li>- With Nursing Research being moved to Junior year, the committee anticipates improvement in Outcome #4.</li> <li>- Curriculum Comm. will further discuss workshop at next meeting.</li> </ul>

# Appendix I

<u>Topic</u>	<u>Discussion</u>	<u>Action</u>
<p>C. PEM C. Devine; N. Duphily</p>	<ul style="list-style-type: none"> <li>- Mission and Governance IAa, IAb, IBa, and IBb.</li> <li>- Curriculum IIIA, IIIC.</li>   <li>- Program Effectiveness IVB, IVC, IVD, IVE</li> </ul>	<ul style="list-style-type: none"> <li>- C. Devine will submit report on Mission and Governance and Curriculum to PEC folder.</li>   <li>- D. Benes will submit report on Program Effectiveness to PEC folder.</li>   <li>- Curriculum asks PEM how we define Graduation and Retention Rates – does this begin with Pre-Nursing?</li> </ul>
<p>3. Next Meeting</p>	<ul style="list-style-type: none"> <li>- 4/25/2012, 11 AM, 324-C.</li> </ul>	



# Appendix I

Fitchburg State University  
Department of Nursing

## Minutes

Meeting Group Name: Curriculum Committee

Date of Meeting: 10/23/2013

Location/Time: T324-C/11:15 am

Adjourned: 1:05 pm

Submitted by: Nancy Duphily

**Attendees:** **Faculty:** D. Benes, C. Devine, N. Duphily, L. McKay, A. Meyers, B. Powers  
**Students:** Sarah Minton, Joshua Costa

Absent:

<u>Topic</u>	<u>Discussion</u>	<u>Action</u>
I. Call to order/Minutes of: 10/9/2103	Meeting started 11:15 am	Minutes from 10/9/2013 deferred
II. Student Representation- Welcome	Introduced student volunteers	Welcome and thank you to Sarah Minton and Joshua Costa for volunteering to serve on the committee
III. Curriculum workshop May 13: Vision	Reviewed and discussed the current vision statement; changed at the curriculum meeting May 21, 2013. -Spell out all abbreviations - Define "System sensitive problem solvers" - Develop a glossary -Lifelong learning	Definition of "sensitive problem solvers" system is deferred. Linda McKay will review the DVD and Nurse of the Future competencies, both of which discuss this concept, and report back at next meeting.
IV. PEC Assignments- IIID, IIIE,IVB,IVC,IVD	IIID: N. Duphily reported; requested those Sophomore, Junior and Senior faculty members on the curriculum committee review and make suggestions to complete the document	Report will cont'd to be reviewed. Approval deferred until next meeting 11/13  Corrections to be made and sent as

<u>Topic</u>	<u>Discussion</u>	<u>Action</u>
	<p>III E. B. Powers reported Correct "BS in Nursing" Add: "Advisory committee made up of Alumni"</p> <p>"In the fall of 2013, students in the LPN to BS in Nursing track began nursing courses"</p> <p>IV B: D. Benes reported Discussion regarding exit HESI scores and meeting benchmark Benchmark as written needs to be clarified.</p> <p>Discussed Sophomore Retention rate of 53% for 2012-2013 year</p> <p>TK20 surveys: discussed methods to improve student participation Discussed Senior Exit survey: 26%-better response rate when done in class</p> <p>IV C: reported by C. Devine Discussed review specific components of HESI and determine benchmarks; Need to add employer satisfaction as a measurement. Discussed tracking data from the clinical evaluation tools to</p>	<p>attachments to recorder with minutes</p> <p>III E. Passed with changes</p> <p>Curriculum committee makes a recommendation to clarify benchmark Proposed HESI exit exam pass rate statement to be brought to PEC as benchmark: "100% will pass the HESI with a score of 850 in two attempts"</p> <p>Continue to track retention rate at the Sophomore level</p> <p>Continue to look at different methods; assess Blackboard as a method of delivery Investigate placement on Blackboard IV B: Passed with amendments (See attachment)</p> <p>Employer satisfaction to be conducted at next Advisory Board meeting by L. McKay C. Devine will consult with T. Finn (PEC) re Standard IV C.</p> <p>C. Devine will poll faculty re</p>



# Appendix I

<u>Topic</u>	<u>Discussion</u>	<u>Action</u>
	evaluate each outcome as it relates to course, the level and terminal outcomes	seeking out sites and innovative teaching methods  Meeting adjourned 1:05 pm

## ATTACHMENT

**Fitchburg State University**  
**Department of Nursing**  
**Program Evaluation Worksheet for Reviewers**

**Responsible Person or Committee:** Curriculum Committee

**Date of Review:** October 21, 2013

**Academic Year:** 2012-13

**Standard:** Program Effectiveness-Aggregate Student and Faculty Outcomes

**Outcome IV-B:** Aggregate student outcome data are analyzed and compared with expected student outcomes.

**FSU Benchmark/ Measure:** Scheduled reviews will find that expected aggregate student outcomes are identified and compared against actual aggregate student outcomes.

