

**Pacific Lutheran University
School of Nursing
Systematic Evaluation Plan
Revised 04/29/2020**

This School of Nursing (SoN) Systematic Evaluation Plan (SEP 2.1) is a revision of the SEP developed in 2016 and revised in 2018. It provides a framework for SoN evaluation/assessment activities as required by the State of Washington Nursing Care Quality Assurance Commission (NCQAC) and by the Commission on Collegiate Nursing Education (CCNE) Accreditation Standards. The purpose of the 2020 revision is to realign evaluation activities with 2018 CCNE standards.

The SEP 2.1 is organized according to the CCNE accreditation standards and key elements. Implementation of the SEP is the shared responsibility of the SoN Dean, Program Evaluation Committee (PEC), All Standing Committees and SoN faculty. Program evaluation/assessment is a shared responsibility of all SoN faculty and administrators, to that end, specific evaluation of each Standard and Element is assigned to specific committees or other entities as indicated within the SEP. In addition, not every element is designated to be evaluated every year. Thus the workload is spread throughout faculty and staff and over multiple semesters and years.

At the conclusion of the evaluation of each component, as described in the SEP, the responsible entity conducting the process will provide a report that describes whether the component was “met” or “not met”. For any components deemed “not met” the responsible entity will draft a Program Improvement Plan (PIP) designed to move the component toward being “met” based on the data reviewed. The PIP will be sent to the PEC Committee to be reviewed at Evaluation Day

An annual SoN Evaluation Day is held early in fall semester as part of on-going SoN evaluation processes. Evaluation Day provides dedicated time for faculty to receive reports and PIPs from the committees or persons responsible for conducting the evaluation activities related to each component as identified by the SEP 2.1. Evaluation Day provides the opportunity for review and discussion, and if consensus is reached that recommended PIPs should be implemented PEC will forward the PIP to SNO for final approval. If consensus is not reached further discussion and decision for next steps will be developed by SNO.

If PIP is approved by SNO it will be forwarded to the appropriate entity for implementation with a time table. PEC will follow up to document the implementation of each PIP and include the date of implementation in the PEC minutes. PEC will monitor the outcome of the PIP implementation for the component deemed “not met” in the next cycle of evaluation to note any change in the outcome, thus providing evidence for “closing the loop” on the evaluation cycle for that particular component of the SEP. If PEC finds no improvement as a result of a PIP implemented, the chair of PIP will forward a report to SNO requesting further review of the issue.

The PEC will develop a list of the components to be addressed each semester according to the SEP. The list will be communicated each year at the first SNO meeting so each committee, or other responsible entity is informed of the evaluation activities required and the time table. PEC will maintain the SEP plan for each semester as well as the regularly collected program surveys and Evaluation Day minutes on a Sakai SoN Program Evaluation Site which will be maintained by the Administrative Assistant to the Dean in consultation with the PEC Chair.

The SEP is a dynamic document and shall be reviewed every two years as directed by Element IV-A and revised as needed.

PLU SON Systematic Evaluation Plan. v2.1

Component to be evaluated (labeled by CCNE Standard & Element of Accreditation criteria)	Activities Required to evaluate the component	Timeline and committee, individual or entity responsible for initiating activities to evaluate component	Expected qualitative or quantitative outcome measure needed to meet satisfactory evaluation decision	Where documentation of results of evaluation of component is documented	Is outcome Met or Not Met?	If Not Met What Action taken? Note: in most cases answer will be: PIP developed by responsible entity & sent to PEC. PEC will present PIP at Evaluation Day for consideration & discussion, and send to SNO for final decision.	If Action Taken Where is the action taken Documented Note: In most cases answer will be: See SNO Minutes (DATE)
STANDARD I: PROGRAM QUALITY: MISSION AND GOVERNANCE							
I-A: SoN mission, vision goals, value statements are: <ul style="list-style-type: none"> • congruent with PLU mission, vision, values and goal statements • reviewed periodically and revised as appropriate 	Review SoN Values, Vision, Mission, Philosophy statements & <u>PLU values, vision, mission & values statements and analyze for congruency</u>	<u>Responsibility:</u> Curriculum Committee (CIC) Q 3 Years and/or with self-studies, CIPR -Fall 2018 w/ CIPR for BSN & MSN and - Fall 2021 - 2023 w/ Self Study -DNP Spring 2019 - Fall 2022	Demonstrated Congruency by crosswalk chart Prepared by CIC	Curriculum Committee Minutes (Date) Or in CIPR or Self Study	Met____ Not Met____ (Not Met requires PIP)		

<p>I-A: SoN Mission, Goals and expected program outcomes are:</p> <ul style="list-style-type: none"> • congruent with PLU mission, goals, and expected outcomes • reviewed periodically and revised as appropriate 	<p>Review SoN and PLU Mission, Goals & Expected Outcomes and analyze for congruency</p>	<p><u>Responsibility:</u> CIC Q 3 Yrs or with self-studies, CIPRs. -Fall 2018 w/ CIPR -Fall 2023 w/ Self Study</p>	<p>Demonstrated Congruency by Crosswalk Chart by CIC</p>	<p>Curriculum Committee with DATE Or in CIPR or Self Study</p>	<p>Met____ Not Met____ (Not Met requires PIP)</p>		
<p>I-B: SoN Mission, Goals and expected program outcomes are consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals</p> <ul style="list-style-type: none"> • Includes AACN <i>Essentials of BSN (2008), MSN (2011), and Doctoral (2006) Education</i> • Includes NTF Criteria (2012) • Includes appropriate standards & guidelines for APRN specialties/ concentrations • Additional professional standards and guidelines are identified 	<p>The mission & goals of the SoN are periodically reviewed & reflect the use of professional nursing standards and guidelines. Identify the required Professional Stds & Guidelines used in the Nursing programs:</p> <ul style="list-style-type: none"> • <i>BSN Essentials (2008)</i> • <i>MSN Essentials (2011)</i> • <i>Essentials of Doctoral Education (2006)</i> • <i>NTF Criteria (2012)</i> • Specialty Stds & Guidelines: 	<p><u>Responsibility:</u> Curriculum CIC, Dean, Program Coordinators Q 3-4 years, with publication of new standards & guidelines; and major curriculum revisions, self-studies, CIPRs -Fall 2018 for BSN & MSN w/ CIPR -Fall 2021 Spring 2019 for DNP w/ CIPR -2023 w/ Self Study</p>	<p>Appropriate professional standards & guidelines are clearly identified and updated and included in curriculum description in catalog, student handbook, web site mission/goals/program outcomes reflect professional standards as evidenced in a crosswalk chart</p>	<p>Curriculum Committee Minutes (DATE) Copy of CIPR or Self Study ? Web Site</p>	<p>Met____ Not Met____ (Not Met requires PIP)</p>		

