Master Evaluation Plan

A nursing education program is a dynamic structure that requires on-going evaluative input to maintain its quality and relevance. CCNE accreditation and State Board of Nursing approval requires evaluative data as evidence that criteria/standards are being met. This Master Evaluation Plan provides a systematic, comprehensive, on-going approach to evaluation. The file is updated each Academic Year by the Academic Programs Team for use by the College of Nursing throughout the next year. This creates a historical record of evaluations done, decisions made, and follow up plans.

Evaluation Framework

In 1997, the CDC Director convened an Evaluation Working Group to establish a framework that combined evaluation with program management. The work of that group included the input of hundreds of stakeholders in the field of public health and resulted, in 1999, in the Framework for Program Evaluation. Intentionally broad, the framework was intended to apply to a wide variety of organized public health activities, including education (Centers for Disease Control and Prevention, 1999).

The College of Nursing at Montana State University has adopted and updated this broad framework to direct the evaluation process of its programs. Structurally, the College has adapted the 2018 Amended CCNE Standards for Accreditation to help guide which aspects of the program to evaluate.

Adapted Framework for Evaluation in Public Health

(Centers for Disease Control and Prevention, 1999)

Definitions

Accuracy Standards: intended to increase the dependability and truthfulness of evaluation representations, propositions, and findings, especially those that support interpretations and judgments about quality.

Community of Interest: Any person or group that is affected by the program or its evaluation. The CON has both internal and external communities of interest. Internal communities of interest include CON faculty, staff, students and committees. External communities of interest include MSU and MUS partners, employers, state boards of nursing, and other regulatory bodies.

Comprehensive Evaluation: integrades both formative and summative evaluation.

Evaluation Accountability Standards: encourage adequate documentation of evaluations and a metaevaluative perspective focused on improvement and accountability for evaluation processes and products.

External Measures: NCLEX scores, clinical supervisor evaluations
External Community of Interest: employers, clinical supervisors, CCNE

Evaluation: the systematic investigation of the quality of programs, projects, subprograms, subprojects, and/or any of their components or elements, together or singly, for the purposes of decision making, judgments, conclusions, findings, new knowledge, organizational development, and capacity building in reponse to the needs of identified stakeholders, leading to improvement and/or accountability in the users' programs and systems, ultimately leading to organizational or social value.

Feasibility Standards: intended to increase evaluation effectiveness and efficiency.
Formative Evaluation: intended to improve a program's process and services by identifying areas for improvement while commending activities shown to be effective.
Internal Measures: Student GPA, progression, graduation, faculty clinical evaluations, standardized test results (i.e., Kaplan)
Internal Community of Interest: CON Dean, faculty, staff, students, and alumni
Program Evaluation Standards: List of 30 standards developed by the Joint Committee on Standards for Education Evaluation, organized into five groups for the Adapted CDC Framework for Evaluation: Utility, Feasibility, Propriety, Accuracy, and Evaluation Accountability. These standards answer the question, "Will this evaluation be effective?"

Program Evaluation Steps : An ordered set of six connected steps in the Adapted CDC Framework for Evaluation: Engage Community of Interest, Describe the program, Focus the Evaluation Design, Gather Credible Evidence, Justify Conclusions, and Ensure Use and Share Lessons Learned.

Propriety Standards: support what is proper, fair, legal, right and just in evaluations.

Strategy : action item or next step to be taken after considering the analysis and results of the evaluation. Should include any feedback loops or follow-up required
Summative Evaluation: intended to assess the overall merit of a program and is conducted upon program completion

Utility Standards: intended to increase the extent to which program communities of interest find evaluation processes and products valuable in meeting their needs.

Program Quality: Mission and Governance

The mission, goals, and expected program outcomes are congruent with those of the parent institution, reflect professional nursing standards and guidelines, and consider the needs and expectations of the community of interest. Policies of the parent institution and nursing program clearly support the program's mission, goals, and expected outcomes. The faculty and students of the program are involved in the governance of the program and in the ongoing efforts to improve program quality.