- NCLEX First time pass rate at least 90%
- HESI exit exam results= 100% pass with score of 850
- Retention Rate= 80 %
- Graduation rate=70 %
- Course evaluations= 80 % agree or strongly agree with course outcomes
- Senior exit survey=80% indicate satisfaction

<b>Review Findings</b>	<b>Recommendation (s) by Reviewers</b>	<b>Decision by Department</b>
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<p>The first time NCLEX pass rate for the graduates of 2012 was 98%. 58 out of 59 candidates passed the first time.</p> <p>2013- To date first time NCLEX pass rate – 92% 49 out of 54 candidates passed the first time. It is felt that the change in NCLEX question format may have led to the decline in the pass rate from prior years.</p> <p>HESI exit exams – For the academic year 2011-2012, 48 out of 60 students (80%) passed on the first attempt. This includes May and January graduates. The second attempt achieved a 90% (9/10) pass rate.</p> <p>For the academic year of 2012-13, The 1<sup>st</sup> attempt yielded an 84% (38/45) of the class. The second attempt achieved a 71% (5/7) pass rate.</p> <p>We have t met the benchmark of 100% pass with a score of 850 on the first or second attempt.</p> <p>Sophomore retention rate for 2012-13 academic year was 53%.</p> <p>The graduation rate for the academic year has not been reported at this time.</p> <p>For the 2012 fall semester, response rates forTK20 surveys continued to be poor (see attachment). During the 2013 Spring</p>	<p>Continue to monitor pass rates during the fall semester. This allows for improved assessment of the class as a cohort.</p> <p>Begin to review and document correlation of HESI exam grades with NCLEX pass rate.</p> <p>Consider increasing HESI exit exam pass rate to 900.</p> <p>Moving the HESI to the end of the spring semester has demonstrated an improved pass rate. The first time pass rate increased 5% from 2011 to 2013.</p> <p>It is also recommended that all steps of the nursing process be evaluated and benchmarked to determine if course work incorporates such.</p> <p>Our recommendation is to clarify the HESI Benchmark to state: 100% pass rate with a score 850 in 2 attempts.</p> <p>Continue to track sophomore retention rate during sophomore year.</p> <p>The DON is reporting a 5yr graduation rate</p> <p>Course outcomes are being tracked on a yearly basis to determine if a consistent pattern of below level benchmarking occurs within courses. Results of TK20</p>	
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# Appendix I

<p>semester, The junior level TK20 surveys were completed in the classroom with improved outcomes (see attachment).</p> <p>Similar to course evaluations, the senior exit survey demonstrated a 26% response rate</p>	<p>survey are reported to the curriculum committee and appropriate faculty to identify methods of meeting the benchmark.</p> <p>Concerns over limited response rate affects outcome evaluation.</p> <p>Our recommendation is to continue with in class evaluation and examine alternative methods to improve student participation. Assess utilization of course blackboard sites to deploy TK20 and exit survey</p>	
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From B. Powers 10/25/2013	Didactic SENIOR LEVEL DATA TABLE	Associated Outcomes	Lab Experiences	Associated Outcomes	Clinical Experiences	Associated Outcomes
Senior level						
<i>Fall Semester NURS 4400 NURS 4750</i>	<u>Environment</u> Classroom settings 20- 25 students per class  <u>Teaching Learning Strategies</u> Discussion / Lecture Small Group Work Case Studies- traditional and Evolve Posters Research Papers Presentations	<u>NURS 4400</u> 1, 2, 3, 4,5, 6, 7,8  <u>NURS 4750</u> 1, 2, 3, 4,5, 6, 7,8	<u>NURS 4400</u>  <u>NURS 4750</u>  One hands-on lab with scenarios	<u>NURS 4400</u> 1, 2, 3, 4,5, 6, 7,8  <u>NURS 4750</u> 1, 2, 3, 4,5, 6, 7,8	<u>NURS 4400</u>  <u>NURS 4750</u>  -Post- Conferences with each experience  -Reflective Journaling  -Portfolio Recording  -Nursing Care Plan	<u>NURS 4400</u> 1, 2, 3, 4,5, 6, 7,8  <u>NURS 4750</u> 1, 2, 3, 4,5, 6, 7,8
<i>Spring Semester NURS 4800 NURS 4850</i>	<u>Environment</u> Classroom settings 20- 25 students per class  <u>Teaching Learning Strategies</u> Discussion / Lecture Small Group Work Case Studies Posters Research Papers	<u>NURS 4800</u> 1, 2, 3, 4,5, 6, 7,8  <u>NURS 4850</u> 1, 2, 3, 4,5, 6, 7,8	<u>NURS 4800</u>  <u>NURS 4850</u>  One hands-on lab with scenarios  Simulation Lab- Mock Code	<u>NURS 4800</u> 1, 2, 3, 4,5, 6, 7,8	<u>NURS 4800</u>  <u>NURS 4850</u>  -Post-Conferences with each experience  -Reflective Journaling  -Portfolio recording  -Nursing Care Plan	<u>NURS 4800</u> 1, 2, 3, 4,5, 6, 7,8

