

Graduate Nursing Program
 Program Evaluation Activities Calendar
 (PEAC) (AY 2016-2021)

Standard/ Key Element	Committee/Staff	Frequency	FA 19	SP 20	FA 20	SP 21	FA 21	SP 22	FA 22	SP 23	FA 23	SP 24	FA 24
Standard I: Mission & Governance													
I-A	Grad Curriculum	4 Years (+/or with substantive changes)		X								X	
I-B Formerly Part of I-A	Grad Curriculum	4 Years (+/or with substantive changes)		X								X	
I-C Formerly Part of I-B.b	Grad Curriculum	4 Years (+/or with substantive changes)		X								X	
I-D Formerly Part of I-C	Grad Chair	2 Years (+/or with substantive changes)		X				X				X	
I-E Formerly part of I-D	By-Laws	Q Even Year			X				X				X
I-F	Student Policies	Annually	X		X		X		X		X		X
I-G Formerly part of IV-G	Student Policies	Annually	X		X		X		X		X		X
I-H Formerly part of I-E	Admissions	Annually		X		X		X		X		X	
I-I (BORN) Formerly part of I-G	Admissions	Annually	X		X		X		X		X		X

*Report Moved to New Review Cycle
 # Interim Report Due

2.20.2020

Fitchburg State University Department of Nursing

Standard / Key Element	Committee/ Staff	Frequency	FA 19	SP 20	FA 20	SP 21	FA 21	SP 22	FA 22	SP 23	FA 23	SP 24	FA 24
Standard II. Institutional Commitment & Resources													
II-A	Grad Chair	Annually		X		X		X		X		X	
II B Formerly Part of II-A	Grad Chair	Annually		X		X		X		X		X	
II-C	Admissions	Annually	X		X		X		X		X		X
II-D Formerly Part of II-C	UG Chair/PEC	When Appointment Occurs											
II-E Formerly Part of II-D	Grad Chair	Annually	X		X		X		X		X		X
II-F Formerly Part of II-E	Grad Chair	Annually	X		X		X		X		X		X
II-G Formerly Part of II-F	Grad Chair	Q Even Year			X		X		X		X		X

*Report Moved to New Review Cycle
Interim Report Due

2.20.2020

Standard III: Curriculum & Teaching-Learning Practices	Committee/ Staff Respon sible	Frequency	FA 19	SP 20	FA 20	SP 21	FA 21	SP 22	FA 22	SP 23	FA 23	SP 24	FA 24
III-A	Grad Curriculum	Even Years (+/or with substantive changes)		X				X				X	
III-B	Grad Curriculum	4 years (+/or with substantive changes)						X					
III-C	Grad Curriculum <small>Master's Curricula</small>	2 years		X				X				X	
III-D	DNP Curricula	N/A											
III-E	NP Curricula	N/A											
III-F <small>Formerly Part of III-C</small>	Grad Chair/ Grad Curriculum	Odd Years				X				X			
III-G <small>Formerly Part of III-D & III-F</small>	Grad Curriculum	Every 4 Years (+/or with substantive changes)						X					
III-H <small>Formerly Part of III-E</small>	Grad Curriculum	Even Years		X		X		X				X	
III-I <small>Formerly Part of III-G</small>	Student Policies	Annually		X		X		X		X		X	
III-J <small>Formerly part of III-H</small>	Grad Curriculum	Annually	X		X		X		X		X		X

*Report Moved to New Review Cycle
Interim Report Due

2.20.2020

Standard / Key Element	Committee/Staff Responsible	Frequency	FA 19	SP 20	FA 20	SP 21	FA 21	SP 22	FA 22	SP 23	FA 23	SP 24	FA 24
Standard IV: Assessment & Achievement of Program Outcomes													
IV-A <u>Identify Process Only Here</u>	Grad Curriculum/ Grad Chair	2 years		X				X				X	
IV-B	Grad Curriculum/ Grad Chair	Annually		X		X		X		X		X	
IV-C	Licensure Pass Rates	N/A											
IV-D	Grad Chair Certification Pass Rates	Annually	X		X		X		X		X		X
IV-E Formerly Part of IV-D	Grad Curriculum/ Grad Chair	Annually	X		X		X		X		X		X
IV-F New Key Element	Grad Curriculum/ Grad Chair	Fall: When Benchmarks for IV-B, C, E NOT met	X		X		X		X		X		X
IV-G Formerly Part of IV-F	Grad Curriculum/ Grad Chair	Annually	X		X		X		X		X		X
IV-H New Key Element	Grad Chair/ Grad Curriculum	Annually	X		X		X		X		X		X

*Report Moved to New Review Cycle
Interim Report Due

2.20.2020

Fitchburg State University Department of Nursing

IV-I Formerly Part of IV-E	PEC	Annually	X		X		X		X		X		X
IV-J Formerly Part of IV-H	PEC/Grad Chair	Twice Annually	X	X	X	X	X	X	X	X	X	X	X

*Report Moved to New Review Cycle
Interim Report Due

2.20.2020

Fitchburg State University
Department of Nursing
Graduate Program Evaluation Map
AY 2020-2021

Crosswalk Table: MA BORN Standards & The 2018 CCNE Key Elements -do we need this? MA BORN= N/A

MA BORN Regulation	2018 CCNE Key Element(s)		MA BORN Regulation	2018 CCNE Key Element(s)
<i>CMR 6.04 Standards for Nursing Education Program Approval</i>			CMR 6.04 (continued)	
Mission & Governance			Curriculum	
1a	I-A, I-B, I-C		4a	III-A, III-B
1b	I-E		4b (Items 1-5)	III-B, III-F, III-G, III-H
1c	II-D			
1d	I-F			
1e	III-J, IV-A, IV-I, IV-J			
1f	Notification letters to MA BORN are on file in DON office			
1g	Policy to be written & on file in DON office			
1h	I-H; UG Student Handbooks, Website		Resources	
			5a	II-E, II-F
Faculty Qualifications			5b	II-E
2a (Items 1-4)	II-D		5c	II-C
2b (Items 1, 3,4 & 5)	II-E & II- F		5d	II-A
2c (Items 1-4)	II-E & II-F; On file in DON office		5e	II-A, II-B
			5f	On file in DON office
Students				
3a1	Policy to be written & on file in DON office			
3a2	I-E, I-I, I-G			
3a3	I-E, III-J, IV-I, IV-J		<i>CMR 6.05 Procedure for Establishment and Continuing Operation of Nursing Education Program</i>	
3b	III-H, III-I, III-J		3b.	Annual reports to MA BORN are on file in DON office

GRADUATE NURSING PROGRAM

STANDARD I

PROGRAM QUALITY: MISSION AND GOVERNANCE

Key Elements A-I

SUPPORTING DOCUMENTATION FOR STANDARD I

The supporting documentation listed below is included in the self-study document or provided for review on site. CCNE recognizes that reasonable alternatives exist when providing documentation to address the key elements.

1. Mission, goals, and expected program outcomes.
2. Copies of all professional nursing standards and guidelines used by the program. CCNE requires the following professional nursing standards and guidelines:
 - Master's degree programs:** *The Essentials of Master's Education in Nursing* (AACN, 2011).
 - All programs:** Any additional relevant professional nursing standards and guidelines used by the program.
4. Identification of the program's community of interest.
5. Appointment, promotion, and, when applicable, tenure, policies or other documents defining faculty expectations related to teaching, scholarship, service, practice, or other areas.
6. Major institutional and nursing unit reports and records for the past three years, such as strategic planning documents and annual reports.
7. Reports submitted to and official correspondence received from applicable accrediting and regulatory agencies since the last accreditation review of the nursing program.
8. Catalogs, student handbooks, faculty handbooks, personnel manuals, or equivalent information, including (among other things) academic calendar, recruitment and admission policies, grading policies, and degree/post-graduate APRN certificate program completion requirements.
9. Program advertising and promotional materials directed at prospective students.
10. Documents that reflect decision-making (e.g., minutes, memoranda, reports) related to program mission and governance.
11. Organizational charts for the parent institution and the nursing unit.
12. Program policies related to formal complaints.

