STUDENT LEARNING ASSESSMENT REPORT, 2018-2019

PROGRAM: Nursing (B.S.N.)
SUBMITTED BY: Eileen Sarsfield, PhD, RN, APHN-BC
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Executive Summary: Description of Assessment Process

List *all* of the program's learning outcomes, as of the assessment year's catalog: *(regardless of whether or not they are being assessed this year)*

Learning Outcome (approved/revised 12/2017)	Year of Last Assessment	Assessed This Year *(Y=Yes)*	Year of Next Planned Assessment
1. Demonstrate respect for the inherent worth and uniqueness of individuals and populations by integrating ethical reasoning, social justice, and a global perspective in the provision of nursing care.	2017-2018		2020-2021
2. Employ the nursing process using clinical reasoning to deliver compassionate, safe, culturally relevant and patient/family-centered care.	2017-2018		2020-2021
3. Synthesize knowledge from the humanities and sciences into professional nursing practice, scholarship, and service to others.			2019-2020
4. Appraise research findings to engage in evidence based practice that promotes optimal health outcomes.		Y 2018- 2019	2021-2022
5. Utilize effective inter- and intra-professional communication and collaboration to optimize health outcomes.			2019-2020
6. Demonstrate professional leadership by advocating for a culture of patient safety and systems thinking.		Y 2018-2019	2021-2022
7. Incorporate principles of population health, health promotion, and disease prevention in partnership with diverse communities to promote health equity.	2017-2018		2020-2021
8. Utilize informatics and patient care technologies to promote health across the life course.			2019-2020
9. Commit to intellectual curiosity and life-long learning.		Y 2018-2019	2021-2022

Provide a <u>brief</u> description of the assessment process used including how results are shared and discussed and strengths, challenges, and planned improvements to the <u>process</u>, providing evidence of a culture of continuous improvement based on assessment. If there is something that is impeding your ability to implement improvements, please comment on those issues *(generally not more than two paragraphs, may use bullet points)***:**

 The Department of Nursing is required to comply with stringent accreditation requirements as well as licensure standards for all its nursing programs. The programs are reviewed on site every 10 years by the accrediting body which is the Collegiate Commission on Nursing Education (CCNE). Additionally, CCNE requires the submission of a Continuous Improvement Progress Report (CIPR) at the 5 year mid-way time period. The CIPR was submitted April 30, 2019 to CCNE. This report included an extensive systematic evaluation plan which described the department's continuous quality improvement plan. Attached is the table that was submitted as part of the CIPR (Appendix A). This demonstrates a culture of continuous improvement as well as the frequency of assessments and the responsible party. Additionally, the BSN, MSN, and post- master's APRN

certificate programs underwent a 5-year external review in the spring 2018. The DNP program had a 5-year review in the spring of 2016. Curricular updates reflected recommendations of the external reviewer, the faculty and the University at large which assures congruency between the curriculum and mission. Curricular updates reflected recommendations   of the external reviewer, the faculty and the University at large which assures congruency between the curriculum and mission. The results of the assessments are shared with faculty at the end of every semester and annually at the department systematic review which is conducted at the end of each academic year. The strengths are that the department has a systematic plan that complies with the University, CCNE and state regulations and standards. A challenge is that we recently revised the BSN program outcomes, thus each of the outcomes beginning in 2017-2018, are being measured for the initial time.

Closing the Loop: Progress on Planned Improvements from Prior Year

Describe how the program implemented its planned improvements from last year:

Outcome	Planned Improvement	Update (Indicate when, where, and how planned improvement was completed. If planned improvement was not completed, please provide explanation.)
Communicate, collaborate, and negotiate as a member of an interdisciplinary health care team. See # 5 new PO	Planned improvements for this year based on the assessment of this outcome are at the programmatic and course level. The Director of Simulation and Lab, working with course faculty, will develop patient cases in the electronic medical record system that can be implemented related to how students learn these concepts. The Director of Simulation and Lab noted that we are piloting this in NU 332 this semester as it is topical with the hurricane Harvey and historical with Katrina. Faculty are measuring students' satisfaction and if it improves their confidence. Working with the Director of Simulation and Lab, faculty will develop simulation scenarios related to methods of communication, collaboration and negotiation. Using a standardized assessment tool, faculty and lab staff will collect data related to this SLO during the simulation experience. These data have the potential to provide robust information about student performance related to this SLO.	• Over 100 patient cases were created for the newly developed MU electronic medical record system. These cases are used across the curriculum in NU307, NU308, NU406, NU 333 and NU 335. These case studies incorporate the concepts of communication and collaboration. These courses also include simulation scenarios that students participate in. A standardized tool is used to assess if the students feel more confident in their communication skills after simulation • Several critical care simulations were developed for NU 406 labs which are also evaluated using the standardized tool. • The new course NU 407 is being offered the first time fall 2019. This class uses scenarios and case studies as its primary pedagogical method. The ATI products which we just incorporated into the BSN program last year have interactive case study videos, which are being used in NU 407. on a wide range of topics related to medical surgical nursing. Some of these videos incorporate the concepts of communication, collaboration and negotiation among health care team members. Data from the student responses will be aggregated at the end of the semester to guide the further development of this course.