	<p><i>-Competencies and Curricular Expectations for Clinical Nurse Leader Education and Practice (AACN, 2013)</i></p> <p><i>-Nurse Practitioner Competencies in Specialty Areas:</i></p> <ul style="list-style-type: none"> • Family NP Competencies (2013) • PMHNP Competencies (2013) • NONPF NP Core Competencies (2014) <p>• Additional Professional Stds & Guidelines used as references:</p> <ul style="list-style-type: none"> - <i>Code for Nurses with Interpretive Statements (ANA, 2015);</i> - <i>Nursing: Scope and Standards of Practice, 2nd Ed. (ANA, 2010);</i> - <i>Nursing's Social Policy Statement: Essence of the</i> 						
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	<p><i>Profession) (ANA, 2010)</i></p> <ul style="list-style-type: none"> - <i>End-of-Life Nursing Education Consortium (ELNEC) guidelines</i> (http://www.aacn.nche.edu/elnece/elnece-publications); - <i>Quality and Safety in the Education of Nurses (QSEN) Competencies</i>(http://qsen.org/competencies/) - National Council of State Boards of Nursing (NCSBN) <i>National Council Licensure Examination (NCLEX) Test Plan</i> - <i>Washington NCQAC Administrative Code</i> 						
<p>I-C: SoN mission and goals & program outcomes reflect the needs and expectations of the community of interest (COI)</p>	<p>Review of the mission & goals of the SoN are periodically reviewed & reflect the needs of the COI</p> <p>The COI is defined as:</p> <ul style="list-style-type: none"> • Students • Faculty 	<p>Responsibility: PEC and Dean</p> <p>Q 3 years and/or with self-studies, CIPRs, new publication of Standards</p> <p>-Fall 2018 w/cipr -Fall 2021</p>	<p>COI's needs are reflected in curriculum as evidenced by examples of Minutes from advisory councils, student & alumni survey results, preceptor evaluations,</p>	<p>Program Evaluation Committee Minutes (DATE)</p> <p>Or in copy of CIPR of Self Study</p> <p>With CIPR 2018</p> <p>Fall 2021</p>	<p>Met____</p> <p>Not Met____</p> <p>(Not Met requires PIP)</p>		

	<ul style="list-style-type: none"> • Alumni • Employers • Practice Partners • SoN Advisory Councils • the University 		examples of university service				
I-D: SoN expectations for faculty: <ul style="list-style-type: none"> • Teaching • Service • Practice • Scholarship • practice are Identified, written, Communicated and Congruent w/ PLU expectations	Review PLU & SON Faculty Handbook to identify individual faculty outcomes, evaluate congruence, accessibility and appropriateness.	RAD Committee Every two years (even) and/or w/ CIPR & Self Study Fall 2018 w/CIPR Fall 2020 <u>Responsibility:</u> -RAD Committee	Review & analysis shows outcomes are identified, communicated and congruent with PLU outcomes as evidenced by written report from RAD to SNO	-RAD Minutes (DATE) Or in CIPR or SS	Met____ Not Met____ (Not Met requires PIP)		
I-E: Faculty and students participate in program governance.	Review of SON By-Laws related to committee structures and purpose to see faculty & student roles in governance Random Review of minutes of all committees in recent 3 years and report to SNO	Exec Committee Every two years (odd) or w/CIPR/SS Fall 2018 w/ CIPR Fall 2021 Fall 2013 w/ ss	Analysis of review shows faculty & student participation in governance as evidenced by written Exec Comm report to SNO	SNO minutes includes report from Exec Committee Or in CIPR/SS Reports	Met____ Not Met____ (Not Met requires PIP)		

<p>I-F: Academic Policies of PLU and SON are congruent & support mission/goals/ & expected program outcomes. Policies are:</p> <ul style="list-style-type: none"> • Fair & equitable • Published & Accessible • Reviewed & Revised as necessary to foster program improvement <p>Policies include: Student Recruitment Policies</p> <ul style="list-style-type: none"> • Admission Policies • Retention Policies • Progression Policies • Student Hearing Policies • Disciplinary Action Policies • Other Academic Policies 	<p>Review of policies in catalog, on web site, in recruitment material, on social media, faculty handbook, student handbook, faculty orientation manual, syllabi, and any other place policies are published.</p>	<p>RAP Committee</p> <p>Annually in late spring or summer</p>	<p>Academic policies support M/G/O, are fair, equitable, published, accessible, reviewed & revised as needed; Fair and equitable; Published and accessible, and Congruent with PLU/prof stds. As evidenced by chart provided by chair of RAP to SNO</p>	<p>SNO minutes (DATE) include report from RAP</p>	<p>Met____</p> <p>Not Met____</p> <p>(Not Met requires PIP)</p>		
<p>I-G: The program defines and reviews formal complaints according to established policies.</p>	<p>Review of SON policy to determine there is a definition of what constitutes a formal complaint from students and/or others. There is A process for maintaining accurate records of formal complaints, and procedures for filing are communicated to constituents. Formal complaint procedures are</p>	<p>RAP Committee in consultation with Coordinator of admissions.</p> <p>Every three years Spring 2015 Fall 2018 w/ CIPR Fall 2021 Fall 2023 w/ SS</p>	<p>-Complaint policy and procedures (student grievances, petitions) are communicated in PLU and SON documents (handbooks, catalog, web site) -A record of Formal Complaints, grievances & petitions is complete, and secure.</p>	<p>RAP Minutes (DATE) and SNO minutes (DATE) will include a report from RAP with results of review and analysis.</p>	<p>Met ____</p> <p>Not Met____</p> <p>(Not Met requires PIP)</p>		