# Appendix I

Fitchburg State University  
Department of Nursing

## Minutes

Meeting Group Name: Curriculum Committee

Date of Meeting: 3/26/2014

Location/Time: T324-C/11:15 am

Submitted by: Anne Meyer

**Attendees:** D. Benes, C. Devine, N. Duphily, L. McKay, A. Meyer, B. Powers  
Student Representative: Joshua Costa

Adjourned: 1:08 pm

<u>Topic</u>	<u>Discussion</u>	<u>Action</u>
I. Call to order/Minutes of: 2/26/2014	Change Meyers to Meyer Discussion under III. Senior Exit Survey is being worked by Nancy Duphily, and Linda McKay Alumni Survey is being worked on by Debbie Benes and Barbara Powers	M/S/P with corrections
II. T. Finn-PEC Update	T. Finn presented the reports due for the Spring 2014 Program Evaluation meeting. Standard IV will be presented at the May end of year faculty workshop instead of the April meeting. Curriculum Committee is responsible for a number of spring reports.  PEM Responsibilities for the April meeting divided among committee meetings: IB.a Nancy Duphily and Chrisy Devine 1B.b Nancy Duphily and Chrisy Devine III A Debbie Benes III B Anne Meyer III D Nancy Duphily and Chrisy Devine III. E Barbara Powers  There are an additional 6 reports (Standard IV) that will be due and presented at the	

<p>III. Subcommittee Reports</p> <p>A. Glossary</p> <p>B. Senior Exit Survey</p> <p>C. Alumni Survey</p> <p>IV. Adjourned 1:08 pm</p>	<p>May faculty workshop meeting.  Standard IV assignments:  IV A Barbara Powers  IV B Debbie Benes  IV C Chrisy Devine and Nancy Duphily  IV D Anne Meyer  IV E Anne Meyer  IV H Linda McKay</p> <p>No Report</p> <p>Suggested adding numerical value to descriptor key. 1 assigned to Strongly Agree, 2 assigned to Agree, 3 Disagree, 4 Strongly Disagree.</p> <p>Discussed items under 8. Recommend responses below.  In the past 6 months I have read an article from a professional nursing journal.  In the past 12 months I have attended a nursing conference.  In the past 12 months I have joined a committee at my place of employment  I am a member of a professional organization (American Nurses Association, Sigma Theta Tau, etc...)  In the past 12 months I have participated in a nursing research project.  Other professional activities:</p> <hr/>	<p><u>Motion: To accept Senior Exit Survey with corrections</u>  M/S/P</p> <p><u>Motion: To accept Alumni Survey with corrections</u>  M/S/P</p>
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# Appendix I

Fitchburg State College  
Department of Nursing

## Minutes

Meeting Group Name: Curriculum Committee  
Date of Meeting: 04/14/2010  
Location/Time: T324-C/11:30 AM  
Adjourned:  
Submitted by: A. Meyer  
Attendees: L. McKay, A. Meyer, S. Sbrogna, R. Trifilo  
Absent: D. Benes, C. Devine, B. Powers, C. Piro (all excused)

<u>Topic</u>	<u>Discussion</u>	<u>Action</u>
1. Call to Order	- 11:30 AM	
2. Option C Philosophy Courses	- All faculty sent corrected Philosophy course names and numbers.	
3. Wikipedia Statement	- Passed at Faculty Meeting 04/07/2010.	
4. 2010 NCLEX Test Plan	- Will be distributed to each faculty member and levels will coordinate courses on each level for Curriculum Committee.	
5. Fall, 2009, Course Evaluations (attached)	- Response rate a concern.	
A. Undergrad. Day Evals.	- Use of media/technology in class continues to be evaluated at < 80%. It may be unclear to students as to what this means. - In regard to course outcomes, certain courses have fallen below the 80% benchmark. Specifically,	- Level representatives ( Soph. - R. Trifilo; Jr. - S. Sbrogna; Sr. - B. Powers) will report back to

