FSU Annual Graduate Nursing Program Report 2023-2024

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: Deborah Benes

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, 2024.

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

Program: Graduate Forensic Nursing Program & Certificate

Program Learning Outcomes (PLOs) (Educational Objectives)

I. List of PLOs and the timeline for assessment

PLO	PLO – Stated in assessable	Where are the learning outcomes for this level/program	Timing of assessment	When was the last
#	terms	published? (please specify) Include	(annual, semester, bi-	assessment of the
		URLs where appropriate.	annual, etc.)	PLO completed?
1.	Integrate knowledge from the sciences, and the humanities into the provision of advanced nursing care to diverse populations. OK	Student handbook, Nursing department website	annual	Spring 2024
2.	Design systems change strategies that improve the care environment.	Same as above	annual	Spring 2024
3.	Lead quality improvement initiatives that integrate sociocultural factors affecting the delivery of nursing and healthcare services.	Same as above	annual	Spring 2024
4.	Integrate evidence-based strategies and interprofessional perspectives to improve practice and associated health outcomes.	Same as above	annual	Spring 2024

5.	Analyze current and emerging technologies to support safe practice environments, and to optimize patient safety, cost effectiveness, and health outcomes.	Same as above	annual	Spring 2024
6.	Participate in the promotion of policies to improve public health and advance the nursing profession.	Same as above	annual	Spring 2024
7.	Employ collaborative strategies in the design, coordination, and evaluation of patient centered care.	Same as above	annual	Spring 2024
8	Synthesize broad ecological, global, and social determinants of health to design and deliver population health interventions and strategies.	Same as above	annual	Spring 2024

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 Scholarly papers with rubrics Oral presentations with rubric case studies Clinical evaluations	Each course has quizzes, exams, papers, and/or presentations.	Students must meet course outcomes for each course.	Student progression in the graduate forensic nursing program requires a 3.0 in each course.	

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
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)	The graduate program utilizes several tools to evaluate program outcomes including student surveys of course/clinical outcomes, C4 results, student evaluation of clinical sites through surveys, the alumni exit survey, faculty evaluation of clinical sites, and student evaluation of clinical preceptors.
Who interprets the evidence? What is the process? (e.g. annually by the curriculum committee)	The Program Chair, the Graduate Committee, the faculty evaluate results of surveys pertinent to their course(s).

What changes have been made as a result of using the data/evidence? (close the loop)

In general, we are meeting outcomes of programs effectiveness. We are beginning to transfer surveys to google forms and our assistant tracks all surveys and deploys them. Unfortunately, some response rates can be very low. We will need to begin writing our self-study for CCNE accreditation in 2025. We are also writing a new curriculum. Program outcomes have been revised according to the New Essentials.

During the AY 23-24 all thirteen courses were mapped according to the New Essentials. Currently, we are in the process of creating a master map of the program to identify gaps and redundancies in preparation for our revisions.

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 and is revised annually.
- 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? No, we have a plan written to the specifications of our accreditors.

Fitchburg State University Department of Nursing

Graduate Nursing Program Program Evaluation Activities Calendar (PEAC) (AY 2022-2026)

Standard/	Committee/Staf	Frequency	FA	SP	FA	SP	FA	SP	FA	SP
Key Element	f		22	23	23	24	24	25	25	26
Standard I: Mission & Governance										
I-A	Grad Curriculum	4 Years (+/or with substantive changes)				X				
I-B Formerly Part of I-A	Grad Curriculum	4 Years (+/or with substantive changes)				X				
I-C Formerly Part of I-B.b	Grad Curriculum	4 Years (+/or with substantive changes)				X				
I-D Formerly Part of I-C	Grad Chair	2 Years (+/or with substantive changes)				X				
I-E Formerly part of I-D	By-Laws	Q Even Year	X				Х			
I-F	Student Policies	Annually	Х		X		Х			
I-G Formerly part of IV-G	Student Policies	Annually	Х		X		Х			
I-H Formerly part of I-E	Admissions	Annually		Х		X				
I-I (BORN) Formerly part of I-G	Admissions	Annually	Х		X		Х			

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
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i. If you do not have an action plan, would you like help in developing one based on your last program review and the needs of the program? No, we write program evaluation reports to the specifications of our accreditors.

II. Programs with external Accreditation:

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

On May 26^{th,} 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

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.

lii. 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 AY23-24 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
I was on sabbatical Fall 2022 Spring 2023 began holding routine meetings with adjunct graduate faculty. Presented and discussed survey results for end of course surveys. Trends and low response rates	opportunities were provided for adjunct faculty members to participate in continuing education and curriculum review and revision. A supportive and	X-faculty are encouraged to seek out training on inclusive teaching practices and strategies for creating a supportive learning environment for students from diverse backgrounds.

explored.	among faculty members to promote knowledge sharing and innovation in teaching and research.	Are encouraged to perform research that explores issues of health disparities, social justice, and equality and forensic nursing to contribute to the advancement of knowledge in these areas.
	Goal 2: Curriculum Enhancement- in anticipation of our curriculum revision faculty were encouraged to incorporate practical, hands-on experiences, such as simulated crime scene investigations and courtroom simulations to enhance student skills and readiness for real world scenarios.	 As we revise our curriculum, we will be sure to incorporate content that addresses cultural competence, diversity in healthcare, and the intersectionality of identities in forensic nursing practice. Faculty are encouraged to ensure that case studies and examples used in the curriculum represent diverse populations and reflect the realities of patients from different backgrounds.
Continued development of Competency Based Curriculum (CBC) as put forth by AACN. Work continues on the development of a CBC. Exploring the identification of essential competencies in a remote asynchronous environment. A consultant was hired to assist with the development of a new competency based curriculum.	Goal 3: Establish a learning environment in which academic and co- curricular programs work in synergy	

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.	 GOAL FOUR: Establish inclusive excellence, innovation, and environmental stewardship as signature strengths. Provide faculty and staff professional development opportunities and appropriate tools, including technology, to ensure they can be effective in their roles. 	
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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