	<p>congruent with PLU policy. Review of timely responsiveness and due process to complaints.</p> <p>- Compile record of formal complaints, grievance, and petitions</p>						
<p>I-H: Documents and Publications are accurate</p> <p>A process is used to notify constituents about changes in documents and publications.</p> <p>(examples: Catalog -Program offerings -Outcomes -Accreditation statements -Calendar -Recruitment & Admission Policies -Grading Policies -Degree/Cert requirements -Tuition -Fees -Licensure & Certification eligibility info -Transcripts, etc.</p>	<p>Review of documents & pubs for accuracy and currency. Documents to be reviewed:</p> <ul style="list-style-type: none"> -SON Website -Faculty Handbook -Student Handbooks -Recruitment & Marketing Brochures -Social Media sites -Faculty Orientation Handbook <p>Review policy to document process for notifying constituents of changes.</p>	<p><u>Responsibility:</u> Dean or designee in consultation with Committee Chairs, Admissions Coord, Clinical Placement Coord, Lab Coordinator, Program Coordinators</p> <p>Annually in Summer</p>	<p>Documents are accurate and current as evidenced by Written Report from Dean to SNO annually in September</p>	<p>SNO Minutes to include report from Dean in Sept.</p>	<p>Met____ Not Met____</p> <p>(Not Met requires PIP)</p>		

STANDARD II: PROGRAM QUALITY: INSTITUTIONAL COMMITMENT AND RESOURCES

Component to be evaluated (labeled by CCNE Standard & Element of Accreditation criteria)	Activities Required to evaluate the component	Timeline and committee, individual or entity responsible for initiating activities to evaluate component	Expected qualitative or quantitative outcome measure needed to meet satisfactory evaluation decision	Where documentation of results of evaluation of component is documented	Is outcome Met or Not Met	If Not Met What Action taken? Note: in most cases answer will be: PIP developed by responsible entity & sent to PEC. PEC will present PIP at Evaluation Day for consideration & discussion, and send to SNO for final decision	If Action Taken Where is the action taken Documented Note: In most cases answer will be: See SNO Minutes (DATE
II-A: Fiscal & Physical Resources are sufficient to fulfill M/G/EO and is reviewed periodically and modified as needed	Dean, and SoN administrative team review Budget for recent 3 years for sufficiency to fulfill M/G/O, Review faculty & student satisfaction data	-Dean, Administrators & Exec Committee (EC) Every 3 years (odd) or with CIPR/SS CIPR 2018 Fall 2021	Budget is sufficient, M/G/O are achieved, supports evaluation, provides adequate faculty & staff, supports recruitment & retention, provides adequate salaries (Achieve mean of AACN salary data for Religious Institutions, Western Region), provides adequate space (classrooms, labs, offices), supplies, equipment,	SNO minutes (DATE) Includes written report of state of resources to SNO	Met____ Not Met____ (Not Met requires PIP)		

			classroom & Lab technology, as evidenced by Dean's report to SNO				
II-B: Physical Resources and clinical sites are sufficient to fulfill M/G/EO and adequacy is reviewed periodically and resources are modified as needed	Dean, and SoN administrative team review Budget for recent 3 years for sufficiency to fulfill M/G/O, Review faculty & student satisfaction data	-Dean, Administrators & Exec Committee (EC) Every 3 years (odd) or with CIPR/SS CIPR 2018 Fall 2021	(NOTE: Requires development. Some to move from II-A)				
II-C: Academic support services are sufficient to meet program and student needs & are evaluated on a regular basis	Dean & EC review academic support services for recent 3 years for sufficiency Including: Library, Technology, Data mgmt. system, research/ scholarship, admission, advising, etc. Review Student, Faculty Satisfaction data	Dean and EC Every 3 years (even) or w/ CIPR & SS CIPR 2018 Spring 2021 SS 2023	All needed services are provided and meet program, faculty and student needs as evidenced by analysis in written report provided by EC to SNO	SNO minutes (DATE)	Met____ Not Met____ (Not Met requires PIP)		
II-D: The Chief Nurse Administrator of the SoN: • is a registered nurse (RN) • holds a grad degree in nursing • holds a Doctorate	EC reviews CV, collects faculty and student satisfaction survey data, Reviews accomplishments of Dean	EC Every 3 years (odd) or w/ CIPR/SS CIPR 2018 Spring 2021 SS 2023	Chief Nurse Administrator meets qualifications as evidenced by written report provided by EC to SNO	SNO Minutes (DATE) To include EC written report to SNO	Met____ Not Met____ (Not Met requires PIP)		

<ul style="list-style-type: none"> • is vested the administrative authority to accomplish M/G/EO • provides effective leadership 							
<p>II-E: Faculty are:</p> <ul style="list-style-type: none"> • -Sufficient in Number • -Academically prepared for areas in which they teach • -Experientially prepared for areas in which they teach 	<p>RAD Committee Chair</p> <ul style="list-style-type: none"> -Identifies formula & Calculates FTEs & Faculty to student ratios & analyzes sufficiency -Creates chart to show education, certification & experience compared to academic areas they teach and analyzes appropriateness Review student satisfaction data 	<p>RAD Committee Every 3 years (odd) Or w/ CIPR/SS</p> <p>Fall CIPR 2018 Fall 2021 SS 2023</p>	<ul style="list-style-type: none"> -Faculty are sufficient in number to deliver all courses (according to workload formula), achieve all committee work, meet individual & aggregate expected outcomes, -faculty-to-student ratio is similar to other SON -Qualifications are adequate and match teaching assignments As evidenced by RAD report to SNO 	<p>SNO Minutes (DATE) To include RAD written report to SNO</p>	<p>Met____</p> <p>Not Met____</p> <p>(Not Met requires PIP)</p>		
<p>II-F: Preceptors (e.g., mentors, guides, coaches), if used by the program as an extension of faculty, are academically and experientially qualified for their role.</p>	<p>Review of program and course documents that describe roles and qualifications of Preceptors (Faculty & Student Handbooks, Course</p>	<p>Course Coordinators & Clinical Placement Coordinator Every two years (even) or w/ CIPR & SS</p> <p>CIPR 2018</p>	<ul style="list-style-type: none"> -Preceptors meet WAC and CCNE requirements -Roles, qualifications and Responsibilities are clearly 	<p>SNO Minutes (DATE) will include report from Clinical Placement Coordinator</p>	<p>Met____</p> <p>Not Met____</p> <p>(Not Met requires PIP)</p>		