<u>Topic</u>	<u>Discussion</u>	<u>Action</u>
<p>B. RN – BSN Online Course Evaluations</p> <p>6. Jr./Sr. Literacy Requirement Listening &amp; Speaking, Computer, Writing</p> <p>7. PEM Reports A. 2008/2009 reports</p> <p>B. 2009/2010 reports: -Mission &amp; Governance #2 -Mission &amp; Governance #3 -Institutional Commitment and Resources #4 -Curriculum &amp; Teaching Learning Practices #11 -Program Effectiveness #1</p> <p>8. Next Meeting of Curriculum</p>	<p>Outcomes 3 and 5, which deal with culture and ethics fall below the benchmark in four courses.</p> <ul style="list-style-type: none"> <li>- All current sophomores have purchased <u>Nursing Ethics Across the Curriculum</u>; this may help to increase awareness and inclusion.</li> <li>- Number of respondents is good in these courses.</li> <li>- IT support did not meet the benchmark in two of the four courses.</li> <li>- <u>3650</u>: Several concerns related to this course were expressed. Use of TK-20 for portfolio submission was not helpful.</li> <li>- Deferred.</li> <li>- S. Sbrogna presented Report on Curriculum and Teaching Learning Practices #2 (attached).</li> <li>- R. Trifilo presented PEM reports. Committee discussed reports and recommendations/corrections made to reports.</li> <li>- Need to include HESI and NCSB statistical data.</li> <li>- 4/28/2010, 11 AM – 1 PM</li> <li>- Will be working on Level Outcomes and draft of Jr./Sr. LA&amp;S Competencies, Prerequisites for NURS4850.</li> </ul>	<p>Their levels. Course content will be examined in those courses, in consultation with those courses where the benchmark has been achieved.</p> <ul style="list-style-type: none"> <li>- Results to be shared with the instructor.</li> <li>- <b><i>Motion</i></b>: Accept C&amp;T #2 as written. M/S/P</li> <li>- <b><i>Motion</i></b>: Accept PEM reports as corrected. M/S/P</li> <li>- Deferred – R. Trifilo will revise this report.</li> </ul>



# Appendix I

Fitchburg State University  
Department of Nursing

## Minutes

Meeting Group Name: Curriculum Committee

Date of Meeting: 10/9/2013

Location/Time: T324-C/11:00 AM

Adjourned: 1:20 PM

Submitted by: C. Devine

Attendees: D. Benes, C. Devine, N. Duphily, L. McKay, A. Meyer, B. Powers

<u>Topic</u>	<u>Discussion</u>	<u>Action</u>
1. Call to Order	- 11:00 AM	
2. Minutes of 09/25/2013	<ul style="list-style-type: none"> <li>- Amend minutes to read: Date: 9/25/2013 A. Meyer excused</li> <li>- III. Student Representation Delete, "Ask students . . . feedback from curriculum."</li> <li>- <u>Change:</u> "All classes . . . will be approached," to "All students . . ."</li> <li>- <u>Change:</u> 11:00 PM to 11:00 AM</li> </ul>	- M/S/P as amended
3. Student Representation	- Students discussed for committee representation.	- A. Meyer will email a Junior and a Senior nursing student to invite to be student representatives.
4. Curriculum Workshop of May, 2013 - Minutes of Mission & Vision		- Curriculum Workshop May, 2013, folder placed on IDrive.

<u>Topic</u>	<u>Discussion</u>	<u>Action</u>
	<ul style="list-style-type: none"> <li>- QSEN NoF Terminal Outcomes Chart located on IDrive in QSEN folder.</li> <li>- NURS4750/4800 Minutes for Mission &amp; Vision submitted by B. Powers.</li> <li>- Junior Level (3200, 3300, 3400, 2900) - Minutes for Mission &amp; Vision submitted by D. Benes.</li> <li>- Sophomore level minutes for Mission &amp; Vision submitted by A. Meyer.</li> <li>- A. Meyer submitted minutes from Writing Across the Curriculum Workshop, May 22, 2013.</li> </ul>	<ul style="list-style-type: none"> <li>- D. Benes will add a Vision &amp; Mission folder to the IDrive.</li> <li>- B. Powers will post these minutes to "Vision &amp; Mission" folder on IDrive.</li> <li>- D. Benes posted Junior minutes to "Vision &amp; Mission" folder on IDrive.</li> <li>- A. Meyer posted Sophomore minutes to Vision &amp; Mission folder on IDrive.</li> <li>- A. Meyer added a folder to the IDrive within Curriculum Workshop, May, 2013, "Writing Across the Curriculum".</li> </ul>
5. PEC Assignments		<ul style="list-style-type: none"> <li>- Defer to end of meeting.</li> </ul>
6. Essentials Grid	<ul style="list-style-type: none"> <li>- Gaps in grid discussed.</li> <li>- Essential 5, page 11 discussed.</li> <li>- NURS3710 faculty need to review the Essentials Grid for congruency with revised course.</li> </ul>	<ul style="list-style-type: none"> <li>- Essential 4 – Two gaps discussed are met in NURS4850 class.</li> <li>- Essential 5 – one gap discussed. Content introduced in NURS2700, included in NURS4400.</li> <li>- NURS3710 faculty will report at 10/23/13 meeting.</li> </ul>
7. Other		<ul style="list-style-type: none"> <li>- An Essentials folder was created under Curriculum folder on IDrive.</li> </ul>