Key Element I-A

This Key Element is Now Divided into Separate Key Elements (I-A and I-B)

The mission, goals, and expected program outcomes are:

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

DON Benchmark/Measure/CCNE Elaboration

Scheduled reviews will identify:

1. The program’s mission, goals, and expected program outcomes are written and accessible to current and prospective students, faculty, and other constituents.
2. Program outcomes include student outcomes, faculty outcomes, and other outcomes identified by the program. The mission may relate to all nursing programs offered by the nursing unit, or specific programs may have separate missions.
3. Program goals are clearly differentiated by level when multiple degree/certificate programs exist (This applies to Grad Program only)
4. Expected program outcomes may be expressed as competencies, objectives, benchmarks, or other terminology congruent with institutional and program norms.
5. There is a defined process for periodic review and revision of program mission, goals, and expected program outcomes that has been implemented, as appropriate.

Report Format:

Write a narrative note that includes:

- The current FSU/DON Mission & Vision Matrix
- The Program’s Terminal, Level and Course Outcomes
- A Table of Alignment for Program Outcomes with Mission & Vision Statements
- The plan for periodic review of program mission, goals, and expected program outcomes
- Any revisions that have been made to the program mission, goals, and expected program outcomes since the last review of this Key element

Review Cycle

Every four years +/- or when substantive changes are made.

Responsible Committee/Person

Graduate Curriculum Committee

Resources

- The current FSU Mission & Vision Statements
- The current DON Mission & Vision Statements
- The current FSU/DON Mission & Vision Matrix
- Expected Program Outcomes
- Expected Course /Level Outcomes
- Faculty Outcomes from *The Agreement Between the Massachusetts Board of Higher Education and the Massachusetts Teacher Association/NEA Massachusetts State College Association* (henceforth called *The Agreement*)

<p>Key Element I-B This Key Element was Formerly Part of Key Element I-A</p> <p>The mission, goals and expected program outcomes are consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals:</p> <p><u>DON Benchmark/Measure/CCNE Elaboration</u></p> <p>Scheduled reviews will find evidence that the program’s mission, vision, and program outcomes are consistent with the following professional nursing standards and guidelines:</p> <ul style="list-style-type: none"> - <i>The Essentials of Master’s Education in Nursing. [American Association of Colleges of Nursing (AACN), 2011]</i> -<i>The ANA Nursing Scope and Standards of Nursing Practice (2015)</i> -<i>Forensic Nursing: Scope and Standards of Practice, 2nd Ed. (2017)</i> <p><u>Report Format</u></p> <p>Write a narrative note that includes:</p> <ul style="list-style-type: none"> -An updated table/matrix that identifies linkages between DON program’s mission, vision and expected student outcomes -An updated congruency table of the Program’s Outcomes and 1.) <i>The Essentials of Master’s Education in Nursing.</i> 2.) <i>The ANA Nursing Scope and Standards of Nursing Practice (2015);</i> and 3.) <i>Forensic Nursing: Scope and Standards of Practice, 2nd Ed.</i> 	<p><u>Review Cycle:</u></p> <p>Every 4 years +/- or when substantive changes are made</p> <p><u>Responsible Committee/Person:</u></p> <p>Graduate Curriculum Committee</p> <p><u>Resources</u></p> <ul style="list-style-type: none"> -The current FSU/DON Mission & Vision Matrix - <i>The Essentials of Master’s Education in Nursing. [American Association of Colleges of Nursing (AACN), 2011]</i> -<i>ANA Nursing Scope and Standards of Nursing Practice (2015)</i> -<i>Forensic Nursing: Scope and Standards of Practice, 2nd Ed. (2017)</i> <p>-Respective Tables/Matrices located in the I Drive/ Program Eval /AY XXXX/Tools Folder</p>
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<p><u>Key Element I-C</u> This Key Element was Formerly Part of Key Element I-Bb</p> <p>The mission, goals, and expected program outcomes reflect the needs and expectations of the community of interest.</p> <p><u>DON Benchmark/Measure/CCNE Elaboration</u> Scheduled reviews will find:</p> <ol style="list-style-type: none"> 1. The community of interest is defined by the nursing unit. 2. The needs and expectations of the community of interest are considered in the periodic review of the mission, goals, and expected program outcomes. <p><u>Report Format</u> Write a narrative note that includes:</p> <ul style="list-style-type: none"> -The current DON definitions of our Community(ies) of Interest (COI). -Examples of how and when the needs of our Community(ies) of Interest are identified. -Examples of how and when the needs of our Community(ies) of Interest are addressed. 	<p><u>Review Cycle</u> Every 4 years (Even Years/Spring) +/- or when substantive changes are made.</p> <p><u>Responsible Committee</u> Graduate Curriculum Committee</p> <p><u>Resources</u> -From the I Drive/ Program Eval/ AY XXXX/Tools folder: -The current DON Mission & Vision & Program/Terminal Outcomes Table -The DON's current definition of Community(ies) of Interest</p> <p>-Student Input: Course and Clinical Surveys; Grad CC Minutes;</p> <p>-Faculty Input: Faculty Survey</p> <p>-Minutes from Advisory Committee Meetings</p> <p>-DON Chair Reports (e.g. MACN updates, Minutes from the Graduate Faculty meetings)</p>
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	-Any grants that meet Community of Interest needs
<p>Key Element I-D This Key Element was Formerly Key Element IC</p> <p>The nursing unit's expectations for faculty are written and communicated to the faculty and are congruent with institutional expectations.</p> <p><u>DON Benchmark/Measure/CCNE Elaboration</u></p> <p>Scheduled reviews will find evidence that:</p> <ol style="list-style-type: none"> 1. Expectations for faculty are congruent with those of the parent institution. 2. The nursing unit's expectation for faculty, whether in teaching, scholarship, service, practice or other areas, may vary for different groups of faculty (full-time, part-time, adjunct, tenured, non-tenured, or other are written and communicated to the nursing faculty) <p><u>Report Format</u></p> <p>Write a narrative note that identifies:</p> <ul style="list-style-type: none"> -Institutional expectations of faculty -Expected Departmental of Nursing faculty outcomes -Process of communication of outcomes and expectations to faculty -Areas of congruency between faculty outcomes and institutional expectations. 	<p><u>Review Cycle</u></p> <p>Every 2 years (Even Years/Spring) + /or when substantive changes are made</p> <p><u>Responsible Committee/Person</u></p> <p>Graduate Chair</p> <p><u>Resources:</u></p> <p>-Agreement between the Board of Higher Education (BHE) and the MA/NEA/MSCA</p>

<p><u>Key Element I-E</u> This Key Element was Formerly Key Element I-D</p> <p>Faculty and students participate in program governance.</p> <p><u>DON Benchmark/Measure/CCNE Elaboration</u></p> <p>Scheduled reviews will find:</p> <ol style="list-style-type: none"> 1. The roles of the faculty and students in the governance of the program, including those involved in distance education, are clearly defined and promote participation. 2. Departmental meeting minutes and departmental committee meeting minutes will find at least one student attends 50% of regularly scheduled Graduate Curriculum Committee Meetings. 3. Nursing faculty are involved in the development, review, and revision of academic program policies. <p><u>Report Format</u></p> <p>Write a narrative note +/- tables that:</p> <ul style="list-style-type: none"> -Identifies each departmental committee. -Identifies committee members as faculty, support staff, students and chair. -Review departmental/faculty meeting minutes to identify/quantify participation in program governance by faculty. -Review departmental ad hoc committee meeting minutes/reports to identify/quantify participation by faculty. -Review departmental committee meeting minutes to identify/quantify participation students. 	<p><u>Review Cycle</u> Even Years (Fall)</p> <p><u>Responsible Committee/Person</u> Graduate (Bylaws) Committee</p> <p><u>Resources:</u></p> <ul style="list-style-type: none"> -Current DON Bylaws document -Minutes from Department/Faculty Meetings -Minutes from Department of Nursing Committee Meetings -Minutes/reports from Departmental Ad Hoc Committee Meetings
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<p><u>Key Element I– F</u></p> <p>Academic policies of the parent institution and the nursing program are congruent and support achievement of the mission, goals, and expected program outcomes. These policies are:</p> <ul style="list-style-type: none"> -fair and equitable; -published and accessible; and -reviewed and revised as necessary to foster program improvement. <p><u>DON Benchmark/Measure/CCNE Elaboration</u></p> <p>Scheduled reviews will find:</p> <ol style="list-style-type: none"> 1. Academic policies include, but are not limited to, those related to student recruitment, admission, retention, and progression. 2. Policies are written and communicated to relevant constituencies. 3. Policies are implemented consistently. 4. Differences between the nursing program policies and those of the parent institution are identified and support achievement of the program’s mission, goals, and expected outcomes. 5. A defined process exists by which policies are regularly reviewed; policy review occurs, and revisions are made as needed. <p><u>Report Format</u></p> <p>Write a narrative note that:</p> <ul style="list-style-type: none"> -Identifies how DON academic policies align and differ with corresponding academic policies of the University -Identifies how the DON policies are implemented and communicated to our constituencies. -Identifies evidence that Graduate Student Handbook Policies are reviewed annually -Identifies some examples of revisions made during the report period (if applicable). 	<p><u>Review Cycle</u></p> <p>Annually (Fall)</p> <p><u>Responsible Committee</u></p> <p>Graduate (Student Policies) Committee</p> <p><u>Potential Resources:</u></p> <ul style="list-style-type: none"> - University Catalog: Admission Policies - Graduate Student Handbooks: Academic Policies - Minutes from Graduate Committee Meetings
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- Minutes from
Department/Faculty Meetings

