

Annual Program Report 2023-2024

(For programs not using Planning & Self Study software for the annual report)

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: Debbie Benes

Department Assessment Committee Contact: Debbie Benes

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: _____ Traditional, LPN to BS and RN to BS _____

A. 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-centered care	Student handbook, Nursing department website	annual	Spring 2024

2.	Incorporate basic organizational and systems leadership to provide quality care and patient safety	Same as above	annual	Spring 2024
3.	Incorporate evidence based practice in the management of client care	Same as above	annual	Spring 2024
4.	Analyze information using information technology to improve patient outcomes	Same as above	annual	Spring 2024
5.	Examine the impact of health care policy, finance, and regulatory environments on nursing practice	Same as above	annual	Spring 2024
6.	Integrate principles of communication in professional practice	Same as above	annual	Spring 2024
7.	Synthesize knowledge of health promotion and disease/injury prevention in designing population focused care	Same as above	annual	Spring 2024
8.	Integrate professional standards of moral, ethical and legal conduct into nursing practice	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, Nursing care plans, Scholarly papers with rubrics, Oral presentations with rubric, HESI case studies, Clinical evaluations, Med/calc exams with increasing complexity per semester starting spring sophomore level, lab/simulation experiences, Kaplan exams, NCLEX	All levels have exams, papers and presentations throughout the semester with a final exam/paper or presentation at the end of the semester.	Students in all programs at all levels (sophomore, junior, senior) are required to meet the same level outcomes.	Student progression in nursing program requires: GPA – 2.5 for each NURS course And a 2.5 for all science courses	Fall sophomore starts – 40 traditional students & 7 LPN students. End of spring semester -24 traditional and 7 LPN students. 8 students will repeat fall courses, 3 students will repeat spring courses during AY 24/25. 5 students were removed from the program due to progression policies (13% attrition rate) Junior year- Started with 30 students. End of Spring

					<p>Semester 29 students. 1 student was removed from the program due to progression policies (3% attrition rate)</p> <p>Senior year – 48, (40 traditional, 8 LPN) students started and completed their final year.</p> <p>RN to BS – 143 students admitted during AY 23/24 75 graduated from the program.</p>
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You may use this comment box to provide any additional information, if applicable:

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, student evaluation of simulations through surveys, the senior exit survey, faculty evaluation of clinical sites, and student evaluation of clinical preceptors. Data is evaluated by each level, and is reviewed by the department as part of our accreditation requirements. A Program evaluation Map and Calendar is utilized to determine when and how to evaluate key elements for accreditation. The department schedules program evaluation meetings throughout the year to review findings and make any necessary changes.</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>The department continues to work on improved response rates for all survey data. During the department program evaluation, it was noted end of course surveys were either not sent or sent with incorrect questions. To improve the process, the curriculum committee reviewed all surveys for accuracy and fixed surveys with incorrect line items. The administrative assistant will now send the surveys to faculty requesting review of survey items before deployment.</p> <p>The department decided to eliminate the use of HESI standardized exams. We no longer were seeing a benefit to their use, and there were concerns of students losing job placement due to inability to complete the exit HESI in a timely manner. The department transitioned to the use of Kaplan Complete resources for all levels. The new product provides, focused exams, nationally normed Integrated exams, a complete package of exams and in person reviews for NCLEX preparation and a large library of resources for student learning. Exam results will be used for program assessment</p> <p>NCLEX licensure pass rates for 2023 is 98%. Changes to program in 2022/23 aided in the improved pass rate including, transition to Kaplan resources and review, flipped classroom approach to the majority of classes, increased use of case studies, and NextGen NCLEX style exam questions in class and on exams. The department transitioned to a new testing platform ExamSoft the platform provided the faculty with the ability to write NextGen NCLEX style questions.</p> <p>A review of clinical evaluation tools identified missing signatures on 30% of the randomized evaluations reviewed. To improve outcomes, the student policies committee will design an</p>

	attestation letter to be signed and submitted with all clinical evaluation tools per clinical instructor.
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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). **The DoN 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: 2021
 - 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. **No areas of improvement were identified**

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.
- ii. Date of most recent accreditation action by each listed agency.
- iii. Date and nature of next review and type of review. In 2025, a full CCNE site accreditation visit will occur for the nursing 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.

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.

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Section II - Departmental Outcomes

A. Departmental Strategic Initiatives

Accomplished Initiatives AY23-24 <small>Add more rows as needed</small>	Corresponding Strategic Plan Goal & Strategy <small>Goal # followed by Strategy # ex: 1.3</small>	Indicate (X) if a Diversity, Equity and Inclusiveness (DEI) Goal
Simulation Center- The center has been successfully running for the past 4 AYs. We are currently working on expanding the type of simulation offered to include Augmented Reality. Through grant funding, we have been able to purchase GigXR, Hololens, and clean machines. In collaboration with game design, three nursing students are working with a game design intern to develop AR skill sets.	Goal 1 – Establish a learning environment in which academic and co-curricular program s work in synergy	
Development of a validated Medication administration competency assessment tool Pilot phase has been completed, continued work through 24-25 to determine pass/fail percentage, faculty rubric and tool kit for use	Goal 1 – Establish a learning environment in which academic and co-curricular program s work in synergy	
AACN New Essentials Christine Devine (RN to BS), Melissa Dunn (traditional & LPN), Nellipher Mchenga (traditional & LPN) and Deborah Stone (Master’s) were awarded APRs to continue work on curriculum revision. Fall faculty	Goal 1 – Establish a learning environment in which academic and co-curricular program s work in synergy	