I-A	The mission, goals, and expected program outcomes are: • congruent with those of the parent institution; and • reviewed periodically and revised as appropriate.					
Timeline	Parties	Level of Achievement	Method of Assessment	Evidence	Aggregate Results	Analysis & Strategies
Mission & Vision every three years or as needed. Next cycle in 2026. Strategic Plan every five years or as needed. Amended 2023. Next cycle in 2026. → See also Standards I-B, I-C, IV-A	• EC • UAAC • GAAC	• CON's Mission and Vision will be reviewed and approved every three years • CON's Strategic plan will be reviewed and approved every five years • CON's Program Outcomes will be reviewed according to the timeline in Standard IV-A.	Review appropriateness and alignment of CON Mission, Vision, Strategic Plan, and Program Outcomes with MSU's Mission, Vision, & Values	• Meeting Minutes • Website • Updated Mission & Vision • Updated Program Outcomes	Not reviewed this year.	Continue to monitor.
Annual check in. Next revision 2022	• EC	Diveristy and Inclusion Plan is reviewed. Also consider congruence with MSU's Diversity & Inclusion Plan.	EC will review progress annually. Renewed plan to be considered in 2022.	• Meeting Minutes • Annual Report • Website • MSU Diversity & Inclusion Self-Study		
I-B	The mission, goals, and expected program outcomes are consistent with relevent professional nursing standards and guidelines for the preparation of nursing professionals.					

Timeline	Parties	Level of Achievement	Method of Assessment	Evidence	Aggregate Results	Analysis & Strategies
Mission & Vision every three years or as needed. Next cycle in 2026. Strategic Plan every five years or as needed. Amended 2023. Next cycle in 2026. → See also Standards I-A, I-C, IV-A	• EC • UAAC • GAAC	• CON's Mission and Vision will be reviewed and approved every three years • CON's Strategic plan will be reviewed and approved every five years • CON's Program Outcomes will be reviewed according to the timeline in Standard IV-A	Review alignment of CON Mission, Vision, Strategic Plan, and Program Outcomes with relevant professional nursing standards and guidelines.	• Meeting Minutes • Website • Updated Mission & Vision • Updated Program Outcomes	Not reviewed this year.	Continue to monitor.
I-C	**The mission, goals, and expected program outcomes reflect the needs and expectations of the community of interest.**					
Timeline	*Parties*	*Level of Achievement*	*Method of Assessment*	*Evidence*	*Aggregate Results*	*Analysis & Strategies*

Timeline	Parties	Level of Achievement	Method of Assessment	Evidence	Aggregate Results	Analysis & Strategies
Mission & Vision every three years or as needed. Next cycle in 2026. Strategic Plan every five years or as needed. Amended 2023. Next cycle in 2026. → See also Standards I-A, I-B, III-A, IV-A, IV-I	• EC • CDs • UAAC • GAAC • Faculty Council	• CON's Mission and Vision will be reviewed and approved every three years • CON's Strategic plan will be reviewed and approved every five years • CON's Program Outcomes will be reviewed according to the timeline in Standard IV-A	Review alignment of CON Mission, Vision, Strategic Plan, and Program Outcomes with community of interest.	• Meeting Minutes • Student Surveys • Clinical Advisory Group Meeting minutes	Not reviewed this year.	Continue to monitor.

I-D	The nursing unit's expectations for faculty are written and communicated to the faculty and are congruent with institutional expectations.					
Timeline	Parties	Level of Achievement	Method of Assessment	Evidence	Aggregate Results	Analysis & Strategies
Role & Scope annually, NTT on three year cycle according to university agreements, Position descriptions as needed.	• Faculty Council • MSU HR • LT • NTT Union	Tenure Track Role & Scope documents are affirmed annually. Position desriptions are updated as needed. Collective bargaining agreement updated as per university agreement with union.	Reviewed for currency and affirmed by faculty vote.	• Tenure Track Role and Scope documents • Non Tenure Track Collective Bargaining Agreement • Position Descriptions	Under review by NRFC.	