<p>Key Element I-G Formerly Key Element IV-G</p> <p>The program defines and reviews formal complaints according to established policies.</p> <p><u>DON Benchmark/Measure (Captures the CCNE Elaboration)</u></p> <ol style="list-style-type: none"> 1. The program defines what constitutes a formal complaint and maintains a record of formal complaints received (the program’s definition of formal complaints includes, at a minimum, student complaints). 2. The program’s definition of formal complaints and the procedures for filing a complaint are communicated to relevant constituencies. <p><u>Report Format</u> Create a narrative note that:</p> <ul style="list-style-type: none"> -Identifies our definition of formal complaints -Identifies the department’s established policy for review of formal complaints -Identifies where the formal complaint policy can be found -Provides evidence that this policy is reviewed regularly -Provides evidence that this policy is utilized when applicable 	<p><u>Review Cycle</u> Annually (Fall)</p> <p><u>Responsible Committee/Person</u> Graduate (Student Policies) Committee</p> <p><u>Resources</u></p> <ul style="list-style-type: none"> -University Catalog -FSU Handbook -The Graduate Student Handbook -DON Graduate Program Formal complaint log -Graduate Committee Meeting Minutes
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<p><u>Key Element I-H</u> Formerly Key Element I-E</p> <p>Documents and publications are accurate. A process is used to notify constituents about changes in documents and publications.</p> <p><u>DON Benchmark/Measure (Captures the CCNE Elaboration)</u></p> <ol style="list-style-type: none"> 1. References to the program’s offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, grading policies, degree/certificated completion requirements, tuition, and fees are accurate. 2. Information regarding licensure and/or certification examinations for which graduates will be eligible is accurate. 3. If a program chooses to publicly disclose its CCNE accreditation status, the program uses either of the following statements: <ul style="list-style-type: none"> ▪ “The master of science degree in nursing at Fitchburg State University is accredited by the Commission on Collegiate Nursing Education (http://www.ccneaccreditation.org).” <u>OR</u> ▪ “The master of science degree in nursing at Fitchburg State University is accredited by the Commission on Collegiate Nursing Education, 655 K Street NW, Suite 750, Washington, DC 20001, 202-887-6791.” <p><u>Report Format</u></p> <p>Write a narrative note that includes:</p> <ul style="list-style-type: none"> -Evidence that the required CCNE Accreditation phrasing is used by our program -Evidence that the required CCNE Accreditation phrasing is used by our program 	<p><u>Review Cycle</u></p> <p>Annually (Spring)</p> <p><u>Responsible Committee/Person</u></p> <p>Graduate (Admissions) Committee</p> <p><u>Potential Resources</u></p> <p>-The <i>Table of Accuracy for Documents & Publications</i> (located in the I Drive/ Program Eval / AY XXX /Tools Folder)</p> <p>-FSU Catalog</p>
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<p>-An updated <i>Table of Accuracy for Documents & Publications</i> for the prior AY. Ensure this Table includes the following: program's offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, grading policies, degree/certificated completion requirements, tuition, and fees and information regarding licensure examinations. Identify date of hardcopy resources and date of review for any electronic resources (e.g. website) in <i>Table of Accuracy for Documents & Publications</i></p>	<p>-The Graduate Student Handbook -FSU DON website</p>										
<p><u>Key Element I-I</u> This Key Element is a MA BORN Component of our Program Evaluation It was Formerly Key Element I-G</p> <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><u>DON Benchmark/Measure:</u> Scheduled reviews will identify: -The presence of published nondiscriminatory policies.</p> <p><u>Report Format</u> 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: <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Admission</td> <td>Course exemptions</td> </tr> <tr> <td>Advanced placement</td> <td>Transfer</td> </tr> <tr> <td>Educational mobility</td> <td>Withdrawal</td> </tr> <tr> <td>Readmission</td> <td>Graduation</td> </tr> <tr> <td>Student rights</td> <td>Grievances</td> </tr> </table> </p>	Admission	Course exemptions	Advanced placement	Transfer	Educational mobility	Withdrawal	Readmission	Graduation	Student rights	Grievances	<p><u>Review Cycle</u> Annually (Fall)</p> <p><u>Responsible Committee/Person</u> Graduate (Admissions) Committee</p> <p><u>Resources:</u> -University Catalog -Graduate Student Handbook -Graduate Committee Meeting Minutes</p>
Admission	Course exemptions										
Advanced placement	Transfer										
Educational mobility	Withdrawal										
Readmission	Graduation										
Student rights	Grievances										

GRADUATE NURSING PROGRAM

STANDARD II

PROGRAM QUALITY: INSTITUTIONAL COMMITMENT AND RESOURCES

Key Elements A-G

SUPPORTING DOCUMENTATION FOR STANDARD II

The supporting documentation listed below is included in the self-study document or provided for review on site. CCNE recognizes that reasonable alternatives exist when providing documentation to address the key elements.

1. Nursing unit/department budget for the current and previous two fiscal years.
2. Current curricula vitae of the chief nurse administrator and faculty.
3. Summary (e.g., list, narrative, table) of name, title, educational degrees with area of specialization, certification, relevant work experience, and teaching responsibilities of each faculty member and administrative officer associated with the nursing unit.
4. Schedule of courses for the current academic year and faculty assigned to those courses.
5. Policies regarding faculty workload.
6. Current collective bargaining agreement, if applicable.
7. Policies and/or procedures regarding preceptor qualifications and evaluation. Documentation of preceptor qualifications and evaluation.
8. Policies and/or procedures that support professional development (e.g., release time, workload, education, funding).
9. Documents that reflect decision-making (e.g., minutes, memoranda, reports) related to institutional commitment and resources.