Outcome	Planned Improvement	Update *(Indicate when, where, and how planned improvement was completed. If planned improvement was not completed, please provide explanation.)*
		• In March 2018 the MSHP hosted the Malek lecture which is an annual event. The March 2018 lecture included an interprofessional education (IPE) simulation. The simulation was evaluated by students using the ICCAS Interprofessional Collaborative Competencies Attainment Survey. This survey is attached in the appendix (Appendix B). The results were very positive. • Faculty introduce SBAR communication, which is a method designed to enhance communication between disciplines, in NU 302, the health assessment course. Students use SBAR communication in all simulation and in NU 406 final check-offs. Students are graded on whether or not they achieve this competency during the final check-off.
Demonstrate the application of psychomotor skills for efficient, safe, and effective patient care. **Revised – new PO #2**	A planned improvement for this year based on the assessment of this SLO is at the programmatic level and is linked to the Virginia Board of Nursing (VBON) requirement that all students maintain a skills checklist that is used and updated throughout their enrollment in the nursing program. Faculty will assess the content of the skills check list, the process of student use and develop a standardized process that will ensure compliance with the VBON requirement. The checklist may be revised depending on the outcome of the assessment. This information will then be communicated to all faculty, adjunct clinical instructors and students to ensure that the program is compliant with the regulation and that students psychomotor skills are being assessed and documented as they progress through the nursing program.	After discussion with faculty, students and the clinical instructors, the department developed a fillable PDF form for the clinical skills checklist. This enables clinical instructors and students to have the form readily available and updated. A policy was developed on its use and continued completion which was widely disseminated among students, faculty and clinical faculty.

Provide a response to last year's University Assessment Committee review of the program's learning assessment report:

Comment: The section on Outcomes noted that outcome, **Communicate, collaborate, and negotiate as a member of an interdisciplinary health care team,** needed further refinement.

Response: The response to the 5 year review was provided in Component 7 of the Action Plan and submitted as a separate document. The most recent program learning assessment report was 2016-2017 and the University Assessment Committee noted that of the six sections five were graded as exemplary. The section on Outcomes noted that outcome #1 needed further refinement and that is addressed in this year's progress on planned improvements (see above) from the previous year.
 There were no recommendations for the next year's assessment process other than to keep up the good work.

Outcomes Assessment 2018-2019

Learning Outcome 1: Appraise research findings to engage in evidence-based practice that promotes optimal health outcomes

Outcome Measures *Explain how student learning will be measured and indicate whether it is direct or indirect.*	Performance Standard *Define the acceptable level of student performance.*	Data Collection *Discuss the process for collecting this data: who conducted the assessment, when, and how?*	Result *Did you meet your target? What was the result?*
NU 403 *Research and Evidence Based Practice* Assignment to gather, appraise and synthesize articles from peer reviewed literature using a table format. Direct	Direct: NU 403 100% of students earn a minimum of 80% on the evidence table assignment. A copy of the table and the grading rubric are attached in the appendix. (Appendix C and D)	This course is only taught during the fall semester. The final grades on the evidence table are assigned, analyzed, collected and aggregated by the faculty teaching the course. Course faculty conducted the assessment using the final grades on this assignment as the metric.	**FA 18:** **MET** n = 68 68 of 68 (100%) of students met or exceeded the performance standard
NU 400 *Health Promotion and Risk Reduction in Communities* Community Assessment Project: Community Stakeholders presentation: Simulated Community Stakeholders presentation of a population-focused, evidence-based intervention to address a public health concern identified during the community assessment process Direct	NU 400 100% of student will achieve 85% or higher on the simulated community stakeholders roundtable presentation. A copy of the rubric is attached in the appendix. (Appendix E)	This course is taught in the final semester of the program. Faculty grade the group presentation using the attached rubric. Course faculty conducted the assessment at the end of each semester which is when this assignment is due. The final grades for the presentation were assigned, analyzed, collected, and aggregated by the faculty teaching the course.	**FA 2018:** **MET** n= 70 of 70 (100%) of students met or exceeded this performance standard **SP 2019:** **MET** n= 34 of 34 (100%) of students met or exceeded this performance standard

Interpretation of Results

Analysis and Implications: *What does this result tell you about the extent to which your students achieved this outcome? What are the strengths and weaknesses that this result highlights, and what are the implications for your curriculum or your program?*

The SLO "*Appraise research findings to engage in evidence-based practice that promotes optimal health outcomes*" is foundational to expected competences and the practice of the BSN prepared graduate and is required for successful completion of the program. This SLO was revised this past year to be more consistent with the *Essentials of Baccalaureate Education* (AACN, 2008) as well as to provide more opportunities for measurement across the curriculum. A program strength is that faculty have redesigned both these courses during the last two to three years to include more interactive pedagogy and a variety of teaching strategies that provides numerous opportunities for students to critically appraise research linked to improving patient and community health outcomes. The implications for the program are to next evaluate this SLO in 2021-2022 using different outcomes measures as these were all met.

Discuss planned curricular or program improvements <u>for this year based on assessment of outcome:</u>
Course faculty are planning a research project based on the aggregate students outcomes in NU 403 to better evaluate the impact of the interactive teaching –learning strategies that have been implemented in this course. Findings from this research will continue to inform continued improvement in the courses and curriculum.

Learning Outcome 2: Demonstrate professional leadership by advocating for a culture of patient safety

Outcome Measures *Explain how student learning will be measured and indicate whether it is direct or indirect.*	Performance Standard *Define the acceptable level of student performance.*	Data Collection *Discuss the process for collecting this data: who conducted the assessment, when, and how?*	Result *Did you meet your target? What was the result?*
NU 230 Introduction to Professional Nursing and Scholarship Direct Assignment to write a scholarly paper examining one of the National Patient Safety Goals (NPSG)	80% of students will achieve a minimum of 85% on the National Patient Safety Goals (NPSG) scholarly paper. The grading rubric for the paper is attached (Appendix F).	This course is taught in the first semester of the program. Faculty grade the paper using the attached rubric. Course faculty conducted the assessment at the end of each semester which is when this assignment is due. The final grades for the presentation were assigned, analyzed, collected, and aggregated by the faculty teaching the course.	**FA 2018** **NOT MET** n=55 63% (not 80% which was the performance standard) of students met the performance standard of a minimum of 85% on the paper **SP 2019** **MET** n=30 93% of students met the performance standard
NU 412 Introduction to Leadership, Management and Advocacy in Nursing Indirect HESI Management Specialty Exam	The cohort mean for the HESI Management Exam under AACN category of "Leadership for Quality Care and Patient Safety" will be 850 or greater.	This course is taught the last semester of the program. This proctored, standardized exam is given in class towards the end of the semester. Faculty have access to the student's scores and aggregated the mean.	**FA 2018:** **MET** n = 69. Mean score 880. **SP 2019:** **NOT MET** n=68 (34 traditional students and 34 accelerated students) Mean score 837