I-E	Faculty and students participate in program governance.					
Timeline	Parties	Level of Achievement	Method of Assessment	Evidence	Aggregate Results	Analysis & Strategies

Timeline	Parties	Level of Achievement	Method of Assessment	Evidence	Aggregate Results	Analysis & Strategies
Reviewed every five years and as needed. Next review 2025	Faculty Council	*Policy F-1* , College of Nursing Faculty Organization Bylaws is reviewed once every five years or as needed.	Faculty Council solicits feedback from EC, Faculty Council, GAAC, NTT Promition Review Committee, NFRC, Scholarship Committee, Scholastic Committee, Search Committee, UAAC on governance structure. Are faculty and students included in pertinent decision-making?	• Policy F-1 edits • Meeting Minutes	Updated at May GFM.	
Reviewed annually	• Student Forum • ACDs • DAF • ADAA	The College of Nursing will have an active and fully-represented student governance organization	Assistant Campus Directors provide local campus support for Student Forum representatives. DAF provides finance consultation and the ADAA provides academic support	• Meeting Minutes • Fiscal Reports • Updated policies and procedures	Full student representation in GAAC and UAAC. Student feedback gathered for Red Shelf transition AY 24-25	Continue to support

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.**				

Timeline	*Parties*	*Level of Achievement*	*Method of Assessment*	*Evidence*	*Aggregate Results*	*Analysis & Strategies*

| Reviewed every three years. Next review 2023. | • EC
• UAAC
• GAAC
• Faculty | The *College of Nursing Policies and Procedures* policy is reviewed every three years. All policies are reviewed every three years or as needed. | Individual committees are responsible for Level I review and changes. Faculty are provided with a two-week comment period. Feedback is reviewed by committee and finalized. Level II provides approval and submits for publication on the CON website. | • *College of Nursing Policies and Procedures* policy
• MSU Policies and Procedures
• Meeting Minutes
• CON website | Policy Index updated with AY 23-24 reviews and revisions. | |

I-G	The program defines and reviews formal complaints according to established policies.					
Timeline	*Parties*	*Level of Achievement*	*Method of Assessment*	*Evidence*	*Aggregate Results*	*Analysis & Strategies*
As needed	• ET	MRJCON has a procedure for formal complaints and reviews any submissions.	Procedure exists and complaints are reviewed according ot the procedure	• Complaint Procedure • Student Handbooks • Student Complaints	One formal student complaint submitted for NRSG 314 textbook.	Issue resolved with decision not to use the book moving forward.

I-H	Documents and publications are accurate. A process is used to notify constituents about changes in documents and publications.					
Timeline	*Parties*	*Level of Achievement*	*Method of Assessment*	*Evidence*	*Aggregate Results*	*Analysis & Strategies*

See AP Team Tracker	• AP Team	The AP Team Tracker is updated for each academic year to track various timelines	AP Team meets in summer to update the AP Team Tracker	• Meeting Minutes •Updated AP Team Tracker • Updated website • Updated published materials	Have hired Academic Program Coordinator who will be working on this item.	***Work remaining:*** • Build in website review timelines (Fall 2024) • Will be moving AP Team tracker to different format (Fall 2024)

Program Quality: Institutional Commitment and Resources

The parent institution demonstrates ongoing commitment to and support for the nursing program. The institution makes resources available to enablet he program to achieve its mission, goals, and expected outcomes. The faculty and staff, as resources of the program, enable the achievement of the mission, goals, and expected program outcomes.

II-A	Fiscal resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of fiscal resources is reviewed periodically, and resources are modified as needed.					
Timeline	Parties	Level of Achievement	Method of Assessment	Evidence	Aggregate Results	Analysis & Strategies
Annually in April/May	• Dean • DAF	Submit budget according to university budgeting process	See MSU budgeting process	• Budget reports • Annual budget	FY 25 Submitted -Campuses set programming fee budgets -Concerns for a couple of expenditure areas: SIM, ABSN Enrollment, Campus Clinical Coordinator Role	Had a deficit concluding FY 24. Setting up early warning indicators and committees to review expenditures for FY 25.
Annually December-March	• Dean • DAF • ET • LT	Submit plans for MSU's reinvestment processes	See evaluation in submissions	• CFAC/EFAC (annual) • Reinvestment (bi-annual)	Submitted for FY 25. Awarded $204,000+	
Bi-annually	• Dean • DAF • ET	Program fees			Not this year	Next year
Annually in June	• Dean • DAF	Close out budget for fiscal year	Dean and DAF meet to review budget for fiscal year		FY 24 closed with roughly $190,000 deficit. Came from BOR savings account for the College	Had a deficit concluding FY 24. Setting up early warning indicators and committees to review expenditures for FY 25.
Monthly	• Dean • DAF • LT • FSS	Review all budgets in the CON			Quarterly meetings with Campuses and partners to review budget and spending were conducted	FY 25, planning a committee to review workload. Specifically for SIM.