	Syllabi, Course Documents, WAC regulations,	Spring 2020	described in program and course documents as evidenced by analysis in written report from Clinical Placement Coordinator to SNO				
II-F: PLU & SON provide and support an environment that encourages faculty teaching, scholarship, service, and practice in keeping with the mission, goals, and expected faculty outcomes.	<p>Review of support and resources available for on-going faculty development at university & SON levels</p> <p>Review of individual and aggregate faculty outcomes</p> <p>Review of faculty satisfaction data</p>	<p>RAD Committee Every two years (odd) or with CIPR/SS</p> <p>CIPR 2018</p> <p>Spring 2019</p> <p>Spring 2021</p>	<p>Faculty have opportunities for scholarship of teaching</p> <p>-The institution provides resources to support scholarship</p> <p>-Faculty have opportunities to support clinical practice</p> <p>Service expectations are defined</p>	<p>RAD Minutes (DATE & SNO Minutes (DATE)</p> <p>Include written report of analysis from RAD to SNO</p>	<p>Met____</p> <p>Not Met____</p> <p>(Not Met requires PIP)</p>		

STANDARD III: Program Quality – Curriculum and Teaching-Learning Practices

Component to be evaluated (labeled by CCNE Standard & Element of Accreditation criteria)	Activities Required to evaluate the component	Timeline and committee, individual or entity responsible for initiating activities to evaluate component	Expected qualitative or quantitative outcome measure needed to meet satisfactory evaluation decision	Where documentation of results of evaluation of component is documented	Is outcome Met or Not Met	If Not Met What Action taken? Note: in most cases answer will be: PIP developed by responsible entity & sent to PEC. PEC will present PIP at Evaluation Day for consideration & discussion, and send to SNO for final decision	If Action Taken Where is the action taken Documented Note: In most cases answer will be: See SNO Minutes (DATE
<p>III-A: 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>Develop Tables to show congruence for Unit, Course, Program Outcomes with M/G for each track of each program.</p>	<p>Curriculum Committee (CIC) Every three years (odd) or w/ CIPR or SS Fall 2018 w/CIPR Fall 2021</p>	<p>Tables show congruence among outcomes and reflect appropriate roles for program graduates</p>	<p>CIC Minutes (DATE) & SNO Minutes (DATE) to include Congruency Table sent from CIC</p>	<p>Met____ Not Met____ (Not Met requires PIP)</p>		
<p>III-B: Baccalaureate curricula are developed, implemented, and revised to reflect relevant</p>	<p>Develop crosswalk tables to show incorporation of</p>	<p>CIC in consultation with appropriate</p>	<p>Crosswalk tables show congruency between PO & M/G</p>	<p>Curriculum Committee minutes (DATE) And</p>	<p>Met____ Not</p>		

<p>professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).</p> <ul style="list-style-type: none"> Baccalaureate program curricula incorporate The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008). 	<p>relevant Professional Standards and <i>BSN, Essentials</i>.</p> <p>Develop Crosswalk Tables to show how curriculum components reflect evidence of required professional standards. (EX: Course objectives, portfolios, key assignments, N499 capstone projects)</p> <p>Review of Curriculum plan</p>	<p>lead faculty for each track of each pgrm. Every two years (even) of w/ CIPR or SS Fall 2018 w/ CIPR Fall 2020</p>	<p>and examples of curriculum components reflect evidence of Prof Standards/Guidelines</p> <p>Student surveys show student satisfaction with meeting program outcomes</p> <p>Faculty surveys show faculty satisfaction with students meeting program outcomes</p>	<p>SNO minutes (DATE) to include report of results sent by CIC to SNO</p>	<p>Met____</p> <p>(Not Met requires PIP)</p>		
<p>III-C: 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> <ul style="list-style-type: none"> Master's program curricula incorporate professional standards and guidelines as appropriate. <ul style="list-style-type: none"> All master's degree programs incorporate The Essentials of 	<p>Develop crosswalk tables to show incorporation of relevant Professional Standards, guidelines and <i>BSN and MSN Essentials</i>..</p> <p>Develop Crosswalk Tables to show how curriculum components reflect evidence of required</p>	<p>CIC in consultation with appropriate lead faculty for each track of each pgrm. Every two years (even) of w/ CIPR or SS Fall 2018 w/ CIPR Fall 2020</p>	<p>Crosswalk tables show congruency between PO & M/G and examples of curriculum components reflect evidence of Prof Standards/Guidelines</p> <p>Student surveys show student satisfaction with meeting program outcomes</p>	<p>Curriculum Committee minutes (DATE) And SNO minutes (DATE) to include report of results sent by CIC to SNO</p>	<p>Met____</p> <p>Not Met____</p> <p>(Not Met requires PIP)</p>		