<u>Interpretation of Results</u>
Analysis and Implications: *What does this result tell you about the extent to which your students achieved this outcome? What are the strengths and weaknesses that this result highlights, and what are the implications for your curriculum or your program?*

The performance standard measured in NU 230 that 80% of students will achieve a minimum of 85% on the National Patient Safety Goals (NPSG) scholarly paper was met in spring 2019. However, it was not met in fall 2018. Faculty reported that many students in the fall did not address the rubric criteria. Specifically, they did not: explain why safety goal is relevant to nursing practice (-5); explain how evidence based nursing knowledge influences nursing practice and patient (-15); or explain the impact of information upon personal future nursing practice (-5). The rubric was discussed in class with directions to closely follow it. Examples of assigned articles were used during class to illustrate how the NU 230 rubric serves as a framework for scholarly writing (e.g. significance & statistics, relevance, purpose of the paper, how intervention promotes/enhances high quality nursing practice and patient outcomes and insights/conclusion). A program strength is that faculty used a variety of methods to describe the assignment requirement. Programmatically, there is an opportunity for faculty to provide increased guidance in writing scholarly papers during the first semester of the nursing program. The NU 412 HESI leadership specialty exam performance standards while met in the fall, were not met in spring 2019. Historically, the traditional students have scored lower in all the HESI specialty exams as compared to students enrolled in the accelerated BSN program. The mean on the leadership exam, which did not meet the performance standard of 850, was influenced by the lower mean of the traditional students.

Discuss planned curricular or program improvements <u>for this year based on assessment of outcome:</u>
In order to improve the student's achievement of the program outcomes and in the classroom, faculty suggested that the students submit an outline and the introduction part of the paper prior to the final submission to ensure that all criteria are addressed. This will be implemented in the NU 230 classes with the aim of supporting the students in their first scholarly paper assignment. The NU 412 course has been revised and is now NU 430 (Leadership in Nursing Practice). Additionally, faculty voted in 2017 to begin using the ATI rather than the HESI product line. The ATI product line provides incremental remediation activities that will be very helpful for all students, especially those enrolled in the traditional program. Faculty will track the results of the ATI leadership specialty exams in future semesters as it is being used for the first time in Fall 2019 for accelerated students. The former curriculum will be finished for the traditional cohorts in spring 2020. After that time traditional students will begin using the ATI products for the leadership course.

Learning Outcome 3:   Commit to intellectual curiosity and life-long learning.

Outcome Measures *Explain how student learning will be measured and indicate whether it is direct or indirect.*	Performance Standard *Define the acceptable level of student performance.*	Data Collection *Discuss the process for collecting this data: who conducted the assessment, when, and how?*	Result *Did you meet your target? What was the result?*
NU 425 Nursing Capstone Direct	80% of students will achieve 20/20 points on essay question on Part 2 of final exam. The essay question was: Lifelong learning is a hallmark of a professional nurse. Imagine that you've just finished your 2nd year as a registered nurse. As you know, the board of nursing requires that you continue to demonstrate your competence in order to renew your license. Describe how you will meet the board requirement and discuss	This course is offered in the last semester of the program. Course faculty grade the essay and aggregate the results.	**FA 2018:** **MET** n= 46 100% of students met the performance standard **SP19:** **MET** n=66 100% of students met the performance standard

Outcome Measures *Explain how student learning will be measured and indicate whether it is direct or indirect.*	Performance Standard *Define the acceptable level of student performance.*	Data Collection *Discuss the process for collecting this data: who conducted the assessment, when, and how?*	Result *Did you meet your target? What was the result?*
	what potential risks to patient care when competency is not maintained.		
NU 425 Nursing Capstone Indirect: BSN Exit Survey	90% of students will rate themselves as competent or higher on the statement "Commit to intellectual curiosity and lifelong learning".	This survey is given to all students in the last week of class during class time in NU 425. This course is taught in the last semester of the program. Faculty obtain the survey link from PIE and provide the link to students. The link directs them to an electronic survey. The survey is anonymous. PIE provides the department with aggregated data.	**FA 2018** **MET** n=52 98.08 % rated themselves as moderately competent or higher on this program outcome. **SP 2019** **MET** n=58 100% rated themselves as moderately competent or higher on this program outcome

Interpretation of Results

Analysis and Implications: *What does this result tell you about the extent to which your students achieved this outcome? What are the strengths and weaknesses that this result highlights, and what are the implications for your curriculum or your program?*

 Both of these performance standards were met. A strength of the program and curriculum is that the concepts of committing to intellectual curiosity and lifelong learning is threaded throughout the nursing program beginning in NU 230 *Introduction to Professional Nursing and Scholarship.* During NU 230, the characteristics of a profession including the responsibly of committing to lifelong learning are introduced and discussed. These concepts are reinforced each semester in the specialty courses and during the last semester in the capstone course.   The capstone course was revised during the curricular revision process and is now part of NU 489, the internship course. The emphasis on lifelong learning is embedded in the new course. The results of the BSN Exit survey are consistent with the findings from the essay question on the NU425 final exam.