Timeline	Parties	Level of Achievement	Method of Assessment	Evidence	Aggregate Results	Analysis & Strategies
Bi-annually	• Dean • DAF • VPREDGE	Look at F & As and start-ups			New university process for FY 25. Provide VP Red a budget in March for IDC returns; VPRED covers 100% of startups. Roughly $200,000+ in IDC returns.	Created new research office position. Failed search. Rethinking position.
Annually See II-C	• ET	Organizational structure meets the needs of the CON	• Review Organization Chart • Review position and role descriptions	• Updated Organization Chart • Updated position and role descriptions	Small changes.	Need to update for AY 24-25.
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.**				
Timeline	*Parties*	*Level of Achievement*	*Method of Assessment*	*Evidence*	*Aggregate Results*	*Analysis & Strategies*
Every Semester	• LT • VP Admin & Finance	Review of physical space		• Space MOUs • Leases • New buildings	Up to date.	Awaiting new buildings.
Spring Semester	• LT • CON UIT	Review of computers & technology	Make requests for EFAC, CFAC, Strategic Funding, etc.	• EFAC • CFAC • Strategic funding	Submitted for FY 25. Awarded $204,000+	
Every Semester	• LT • SIM coordinator	Review of SIM investments		• Simulation Team minutes	Will be buying 2 Victorias this year (Billings/Bozeman).	

Annually with major clinical partners	• CD and/or Dean	Assess availability of clinical sites at undergraduate and graduate levels: • Contract Database • Clinical Placement Database • Faculty survey • Student Survey	Review of survey responses on clinical capacity given to faculty, students, and clinical agencies	• Survey data reports • Dean's Clinical Advisory Council Meeting minutes	Great Falls Clinical Meeting Minutes (9/6/2023) discussed new buildings.	***Work remaining:*** • Review with administrative team at annual retreat (end of May 2024)
Every semester	• Dean •CDs • LT • Local Clinical Advisory Boards	Secured adequate clinical experiences for each campus	Dean shares information related to adequacy of clinical learning opportunities after meeting with Local Clinical Advisory Boards. Changes discussed as needed.	• Course clinical schedules • Student Surveys • Faculty Surveys	Added opportunity for clinical faculty to comment on adequacy on clinical experiences and changes made on the IFS grid.	Will track moving forward.
With changes of enrollment	• Dean • CDs • BON • LT • Clinical Agencies	Internally identified ability to meet substantive enrollment change criteria for the BON	Through internal evaluation and discussion with clinical partners' leadership and CON leadership	• Letters of Support • Substantive Change Report to the BON	MT BON approved strategic enrollment growth through 2030	No changes in enrollment.
Annually at time of graduate admissions	• Dean • ADAA • Leads • Clinical Placement Coordinator	The program evaluates clinical capacity at the graduate level when admitting new cohorts	Dean, ADAA, Program Leads, and Clinical Placement Coordinator meet to evaluate existing clinical capacity and make a plan for enrollment numbers	• Misty's spreadsheet • Graduate Enrollment Projection Worksheet • Typhon	Projected 10 midwifery admits for Fall 2024. Kept FNP admit at 24 for Fall with thought to capacity limits with Midwifery addition.	Monitor enrollment and ability to meet capacity.

SIM Investment See III-H	• DAF • CDs	Each campus incorporates multiple levels of standardized simulation opportunities for students to achieve program outcomes	Annually review campus technology needs, curricular effectiveness.	• Student Surveys • Faculty Surveys	Closed Ticket 2022-II-B	Monitor