<p>Master's Education in Nursing (AACN, 2011) and additional relevant professional standards and guidelines as identified by the program.</p> <p>b. All master's degree programs that prepare nurse practitioners incorporate Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2016).</p> <ul style="list-style-type: none"> Graduate-entry master's program curricula incorporate The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008) and appropriate graduate program standards and guidelines. 	<p>professional standards. (EX: Course objectives, portfolios, key assignments, N596 capstone projects, scholarly inquiry papers, scholarship projects). NTF applicable?</p> <p>Review of Curriculum plan</p>		<p>Faculty surveys show faculty satisfaction with students meeting program outcomes</p>				
<p>III-D: 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> <ul style="list-style-type: none"> DNP program curricula incorporate professional standards and guidelines as appropriate. a. All DNP programs incorporate The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006) and additional relevant professional 	<p>Develop crosswalk tables to show incorporation of relevant Professional Standards, Guidelines, <i>DNP Essentials</i>, and <i>NTF Criteria</i>.</p> <p>Develop Crosswalk Tables to show how curriculum components reflect evidence of required professional standards. (EX:</p>	<p>CIC in consultation with appropriate lead faculty for each track of each pgrm. Every two years (even) of w/ CIPR or SS Fall 2018 w/ CIPR Fall 2020</p>	<p>Crosswalk tables show congruency between PO & M/G and examples of curriculum components reflect evidence of Prof Standards/Guidelines</p> <p>Student surveys show student satisfaction with meeting program outcomes</p> <p>Faculty surveys show faculty satisfaction with students</p>	<p>Curriculum Committee minutes (DATE) And SNO minutes (DATE) to include report of results sent by CIC to SNO</p>	<p>Met____ Not Met____ (Not Met requires PIP)</p>		

<p>standards and guidelines if identified by the program.</p> <p>b. All DNP programs that prepare nurse practitioners incorporate Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2016).</p> <ul style="list-style-type: none"> Graduate-entry DNP program curricula incorporate The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008) and appropriate graduate program standards and guidelines. 	<p>Course objectives, portfolios, key assignments, scholarly inquiry papers, DNP projects)</p> <p>Review of Curriculum plan</p>		<p>meeting program outcomes</p> <p>Curriculum includes 3-Ps separate courses for APRN</p>				
<p>III-E: 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).</p> <ul style="list-style-type: none"> Post-graduate APRN certificate programs that prepare nurse practitioners incorporate Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2016). 	<p>Develop crosswalk tables to show incorporation of relevant Professional Standards, Guidelines, and <i>NTF Criteria</i> in certificate outcomes.</p> <p>Develop Crosswalk Tables to show how curriculum components reflect evidence of required professional standards.</p> <p>Review of Curriculum plan</p>	<p>CIC in consultation with appropriate lead faculty for each track of each pgrm. Every two years (even) of w/ CIPR or SS Fall 2018 w/ CIPR Fall 2020</p>	<p>Crosswalk tables show congruency between PO & M/G and examples of curriculum components reflect evidence of Prof Standards/Guidelines</p> <p>Student surveys show student satisfaction with meeting program outcomes</p> <p>Faculty surveys show faculty satisfaction with students meeting program outcomes</p>	<p>Curriculum Committee minutes (DATE) And SNO minutes (DATE) to include report of results sent by CIC to SNO</p>	<p>Met____</p> <p>Not Met____</p> <p>(Not Met requires PIP)</p>		

			Curriculum includes 3-Ps separate courses for APRN				
<p>III-B+C+D+E: Curriculum of each program is designed to meet NCQAC WAC criteria as described in WAC Nursing Program Standards:</p> <ul style="list-style-type: none"> -246-840-541 Pre-Licensure -246-540- -246-840-542 RN-MSN -246-840-543 ARNP -246-840-544 Grad Nur Ed -246-840-531 Clinical & Practice Exp for all pgms 	<p>-Review designated curr components for congruence with criteria and develop charts/tables to show how each program meets each designated standard:</p> <ul style="list-style-type: none"> • BSN • RN-MSN • ELMSN • MSN • BSN-DNP • MSN-DNP • Post-Graduate APRN Certificate programs 	<p>CIC in consultation with lead faculty of each pgrm. Every 3 years (odd)</p> <p>Spring 2016 Spring 2019 Spring 2022 & CIPR & SS</p>	<p>Charts/Tables and analysis demonstrates compliance with designated criterias</p> <p>EX: clinical hours tracked, gap analysis id, student records up to date, content & clinical req. met</p>	<p>CIC Minutes (DATE) and SNO minutes (DATE) that include report sent by CIC to SNO</p>	<p>Met ____</p> <p>Not Met ____</p> <p>(Not Met requires PIP)</p>		
<p>III-F: Curriculum is logically structured to achieve expected Student Outcomes:</p> <p>-BSN is built on foundation of the arts, sciences, humanities</p>	<p>Review of BSN Curriculum to demonstrate for foundation of arts/science/humanities</p>	<p>CIC in consultation with BSN, MSN, DNP lead faculty Every three years or w/ CIPR & SS</p> <p>Fall 2019 Fall 2022</p>	<p>Curriculum Requirements reflect foundation of arts/ Science/ humanities</p> <p>Required courses</p> <p>-Faculty and Student Surveys reflect value of arts/science/ Humanities</p> <p>-Key assignments & Portfolios reflect value of arts/science</p>	<p>Curriculum Committee minutes (DATE) And SNO minutes (DATE) will include report from CIC with analysis, charts & rationale supporting how programs build on each level and meet</p>	<p>Met ____</p> <p>Not Met ____</p> <p>(Not Met requires PIP)</p>		