<p>workshops on the New Essentials were provided on how to course map current courses to the new domains. During the spring 2024 semester, the curriculum champions worked closely with faculty members at all levels to map experiential learning opportunities for their courses that coincide with each domain and its subdomains of the New Essentials. For the traditional track, Nellie and Melissa were available to assist with course mapping, while the Christine and Deb worked with each adjunct faculty member individually to map the course. Spreadsheets for each track were developed to identify areas of redundancy and gaps within the program. The committee met monthly to review work in progress, met with faculty mid semester when mapping was complete for faculty to review and clarify areas missing data. A curriculum workshop is scheduled with faculty at the end of the semester to review the finalize work, and identify mechanism to effectively revise the curriculum to meet the new standards</p>		
<p>Skills Mapping across the Curriculum:</p> <p>The simulation committee led by Jen Dupuis, mapped all skills taught throughout the curriculum to determine gaps in skill attainment. Based on findings, revisions to skills labs at the sophomore junior and senior level will occur for AY 24/25. Increased formative assessments will occur for medication administration at all levels using the newly developed Medication Administration competency checklist. In addition, a new theory and framework was recommended for development of an improved</p>	<p>Goal 1 – Establish a learning environment in which academic and co-curricular program s work in synergy</p>	

<p>clinical skills assessment checklist to be used throughout the program</p>		
<p>GigXR</p> <p>At the beginning of the spring 2024 semester, funding from the Marieb and Alden Trust foundations, the department purchased GigXR, 18 Hololenses, 5 clean boxes, 18 iPad tables and storage unit, and 2 work stations for game design students.</p> <p>GigXR representatives came to campus for 2 ½ days of training at the beginning of February. Ten faculty members attended 1-3 workshops depending on availability. The representative will return during the fall semester to work with faculty in the development of teaching plans, go over updates and trouble shoot any issues the department may be having with the application.</p> <p>In collaboration with Game Design, the department hired a game design student intern to assist with orientation and implementation and to develop skills-based AR apps for competency development. A list of requests was provided and included assessment and management of wounds including pressure ulcers, burns, IV infiltrates, and an autopsy for our Master’s program. Game design faculty met weekly to guide the intern and provide feedback. GigXR support was available to answer questions and provide guidance in app development. The group is currently working through a glitch in the coding, preventing spacial application of our app on a manikin.</p>	<p>Promote greater interdisciplinary teaching and develop innovative combinations across academic departments.</p>	

<p>3 nursing students were hired for 5 hours per week to expand access to the GigXR technology and Hololens. During this time, students exposed students and faculty by hosting “playdates” sessions. During these sessions, students hosted lab hours and walked faculty and other students through the basics, and at request, higher level aspects of use. 10 faculty attended these sessions and four students. Two of the hired students were seniors, and also presented at a senior teaching day for all students, which allowed approximately two dozen students to try the headsets, including potential students who were visiting campus. The hired students also worked closely with our game design intern, and served as “content experts”. They provided the intern with videos, equipment, checklists, and steps for the intern to model within the GigXR application. Finally, the hired students hosted tutoring sessions for freshman anatomy and physiology students, and collaborating with biology faculty, had 2 planned tutoring sessions which hosted approximately 5 freshmen students.</p>		
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<p>Planned Initiatives for AY 24-25 Add more rows as needed</p>	<p>Associated Strategic Plan Goal & Strategy Goal # followed by Strategy # ex: 1.3</p>	<p>Indicate (X) if a Diversity, Equity and Inclusiveness (DEI) Goal</p>
<p>Continue Work on Curriculum Revision and skills mapping. The focus next fall will be to evaluate gaps and redundancies to</p>	<p>Goal 1 – Establish a learning environment in which academic and co-curricular program s work in synergy</p>	

determine how and where to implement new competency-based assessment. Identify mechanisms to increase student access to lab time to have more skills practice time. During the spring semester, begin to review fall courses and develop new competency based outcomes replacing cognitive outcomes		
Continue Collaboration with Game design and development of AR lesson plans for classroom and clinical experiences	Promote greater interdisciplinary teaching and develop innovative combinations across academic departments.	
Collaboration with Computer Science and IT on the development of an Electronic Medical Record for the Nursing Department.	Promote greater interdisciplinary teaching and develop innovative combinations across academic departments.	
Competency Assessments – Begin to utilize Medication Administration Competency Assessment at all levels of the program. Research on student opportunity to meet med administration outcomes	Goal 1 – Establish a learning environment in which academic and co-curricular program s work in synergy	
Preparation for CCNE Accreditation visit in Fall 2025. The department is writing the 10 year accreditation report in preparation for our visit in 2025. In addition to report writing, we will be collecting evidence to support our document	Goal 1 – Establish a learning environment in which academic and co-curricular program s work in synergy	

B. Departmental Accomplishments and Reflection:

Take this section to reflect on--

1. *23-24 Accomplishments not captured above*
2. *Initiatives that you may be considering for 24-25 academic year that you did not already capture above*
3. *Any other thoughts or information that you would like to share*