

Annual Program Report 2022-2023

The report(s) should be inclusive of all levels, degrees (i.e. certificates, bachelor’s and master’s), modalities and locations.

Department: Nursing

Department Chair: Tara Mariolis Interim Chair

Department Assessment Committee Contact:

This document is to be kept in the department and an electronic file is due to the AVP of Institutional Research and Planning by June 1, 2023.

Section I: Program Assessment (please complete this section for each program in your department)

Program: Baccalaureate Nursing (BS RN)

Program Learning Outcomes (PLOs) (Educational Objectives)

I. List of PLOs and the timeline for assessment

PLO #	PLO – Stated in assessable terms	Where are the learning outcomes for this level/program published? (please specify) Include URLs where appropriate.	Timing of assessment (annual, semester, bi-annual, etc.)	When was the last assessment of the PLO completed?
1.	Synthesize knowledge from the liberal arts, sciences, and nursing as a foundation for safe, client-	Student handbook, Nursing department website	annual	Spring 2023

	centered care			
2.	Incorporate basic organizational and systems leadership to provide quality care and patient safety	Same as above	annual	Spring 2023
3.	Incorporate evidence based practice in the management of client care	Same as above	annual	Spring 2023
4.	Analyze information using information technology to improve patient outcomes	Same as above	annual	Spring 2023
5.	Examine the impact of health care policy, finance, and regulatory environments on nursing practice	Same as above	annual	Spring 2023
6.	Integrate principles of communication in professional practice	Same as above	annual	Spring 2023
7.	Synthesize knowledge of health promotion and disease/injury prevention in designing population focused care	Same as above	annual	Spring 2023
8.	Integrate professional standards of moral, ethical and legal	Same as above	annual	Spring 2023

	conduct into nursing practice			
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II. **PLO Assessment** (Please report on the PLOs assessed and/or reviewed this year. Programs should be assessing at least one each year.)

Using the table below, list and briefly describe the **direct method(s)** used to collect information assessing whether students are learning the core sets of knowledge (K), skills (S) and attitudes (A) identified as essential.

PLO # (from above)	Assessment description (exam, observation, national standardized exam, oral presentation with rubric, etc.)	When assessment was administered in student program (internship, 4 th year, 1 st year, etc.)	To which students were assessments administered (all, only a sample, etc.)	What is the target set for the PLO? (criteria for success)	Reflection on the results: How was the “loop closed”?
1-8	Exams/quizzes Nursing care plans Scholarly papers with rubrics Oral presentations with rubric HESI case studies HESI exams Clinical evaluations Med/calc exams with increasing complexity per semester starting spring sophomore level	All levels have exams, papers and presentations throughout the semester with a final exam/paper or presentation at the end of the semester. End of program evaluation – Following successful completion of NURS4800, students take the Exit HESI exam, they must score 850 or better to pass the course.	Students at each level (sophomore, junior, senior) are required to meet the same level outcomes.	Student progression in nursing program requires: GPA – 2.5 for each NURS course Exit HESI score ≥850 Success on the NCLEX (licensure examination)	Sophomore Level 36 of 57 sophomore (traditional, 4 repeating a course & 10 LPN to BS) students progressed to Junior level. Six repeating students completed peer tutoring;

	<p>Lab/simulation experiences, NCLEX</p>				<p>3 completed the LASSI; 3 students repeated NURS 2600.</p> <p>Junior Level 38 of 44 students progressed to senior level. 4 students will be repeating a junior level course in the fall 23 semester. 1 additional student is returning after a medical leave.</p> <p>Senior Level 97% of seniors graduated. 2 will repeat 1 course after failing med/calc exam x2.</p> <p>Exit HESI:</p>
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					<p>75% pass on 1st attempt. Program goal is 90% after second attempt.</p> <p>NCLEX pass rate for 2023: 80% - this is low for the program but consistent with other nursing programs in our state (82%). We integrated Kaplan resources during the spring 23 semester of senior year and will integrate Kaplan into sophomore courses</p>
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					during spring of 24 nursing courses as well as both fall 23 and spring 24 senior courses. Eventually, all levels will be using Kaplan resources during AY2024-25. We continue write NextGen style questions, and will be offering faculty a test writing course from Kaplan over summer.
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You may use this comment box to provide any additional information, if applicable:

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Summary of Findings: Briefly summarize the results of the PLO assessments reported in Section II above combined with other relevant evidence gathered and show how these are being reviewed/discussed. How are you “closing the loop”?

Reflection Prompt	Narrative Response
<p>Other than GPA, what data/evidence is used to determine that graduates have achieved the stated outcomes for the degree? (e.g., capstone course, portfolio review, licensure examination)</p>	<p>The department utilizes several tools to evaluate program outcomes including student surveys of course/clinical outcomes, SIR-II and C4 results, Licensure exam pass rates , exit HESI score results, student evaluation of simulations through surveys, the senior exit survey, faculty evaluation of clinical sites, and student evaluation of clinical preceptors.</p>
<p>Who interprets the evidence? What is the process? (e.g. annually by the curriculum committee)</p>	<p>The DON Chair, the Program Evaluation Committee (PEC), the Curriculum Committee; faculty from each level evaluate results of surveys pertinent to their level.</p>