<p><u>Key Element II-A:</u> This Key Element is Now Divided in II-A & II-B</p> <p>Fiscal resources are sufficient to enable the program to fulfill its mission, goals and expected outcomes. Adequacy of fiscal resources is reviewed periodically, and resources are modified as needed.</p> <p><u>DON (Graduate) Benchmark/Measure/CCNE Elaboration</u></p> <p>Scheduled reviews will find:</p> <ul style="list-style-type: none"> -The budget enables achievement of the program’s mission, goals, and expected outcomes. -The budget supports the development, implementation, and evaluation of the program. -Compensation of nursing unit personnel supports recruitment and retention of faculty and staff. -A defined process is used for regular review of the adequacy of the program’s fiscal resources. -Review of fiscal resources occurs, and modifications are made as appropriate. <p><u>Report Format</u></p>	<p><u>Review Cycle</u></p> <p>Annually (Spring)</p> <p><u>Responsible Committee/Person</u></p> <p>Graduate-Chair</p> <p><u>Resources</u></p> <ul style="list-style-type: none"> -Graduate Chair reports -Graduate Budget -Additional funding sources (e.g. donations, grants)
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<p>Write a narrative note with data tables (as applicable) that includes:</p> <ul style="list-style-type: none"> -Process and timeline for submitting Graduate budget request -Graduate Operating Budget (Fiscal Year) and what is covered in the budget -Evidence of University support (e.g. faculty travel funds, presentations, resources, etc.) -Faculty Development & General Technology Resources 	
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<p><u>Key Element II-B:</u> This Key Element was Formerly Part of Key Element II-A</p> <p>Physical resources and clinical sites enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of physical resources and clinical sites is reviewed periodically, and resources are modified as needed.</p> <p><u>DON Benchmark/Measure/CCNE Elaboration</u></p> <p>Scheduled reviews will find:</p> <ul style="list-style-type: none"> - Physical space and facilities (faculty and staff work-space, classrooms, meeting areas) are sufficient and configured in ways that enable the program to achieve its mission, goals and expected outcomes - Equipment and supplies (computing, laboratory, and teaching-learning materials) are sufficient to achieve the program’s mission, goals, and expected outcomes. - Clinical sites are sufficient, appropriate, and available to achieve the program’s mission, goals, and expected outcomes. -A defined process is used to determine currency, availability, accessibility and adequacy of resources (clinical simulation, laboratory, computing, supplies, and clinical sites), and modifications are made as appropriate. <p><u>Report Format</u></p> <p>Write a narrative note (with data tables as applicable) that identifies:</p>	<p><u>Review Cycle</u> Annually (Spring)</p> <p><u>Responsible Committee</u> Graduate-Chair</p> <p><u>Resources</u> Graduate Chair reports Graduate Committee reports Graduate Faculty reports</p>
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<p>-Evidence that physical space, equipment and supplies, and clinical sites are sufficient and appropriate to achieve the program's mission, goals, and expected outcomes.</p> <p>-Evidence that a process is used to determine currency, availability, accessibility and adequacy of resources and modifications are made when needed.</p>	
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<p><u>Key Element II-C:</u> This Key Element was Formerly Key Element II-B</p> <p>Academic support services are sufficient to meet program and student needs and are evaluated on a regular basis.</p> <p><u>DON Benchmark /Measure/CCNE Elaboration</u></p> <p>Scheduled reviews will find:</p> <ul style="list-style-type: none"> - Sufficient resources exist to meet student and program needs - Evidence that the FSU Academic support services are evaluated on a regular basis to meet program and student needs, and modifications are made as appropriate <p><u>Report Format</u></p> <p>Write a narrative note (with data tables as applicable) that identifies:</p> <ul style="list-style-type: none"> -Available student support services and programs (academic, personal, EHP, Research Support, Disability Services, Embedded Librarian, Advising, writing center, etc.) -Available faculty support services 	<p><u>Review Cycle</u></p> <p>Annually (Fall)</p> <p><u>Responsible Committee/Person</u></p> <p>Graduate (Admissions) Committee</p> <p><u>Resources</u></p> <ul style="list-style-type: none"> -Library resources -Academic Support Center (tutoring services, disability services, writing center) -IT services/Help Desk -Advisor
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	-Student survey (every 4 years) -Faculty surveys (every 4 years)
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Key Element II-D:	This Key Element was Formerly Key Element II-C	<p>Review Cycle</p> <p>When appointment occurs</p> <p>Responsible Committee/Person</p> <p>DON Chair & Program Evaluation Committee</p> <p>Resources</p>
<p>The chief nurse administrator of the unit:</p> <ul style="list-style-type: none"> • is a registered nurse • holds a graduate degree in nursing • holds a doctoral degree if the nursing unit offers a graduate program in nursing • 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. 		
<p><u>DON Benchmark/Measure/CCNE Elaboration</u></p>		
<p>Scheduled reviews will find:</p> <ul style="list-style-type: none"> - documentation of election, appointment, and reappointment of the DON Chairperson indicates that he/she effectively facilitates the accomplishment of the program's mission, goals, and expected program outcomes - 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 		

<ul style="list-style-type: none"> - contractual agreement will indicate that he/she is vested with administrative comparable to that of chief administrators of similar units in the institution - he or she consults with faculty and other communities of interest to make decisions to accomplish the mission, goals, and expected program outcomes. The chief nurse administrator is an effective leader of the nursing unit. <p><u>Report Format:</u> Write a narrative note (with data tables as applicable) that identifies the above measures.</p>	<ul style="list-style-type: none"> -FSU job description /Requirements for DON/Chairperson position - CV of the DON Chairperson -Departmental/Faculty Meetings Minutes (Documentation of election, appointment, and reappointment process) -MA BORN Regs -MSC/MTS/NEA Agreement
<p><u>Key Element II-E:</u> This Key Element was Formerly Key Element II-D</p> <p>Faculty are:</p> <ul style="list-style-type: none"> • sufficient in number to accomplish the mission, goals, and expected program outcomes • academically prepared for the areas in which they teach; and <p><u>DON Graduate Benchmark/Measure/CCNE Elaboration</u></p> <p>Scheduled reviews will find:</p> <ol style="list-style-type: none"> 1. The faculty (full-time, part-time, adjunct, tenured, non-tenured, or other) are sufficient in number and qualifications to achieve the mission, goals, and expected program outcomes. 2. The program defines faculty workloads; the full-time equivalency (FTE) of faculty involved in each program is clearly delineated 3. Faculty-to-student ratios provide adequate supervision and evaluation and meet or exceed the requirements of regulatory agencies and professional nursing standards and guidelines 	<p><u>Review Cycle</u> Annually (Fall)</p> <p><u>Responsible Committee/Person</u> Graduate Chair</p> <p><u>Resources</u></p>

<p>4. Faculty are academically prepared for the areas in which they teach. Academic preparation of faculty includes degree specialization, specialty coursework, or other preparation sufficient to address the major concepts included in courses they teach. Faculty teaching in the nursing program have a graduate degree.</p> <p>5. The program provides a justification for the use of any faculty who do not have a graduate degree.</p> <p>6. Faculty who are nurses hold current RN licensure</p> <p>7. Faculty teaching in clinical/practicum courses are experienced in the clinical area of the course and maintain clinical expertise. Clinical expertise may be maintained through clinical practice or other avenues.</p> <p><u>Report Format</u></p> <p>Write a narrative note (with data tables as applicable) that identifies evidence for each of the above.</p>	<p>-Faculty CVs</p> <p>-Annual Graduate Faculty Data Sheets (AGFDS)</p>
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<p><u>Key Element II-F:</u> This Key Element was Formerly Key Element II-E</p> <p>Preceptors (mentors, guides, coaches), if used by the program as an extension of faculty, are academically and experientially qualified for their role.</p> <p><u>DON Benchmark/Measure/CCNE Elaboration</u></p> <p>Scheduled reviews will find:</p> <ol style="list-style-type: none"> The roles and performance expectations for preceptors with respect to teaching, supervision, and student evaluation are: <ul style="list-style-type: none"> clearly defined and communicated to preceptors congruent with the mission, goals, and expected student outcomes congruent with relevant professional nursing standards and guidelines reviewed periodically and revised as appropriate 	<p><u>Review Cycle</u></p> <p>Annually (Fall)</p> <p><u>Responsible Committee/Person</u></p> <p>Graduate Chair</p> <p><u>Resources</u></p> <p>-Preceptor Orientation Packet</p>
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<p>2. Preceptors have the expertise to support student achievement of expected outcomes.</p> <p>Report Format</p> <p>Write a narrative note with data tables that identifies evidence for each of the above.</p> <p>-Update the <i>Role of Preceptor/Faculty/Student Table</i></p> <p>-Compile & Analyze data from the NURS 8200 <i>Preceptor and Learning Experiences Evaluation Tool</i> (S- 4)</p>	<p>(Preceptor Qualifications document; Guidelines for Preceptors)</p> <p>-Role of Preceptor /Faculty/Student Table</p> <p>-Data from NURS 8200 <i>Preceptor and Learning Experiences Evaluation Tool</i> (S- 4)</p>
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<p>Key Element II-G: This Key Element was Formerly Key Element II-F</p> <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>DON Graduate Benchmark/Measure/CCNE Elaboration</p>	<p>Review Cycle</p> <p>Even Years (Fall)</p> <p>Responsible Committee/Person</p> <p>Graduate Chair</p> <p>Resources</p>
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<ol style="list-style-type: none"> 1. Institutional support is available to promote faculty outcomes congruent with defined expectations of the faculty role (full-time, part-time, adjunct, tenured, non-tenured, or other) and in support of the mission, goals, and expected faculty outcomes. 2. Faculty have opportunities for ongoing development in teaching 3. If scholarship is an expected faculty outcome, the institution provides resources to support faculty scholarship 4. If service is an expected faculty outcome, the institution provides resources to support faculty service 5. If practice is an expected faculty outcome, the institution provides resources to support faculty practice 6. Institutional support ensures that currency in clinical practice is maintained for faculty in roles that require it <p><u>Report Format</u></p> <p>Write a narrative note with data tables that identifies evidence for each of the above.</p> <p>Include a Table of Continuing Scholarship Funds</p> <p>Identify examples of University and DON support of faculty scholarship, teaching effectiveness, and service</p>	<ul style="list-style-type: none"> -The BHE & MSCA Agreement -Graduate Faculty handbook -Graduate Nursing budget -Annual Graduate Faculty Data Sheets (AFDS) -Faculty Center for Teaching & Learning (CTL) -Faculty survey of support service utilization
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GRADUATE NURSING PROGRAM

STANDARD III
PROGRAM QUALITY:
CURRICULUM AND TEACHING LEARNING PRACTICES
Key Elements A-J

SUPPORTING DOCUMENTATION FOR STANDARD III

The supporting documentation listed below is included in the self-study document or provided for review on site. CCNE recognizes that reasonable alternatives exist when providing documentation to address the key elements.