# Appendix I

<u>Topic</u>	<u>Discussion</u>	<u>Action</u>
<p>A. 2013 NCLEX-RN Detailed Test Plan</p> <p>B. Spring 2013 TK20 Results</p>	<ul style="list-style-type: none"> <li>- NCLEX Test Plan discussed.</li> <li>- Faculty were reminded by D. Benes that Junior surveys were administered in the classroom via iPads for Rotation II with yielded 100% participation (see attached table "Course Evaluation Spring 2013").</li> <li>- Outcome 5 related to health care policy scored &lt;80% NURS3200, 3400, 3900.</li> <li>- End of Program Evaluation response rate 26%.</li> <li>- Outcome 18 regarding ethical decision-making framework scored &lt;80%.</li> </ul>	<ul style="list-style-type: none"> <li>- Each level will complete one test plan electronically.</li> <li>- Fall 2013 Rotation I Juniors will use iPads for TK20 evaluations. iPads will be utilized as often as possible in December evaluations by all students.</li> <li>- End of Program Evaluation will be revised by Curriculum Committee.</li> </ul>
<p>8. PEM Responsibilities</p> <p>A. 3D, 3E, 4B-C-D</p>	<ul style="list-style-type: none"> <li>- PEM responsibilities discussed and assigned.</li> </ul>	<ul style="list-style-type: none"> <li>- PEM assignments:</li> <li>3D – N. Duphily</li> <li>3E – B. Powers</li> <li>4B – D. Benes</li> <li>4C – C. Devine</li> <li>4D – A. Meyer (Postpone 4D until Spring 2014)</li> </ul>



# Appendix I

Fitchburg State University  
Department of Nursing

## Minutes

Meeting Group Name: Curriculum Committee

Date of Meeting: 2/12/14

Location/Time: T324-C/11:10 am

Adjourned: 1300

Submitted by: Christine Devine

Attendees: B. Powers, D. Benes, C. Devine, N. Duphily, L. McKay, A. Meyer

Absent: S. Minton (excused)

<u>Topic</u>	<u>Discussion</u>	<u>Action</u>
<p>I. Call to order</p> <p>II. Minutes of 11/22/14</p> <p>III. System Sensitive problem solver</p> <p>L. McKay reviewed DVD "Setting the Stage for Evolution of Baccalaureate Nursing Education"</p> <p>C. Devine reviewed Essentials of Baccalaureate Education</p> <p>A. Meyer performed a literature search</p> <p>N. Duphily reviewed Core Competencies for Interprofessional Practice (AACN, 2011)</p>	<p>11:10</p> <p>Rewrite IV Discussion to read "Revision to III D completed"</p> <p>The term system sensitive problem solver was discussed in relation to the DVD, Essentials of Baccalaureate Education, Core Competencies for Interprofessional Practice (AACN, 2011) and a literature search.</p>	<p>Minutes accepted with corrections</p> <p><b>Motion:</b> A subcommittee of the Curriculum Committee will be formed to develop a glossary of terms for the vision statement.</p> <p>L. McKay, N. Duphily, and C. Devine volunteered to serve on this subcommittee.</p>

<u>Topic</u>	<u>Discussion</u>	<u>Action</u>
IV. Employer Survey	Fitchburg State University Department of Nursing Employer Survey was reviewed and revised.	The Employer Survey will be distributed electronically to the Advisory Board and healthcare settings that employ Fitchburg State University students. Changes will be made to the survey and the survey will be deployed in Spring 2014. Spring 2014 Survey will be deployed with 7 outcomes. Spring 2015 Survey will be updated to reflect the 8 New Terminal Outcomes.
V. Senior Exit Survey	Senior Exit Survey reviewed and revised.	A subcommittee of the Curriculum Committee will review the Senior Exit Survey in relation to the New Essentials of Baccalaureate Education, Essentials #9. L. McKay, A. Meyer and N. Duphily volunteered to serve on this committee.
VI. Alumni Survey	Alumni Survey reviewed and revised.	A subcommittee of the Curriculum Committee will review the Alumni Survey. B. Powers and D. Benes volunteered to serve on this committee.
VII. Curriculum Committee Meetings 2/26/14  3/26/14, 4/9/14, 4/23/14, 5/ 14/14	Curriculum Committee will meet from 11:00-11:30 a.m. on 2/26/14 to discuss NURS 4800 course description and content. Curriculum Subcommittees will meet at 11:30 a.m. Curriculum Committee will meet 11:00 a.m.-1:00 p.m. for all other meetings.	