II-C	Academic support services are sufficient to meet program and student needs and are evaluated on a regular basis.					
Timeline	*Parties*	*Level of Achievement*	*Method of Assessment*	*Evidence*	*Aggregate Results*	*Analysis & Strategies*
• Pre-Nursing advising staffing evaluated annually • Review of surveys annually	• Faculty Advisors • Pre-Nursing Advisors • Students • CDs	Review Student Advising	Review of Faculty and Student responses to survey	• Meeting Minutes • Advising Satisfaction Survey • Graduate Student Survey	Developed and delivered Academic Advising Survey for nursing faculty	***Work remaining:*** • Work with Advising Commons to explore potential for advisor survey.
Annually	• Library • AYCSS • Smarty Cats • Student Forum • ACDs	Review of MSU academic support services: • library • tutoring	Review of student responses to survey	• Student Surveys	Benchmarks established	Monitor
Annually See II-A	• LT	Review Campus Administrative Support	• Staff are evaluated annually • Staffing levels are evaluated to meet student & faculty needs	• Completed Staff Evaluations • Updated job descriptions • Captured changes in FTE	Created BOMs/Program Coordinators on each campus. Re-org, addition of Assistant Dean. Created position of Student Support Manager	Continue to review administrative needs. Consider pay equity amongst equal-level positions.

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.**					
Timeline	*Parties*	*Level of Achievement*	*Method of Assessment*	*Evidence*	*Aggregate Results*	*Analysis & Strategies*
Upon Hire	• Search Committee	CON Dean meets the CCNE requirements	Search committee verifies Dean meets CCNE requirements	• License Verification • Degree Verification • Job Description • CV	No change	
Bi-Annual - March	• ET • Faculty • Staff	Review of Administrator Evaluations (set target?)	Administrator Evaluation survey sent out via Qualtrics annually at the end of calendar year to all CON Faculty and Staff	• Survey data reports (available with the Dean)	Not this year	
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.**					
Timeline	*Parties*	*Level of Achievement*	*Method of Assessment*	*Evidence*	*Aggregate Results*	*Analysis & Strategies*
Every semester	• DAF • CDs	100% of Faculty are qualified or have significant justification for their positions	Track data on percentage of qualified faculty over time to show effectiveness of efforts to increase qualified faculty	• Board waiver spreadsheet • Dean's presentation to GFM	Several faculty have graduated off of our BON waiver list. Have, however, increased use of GTAs.	Continue to think of strategies to decrease BON waiver faculty and use of CRRNs. Encourage faculty to pursue higher education (NFLRP, etc.).

Timeline	Parties	Level of Achievement	Method of Assessment	Evidence	Aggregate Results	Analysis & Strategies
• At hire • Every semester	• DAF • CDs	100% of faculty are licensed to practice in Montana and meet qualifications appropriate to the teaching assignment		• NURSYS • Job description • Licensure and certification check spreadsheet	Created process for Clinical Faculty to load license/certification into Complio bi-annually. All faculty licenses and certifications are collected on hire	
Every semester	• Dean • DAF • CDs • ADAA	Sufficient number of faculty are entered into TAMS each semester to teach courses		• TAMS • Schedule of Classes	Faculty assigned to all courses with required workload	Monitor
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.**				
Timeline	Parties	Level of Achievement	Method of Assessment	Evidence	Aggregate Results	Analysis & Strategies
Every semester	• LT	100% of current semester's preceptors are up to date in preceptor database			Policy C-8 deleted. Have begun process of updating preceptor policies for the undergraduate and graduate programs	***Work remaining:*** • Complete new policy on preceptors.
Every semester	• Faculty • Program leads	100% of CON preceptors will receive orientation and are evaluated	Preceptors are oriented to expected role by course faculty or graduate program leads	• Preceptor evaluations • Typhon***Survey Data	Policy C-8 deleted. Have begun process of updating preceptor policies for the undergraduate and graduate programs	***Work remaining:*** • Complete new policy on preceptors.