<p>What changes have been made as a result of using the data/evidence? (close the loop)</p>	<p>In general we are meeting outcomes of programs effectiveness. Last year, several surveys utilize were not deployed as we did not have a program assistant for several months. That has been corrected this year. Also, we are using google forms and our assistant tracks all surveys and deploys them. Again, response rates can be low, however, we are encouraging students to complete surveys during class time to improve response rates. Our licensure pass rate for 2023 is 80%, however, we are instituting Kaplan resources as mentioned earlier Face to face simulation has had positive results on all three levels. We will need to begin writing our self-study for CCNE accreditation in 2025. We are also writing a new curriculum with new program outcomes according to the New Essentials. We will likely be finished with the process right before accreditation. Furthermore, due to reduced placements as a result of covid we have expanded our use of simulation.</p>
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B. Assessment Plan for Program/Department

- I. Insert the program or department Assessment Plan (This is an independent plan from what is reported in this document):

We have a very large program evaluation map written to meet CCNE standards. It serves as our guide to program evaluation

- II. Explain any changes in the assessment plan including new or revised PLOs, new assessments that the program/department plans to implement and new targets or goals set for student success.
- III. If you do not have a plan, would you like help in developing one? ___Yes

C. Program Review Action Plan or External action Letter/Report

Annual Reflection/Follow-up on Action Plan from last Program Review or external accreditation (only complete the table that is appropriate for your program)

- I. **Programs that fall under Program Review:**

i. Date of most recent Review:

ii. Insert the Action Plan table from your last Program Review and give any progress towards completing the tasks or achieving targets set forth in the plan.

Specific area where improvement is needed	Evidence to support the recommended change	Person(s) responsible for implementing the change	Timeline for implementation	Resources needed	Assessment Plan	Progress Made this Year

iii. If you do not have an action plan, would you like help in developing one based on your last program review and needs of the program? _____ Yes

II. Programs with external Accreditation:

i. Professional, specialized, State, or programmatic accreditations currently held by the program/department.

On May 26th 2021, the department wrote a CIPR (continuous improvement program review) required by our accrediting body CCNE (Commission on Collegiate Nursing Education). On May 26, 2022, we were notified that the the baccalaureate and master's degree programs demonstrated compliance with all standards and key elements.

ii. Date of most recent accreditation action by each listed agency.

Full accreditation by CCNE for ten years was received in 2015. We are due to be reaccredited in 2025. We will begin writing our self-study this upcoming academic year AY2023-24.

iii. Date and nature of next review and type of review.

List key issues for continuing accreditation identified in accreditation action letter or report.	Key performance indicators as required by agency or selected by program (licensure, board or bar pass rates; employment rates, etc.) (If required.)	Update on fulfilling the action letter/report or on meeting the key performance indicators.

Section II - Departmental Outcomes

A. Departmental Strategic Initiatives

Accomplished Initiatives AY22-23 Add more rows as needed	Corresponding Strategic Plan Goal & Strategy Goal # followed by Strategy # ex: 1.3	Indicate (X) if a Diversity, Equity and Inclusiveness (DEI) Goal
Continue the creation of a robust Simulation Center The center has been successfully running for the past 3 AYs. This year the center conducted over 6000 hrs. of student learning experiences.	Goal 1 – Establish a learning environment in which academic and co-curricular program s work in synergy	
Continued development of Competency Based Curriculum (CBC) as put forth by AACN. Work continues on the development of a CBC (identification of essential competencies, consultant hired to develop new program outcomes with the faculty, the department has generated	Goal 1 – Establish a learning environment in which academic and co-curricular program s work in synergy	

list of essential skills required of students to practice competently at the end of the program).		
<p>Development of an Academic Practice Partner relationship with Health Alliance Hospital- Ongoing</p> <p>The DON and Health Alliance worked to development an Academic Practice relationship in which we would provide training at the simulation center for staff. In turn they will supply 6 clinical placements for senior practicum students and space for at least one clinical group. The DON is also exploring a similar relationship with St. Vincent’s Hospital</p>	Goal 3 – Build innovative sustainable public-private partnerships that advance the University’s mission	
<p>Holistic Admissions- the department continues to review applications using a Holistic Approach. Several students have been admitted for the upcoming academic year using this approach.</p>	Goal 5 – Establish FSU commitment to education justice and being a student ready campus.	X

Planned Initiatives for AY 23-24 <small>Add more rows as needed</small>	Associated Strategic Plan Goal & Strategy <small>Goal # followed by Strategy # ex: 1.3</small>	Indicate (X) if a Diversity, Equity and Inclusiveness (DEI) Goal
<p>NextGen NCLEX Preparation</p> <p>Kaplan resources will be fully integrated into the curriculum starting in</p>	GOAL FOUR: Establish inclusive excellence, innovation, and environmental stewardship as	

<p>sophomore year and will continue in the senior year. This will prepare students to take the NextGen NCLEX by utilizing resources that utilize the new question platform which started in 2023. Faculty will take a test writing and tes analysis workshop during the summer of 2023. Kaplan resources will dovetail with Examssoft software (for test writing).</p>	<p>signature strengths</p> <p>Provide faculty and staff professional development opportunities and appropriate tools, including technology, to ensure they can be effective in their roles.</p>	
<p>CCNE Self-study the DON is slated for reaccreditation in 2025. The faculty and chairperson write a self-study to be submitted by the end of AY23-24.</p>	<p>GOAL FOUR: Establish inclusive excellence, innovation, and environmental stewardship as signature strengths</p> <p>Provide faculty and staff professional development opportunities and appropriate tools, including technology, to ensure they can be effective in their roles.</p>	

B. Departmental Accomplishments and Reflection:

Take this section to reflect on--

1. *22-23 Accomplishments not captured above*
2. *Initiatives that you may be considering for 23-24 academic year that you did not already capture above*
3. *Any other thoughts or information that you would like to share*