# Appendix I

Fitchburg State University  
Department of Nursing

## Minutes

Meeting Group Name: Curriculum Committee

Date of Meeting: 4/30/2014

Location/Time: T324-C/ 1:45 pm

Adjourned: 3:10 pm

Submitted by: N. Duphily

Attendees: B. Powers, D. Benes, C. Devine, N. Duphily, L. McKay

Excused: S. Minton, J. Costa, A. Meyer

<u>Topic</u>	<u>Discussion</u>	<u>Action</u>
I. Call to order		1:45pm
II. Minutes of 4/23/2014		M/S/P
III. Employer Survey- C. Devine	C. Devine presented proposed changes(see attached document); will meet with R. Burgess to convert document to an online survey	Revised Changes M/S/P
IV. Review 2013 NCLEX Grid for Gaps	Discussed identified gaps; Verification of accuracy of grid results	Revised Changes M/S/P Grid will be returned to Senior Faculty for proper codes (Class C; Clinical L)in completion of 2013 NCLEX test plan Linda McKay will review document to verify transcription of data

Fitchburg State University  
Department of Nursing  
Employer Survey

Dear Employer: In order to foster ongoing program improvement, the Department of Nursing at Fitchburg State University periodically surveys employers of our graduates. We would appreciate your completion of this brief survey.

1. What are the characteristics of your employment environment?

- Hospital
- Extended care facility
- School
- Home Care
- Clinic or Doctor's office
- Other, please specify

\*\*\*comment box required if other selected

2. In the past three years, how many graduates of the Fitchburg State University Nursing Program have you employed?

- None
- 1-5
- 6-10
- More than 10

\*\*\*prompt to end survey if #2 is None

3. In the past three years, how satisfied are you with the professional practice of the Fitchburg State University graduate?

- Very satisfied
- Satisfied
- Somewhat Dissatisfied
- Very Dissatisfied

\*\*\*comment box response required

4. In the past three years, how do you rate the preparation of recent Fitchburg State University graduates for entry level professional practice?

- Excellent
- Good
- Adequate
- Less than adequate

\*\*\*comment box response required

Please rate the Fitchburg State University graduates' practice with respect to the following Nursing Program Outcomes:

5. Synthesize knowledge from the liberal arts, sciences, and nursing as a foundation for safe client-centered care.



# Appendix I

- Poor
  - Fair
  - Good
  - Very Good
  - Excellent
6. Incorporate basic organizational and systems leadership to provide quality care and patient safety.
- Poor
  - Fair
  - Good
  - Very Good
  - Excellent
7. Incorporate evidence based practice including current research and critical thinking in the management of client care.
- Poor
  - Fair
  - Good
  - Very Good
  - Excellent
8. Analyze information using information technology to improve patient outcomes.
- Poor
  - Fair
  - Good
  - Very Good
  - Excellent
9. Examine the impact of health care policy, finance, and regulatory environments on nursing practice.
- Poor
  - Fair
  - Good
  - Very Good
  - Excellent
10. Integrate principles of communication in professional practice.
- Poor
  - Fair
  - Good
  - Very Good
  - Excellent
11. Synthesize knowledge of health promotion and disease/injury prevention in designing population focused care.
- Poor
  - Fair
  - Good
  - Very Good

- Excellent

12. Integrate professional standards of moral, ethical and legal conduct into nursing practice.

- Poor
- Fair
- Good
- Very Good
- Excellent

13. Would you hire another Fitchburg State University graduate?

- Yes
- No

\*\*\*comment box response required

14. Optional: Please provide your name, agency and email address.

# Appendix I

Fitchburg State University  
Department of Nursing

## Minutes

Meeting Group Name: Curriculum Committee  
Date of Meeting: 2/11/2015  
Location/Time: T324-C/11:35 am  
Adjourned: 1330  
Submitted by: Debbie Benes  
Attendees: B. Powers, C. Devine, N. Duphily, L. McKay, A. Aranda,  
J.Costa, A.Gill  
Absent:

<u>Topic</u>	<u>Discussion</u>	<u>Action</u>
I. Call to order II. Minutes of: 11/12/14	11:35am	Date corrected from 10/11/14 to 11/12/14 Change on Pg.4 48000 to 4800 Revision under new business discussion: Discrepancies in the course delivery in different sections of the same course Department is committed to online testing in all courses and committed to this policy resulting from the BORN meeting 6/2006. It was identified that all students and faculty must use university email in order that records of all