1. Evidence that faculty participate in the development, implementation, and revision of curricula.
2. Course syllabi for all courses included in the curricula.

3. Examples of course content and/or assignments reflecting incorporation of professional nursing standards and guidelines in the curriculum.
4. Evidence that APRN education programs incorporate separate comprehensive graduate-level courses to address the APRN core.
5. Evidence that graduate-level content related to the APRN core is taught in master's degree programs that have a direct care focus (e.g., nurse educator and clinical nurse leader). The program of study/curricular plan for each track/program under review.
6. Examples of student work reflecting student learning outcomes (both didactic and clinical).
7. Examples of clinical practice experiences that prepare students for interprofessional collaborative practice.
8. Evidence of direct care clinical experiences for all programs/tracks preparing students for a direct care role (including, but not limited to, post-licensure baccalaureate).
9. Current affiliation agreements with institutions at which student instruction occurs.
10. Examples of student performance evaluations (didactic and clinical), including evaluation tools (e.g. exams, quizzes, projects, presentations).
11. Documentation that faculty are responsible for grading all courses and clinical experiences.
12. Examples of tools for curriculum assessment (e.g., end-of-course and faculty evaluations, student and faculty evaluations of clinical experiences).
13. Documents (e.g., minutes, memoranda, reports) that demonstrate data analysis of student and/or faculty evaluations to support ongoing improvement of curriculum and teaching-learning practices.

<u>Key Element III-A</u>	<u>Review Cycle</u> Even Years/ Spring
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<p>The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that:</p> <ul style="list-style-type: none"> • are congruent with the program’s mission and goals; • are congruent with the roles for which the program is preparing its graduates; and • consider the needs of the program-identified community of interest. <p><u>DON Benchmarks/Measures/CCNE Elaboration</u></p> <p>Scheduled curriculum reviews will find evidence that:</p> <ol style="list-style-type: none"> 1. Expected student outcomes are congruent with the program’s mission and vision 2. Curricular objectives (e.g., course, unit, and/or level objectives or competencies) provide clear statements of expected learning that relate to student outcomes. 3. Expected outcomes relate to the roles for which students are being prepared. <p><u>Report Format</u></p> <p>Write a narrative note that includes:</p> <ul style="list-style-type: none"> -An updated (as applicable) <i>FSU DON UG Program Outcomes (Terminal Outcomes)/ Level Outcomes/ Course Outcomes Table</i> -A description of how the Graduate Curriculum and the Program Outcomes are congruent with the roles for which the DON is preparing its graduates -Examples of curriculum revisions over the respective review period (include rationale and process for curriculum revisions -If there have been no changes since the last report indicate this is the case on the full report. 	<p>+ /or with substantive changes</p> <p><u>Responsible Committee/Person</u></p> <p>Graduate Curriculum Committee</p> <p><u>Resources</u></p> <ul style="list-style-type: none"> -The current <i>DON Mission & Vision Statements & Terminal Outcomes Table</i> located in the I Drive/ Program Eval /AY XXXX/Tools Folder - <i>FSU DON Graduate Program Outcomes (TOs)/ Level Outcomes/ Course Outcomes Table</i> located in the I Drive/ Program Eval /AY XXXX/Tools Folder - Any products from the DON End-of- Year Workshop(s) - Minutes from Graduate Curriculum Committee Meetings regarding any curricular revisions
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	<p>-Minutes from Graduate Curriculum meetings regarding any curricular revisions</p>					
<p><u>Key Element III-B</u></p> <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). Master program curricula incorporate <i>The Essentials of Master's Education in Nursing (AACN, 2011)</i></p> <p><u>DON Benchmark/Measures/CCNE Elaboration</u></p> <p>Scheduled reviews will find the MS in Nursing Program incorporates <i>The Essentials of Master's Education in Nursing (AACN, 2011)</i> throughout the Graduate program of study.</p> <p><u>Report Format</u></p> <p>Write a narrative note with updated tables that clearly indicates where and how content, knowledge, and skills required by <i>The Essentials</i> are incorporated into the curriculum.</p> <p>Table # 1: Align each <i>Essential</i> with DON Graduate Terminal Outcomes</p> <table border="1" data-bbox="310 1045 1381 1159"> <tr> <td data-bbox="310 1045 846 1159">The Essentials</td> <td data-bbox="846 1045 1381 1159">The DON Graduate Terminal Outcomes</td> </tr> </table> <p>Table # 2: Provide some <u>updated</u> examples for each level</p> <table border="1" data-bbox="258 1269 1436 1351"> <tr> <td data-bbox="258 1269 615 1351">Example of an AACN Essential</td> <td data-bbox="615 1269 961 1351">A DON Graduate Terminal Outcome</td> <td data-bbox="961 1269 1436 1351">Examples of how course aligns with LO/TO/the identified <i>Essentials</i></td> </tr> </table>	The Essentials	The DON Graduate Terminal Outcomes	Example of an AACN Essential	A DON Graduate Terminal Outcome	Examples of how course aligns with LO/TO/the identified <i>Essentials</i>	<p><u>Review Cycle</u></p> <p>Every 4 Years (Even/Spring) + /or with Substantive Change</p> <p><u>Responsible Committee/Person</u></p> <p>Graduate Curriculum Committee</p> <p><u>Resources</u></p> <p>- <i>The Essentials of Master's Education in Nursing (AACN, 2011)</i></p> <p>- <i>The Essentials & DON Graduate Terminal Outcomes Table</i> located in the I Drive/ Program Eval /AY XXXX/Tools Folder</p> <p>- Any products from the DON End-of- Year Workshop(s)</p>
The Essentials	The DON Graduate Terminal Outcomes					
Example of an AACN Essential	A DON Graduate Terminal Outcome	Examples of how course aligns with LO/TO/the identified <i>Essentials</i>				

	<p>- Minutes from Graduate Curriculum Committee Meetings regarding any curricular revisions</p> <p>-Minutes from DON meetings regarding any curricular revision</p>
<p>Key Element III-C</p> <p>Master's curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).</p>	<p>Review Cycle</p> <p>Responsible Committee/Person Graduate Curriculum Committee</p>