Discuss planned curricular or program improvements <u>for this year based on assessment of outcome:</u>
It will be essential as faculty move ahead with evaluating the new curriculum, that this program and learning outcome be measured again in 2021-2022. Faculty will also monitor the responses to this program outcome on the semi-annual BSN Exit Survey to assure this SLO continues to be met.

Appendices *(please only include items that will help reviewers understand your process – for example, test questions, rubrics, survey questions, more detailed description of assessment measures, summary tables of survey results, etc.)*

Appendix A   Systematic Evaluation Plan submitted as part of the CIPR
Appendix B   Interprofessional Collaborative Competencies Attainment Survey

Standard I, Program Quality: Mission and Governance

Key Elements & Criteria	Responsible Person/Committee	Evaluation /Assessment Methods	Expected Benchmark/Outcome	Timeframe	Dissemination/Actions Reported	Date of Last Revision/Measurement
I-A. The mission, goals, and expected program outcomes are: • Congruent with those of the parent institution • Reviewed periodically and revised as appropriate	Dean, Chairs, Faculty, Department Committees, Student reps.	Review the University's mission, values, strategic plan and goals and compare to Dept. of Nursing mission, vision, values, and program outcomes. Documents reviewed include: ▪*Marymount Univ. Undergraduate Catalog* ▪*Marymount University Graduate Catalog* ▪ Marymount University Website *Marymount University Student Handbook* ▪ *NU Dept. Student Handbooks*	100% congruence with parent institution	Annual-May	Program chairs assure revisions of mission, goals and expected program outcomes are implemented as needed	Reviewed and reaffirmed May 2019
I-B. The mission, goals, and expected program outcomes are consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.	Dean, Chairs, Faculty, Community of Interest	Review professional nursing guiding documents to assure NU Dept.'s documents are consistent. ▪ Virginia BON regulations ▪*AACN Essentials of Baccalaureate Nursing Education* ▪ *AACN Essentials of Master's Education* *AACN Essentials of Doctoral Education for Advanced Nursing Practice* ▪ *Criteria for Evaluation of NP Programs* ▪ *ANA Standards of Practice* ▪ *ANA Code of Ethics* ▪ *ANA Social Policy Statement* ▪ CCNE Accreditation standards and criteria ▪ *ANA documents*	100% congruence with professional standards and guidelines	Annual- May	Program chairs assure revisions of mission, goals and expected program outcomes are implemented as needed	Reviewed and reaffirmed May 2019
I-C. The mission, goals, and expected program outcomes reflect the needs and expectations of the community of interest.	Dean, Chairs, Faculty, Community of interest	Discussion and review ▪ Graduate surveys ▪ Employer surveys ▪ Student Course Evaluations ▪ Faculty Course Evaluations ▪ Clinical Agency Feedback . Respond to "communities of interest" needs and expectations (Community Partnership meetings, students, alumni, agencies, certification bodies, governmental bodies, employers).	Congruence with needs and expectations of community of interest	Annual- May	Program chairs assure that needs and expectations of the community of interest are considered in program revisions	Reviewed and reaffirmed Fall 2018 and Spring 2019
I-D. The nursing unit's expectations for faculty are written and communicated to the faculty and are congruent with institutional expectations.	Dean, Chairs, Faculty	The expectations for faculty are in the University Faculty Handbook. Review University Faculty Handbook and summative evaluations	100% of the faculty expectations are written, available and communicated to faculty	Bi- annually May (odd years)	Dean and Program Chairs communicate faculty expectations in School and in Department meetings. Dean confirms	Reviewed and reaffirmed May 2019

Standard I, Program Quality: Mission and Governance

Key Elements & Criteria	Responsible Person/Committee	Evaluation/Assessment	Methods Expected	Outcome	Dissemination/Actions	Last Revision/Measurement
					summative evaluation.	
I-E. Faculty and students participate in program governance.	Dean, Chairs, Faculty, Dept. Committees, Students	Review Dept. Nursing Committee charges and minutes of the committee meetings, *Faculty Handbook, Student Handbooks*	100% of faculty participate in program governance, Student representation sought per the committee guidelines	Annual- May	Dean and Chairs assign faculty to committees; Chairs and Committee Chairs solicit student volunteers for committee participation.	May 2019
I-F. 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: • Fair and equitable • Published and accessible; and • Reviewed and revised as necessary to foster program improvement	Dean, Chairs, Faculty, Dept. Committees	Review policies in College Catalogs, The University Student Handbook, Dept. of Nursing Student Handbooks, MU's website, marketing and promotional materials. Collaborate with Enrollment Management and Director of Admissions.	100% congruence between the academic policies of MU and the nursing program. They support achievement of the mission, goals and expected program outcomes. The program publishes progression and admission criteria which is accessible and specific to the programs.	Annual- May and as needed	Review and revision as needed of policies in University Catalogs, the University Student Handbook, the BSN and Graduate Student Handbooks, University website , progression and retention policies and in course syllabi	Ongoing and May 2019
I-G. The program defines and reviews formal complaints according to established policies.	Dean, Chairs, Faculty	Review student handbook undergraduate and graduate. Review University Catalogs	Policy and procedures for complaints are followed	Ongoing and annual -May	Revisions to the policy is communicated as needed to the students, community of interest and faculty	May 2019
I-H. Documents and publications are accurate. A process is used to notify constituents about changes in documents and publications.	Dean, Chairs, Faculty, Admissions Office	Coordinate revisions with appropriate University offices including the registrar and Undergraduate and Graduate Admissions Office	100% of University, School and Department documents and publications including electronic media are accurate; constituents are notified about changes to the publications.	Ongoing and annual- January	Review of Student Handbooks, Catalogs, recruitment and admission policies/publications, program websites, syllabi, tuition and fees	January 2019