<u>Topic</u>	<u>Discussion</u>	<u>Action</u>																																				
<p>12/10/14</p> <p>II. Vacancy for one curriculum member</p> <p>III. NURS 4510</p> <p>IV. Evaluation Cycle</p>	<p>Due to A. Meyer's resignation, one space is free on curriculum committee</p> <p>Course description and outcomes was to be revised By A. Meyer &amp; A. Aranda No action taken at this point</p> <table border="1" data-bbox="516 1010 1133 1398"> <thead> <tr> <th>Survey</th> <th>Frequency</th> <th>Last admin.</th> <th>Responsibility</th> </tr> </thead> <tbody> <tr> <td>Preceptor</td> <td>q. semester</td> <td>F14</td> <td>curriculum</td> </tr> <tr> <td>Clinical</td> <td>q. semester</td> <td>F14</td> <td>curriculum</td> </tr> <tr> <td>Course</td> <td>q. semester</td> <td>F14</td> <td>curriculum</td> </tr> <tr> <td>Employer</td> <td>q. 2 yrs</td> <td>F14</td> <td>PEC</td> </tr> <tr> <td>Alumni</td> <td>q. 2 yrs alumni out 1 &amp; 3 yrs</td> <td></td> <td>PEC</td> </tr> <tr> <td>Sr. Exit</td> <td>q. year</td> <td>SP14</td> <td>curriculum</td> </tr> <tr> <td>Faculty</td> <td>q. 4yrs</td> <td>Sp12</td> <td>PEC</td> </tr> <tr> <td>Student</td> <td>q. 4yrs</td> <td>Sp12</td> <td>PEC</td> </tr> </tbody> </table> <p>Student Survey – last completed 5/12- only 25% response rate</p>	Survey	Frequency	Last admin.	Responsibility	Preceptor	q. semester	F14	curriculum	Clinical	q. semester	F14	curriculum	Course	q. semester	F14	curriculum	Employer	q. 2 yrs	F14	PEC	Alumni	q. 2 yrs alumni out 1 & 3 yrs		PEC	Sr. Exit	q. year	SP14	curriculum	Faculty	q. 4yrs	Sp12	PEC	Student	q. 4yrs	Sp12	PEC	<p>conversations be kept for 7 years. m/s/p</p> <p>Item 5C under discussion change 4450 to 4750 m/s/p</p> <p>Space will be filled in the fall</p> <p>A. Aranda to continue to continue to work on and realign outcomes for next meeting</p> <p>Recommendation to change committee's responsible for survey evaluations as per table</p> <p>Recommendation to redeploy this semester in class Leadership will deploy senior exit survey</p> <p>Student survey to be deployed after spring break Senior - 4800, Junior level all classes Sophomores- patho</p>
Survey	Frequency	Last admin.	Responsibility																																			
Preceptor	q. semester	F14	curriculum																																			
Clinical	q. semester	F14	curriculum																																			
Course	q. semester	F14	curriculum																																			
Employer	q. 2 yrs	F14	PEC																																			
Alumni	q. 2 yrs alumni out 1 & 3 yrs		PEC																																			
Sr. Exit	q. year	SP14	curriculum																																			
Faculty	q. 4yrs	Sp12	PEC																																			
Student	q. 4yrs	Sp12	PEC																																			

# Appendix I

<u>Topic</u>	<u>Discussion</u>	<u>Action</u>
V. Evaluation Updates	Employer Survey – deployed fall 14 very limited response	Will be redeployed to nurse managers this semester
TK20	Discussed poor outcomes on TK20 surveys Survey completion rates much higher when administered in class	Will deploy in all classes with ipads
HESI	Discussion as to what data will be utilized from HESI to aid in curriculum development	To be discussed next meeting
Preceptor Evaluations	Responses evaluated Information stays between faculty and students Overwhelming positive responses Few with poor responses Learning experience evaluations – Overwhelming positive	
VI. Old Business	NURS 4400 – Portfolio Dr.'s Bechar & Scannell revised for clarity and brevity. Will be piloted with second semester seniors RN-BS community online – Jean Worfolk had difficulty using the old tool. Tool needs to be evaluated and the same as NURS4400	Portfolio needs to be reviewed by curriculum at next meeting. A copy needs to be provided
Glossary	NURS4750 – Portfolio needs to be revised N. Duphily & M.McKay developing glossary “system sensitive problem solver” definition in process of being developed	Portfolio to be reviewed at next meeting
Meeting adjourned	1330	