<p>-RN-MSN and ELMSN programs demonstrate how students acquire the AACN <i>BaccEss(2008)</i> and the AACN <i>Master's Essentials</i> (2011).</p> <p>-Master's and DNP curricula builds on a foundation of baccalaureate level nursing knowledge & Build to Essentials of Doctoral Ed for ANP</p> <p>-</p> <p>Post Graduate APRN cert pgrms build on MSN or DNP level nursing knowledge & comp.</p>	<p>RN-MSN and ELMSN program review</p> <p>Review of Masters & DNP curricular For analysis & evidence that students have knowledge & competencies of BSN level and meet Mas & DNP Essentials & roles of FNP & PMH DNP</p> <p>Review of Curr for post grad cert show how students build on grad level comp to achieve APRN outcomes</p>		<p>Humanities</p> <p>Curriculum analysis shows logical progress to achieve bacc level essentials</p> <p>-Portfolio and capstone projects reflect progress to outcomes</p> <p>Admission criteria reflects required BSN level knowledge & competencies</p> <p>-MSN & DNP curriculum shows logical progression of course work that build on BSN to DNP level of essentials. Scholarly projects reflect Essentials</p> <p>Post grad cert pgrms Required courses Demonstrate how students build on graduate knowledge & competencies</p>	<p>appropriate essentials at graduation.</p>			
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<p>III-G: Teaching-Learning practices:</p> <ul style="list-style-type: none"> • support the achievement of expected student outcomes for BSN, RN-MSN, ELMSN, DNP, Post Grad cert programs • consider the needs and expectations of the identified community of interest; and • expose students to individuals with diverse life experiences, perspectives, and backgrounds. 	<p>Review of T-L practices throughout programs</p> <p>Review of student & faculty surveys & End of course evaluations</p> <p>Review of data from constituents in COI for evidence of reflection of their needs being met</p> <p>EX: feedback from preceptors</p> <p>Feedback from employers and representatives of practice partners on Advisory Council</p> <p>Feedback from students</p> <p>Alumni feedback</p>	<p>RAP Committee Every three years & w/ CIPR & SS</p> <p>Fall 2018 w/ CIPR</p> <p>Fall 2021</p> <p>Fall 2023 w SS</p> <p>PEC Committee Every three years & w/ CIPR & SS</p> <p>Fall 2018 w/ CIPR</p> <p>Fall 2021</p>	<p>Examples of A variety of teaching learning practices utilized show achievement of outcomes as evidenced by an inventory of practices used in courses and analysis of achievement of outcomes</p> <p>-Key Assignments Examples</p> <p>-Portfolio Examples</p> <p>-Scholarly Project Examples</p> <p>-75% of Course Evaluations indicate agree or st. agree that teaching effectiveness supports achievement of outcomes</p> <p>-75% of exit surveys show students felt well or extremely well prepared for each end of program outcome.</p> <p>Preceptors feedback about curr & TL practices is solicited each semester</p> <p>-75% of Preceptor surveys reflect</p>	<p>RAP Committee Minutes (DATE) And SNO Minutes (DATE) will include report, examples, and analysis sent to SNO by RAP committee</p> <p>PEC Committee Minutes (DATE) and SNO minutes (DATE) will include report from PEC Committee with analysis of COI needs met</p>	<p>Met_____</p> <p>Not Met_____</p> <p>(Not Met requires PIP)</p>		
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			<p>satisfaction with the curr & TL practices</p> <ul style="list-style-type: none"> -Feedback is used for improvement -75% of students report satisfaction with curr & TL practices, including preceptors -Student feedback is used for improvement -Feedback about curr & TL needs is solicited from the Advisory Council periodically Alumni surveys reflect satisfaction w/ Curr & TL practices 				
<p>III-H: The curriculum includes planned clinical practice experiences that:</p> <ul style="list-style-type: none"> -Enable students to integrate knowledge and demonstrate attainment of program outcomes <p>And</p>	<p>Review of all clinical practice experiences in each programs to evaluate the opportunity for students to achieve course and program outcomes</p> <p>And that clinical practice experiences align with the outcomes</p>	<p>RAP Committee every 4 years & w/ CIPR & SS</p> <p>Fall 2019</p> <p>Fall 2023 w/ SS</p>	<p>Tables that show clinical experience of courses & programs that meet WAC requirements</p> <ul style="list-style-type: none"> -Analysis that shows experiences align with course/program outcomes -Review of Evaluation Tools show relationship to course outcomes. <p>Charts and analysis show clinical</p>	<p>RAP Minutes (DATE) and SNO Minutes will include report with analysis from RAP committee to SNO</p>	<p>Met_____</p> <p>Not Met_____</p> <p>(Not Met requires PIP)</p>		

<ul style="list-style-type: none"> • Foster interprofessional collaborative practice <p>And</p> <p>-</p> <ul style="list-style-type: none"> • Are evaluated by faculty 	<p>Review of all courses/programs for clinical experience</p> <p>evaluation methods</p> <p>Review of evaluation tools</p>		<p>experiences align with role and specialty competencies</p> <p>Student & Faculty surveys reflect satisfaction with clinical based experience</p> <p>75% of student end of course clinical evaluations reflect satisfaction w clinical exp.</p> <p>Examples of clinical evaluation tools for each program and Description of evaluation practices</p> <p>Reflect consistency & effective evaluation practices</p> <p>Faculty & Student surveys reflect satisfaction with clinical evaluation methods</p> <p>Clinical evaluation records for all students are maintained on file</p>		<p>Met _____</p> <p>Not Met _____</p> <p>(Not Met requires PIP)</p>		
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<p>III-I: 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>Review of student performance evaluation practices including clinical evaluation, Kaplan testing, Key Assignments relationship to outcomes, test grading, paper grading, intervention with at-risk student processes for evidence that they reflect achievement of expected outcomes, are defined clearly and consistently applied</p>	<p>RAD Committee Every two years & w/ CIPR & SS Fall w/ CIPR Fall 2020 Fall 2022</p>	<p>Policies are clearly stated in all syllabi and in student handbooks -Example of Rubrics used reflect clarity, consistency & achievement of goal -Kaplan tests are implemented consistently and according to policy -Portfolio review shows achievement of clinical hours, outcomes, Essentials -Faculty surveys reflect evaluation policies are clear, consistent and reflect intended outcome -Student surveys reflect evaluation policies of class & clinical are clear, consistent, and reflect intended outcome -Interventions of faculty with at risk students are related to outcomes, clear, consistent, and consistently applied.</p>	<p>RAD Minutes (DATE) and SNO Minutes will include report from RAD to SNO with analysis of performance evaluation practices and evaluation of their clarity, consistency and relationship to intended outcomes.</p>	<p>Met____ Not Met____ (Not Met requires PIP)</p>		
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<p>III-J: Curriculum and teaching-learning practices are evaluated at regularly scheduled intervals, and evaluation data are used to foster ongoing improvement</p>	<p>Review of regular evaluation of curriculum and TL practices that foster ongoing improvement EX: Faculty & Student Course Evaluations, Annual course summaries, cyclical evaluation practices as CIPRs and SS, Faculty Assemblies, Exit Interviews, Alumni Surveys, Link between Key Teaching-Learning Assignments & course obj and program outcomes:</p>	<p>CIC Every 3 years 2016 2019 2022</p>	<p>-Course evaluations are completed at the end of every course by students & faculty -Student Faculty Assembly is held every semester to solicit program feedback -Preceptor surveys are solicited at the end of every course to solicit program feedback -Students evaluation preceptor experience at the end of every precepted course to solicit program feedback -Key Course assignments are reviewed and deemed to be related to course & pgm obj. -Feedback from students, faculty, preceptors, COI, is utilized to make program improvements</p>	<p>CIC Minutes (DATE) and SNO Minutes (DATE) will include report with analysis from CIC committee with degree to which regular Curr & TL practices are implemented and whether evaluation data is utilized appropriately to foster program improvement</p>	<p>- Met____ Not Met____ (Not Met requires PIP)</p>		
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STANDARD IV: PROGRAM EFFECTIVENESS: ASSESSMENT AND ACHIEVEMENT OF PROGRAM OUTCOMES