Standard II
Program Quality: Institutional Commitment and Resources

Key Elements & Criteria	Person/Committee Responsible	Evaluation Methods	Expected Benchmark/Outcome	Timeframe	Dissemination/Actions Reported	Date of Last Revision/Measurement
II-A. Fiscal resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of resources is reviewed periodically, and resources are modified as needed.	Dean, Chairs, Director of LAB faculty with student comments/input	Participate in Department of Nursing budget request process. Submit comprehensive budget request for MU Dept. of Nursing Compare annual budget request with budget allocation. Implement budget modifications or appeals as needed Review and inventory space, equipment, technology needs to support departmental functions and goals. Identify areas of need.	Fiscal resources are sufficient	Annual and as needed in accordance with University budget process.	Dean reports to school and Dept. Budget released in University Annual Report	January 2019
II-B. 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.	Dean, Chairs, Director of Lab, Faculty, IT with student comments/input	Input from student surveys and review of data about clinical sites. Faculty input on the University survey	Physical spaces and clinical sites are sufficient	Annual-May and ongoing	Chairs report and faculty review ongoing semester to semester review of evaluation data	May 2019
II-C. Academic support services are sufficient to meet program and students needs and are evaluated on a regular basis.	Dean, Chairs, faculty, students, CTL, IT, Support Services, Writing Center	Review and assess library holdings for currency, congruence with curricula and departmental needs, and range of resources, (books, journals, video, etc...) E Learning, LRC, CTE, IT, Writing Specialist; End of program, student survey and advising services	Academic support services are sufficient and renewed annually	Annual-May	University Exit survey data reviewed at school and department meeting and forwarded to dean and provost as appropriate	May 2019
II-D. The chief nurse administrator of the nursing unit: • Is a registered nurse (RN); • 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.	Dean, faculty	Review criteria of Dean position description with CV of current Dean. Review performance Evaluation of Dean by Faculty	The Dean is qualified by the VBON and CCNE and vested with the authority to accomplish the mission, goals and expected program outcomes.	Annual-May	Performance evaluation, RN license, CV; faculty evaluation to provost	April 2019

Standard II
Program Quality: Institutional Commitment and Resources

Key Elements & Criteria	Responsible Person/Committee	Evaluation/Assessment	Methods Expected	Outcome	Dissemination/Actions	Last Revision/Measurement
II-E. Faculty are: • Sufficient in number to accomplish the mission, goals, and expected program outcomes; • Academically prepared for the areas in which they teach; and • Experientially prepared for the areas in which they teach	Dean, Chairs, Committee on Rank and Tenure, Faculty Council	Disseminates Promotion and Tenure, policy and responsibilities via Marymount University Faculty Handbook and Office of Academic Affairs, Communications. . Review By-Laws and criteria for tenure and promotion, evaluation Review faculty productivity in areas if teaching, service, and scholarship ▪ Course Evaluations ▪ Publications, presentations, etc. ▪ Committee membership ▪ Professional Activities ▪ Other	Faculty are sufficient in number and 100% are academically and experientially prepared	Ongoing	Faculty needs communicated to the Provost	May 2019
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.	Dean, Chairs, Course Manager, Internship Coordinator, Clinical Coordinator, Faculty	Review preceptor C.V. and recommendations. Review Program Preceptor Data Form	100% of preceptors are academically and experientially prepared	Ongoing	Chairs, Course Managers and Clinical Coordinators evaluate preceptors and recruit as needed	Ongoing
II-G. 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.	Provost, Dean, Faculty Council, Faculty	Review Faculty Handbook Review Rank and Tenure guidelines. Review Faculty Development Committee guidelines Faculty survey	The University and Program provides adequate support that encourages faculty teaching, scholarship and service	Ongoing	Dean advocates to the University for resources needed to support faculty scholarship, teaching, and service	May 2019

Key Elements & Criteria	Responsible Person/Committee	Evaluation Methods	Expected Benchmark/Outcome	Timeframe	Dissemination/Actions Reported	Date of Last Revision/Measurement
III-A. The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that: • 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.	Dean, Chairs, Faculty, Nursing Committees	Review Dept. of NU vision, mission, goals, program outcomes, course syllabi, student learning outcomes (papers, clinical evaluations, etc.). Dept. and Curriculum Committee minutes, meeting reports of clinical/community partner meetings. course evaluations and CCNE Essentials documents and professional documents listed in I-B and University documents listed in IA	100% of the expected student outcomes are congruent with the program's mission and goals and with the roles for which the program is preparing its graduates; needs of the program-identified community of interest are considered	Every year in May at Systematic Evaluation	Reports in Department meetings, course sessions as approved by department, school, and in accordance with the University Provost.	May 2019
III-B. Baccalaureate 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). Baccalaureate program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (ACCN, 2008).	Dean, Chairs, Faculty, Curriculum Committee	Review undergraduate programs, course syllabi and learning outcomes and compare with Essentials and other professional nursing standards and documents for consistency and congruence. Review Curriculum and Assessment Committee minutes.	100% of the curriculum is congruent with professional nursing standards and guidelines and is evident within the curriculum and the expected student outcomes.	Annual-May and as needed	Reports in Department meetings, course revisions as approved by department, school, and in accordance with the University Provost.	May 2019
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). Master's program curricula incorporate professional standards and guidelines as appropriate. All master's degree programs incorporate *The Essentials of Master's Education* (AACN, 2011) and additional relevant professional standards and guidelines as identified by the program. All master's degree programs that	Dean, Chairs, Faculty, Curriculum Committee	Review Masters programs, course syllabi and learning outcomes and compare with Essentials and other professional nursing standards and documents such as NOPF criteria for consistency and congruence. .	100% of the curriculum is congruent with professional nursing standards and guidelines and is evident within the curriculum and the expected student outcomes.	Annual-May and as needed	Reports in Department meetings, course revisions as approved by department, school, and in accordance with the University Provost.	May 2019