<p>Key Element III-D <i>Not Applicable for MS Program.</i></p> <p>DNP curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).</p>	<p>Review Cycle N/A</p> <p>Responsible Committee/Person N/A</p>
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<p><u>Key Element III-E</u></p> <p>Post-graduate APRN certificate program curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate). Post-graduate APRN certificate programs that prepare nurse practitioners incorporate <i>Criteria for Evaluation of Nurse Practitioner Programs</i> (NTF, 2016).</p>	<p><u>Review Cycle</u> N/A</p> <p><u>Responsible Committee/Person</u> N/A</p>
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<p><u>Key Element III-F</u> This Key Element was Formerly Key Element III-C</p> <p>The curriculum is logically structured to achieve expected student outcomes. Masters curricula is built on a foundation of the arts, sciences, and humanities.</p> <p><u>DON Benchmark/Measures/CCNE Elaboration</u> The plan of study for the Graduate Program will reflect a logical progression of courses in the humanities, arts, sciences, and the core nursing courses.</p> <p><u>Report Format</u> Write a narrative note (with data tables as applicable) that identifies/describes</p> <ul style="list-style-type: none"> - The logical progression (and rationale for this progression) of courses in the humanities, arts, sciences, and the core nursing courses - How knowledge from courses in the art, sciences, and humanities is incorporated into nursing practice - Examples of any DON collaboration with cognate department(s) or University-wide committees re: the required LA & S courses. 	<p><u>Review Cycle</u> Odd years / Spring</p> <p><u>Responsible Committee/Person</u> Graduate Curriculum Committee</p> <p><u>Resources</u> -Graduate Nursing Plan of Study Worksheet for each track</p> <p>-Minutes from Graduate Curriculum Committee Meetings regarding structuring of curriculum (as applicable)</p> <p>-Minutes from Graduate Committee or Graduate Faculty Meetings regarding structuring of curriculum (as applicable)</p>
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<p>Key Element III-G This Key Element was Formerly Key Elements III-D & III-F</p> <p>Teaching-learning practices:</p> <ul style="list-style-type: none"> • support the achievement of expected student outcomes; • consider the needs and expectations of the identified community of interest; and • expose students to individuals with diverse life experiences, perspectives, and backgrounds. <p><u>DON Benchmark/Measures/CCNE Elaboration</u></p> <p>Scheduled reviews will find evidence that:</p> <ol style="list-style-type: none"> 1. Internal and external Communities of Interest (COI) are solicited for input regarding the program’s curriculum and teaching-learning experiences. 2. Teaching-learning practices (e.g., simulation, lecture, flipped classroom, case studies) in all environments (e.g., virtual, classroom, clinical experiences, distance education, laboratory) support the achievement of expected student outcomes identified in course, unit, and/or level objectives. 3. Teaching-learning practices are appropriate to the student population (e.g., adult learners, second language students), consider the needs of the program-identified community of interest, and broaden student perspectives <p><u>Report Format</u></p> <p>Write a narrative note with updated data tables per Level that: Describes our student population Identifies teaching/learning practices and environments utilized at the Graduate level.</p> <p>Table #1:</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 33%;">Semester/Course</td> <td style="width: 33%;">Didactic Component (as applicable)</td> <td style="width: 33%;">Clinical Component (as applicable)</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> </tr> </table>	Semester/Course	Didactic Component (as applicable)	Clinical Component (as applicable)				<p><u>Review Cycle</u></p> <p>Every 4 years</p> <p><u>Responsible Committee/Person</u></p> <p>Graduate Chair & Graduate Curriculum Committee</p> <p><u>Resources</u></p> <p>-Graduate Curriculum Committee Meeting Minutes</p> <p>-Identify DON surveys that solicit input from our COI regarding the program’s curriculum and teaching-learning experiences.</p> <p>-NURS Course Syllabi</p>
Semester/Course	Didactic Component (as applicable)	Clinical Component (as applicable)					

<p>Identifies how these teaching learning practices promote our expected student outcomes (Course Outcomes)</p>	
<p>Key Element III-H This Key Element was Formerly Part of Key Element III-E</p> <p>The curriculum includes planned clinical practice experiences that:</p> <ul style="list-style-type: none"> • enable students to integrate new knowledge and demonstrate attainment of program outcomes; • foster interprofessional collaborative practice; and • are evaluated by faculty. <p><u>DON Benchmark/Measures/CCNE Elaboration</u></p> <p>To prepare students for a practice profession, students are afforded the opportunity to develop professional competencies and to integrate new knowledge in practice settings aligned to the educational preparation. Scheduled reviews will find evidence that clinical practice experiences</p> <ul style="list-style-type: none"> • include opportunities for interprofessional collaboration. • provided for students in all programs, including those with distance education offerings. • align with student and program outcomes. • are planned, implemented, and evaluated to ensure students are competent to function as members of interprofessional teams at the level for which they are being prepared. <p><u>Report Format</u></p> <p>Write a narrative note with updated data tables as applicable that:</p> <ul style="list-style-type: none"> -Describes clinical practice experiences across the Graduate curriculum -Identifies placement of the clinical practice experiences in the Graduate Curriculum -Identifies alignment of clinical practice experiences with Graduate Program Outcomes -Identifies the DON process for evaluation of Graduate clinical practice experiences by faculty <p><u>Tables:</u></p> <ul style="list-style-type: none"> -Update the <i>Clinical Practice Experiences Table</i> -Update the <i>Clinical Practice Experiences Alignment with Graduate Program Outcomes Table (Course/TO)</i> 	<p><u>Review Cycle</u></p> <p>Every Even Years (Spring)</p> <p><u>Responsible Committee/Person</u></p> <p>Graduate Curriculum Committee</p> <p><u>Resources</u></p> <ul style="list-style-type: none"> -Prior Key Element III-E Reports/Tables -Graduate Course Syllabi -Graduate Committee Minutes regarding clinical experiences -Graduate Faculty Minutes regarding clinical practice experiences - Any products from the DON End-of- Year Workshop(s) regarding clinical practice experiences-Faculty Eval of Clinical Site Tool & Data

<p><u>Key Element III-I</u> This Key Element was Formerly Key Element III-G</p> <p>Individual student performance is evaluated by the faculty and reflects achievement of expected student outcomes. Evaluation policies and procedures for individual student performance are defined and consistently applied.</p> <p><u>DON Benchmark/Measures/CCNE Elaboration</u> The requirement for evaluation of student clinical performance by qualified faculty applies to all students in all programs</p> <p>A. Scheduled reviews of NURS course syllabi will find:</p> <ol style="list-style-type: none"> 1. All syllabi include current course outcomes 2. All syllabi include clearly defined evaluation criteria for didactic component of course 3. 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. 4. All clinical practice experience evaluation tools include course outcomes 5. Review of a random selection of 50% of student files will show that all files contain completed & signed clinical evaluation tools. <p>B. In instances where preceptors facilitate students' clinical learning experiences, faculty may seek input from preceptors regarding student performance, but ultimately faculty are responsible for evaluation of individual student outcomes.</p> <p><u>Report Format</u> Write a narrative note with several updated data tables that provide evidence of the above benchmarks. Update the Data Tables from the most recent reviews of this Key Element</p>	<p><u>Review Cycle</u> Annually</p> <p><u>Responsible Committee/Person</u> Graduate Student Policies Committee</p> <p><u>Resources</u> - Prior Key Element III-G Data Tables - Course Syllabi: Outcomes, Academic Policies & Evaluation Methods for didactic, Clinical Practice Experience components - Student files - Clinical Evaluation Tools - Assignment Rubrics (as applicable) - Disability/Special Needs Accommodations as applicable (i.e. Testing Accommodations) - DON Graduate Handbooks</p>

<p>Key Element III-J</p>	<p>This Key Element was Formerly Key Element III-H</p>	<p>Review Cycle</p>
<p>The curriculum and teaching-learning practices are evaluated at regularly scheduled intervals, and evaluation data are used to foster ongoing improvement.</p>		<p>Annually / Fall</p>
<p>Report Format:</p>		<p>Responsible Committee/Person</p>
<p>DON Benchmark/Measures/CCNE Elaboration</p>		<p>Graduate Curriculum Committee</p>
<p>Scheduled reviews will identify:</p>		<p>Resources:</p>
<p>1. the tools used to evaluate the program’s curriculum and teaching and learning practices</p>		<p>The DON Graduate Evaluation Tools Table</p>
<p>2. the schedule of frequency evaluations</p>		<p>-End- of- Semester Course Evaluations</p>
<p>3. the process for evaluation</p>		<p>(Survey S-1)</p>
<p>4. evidence that data are used to improve curriculum and teaching-learning practices</p>		<p>-Clinical Practice Experience Evaluation</p>
<p>Report Format:</p>		<p>Tool</p>
<p>Write a narrative note that identifies each of the above.</p>		<p>(Survey S-2a & S2b)</p>
<p>Update the DON UG Evaluation Tools Table</p>		<p>-NURS 9500 Student Eval of Practicum</p>
<p>Provide examples of when and how the evaluation data were used to foster ongoing program improvement</p>		<p>Experiences (Survey S-4)</p>
<p></p>		<p>-Exit Survey</p>
<p></p>		<p>(Survey S-5)</p>
<p></p>		<p>-Faculty Evaluation of Clinical Site Tool</p>
<p></p>		<p>(Survey F-1)</p>
<p></p>		<p>-Notations about evaluative data from:</p>
<p></p>		<ul style="list-style-type: none"> • Graduate Curriculum meeting minutes

	<ul style="list-style-type: none">• DON End-of- Year Workshop(s) regarding clinical practice experiences
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GRADUATE NURSING PROGRAM

STANDARD IV

PROGRAM EFFECTIVENESS: ASSESSMENT AND ACHIEVEMENT OF PROGRAM OUTCOMES

KEY ELEMENTS: A- J

SUPPORTING DOCUMENTATION FOR STANDARD IV

The supporting documentation listed below is included in the self-study document or provided for review on site. CCNE recognizes that reasonable alternatives exist when providing documentation to address the key elements.