<p>Component to be evaluated (labeled by CCNE Standard & Element of Accreditation criteria)</p>	<p>Activities Required to evaluate the component</p>	<p>Timeline and committee, individual or entity responsible for initiating activities to evaluate component</p>	<p>Expected qualitative or quantitative outcome measure needed to meet satisfactory evaluation decision</p>	<p>Where documentation of results of evaluation of component is documented</p>	<p>Is outcome Met or Not Met</p>	<p>If Not Met What Action taken? Note: in most cases answer will be: PIP developed by responsible entity & sent to PEC. PEC will present PIP at Evaluation Day for consideration & discussion, and send to SNO for final decision</p>	<p>If Action Taken Where is the action taken Documented Note: In most cases answer will be: See SNO Minutes (DATE)</p>
<p>IV-A: A written on-going & periodically reviewed Systematic Process to Determine Program Effectiveness</p>	<p>Review of the Systematic Evaluation Plan (SEP) and processes to determine it's completeness, periodic review, and effectiveness as evidenced by it's documentation that shows outcomes are met and ongoing</p>	<p>Chairs of PEC, RAD, RAP, & SNO & Dean Every 3 years & w/ SIPR & SS 2016 2020 2023 w/ SS</p>	<p>SEP is clearly written, includes required outcomes measures for all program components, identifies qualitative & quantitative benchmarks for all components, timelines, and is periodically reviewed.</p>	<p>SNO Minutes (DATE) At conclusion of every three year review of SEP the Chair of PEC will send report w/ analysis of review indicating degree to which SEP is complete, and effective in determining program effectiveness.</p>	<p>Met _____ Not Met _____ (Not Met requires PIP)</p>		

	<p>program improvement is achieved. PEC insures timely administration and distribution of all program surveys</p>						
<p>IV-B: Program completion rates demonstrate program effectiveness.</p>	<p>Review of Graduation Rates defined as per cent of students who enter program and complete curriculum without interruption.</p>	<p>Dean, Chair of PEC, in consultation with Admission Coordinator, & Admin Asst to the Dean</p> <p>Every two years. Or w/ CIPR, SS. 2016 2018 w/ CIPR 2020 2022</p>	<p>Completion rates will be 70% or higher for each degree program and APRN certificate program.</p> <p>At least 70% of: BSNs will graduate in 6 semesters from enrolling in first nursing course</p> <p>-ELM students will complete in 27 calendar months (9 academic terms)</p> <p>-MSN students will complete in 15 months (5 academic terms)</p> <p>-BSN to DNP students will complete in 4 calendar years</p> <p>-MSN to DNP students will complete in 3 calendar years</p>	<p>PEC Minutes (DATE) and SNO minutes (DATE) will include a report from PEC to SNO indicating analysis of completion rate and if below 70% will provide a written (Not Met requires PIP) explanation with documentation for the variance.</p>	<p>Met _____</p> <p>Not met _____</p> <p>-</p>		

<p>IV-C: Licensure pass rates demonstrate program effectiveness.</p>	<p>Review of NCLEX-RN pass rates defined as the number of graduates in a graduating cohort, the number of those students who take NCLEX, and the percent of the first time takers who achieve 80% or higher, and a review of pattern of passing over past 3 years.</p>	<p>RAP Committee in consultation with Dean and Dean Admin Assistant Annually in fall semester</p>	<p>NCLEX pass rates will be 80% or higher each year</p> <p>Data base for tracking NCLEX rates is continually maintained</p>	<p>The Rap Committee Minutes (DATE) and the SNO Minutes (DATE) will include a report from the RAP Committee and from the Faculty Lead of Graduate Program with analysis of NCLEX Pass Rate each year during fall semester for the previous year and three year pattern.</p>	<p>Met_____</p> <p>Not Met _____</p> <p>(Not Met requires PIP)</p>		
<p>IV-D: Certification pass rates demonstrate program effectiveness.</p>	<p>Review of Certification pass rates by identifying the number of graduates in a cohort, the number of graduates who take certification exams in that cohort, and the percent of takers who pass at 80% or higher and a review of the pattern of pass rates for the last 3 years.</p>	<p>Faculty Lead of Graduate Program in consultation with the Dean and Admin Assistant to Grad programs.</p>	<p>Data base for tracking Certification pass rates is continually maintained</p> <p>Certification pass rates will be 80% or higher each year.</p>	<p>The Rap Committee Minutes (DATE) and the SNO Minutes (DATE) will include a report from the RAP Committee and from the Faculty Lead of Graduate Program with analysis of Certification Pass Rate each year during fall semester for the previous year and three year pattern.</p>	<p>Met_____</p> <p>Not Met _____</p> <p>(Not Met requires PIP)</p>		