prepare nurse practitioners incorporate *Criteria for Evaluation*						

Key Elements & Criteria	Responsible Person/Committee	Evaluation/Assessment	Methods Expected	Outcome	Dissemination/Actions	Last Revision/Measurement
Graduate-entry program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (ACCN, 2008) and appropriate graduate program standards and guidelines.						
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). DNP program curricula incorporate *The Essentials of Doctoral Education for Advanced Nursing Practice* (ACCN, 2006) and additional relevant professional standards and guidelines if identified by the program. All DNP programs incorporate *The Essentials of Doctoral Education for Advanced Nursing Practice* (ACCN, 2006) and additional relevant professional standards and guidelines if identified by the program. All DNP programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016). Graduate-entry program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and appropriate graduate program standards and guidelines.	Dean, Chairs, Faculty, Curriculum Committee	Review the DNP course syllabi for Essentials and congruence with specialty guidelines. Review Curriculum Committee minutes.	100% of the curriculum is congruent with professional nursing standards and guidelines and is evident within the curriculum and the expected student outcomes.	Annual-May and as needed	Reports in Department meetings, course revisions as approved by department, school, and in accordance with the University Provost.	May 2019
III-E. Post-graduate APRN certificate program curricula are developed, implemented, and	Dean, Chairs, Faculty, Curriculum Committee	Review the post-graduate APRN course syllabi for Essentials and congruence with specialty	100% of the curriculum is congruent with professional nursing	Annual-May and as needed	Reports in Department meetings, course revisions as approved by	May 2019

Key Elements & Criteria	Responsible Person/Committee	Evaluation/Assessment	Methods Expected	Outcome	Dissemination/Actions	Last Revision/Measurement
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 *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016).		guidelines. Review Curriculum Committee minutes.	standards and guidelines		department, school, and in accordance with the University Provost.	
III-F. The curriculum is logically structured to achieve expected student outcomes. • Baccalaureate curricula build on a foundation of the arts, sciences, and humanities. • Master's curricula build on a foundation comparable to baccalaureate-level nursing knowledge. • DNP curricula build on a baccalaureate and/or master's foundation, depending on the level of entry of the student. • Post-graduate APRN certificate programs build on graduate-level nursing competencies and knowledge base.	Dean, Chairs, Faculty Curriculum and Assessment Committees	Assess placement of nursing courses and non- nursing courses in nursing programs of study for progressive learning experiences in classroom and clinical settings. Review general education, core, and non- nursing required course requirements for sequence and appropriate content. Review student feedback and employer data. Review non-nursing Science and Liberal Arts required core courses. Review student feedback and employer data.	100% of curricula are logically structured to achieve expected student outcomes.	Annual-May	Chairs review of aggregate student data including exit survey and End of Program survey and student feedback suggesting a need for revisions	May 2019
III-G. Teaching-learning practices: • 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.	Dean, Chairs, Faculty Curriculum and Assessment Committees	Assess syllabi for relevance of evaluation methods Review Classrooms, Labs, Clinicals Assess teaching-learning tools used for students: papers, projects, journals, teaching methods, etc. Review results of teacher/course evaluations, Assessment and Curriculum Committee minutes. Peer review	Teaching-learning practices support achievement of expected student outcomes	Annual and ongoing	Dean, Chairs, Faculty, and Committee Chairs advocate for and refer students for resources as appropriate	May 2019
III-H. The curriculum includes planned clinical practice experiences that:	Dean, Chairs, Course Managers, Faculty, Assessment	Faculty make classroom, lab/simulation and clinical site visits; Data from student site and	Clinical practice experiences enable students to integrate	Each semester	Dean, Chairs, Course Managers recommend changes in clinical site and	May 2019

Standard III
Program Quality: Curriculum and Teaching- Learning Practices

Key Elements & Criteria	Responsible Person/Committee	Evaluation/Assessment	Methods Expected	Outcome	Dissemination/Actions	Last Revision/Measurement
• Enable students to integrate new knowledge and demonstrate attainment of program outcomes; • Foster interprofessional collaborative practice; and • Are evaluated by faculty.	Committee	simulation evaluations are analyzed for appropriateness of learning opportunities and attainment of program outcomes.	new knowledge, demonstrate attainment of program outcomes; foster interprofessional collaborative practice as evaluated by faculty		new clinical sites based on data	
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.	Dean, Chairs, Course Managers, Faculty, Curriculum and Assessment Committees	Assess stakeholders needs/expectations; Review of course syllabi, rubrics, faculty evaluations, student and clinical evaluation, student clinical concern forms, lab remediation forms, ATI results.	100% of faculty evaluate student performance and uniformly apply evaluation policies	Each semester	Dean, Chairs, Faculty recommend changes based on data and student feedback	May 2019
III-J. The curriculum and teaching-learning practices are evaluated at regularly scheduled intervals, and evaluation data are used to foster ongoing improvement.	Dean, Chairs, Curriculum and Assessment Committees, Faculty	Course evaluations, minutes of department, Assessment and Curriculum Committees minutes, syllabi audit	Curriculum and teaching-learning practices evaluated regularly and data used to foster improvement	Annual-May	Dean, Chairs, Faculty, committees recommend changes based on aggregate data	May 2019