1. Evidence of a systematic, written, comprehensive process to determine program effectiveness (e.g. evaluation or assessment plan).
2. Examples of periodic review of the systematic process (e.g., meeting minutes, supplemental documents).
3. Summary of aggregate student outcomes with comparison of actual levels of aggregate student achievement to expected levels of aggregate student achievement. Aggregate student outcome data (applicable only to programs with completers), including:
 - Completion rates for each degree and post-graduate APRN certificate program
 - NCLEX-RN® pass rates for each campus/site and track
 - Certification pass rates for each degree/certificate program for each APRN role, population focus, and/or specialty for which the program prepares graduates
 - Certification pass rates for each degree program by roles/areas other than APRN roles for which the program prepares graduates; and
 - Employment rates for each degree/certificate program.
4. Summary of aggregate faculty outcomes for the past three years with comparison of actual levels of aggregate faculty achievement to expected aggregate faculty achievement.
5. Summary of aggregate program-identified outcomes for the past three years with comparison of actual levels of aggregate achievement in relation to expected levels of achievement.
6. Documents (e.g., minutes, memoranda, reports) that demonstrate data analysis, explanations of variances between actual and expected outcomes, and use of the analysis for ongoing program improvement.

<p><u>Key Element IV-A</u> A systematic process is used to determine program effectiveness.</p> <p><u>DON Benchmark</u> (Captures the CCNE Elaboration) Scheduled reviews will find the program uses a systematic process to obtain relevant data to determine program effectiveness. A systematic process exists to evaluate the effectiveness of the UG Nursing Program.</p> <p>The process:</p> <ul style="list-style-type: none"> • is written, is ongoing, and exists to determine achievement of program outcomes; • is comprehensive (i.e., includes completion, licensure, certification, and employment rates, as required by the U.S. Department of Education; faculty outcomes; and other program outcomes); • identifies which quantitative and/or qualitative data are collected to assess achievement of the program outcomes; • includes timelines for data collection, review of expected and actual outcomes, and analysis; and • is periodically reviewed and revised as appropriate. <p><u>Report Format:</u> Write a narrative note that describes the process by which the DON determines program effectiveness</p>	<p><u>Review Cycle</u> Every 2 years (Spring) & when needed.</p> <p><u>Responsible Committee/Person</u> Program Evaluation Committee</p> <p><u>Resources</u> The written plan for program evaluation DON/Faculty Meeting Minutes PEC Meeting Minutes PEC Annual Report Program Evaluation I Drive folder Program Evaluation Binders The FSU DIRP</p>
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<p><u>Key Element IV-B</u> Program completion rates demonstrate program effectiveness.</p> <p><u>DON Benchmark/ CCNE Elaboration</u> The baccalaureate program demonstrates achievement of required program outcomes regarding completion in any one of the following ways:</p> <ul style="list-style-type: none"> • the completion rate for the most recent calendar year (January 1 through December 31) is 70% or higher; OR • the completion rate is 70% or higher over the three most recent calendar years; OR • the completion rate is 70% or higher for the most recent calendar year 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; OR • the completion rate is 70% or higher over the three most recent calendar years 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 <p>The program identifies the cohort(s), specifies the entry point, and defines the time period to completion, each of which may vary by track; however, the program provides the completion rate for the overall degree/certificate program. The program describes the formula it uses to calculate the completion rate. The program identifies the factors used and the number of students excluded if some students are excluded from the calculation.</p> <p><u>Report Format:</u> Write a narrative note that identifies information in the preceding paragraph. NOTE: The FSU 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>Update Program Completion Data Tables for <u>each</u> UG Track <u>NOTE:</u> If this benchmark is not met, proceed to Key Element IV- F</p>	<p><u>Review Cycle</u> Annually- Spring</p> <p><u>Responsible Committee</u> Program Evaluation Committee & UG Chair</p> <p><u>Resources</u> Data Table(s) on Program Completion Rates DON Chair source documents with data Data from Banner</p>
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<p>Key Element IV-C <i>Not Applicable for Graduate Program</i> Licensure pass rates demonstrate program effectiveness.</p> <p><u>DON Benchmark/CCNE Elaboration</u> Scheduled reviews will find NCLEX-RN first-time taker pass rate is $\geq 90\%$ for each calendar year Programs with a pre-licensure track demonstrate achievement of required program outcomes regarding licensure. The program demonstrates that it meets the licensure pass rate of 80% in any one of the following ways:</p> <ol style="list-style-type: none"> 1. the NCLEX-RN® pass rate for each campus/site and track is 80% or higher for first-time takers for the most recent calendar year (January 1 through December 31) OR 2. the pass rate for each campus/site and track is 80% or higher for all takers (first-time and repeaters who pass) for the most recent calendar year; OR 3. the pass rate for each campus/site and track is 80% or higher for all first-time takers over the three most recent calendar years; OR 4. the pass rate for each campus/site and track is 80% or higher for all takers (first-time and repeaters who pass) over the three most recent calendar years. <p>For each campus/site and track, identify which of the above options was used to calculate the pass rate</p> <p><u>Report Format:</u> Write a narrative note and update Licensure Pass Rates Data Table for the Generic and LPN-to-RN BS in Nursing Tracks</p> <p><u>NOTE:</u> If this benchmark is not met, proceed to Key Element IV- F</p>	<p><u>Review Cycle</u> Annually-Spring</p> <p><u>Responsible Committee</u> UG Chair</p> <p><u>Resources</u> NCLEX First time pass rate data from NSCBN</p>
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<p><u>Key Element IV-D:</u> Not Applicable for UG Program</p> <p>Certification pass rates demonstrate program effectiveness</p> <p><u>CCNE Elaboration:</u> The master’s, DNP, and post-graduate APRN certificate programs demonstrate achievement of required program outcomes regarding certification. For programs that prepare students for certification, certification pass rates are obtained and reported for those completers taking each examination, even when national certification is not required to practice in a particular state. For programs that prepare students for certification, data are provided regarding the number of completers taking each certification examination and the number that passed. A program is required to provide these data regardless of the number of test takers. A program that prepares students for certification demonstrates that it meets the certification pass rate of 80%, for each examination, in any one of the following ways:</p> <ul style="list-style-type: none"> • the pass rate for each certification examination is 80% or higher for first-time takers for the most recent calendar year (January 1 through December 31); • the pass rate for each certification examination is 80% or higher for all takers (first-time and repeaters who pass) for the most recent calendar year; • the pass rate for each certification examination is 80% or higher for all first-time takers over the three most recent calendar years; or • the pass rate for each certification examination is 80% or higher for all takers (first-time and repeaters who pass) over the three most recent calendar years. <p>The program identifies which of the above options was used to calculate the pass rate. The program provides certification pass rate data for each examination but, when calculating the pass rate described above, may combine certification pass rate data for multiple examinations relating to the same role and population.</p> <p><u>DON Benchmark:</u> Not Applicable</p> <p><u>Resources:</u> Not Applicable</p>	<p><u>Review Cycle</u> Not Applicable</p> <p><u>Responsible Committee</u> Not Applicable</p>
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<p>Key Element IV-E This Key Element was Formerly Key Element IV D</p> <p>Employment rates demonstrate program effectiveness.</p> <p><u>DON Benchmark/CCNE Elaboration</u> The program demonstrates achievement of required outcomes regarding employment rates.</p> <ol style="list-style-type: none"> 1. Data are collected within 12 months of program completion. Specifically, employment data are collected at the time of program completion or at any time within 12 months of program completion. 2. The employment rate is 70% or higher. However, if the employment rate is less than 70%, the employment rate is 70% or higher when <u>excluding graduates who have elected not to be employed</u> <p><u>Report Format:</u> Write a narrative note Consider creating an ongoing <i>Employment Rate Data Table</i></p> <p><u>NOTE:</u> If this benchmark is not met, proceed to Key Element IV- F</p>	<p><u>Review Cycle</u> Annually- Fall</p> <p><u>Responsible Committee</u> Program Evaluation Committee</p> <p><u>Resources:</u> -FSU Alumni Survey (Q1A&B; Q4) -Communication/ Correspondence between the DON (nursing faculty & staff) and its graduates -Employment data on Excel spreadsheets in the Alumni Folder in I-Drive (if unable to obtain data through the new FSU Alumni Survey)</p>