# Appendix J

Fitchburg State University  
Department of Nursing

## Minutes

Meeting Group Name: Special Graduate Curriculum Committee  
Date of Meeting: 12/3/15  
Location/Time: Thompson 306 @ 1200  
Adjourned: 1215  
Submitted by: R. Dumas  
Attendees: D. Stone, A. Arsenault, A. Scannell,  
Absent: L. McKay, L. Maguire, S. Bellisle (all excused)

<b>Topic</b>	<b>Discussion</b>	<b>Action</b>
1. Establish Agenda for Graduate Committee meeting 12-9-15.	Agenda items  1. Set dates for meeting every two weeks over the next semester. 2. Established program evaluation priorities secondary to Accreditation team's compliance concerns.	Agenda set
2. Next Meeting	Dec. 9 <sup>th</sup> , 1PM, THOM-324C	
3. Adjournment		





# Appendix K

## Fitchburg State University Graduate and Continuing Education Department of Nursing

### NURS 7300 Advanced Clinical Concepts in Forensic Nursing

#### Description

This course will provide the opportunity to validate current clinical skills and develop advanced professional decision-making. Clinical issues, such as, performance evaluation, collaboration, and ethical considerations will be discussed. A clinical component will provide the opportunity to increase skills in critical thinking, processing data, and clinical decision-making.

#### Objectives

At the completion of this course, students will be able to:

1. Recognize the impact of the physiological, psychological, developmental, socio-cultural, and spiritual aspects of the nurse, the client, the family, and the community when planning and delivering nursing care across the lifespan. (TO 1)
2. Demonstrate the ability to collect an in-depth objective client database utilizing professional interview techniques. (TO 7)
3. Use critical thinking skills to analyze data and arrive at potential differential diagnoses. (TO 6)
4. Plan and implement care with consideration of cost-containment, organizational policies, and ethical principles.(TO 2)
5. Evaluate outcomes of client care incorporating principles of performance evaluation.(TO 3)
6. Incorporate current research findings and apply to the care of selected clients. (TO 5)
7. Apply clinical decision-making theory in each step of the nursing process (TO 4)
8. Determine client and family situations requiring collaboration, delegation, and/or referral to other health professionals. (TO 8)

#### Evaluation

Online participation, Midterm written documentation of physical examination and interview, final examination, three on-line quizzes.

#### Methods

#### Grading

#### Participation

4 pts each week

44 points

*Online Participation expectations to be posted on black board. A total of 60 clinical hours are required for successful completion of this course.*

#### Assessment Write-Up/Midterm Paper (100 pts)

100 points

*(Due date Sunday ??) at 11:59PM EST –submit via Blackboard– see more info within paper guidelines page of syllabus)*

#### On-line quizzes (three)

10 points each

30 points



# Appendix L

Developed 11-14-15

## Fitchburg State University-Department of Nursing Graduate Program PRECEPTOR AND LEARNING EXPERIENCE EVALUATION FORM

Course Number:	Student:	Preceptor:
Learning Experience Site:		
Evaluation Period:		

Please check one of the following for each category.

1 - ALWAYS    2 - FREQUENTLY    3 - SOMETIMES    4 - NEVER

Part 1 – Preceptor Evaluation		1	2	3	4
My preceptor:					
1.	provided a professional role model.				
2.	gave me consistent feedback.				
3.	feedback helped me improve my performance.				
4.	was available when needed.				
5.	when possible, arranged learning opportunities to meet my objectives.				
6.	displayed enthusiasm for the preceptor role.				
7.	gave clear explanations.				
8.	asked questions that provoked my critical analysis of forensic practices and issues				
9.	answered my questions clearly.				
10.	coached my performance and/or facilitated my independent work as appropriate.				
Comments:					

OVER

Developed 11-14-15

Please check one of the following for each category.

**1 - ACCURATE 2 - SOMEWHAT ACCURATE 3 - INACCURATE**

Part II: Learning Experience Evaluation		1	2	3
1.	I understood the objectives for this learning experience prior to beginning the experience.			
2.	The opportunities in this learning experience allowed me to meet the course objectives.			
3.	In this learning experience the resources needed were available to me.			
4.	I feel that the preceptor's assessment of my performance on the course objectives was fair.			
5.	During this learning experience, I was encouraged to develop my ability to self-assess.			
6.	This learning experience provided me opportunities to provide patient-centered care in a responsible way to my patients.			
What were the strengths of this learning experience?				
What were the weaknesses of this learning experience?				
How can this learning experience be improved?				

Tracking Table for Evaluation Tool Items Not Meeting Benchmarks

Semester/Year \_\_\_\_\_ Program \_\_\_\_\_

Evaluation Tool (e.g. Sr. Exit Survey)	Item # ( e.g. Q.#)	Comparison of Benchmark to Actual Data	Related Program Outcome (e.g. Satisfaction level with program)	Date Data Reviewed by Faculty	Action Plan	Follow-Up and Final Outcome