Key Elements & Criteria	Responsible Person/Committee	Evaluation Methods/Measures	Expected Benchmark/Outcome	Timeframe	Dissemination/Actions Reported	Date of Last Revision/Measurement
IV-A. A systematic process is used to determine program effectiveness.	Dean, Chairs, Faculty Assessment Committee	A review of the Systematic Evaluation Plan	100% of the Systematic Evaluation Plan is reviewed to determine program effectiveness.	Annual at the Systematic review department meeting every May	Dean, Chairs, and faculty recommend changes as needed	Review and reaffirm May 2019
IV-B. Program completion rates demonstrate program effectiveness.	Dean, Chairs, Faculty Assessment Committee	Review of Completion data	Completion rates for the traditional program is 70% or higher and for the accelerated program 80% or higher; completion rates for the MSN program is X%. The benchmark for the DNP graduation rate is 80% of all post Master's DNP students will complete the program in five years. Since the BSN to DNP students achieve the Masters' degree, the benchmark is the same for this program.	Annual and ongoing	Deans, Chairs, Assistant Dean, Assessment committee, and faculty review potential barriers to student completion. Form action plan addressing barriers identified.	May 2019
IV-C. Licensure pass rates demonstrate program effectiveness.	Dean, Chairs, Faculty Assessment Committee	Review of NCLEX-RN first time pass rates from NCSBN	First time NCLEX-RN pass rates are 80% or higher per calendar year	Bi-annually– January and July	Deans, Chairs, Assessment committee, Academic Success Coordinator, and faculty review potential barriers to student pass rates. Form action plan addressing barriers identified aimed to meet identified benchmark.	January 2019
IV-D. Certification pass rates demonstrate program effectiveness.	Dean, Chairs, Faculty, Assessment Committee	Review of Certification rate reports from the certifying bodies	Certification rates first time are 90% or higher per calendar year	Annual	Dean, Chairs, faculty, and committee members review and recommend methods to improve pass rates if appropriate.	May 2019
IV-E. Employee rates demonstrate program effectiveness.	Dean, Chairs, Faculty Assessment Committee, Office of Planning and Institutional Effectiveness (PIE)	Review of Program, Alumni surveys and end of Program surveys	80% of graduates will be employed within first 12 months of graduation	Alumni survey – annually End of Program – twice annually	Dean, Chairs, and Assessment Committee review and discuss ways to improve if appropriate	May 2019

IV-F. Data regarding completion, licensure, certification, and employment rates are used, as appropriate, to foster ongoing program improvement.	Dean, Chairs, Faculty Assessment Committee, Office of Planning and Institutional Effectiveness (PIE)	Completion rates, licensure reports, certification reports, and data from PIE	Completion, licensure, certification and employment rates meet benchmarks	Annual	If appropriate, Dean, Chairs, faculty, and committees collaborate to use data to foster program improvement	May 2019
IV-G. Aggregate faculty outcomes demonstrate program effectiveness.	Dean, Chairs, Faculty, PIE	Course evaluations, summative evaluations	The benchmarks for accomplishment in teaching, scholarly/professional work, service, and advising is a minimum of 3.0 out of 5.0 on the dean's evaluation.	Annual-May	Dean, Chairs, and faculty collaborate to improve outcomes if the benchmarks are not met	May 2019
IV-H. Aggregate faculty outcome data are analyzed and used, as appropriate, to foster ongoing program improvement.	Dean, Chairs, Faculty, PIE	Summative data from PIE (means) on course evaluations are analyzed to foster program improvement	The benchmarks for accomplishment in teaching, scholarly/professional work, service, and advising is a minimum of 3.0 out of 5.0 on the dean's evaluation.	Annual-May	Dean and Chairs advocate and provide support for teaching, scholarship, and service as needed	May 2019
IV-I. Program outcomes demonstrate program effectiveness.	Dean, Chairs, Faculty, Curriculum & Assessment Committees	Review of undergraduate, MSN, and DNP surveys at the end of the program, graduate survey, alumni survey, student learning outcomes (SLOs)	80% of the graduates meet "competency" in the program outcomes listed in the End of the Program surveys. Annual University Assessment Reports (BSN, MSN, DNP) demonstrates aggregate achievement by students of program outcomes,	Each semester	Dean, Chairs, faculty, and committees recommend program revisions based on data if benchmarks are not met	May 2019
IV-J. Program outcome data are used, as appropriate, to foster ongoing program improvement.	Dean, Chairs, Faculty Curriculum & Assessment Committees	Review of undergraduate, MSN, and DNP surveys at the end of the program survey, graduate survey, alumni survey, grades, student learning outcomes (SLOs)	80% of the BSN graduates meet "competency" in their End of the Program surveys, Annual University Assessment Report demonstrates aggregate achievement by students of program outcomes	Annual-May	Dean, Chairs, faculty, and committees recommend program revisions based on data if benchmarks are not met	May 2019

Appendix B: *Interprofessional Collaborative Competencies Attainment Survey*

Please answer the following questions by checking the box that most accurately reflects your opinion about the following interprofessional collaboration statements: (1=strongly disagree; 2=moderately disagree; 3=slightly disagree; 4=neutral; 5=slightly agree; 6=moderately agree; 7=strongly agree; na=not applicable

Please rate your ability for each of the following statements: After participating in the learning activities I am able to:

Communication	1	2	3	4	5	6	7	na
1. Promote effective communication among members of an interprofessional (IP) team*								
2. Actively listen to IP team members' ideas and concerns								
3. Express my ideas and concerns without being judgmental								
4. Provide constructive feedback to IP members								
5. Express my ideas and concerns in a clear, concise manner								
Collaboration								
6. Work with IP team members to address the issues								
7. Work effectively with IP team members to enhance care								
8. Learn with, from and about IP team members to enhance care								
Roles and Responsibilities								
9. Identify and describe my abilities and contributions to the IP team								
10. Be accountable for my contributions to the IP team								
11. Understand the abilities and contributions of IP team members								
12. Recognize how others' skills and knowledge complement and overlap with my own								
Collaborative Patient/Family-Centered Approach								
13. Use an IP team approach with the patient** to assess the health situation								
14. Use an IP team approach with the patient to provide whole person care								
15. Include the patient/family in decision-making								
Conflict Management/Resolution								
16. Actively listen to the perspectives of IP team members								

17. Take into account the perspectives of IP team members								
18. Address team conflict in a respectful manner								
Team Functioning								
19. Develop an effective care*** plan with IP team members								
20. Negotiate responsibilities within overlapping scopes of practice								

*The client's family or significant other, when appropriate, are part of the IP team.**The word "client" has been employed to represent resident, patient, and service users.
***The term "care" includes intervention, treatment, therapy, evaluation, etc.

Evidence Table

Title of Study/Guideline including (author/s, year)	Design (N/A for clinical guideline)	Level of Evidence	Objective or Purpose of the Study	Setting and size of sample; describe sample (focus population for clinical guidelines)	Strengths and limitations of the study	Conclusions (Recommendations to improve clinical practice)
Project title:						
Search strategies						
Search terms:						
Data bases used for the search:						
Note: As you review the articles make sure your gather evidence related to clinical recommendations and strategies to improve clinical practice. Refer to the poster guidelines.						

NU 403
Grading Rubric for EBP Project:
PICOT and Literature Review Table

Assignment Guidelines and Grading Rubric

Student Name _____

Criteria	Possible points	Points earned	Comments
PICOT Form (5% of course grade)			
Compelling clinical question using the PICOT format.	100 points		
Total Points/Percent			
Literature Review Table (15% of course grade)			
Direction : Present at least 5 articles and/or clinical guidelines. Note that at least 4 must be research articles and one may be a clinical guideline (if they are available). Use the Evidence Table form and complete the required components for Each article. (Articles must be within the last 5 years)	80 points		
Reference list (APA 6th ed. Format) for the articles in the table should be at the end of the table. Cover sheet in APA format.	20 points		
Total points/Percent			

Grade _____

NU400
Community Stakeholders Presentation Group Grading Rubric

Students:
Community:
Diagnosis:

Section of the Presentation	Points Possible	Points Earned	Comments
Community Stakeholders Roundtable Presentation (10% of course grade)	100		
1. Introduction and aims of the roundtable • The participants introduced themselves and the role they played in the community assessment (3 pts.) • The aim of the meeting was defined (7 pts.)	10		
2. Findings • Identify the community • Describe the findings including strengths of the community and areas of opportunity for improvement pertinent to the community diagnosis. • Clearly state and describe the community diagnoses taken from the community assessment	25		
3. Presentation of the public health intervention • Use at least one peer-reviewed article that describes an **intervention** that addresses the community diagnosis. Identify the level of evidence. • Based on the community assessment findings and the literature review, describe the intervention specific to your	30		

population to be considered by community health nurses, other members of the health care team, policy makers, or the community at large. • Maximum of 5 PP slides. • Cite the author/s of the study on the PPT slide where you are discussing the intervention and/or the study.			
4. Financial, regulatory or policy issues • Describe any major facilitators or barriers to implementation of the intervention and how they may be mitigated or resolved. • Describe groups that you anticipate needing to communicate, collaborate and negotiate with to achieve a resolution; describe specific strategies.	25		
6. Individual Student Performance • Each individual contributed equally to the presentation. • Up to 10 points may be deducted from an individual's grade who did not contribute to the presentation. • Student avoids reading notes, engage class and are knowledgeable about the topic	10		
Up to 5 points may be deducted if the reference list is not in APA format – last slide			
TOTAL POINTS			
Comments			

Spring 2019

Marymount University
Malek School of Health Professions
NU 230 ACCB: Introduction to Professional Nursing & Scholarship

Fall 2019

NU 230: NPSG Paper Rubric

Student Name:_____

Selected NPSG: (only one)
☐ Improve the accuracy of patient identification
☐ Improve the effectiveness of communication among caregivers
☐ Improve the safety of using medications
☐ Reduce the harm associated with clinical alarms
☐ Reduce the risk of healthcare-acquired infections
☐ Patient safety in the hospital, suicide prevention
☐ Prevention of mistakes in surgery

Sections of Paper	Points	Points earned
1. **Introduction & Background**	**20**	
a. Describes significance of selected NPSG topic	5	
b. States purpose of the paper	5	
c. Explains why the safety goal is relevant to nursing practice	5	
d. Provides current statistical information that supports the topic	5	

2.	**Body of paper**
	   a. Outlines how the recommended intervention promotes patient safety.
	   b. Using four recent (less than 5 years old for articles, up to 10 years for practice guideline) peer-reviewed references, discuss and demonstrate comprehension and relevancy of the selected topic.
	   c. Explains how evidence-based nursing knowledge influences nursing practice and patient, making connections between and among ideas.
		65
		15
		
		35
		
		15	

3.	**Conclusions**
	   a. States solid and insightful conclusions
	   b. Explains the impact of information upon personal future nursing practice
		15
		10
		5	

4.	**Writing Style, References and APA format**
	   a. One (1) point will be subtracted for every two (2) errors in APA formatting
	   b. In addition to APA format error, points will be deducted for spelling, grammar/mechanical error (i.e. typos, punctuation, sentences are unclear, excessive use of passive voice) which is also a component of APA.
	   c. Quality of paper includes organization, thoroughness, and logical flow.		

	Total Points		Grade =