Every three years. Next review 2024	• UAAC • GAAC	Preceptor policy	Policy is reviewed by UAAC and GAAC and updated as needed	• Meeting Minutes • Updated policy	Policy C-8 deleted. Have begun process of updating preceptor policies for the undergraduate and graduate programs	***Work remaining:*** • Complete new policy on preceptors.
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.**
Timeline	*Parties*	*Level of Achievement*	*Method of Assessment*	*Evidence*	*Aggregate Results*	*Analysis & Strategies*
Upon Hire	• Dean • Faculty • DAF • HR	New Tenure Track Faculty hiring packages reflect supportive environment for retention and tenure success	New hire packages are established in collaboration with the university and reflect expected faculty outcomes	• Faculty Employment Records	No change	
Annually in spring semester	• Dean • LT • DAF	Workload guidelines are updated annually and are consistent with the NTT Collective Bargaining Agreement	Dean works with LT on any edits	• Updated Workload Guidelines • Teaching Assignments • TAMS	Workload Guidelines finalized prior to ACME site visit	Monitor
Annually in December	• MUS • CDs	100% of 0.5 FTE Faculty report on consultation	Annual reporting of consultation activities by all 0.5 FTE faculty. CDs are noticed of non-compliant faculty and follow up.	• University Records		***Work remaining:*** • Work on system for receiving report from CDs.
Annually in May	• Faculty • NFRC	Role and Scope policy is updated annually	Tenure/Tenure Track Faculty review policy annually. Changes reviewed by NFRC and university to update as needed	• Updated policy • Meeting Minutes		

Every three years. Next review AY 25-26	• NTT Rank Advancement Committee	Non-Tenure Track Rank Advancement Policy is reviewed every three years and is consistent with the NTT Collective Bargaining Agreement	NTT Rank Advancement Committee reviews and updates policy as needed to be consistent with the CBA	• Updated policy • Meeting Minutes • Faculty Employment Records	Six NTT faculty were promoted using new NTT Rank Advancement process Spring 2024	**_Work remaining:_** • discuss process for optimization in strategic
Annually in Summer	• DAF • ADAA	100% of graduate APRN faculty are currently licensed, certified, and actively practicing	Annually track graduate APRN faculty for current APRN licensure, certification, and practice	• Licensure, certification, and practice tracking database		
Annually in May	• AP Team	80% of 0.5 FTE or greater Faculty will take part in Center for Faculty Excellence trainings annually	Request report from Center for Faculty Excellence	• CFE Report	• 56.1% for calendar year 2021 • 26.9% for calendar year 2022 2023: 88.5% of >.5 FTE recorded attendance at development offerings during GFM.	
See IV-G						

Program Quality: Curriculum and Teaching-Learning Practices

The curriculum is developed in accordance with the program's mission, goals, and expected student outcomes. The curriculum reflects professional nursing standards and guidelines and the needs and expectations of the community of interest. Teaching-learning practices are congruent with expected student outcomes. The environment for teaching-learning fosters achievement of expected student outcomes.

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.					
Timeline	Parties	Level of Achievement	Method of Assessment	Evidence	Aggregate Results	Analysis & Strategies
Every three years or as needed. Next review 2025	• UAAC	*Professional Nursing Curricula - Program Outcomes and Conceptual Threads* Policy is reviewed	Review policy and make edits as necessary. Consider stakeholder feedback from students and employers.	• Meeting Minutes • Student Surveys • Employer Surveys	Not reviewed this year	
Every three years or as needed. Next review 2025	• GAAC	*Professional Nursing Curricula - Program Outcomes and Conceptual Threads* policy is reviewed	Review policy and make edits as necessary. Consider stakeholder feedback from students and employers.	• Meeting Minutes • Student Surveys • Employer Surveys	Not reviewed this year	
Every semester	• Dean • CDs	Local Clinical Advisory Board input is shared with the CON and considered when developing and revising curriculum		• Meeting Minutes (with report to LT, shared with UAAC/GAAC as appropriate)		***Work remaining:*** •discuss process at leadership retreat May, 2024
III-B	Baccalaureate curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum within the expected student outcomes (individual and aggregate). Baccalaureate program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008)					
Timeline	Parties	Level of Achievement	Method of Assessment	Evidence	Aggregate Results	Analysis & Strategies

Annually according to the Plan	• UAAC	*Teaching/Learning Assessment Plan* is reviewed and updated as needed.	Follow MSU's Program Assessment Overview according to Assessment Plan schedule	• Meeting Minutes	Aggregated results from exemplar assessments were presented to UAAC (11/27/2023). (see Executive Summary submitted to EC and UAAC) AY 22/23 Program Assessment Report presented to EC 3/18/2024	Continue with amended assessment plan
→ See standard III-G Annually on a three year cycle in Fall semester, or as needed	• Faculty • UAAC	100% of MROs will be current (reviewed within 3 years) in any academic year	Faculty review 100% of MROs every three years on a staggered schedule.	• Meeting Minutes • Revised MROs • Revised Learning Exemplars	Added prerequisites to some new curriculum courses MROs reviewed: NRSG 332, 333, 334, 354, 357, 358, 359	Fall of 2024 target for new curriculum MRO review.
Annually in the Fall	• UAAC • Faculty	100% of IFSs will be assessed for compliance by UAAC once every two years--odd in odd years, even in even years	Committee will look at aggregate assessment results for compliance and make recommendations. Current curriculum: odd courses in odd years, even courses in even years	• Meeting Minutes • IFS Grids • Course syllabi	Closed ticket 2020-III J-001.	Continue to work on getting syllabi more promptly with better quality.