<p><u>Key Element IV- F</u> This is a new Key Element</p> <p>Data regarding completion, licensure, certification, and employment rates are used, as appropriate, to foster ongoing program improvement.</p> <p>NOTE: This key element is applicable if one or more of the following key elements is applicable: Key Element IV-B (completion), Key Element IV-C (licensure), and Key Element IV-E (employment).</p> <p><u>DON Benchmarks/ Capture the CCNE Elaboration</u></p> <p>Scheduled reviews will find:</p> <ol style="list-style-type: none"> 1. Discrepancies in actual and excepted benchmarks for Key Element IV-B and/or IV-C and/or IV-E are used to inform program improvements 2. Any modifications to the program to foster improvement and achievement of program outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness 3. Evidence that faculty are engaged in this process <p><u>Report Format:</u></p> <p>Write a narrative note that describes how the DON faculty address discrepancies in benchmarks for Key Element IV-B and/or IV-C and/or IV-E. Identify process for identifying program modification & implementation, and identify analysis of the effectiveness of modification(s)</p>	<p><u>Review Cycle</u></p> <p>When benchmarks for Key Element IV-B or Key Element IV-C or Key Element IV-E have not been met</p> <p><u>Responsible Committee</u></p> <p>UG Chair UGCC PEC</p> <p><u>Resources:</u></p> <p>Reports for Key Elements IV-B, IV-C, IV-E and their source documents</p>
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<p>Key Element IV-G This Key Element was Formerly Key Element IV F</p> <p>Aggregate faculty outcomes demonstrate program effectiveness</p> <p><u>DON Benchmarks/CCNE Elaboration</u></p> <p>The program demonstrates achievement of expected faculty outcomes. In order to demonstrate program effectiveness, outcomes are consistent with and contribute to achievement of the program’s mission and goals and are congruent with institution and program expectations. Expected Faculty Outcomes:</p> <ul style="list-style-type: none"> • are identified for the faculty as a group; • specify expected levels of achievement for the faculty as a group; and • reflect expectations of faculty in their roles. <p>Actual faculty outcomes are compared to expected levels of achievement. Actual faculty outcomes are presented in the aggregate. If expected faculty outcomes vary for different groups of faculty (full time, part-time, adjunct, tenured, non-tenured, or other), actual faculty outcomes may be presented separately for each different group of faculty.</p> <p><u>FSU 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>FSU 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>FSU 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>FSU 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.</p>	<p><u>Review Cycle</u> Annually -Fall</p> <p><u>Responsible Committee</u> Program Evaluation Committee & DON Chair (for SIR II & C-4 Data)</p> <p><u>Resources:</u> -Annual Faculty Data Sheets (AFDS) -List of intradepartmental committees -List of University-wide committees with DON faculty involvement -Departmental Meeting minutes (e.g. attendance) -Departmental Committee Meeting Minutes -Aggregate SIR II scores (obtained through DON Chair) - Student Surveys</p>
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<p>≥90 % of faculty participate in service to the University (e.g. Open Houses and SOAR Programs; University-Wide Committees)</p> <p>Report Format: Write a narrative note and update Data Tables from the prior year's report for this Key Element</p> <p>NOTE: Address any missed benchmark in the next Key Element: IV- H</p>	
<p>Key Element IV-H This is a New Key Element</p> <p>Aggregate faculty outcome data are analyzed and used, as appropriate, to foster ongoing program improvement.</p> <p>DON Benchmark/ CCNE Elaboration Scheduled reviews will find:</p> <ol style="list-style-type: none"> 1. Faculty outcome data are used to promote ongoing program improvement. 2. Discrepancies between actual and expected outcomes inform areas for improvement. 3. Changes to foster achievement of faculty outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness. 4. Faculty are engaged in the program improvement process. <p>Report Format: Pull forward data from Key Element IV-G and write a narrative note (with Tables if applicable) that identifies how faculty outcome data are used to promote program improvement, the extent of faculty involvement in any improvement process(es), and the process for analyzing effectiveness of any modifications.</p>	<p>Review Cycle Annually- Fall</p> <p>Responsible Committee PEC UGCC UG DON Chair</p> <p>Resources: Key Element IV- G Report and its source documents</p>

<p>Key Element IV-I This Key Element was Formerly Key Element IV E</p> <p>Program outcomes demonstrate program effectiveness.</p> <p><u>DON Benchmark:</u> The program demonstrates achievement of outcomes <u>other than those</u> related to completion rates (Key Element IV-B), licensure pass rates (Key Element IV-C), certification pass rates (Key Element IV-D), employment rates (Key Element IV-E), and faculty (Key Element IV-G):</p> <ul style="list-style-type: none"> • Program outcomes are defined by the program and incorporate expected levels of achievement. • The program describes how outcomes are measured. • Actual levels of achievement, when compared to expected levels of achievement, demonstrate that the program, overall, is achieving its outcomes. • Program outcomes are appropriate and relevant to the degree and certificate programs offered. <p><u>Scheduled Reviews Will Find:</u></p> <ol style="list-style-type: none"> 1. Aggregate student testing data show increased HESI scores in selected areas (e.g. AACN Curriculum Categories, QSEN) from Sophomore to Senior years 2. 80% or more of test takers will earn a score of ≥ 850 on the Exit HESI by the second Exit HESI exam (after the NCLEX Review Course) 3. Benchmarks are met or exceeded for the following surveys used to evaluate program effectiveness: <ol style="list-style-type: none"> a. End of semester course evaluations: $\geq 80\%$ of respondents indicate they agree or strongly agree that course outcomes were met b. Sr. Exit Survey: $\geq 80\%$ of respondents will indicate they agree or strongly agree Program Outcomes were met. c. Sr. Exit Survey: $\geq 80\%$ of respondents will indicate they agree or strongly agree to questions related to student satisfaction with the program (Q #'s 14, 15 and 16). 	<p><u>Review Cycle</u> Annually- Fall</p> <p><u>Responsible Committee</u> Program Evaluation Committee</p> <p><u>Resources:</u> -HESI Data Binders (or Electronic HESI NextGen Data) Surveys: -Senior Exit Survey</p>
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<p>Report Format: Narrative Notes (with Data Tables as applicable) that describe the baccalaureate program’s tools & processes for measuring program outcomes. Identify actual vs. identified measures of program achievement</p>	<p>-FSU Alumni Survey -End-of-Semester NURS Course Evaluations (S-1) -Senior Exit Survey (S-5)</p>
<p>Key Element IV-J This Key Element was Formerly Key Element IV H</p> <p>Program outcome data are used, as appropriate, to foster ongoing program improvement.</p> <p>DON Benchmark/CCNE Elaboration Scheduled reviews will find:</p> <ul style="list-style-type: none"> a) Actual program outcomes are used to promote program improvement b) Discrepancies between actual and expected outcomes inform areas for improvement. c) Changes to the program to foster improvement and achievement of program outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness. d) Faculty are engaged in the program improvement process. <p>Report Format: Write a narrative note that pulls forward Key Element Benchmarks that were not met for any Key Element presented during the PEW AND any outstanding follow-up items. Discuss unmet benchmarks, document relevant discussing of variables, resources and plans for follow-up on any unmet benchmark</p>	<p>Review Cycle Every Semester</p> <p>Responsible Committee Program Evaluation Committee UG Chair & UGCC</p> <p>Resources: -All Key Element Reports from last report period & their associated data -UG Post-PEW Tracking Tables -Minutes from Faculty Meetings Minutes from DON Faculty /Curriculum Workshops</p>