<p>IV-E: Employment rates demonstrate program effectiveness</p>	<p>Review of employment rates of all graduates at end of program to determine employment rate and report to SNO</p>	<p>EC and PEC Committee Every three years Fall 2018 w CIPR Fall 2021 2023 w/ SS</p>	<p>Employment rates for each BSN, ELMSN, MSN, and DNP degree program are 70% or higher within 12 months of program completion.</p>	<p>PEC Committee minutes (DATE) and SNO minutes will include report showing rate and analysis if needed.</p>	<p>Met ____ Not met ____ (Not Met requires PIP)</p>		
<p>IV-G: Aggregate faculty outcomes, demonstrate program effectiveness.</p> <p>Aggregate Faculty Outcomes in:</p> <ul style="list-style-type: none"> • Teaching • Service • Practice • Scholarship <p>-PLU Faculty Handbook</p>	<p>Review of PLU & SON documents that define aggregate expected Faculty Outcomes. Review degree to which aggregate faculty meet expected outcomes. Review processes of faculty evaluation.</p>	<p>RAD Committee in consultation with EC Committee Every three years Fall 2018 w/ CIPR Fall 2021 Fall 2023 w/ SS</p>	<p>-PLU & SON Criteria for faculty outcomes are congruent</p> <ul style="list-style-type: none"> - 75% of student evals will demonstrate agree/strongly agree on “teaching effectiveness”. 90% of continuing faculty over 0.5 FTE will submit an annual self assessment in annual Faculty Activity Reports & Self Assessment (FARSA) 90% of over 0.5FTE will demonstrate prof development by annual FARSA 80% of Tenure/TT will demonstrate scholarship by annual FARSA 90% of continuing over 0.5 FTE faculty will demonstrate participation in at least one SON committee/special project & one prof service commitment by annual FARSA 	<p>RAD Committee Minutes (DATE) and SNO minutes will include report/tables/analysis from RAD committee describing individual and aggregate faculty outcomes.</p>	<p>(Not Met requires PIP)</p>		

			75% of continuing over 0.5 FTE faculty will demonstrate engagement in practice relevant to their faculty role by annual FARSA				
IV-H: Aggregate faculty outcome data are analyzed and use, as appropriate, to foster program improvement	Needs development	Needs development	Needs development	Needs development			
IV-I: Program outcomes demonstrate program effectiveness in addition to completion, pass, and employment rates	<p>Review of additional processes in place to demonstrate student achievement of program outcomes.</p> <p>Examples: -Review of Key Assignment rubrics & alignment with Program Outcomes and review degree to which students meet program outcomes in the aggregate. - Review of Student Portfolio rubrics and process and alignment with program objectives for indication of degree to which students meet</p>	<p>EC and PEC Committee Every two years Spring 2016 Fall 2018 w/ CIPR Fall 2020 Fall 2022</p>	<p>90% of students will achieve a score of 80% or higher on each key assignment</p> <p>100% of students attain a rate or “accomplished” or “exemplary” on portfolio evaluation rubric</p>		-		

	<p>program outcomes in the aggregate.</p> <ul style="list-style-type: none"> -Random Review of scholarly paper/projects of graduate student for evidence of alignment with program outcomes and for evidence that reflects students meet outcomes in the aggregate. - Review of BSN, MSN, and DNP exit surveys, and alumni surveys, to evaluate metrics that reflect satisfaction -Review minutes of Community Advisory Council (CAC) for evidence of satisfaction with program 		<p>Exit Surveys show 75% of the graduating students indicate they are “Well Prepared” or “Extremely Well Prepared” for each SoN program outcome</p> <p>Alumni Surveys show 80% “satisfied” or “extremely satisfied” with their program:</p> <p>Minutes of CAC reflect evidence of satisfaction with program.</p>				
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<p>IV-J: Program outcome data are used, as appropriate, to foster ongoing program improvement.</p> <p>Faculty Engagement in Program Improvements is evident</p>	<p>Review of how the program uses findings of the evaluation of all program components is used for program improvement. Review SEP processes designated for subsequent year to determine how those “not met” were addressed and PIPs implemented. EX: Review of all components evaluated in previous two years and create a table of those not met, PIPs, and implementation of action plans to foster program improvement.</p> <p>Review of implementation of SEP to demonstrate broad based faculty engagement in evaluation processes</p>	<p>PEC Committee in consultation with EC Committee Every two years Spring 2016 Fall 2018 w/ CIPR Fall 2020 Fall 2022 or 2023 w SS</p>	<p>All program components that were evaluated as “not met” was submitted to Evaluation Day with PIP followed by action recommendation to SNO, -PEC & SNO minutes document implementation of PIP for relevant components</p> <p>-components that have had PIPs Implemented show improved outcomes in subsequent evaluation cycle.</p> <p>Examples of documented processes show adherence to appropriate faculty engagement via committee membership</p>	<p>SNO minutes (DATE) demonstrate program improvement initiatives implemented or in process as evidenced by report and analysis from PEC committee and provides evidence of faculty engagement</p>	<p>Met ____ Not Met ____ (Not Met requires PIP)</p>		
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3/8/2015 Ad Hoc PEC revisions
3/31/2015 Ad Hoc PEC revisions
4/13/2015 Ad Hoc PEC revisions
4/27/2015 Ad Hoc PEC revisions
5/12/2015 Ad Hoc PEC revisions

5/27/2015 SNO Meeting, Reviewed & Accepted

1/6/2016 Updates added, sks

6/14/2016 Updates/revisions, mm/sks

10/19/2018 Revised to become SEP II, cs & dz

4/27/2020 Updated to integrate 2018 CCNE standard revisions,dlz

4/29/2020 Approved/Accepted by SNO