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 outocmes (individual and aggregate). • Master's program curricula incorporate professional standards and guidelines as appropriate. a. All master's degree programs incorporate *The Essentials of Master's Education in Nursing* (AACN, 2011) and additional relevant professional standards and guidelines as identified by the program. b. All master's degree programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse* *Practitioner Programs* (NTF, 2016). • Graduate-entry master's program curricula incorporate *The Essentials for Baccalaureate Education for Professional* *Nursing Practice* (AACN, 2008) and appropriate graduate program standards and guidelines.

Timeline	Parties	Level of Achievement	Method of Assessment	Evidence	Aggregate Results	Analysis & Strategies
Annual	GAAC	*Teaching/Learning Assessment Plan* is reviewed and updated as needed.	Follow MSU's Program Assessment Overview according to Assessment Plan schedule		Aggregated results from exemplar assessments were presented to UAAC (11/27/2023). AY 22/23 Program Assessment Report presented to EC 3/18/2024	Fall 2024--review CCNE changes for curricular revision charges at MN level.
cf. III-G Annually on a three year cycle in Fall semester, or as needed	Faculty GAAC	100% of MROs will be current (reviewed within 3 years) in any academic year	Faculty review 100% of MROs every three years on a staggered schedule.	• Meeting Minutes • Revised MROs • Revised Learning Exemplars	MROs with learning outcomes and exemplars reviewed and approved in GAAC 12/1/2023. DNP MROs reviewed: NRSG 601, 602, 603, 605, 608, 609, 613, 674, 675. FNP: NRSG 619, 651-658. NEC: NRSG 501-504. NM: NRSG 640, 641, 645, 648. PMHNP: NRSG 629, 630, 633, 661-668.	Review according to schedule

Annually on a two year cycle in Spring semester--odd courses in odd years, even courses in even years	GAAC Faculty	All IFS will be assessed for compliance by GAAC once every two years.	Individual facutly self-assessment uploaded into shared folder. Committee will look at aggregate assessment results for compliance and make recommendations.	• Meeting Minutes • IFS Grids • Course syllabi	Closed ticket 2020-III J-001.	Continue to work on getting syllabi more promptly with better quality.

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 outocmes (individual and aggregate).**
	• **DNP program curricula incorporate professional standards and guidelines as appropriate.**
	    a. **All DNP programs incorporate** *The Essentials of Doctoral Education for Advanced Nursing* **(AACN, 2006) and additional relevant professional standards and guidelines if identified by the program.**
	    b. **All DNP programs that prepare nurse practitioners incorporate** *Criteria for Evaluation of Nurse Practitioner Programs* **(NTF, 2016).**
	• **Graduate-entry DNP program curricula incorporate** *The Essentials for Baccalaureate Education for Professional Nursing Practice* **(AACN, 2008) and appropriate graduate program standards and guidelines.**

Timeline	Parties	Level of Achievement	Method of Assessment	Evidence	Aggregate Results	Analysis & Strategies
Annual	GAAC	*Teaching/Learning Assessment Plan* is reviewed and updated as needed.	Follow MSU's Program Assessment Overview according to Assessment Plan schedule		Aggregated results from exemplar assessments were presented to UAAC (11/27/2023). AY 22/23 Program Assessment Report presented to EC 3/18/2024	

→ See Standard III-G Annually on a three year cycle in Fall semester, or as needed	Faculty GAAC	100% of MROs will be current (reviewed within 3 years) in any academic year	Faculty review 100% of MROs every three years on a staggered schedule.	• Meeting Minutes • Revised MROs • Revised Learning Exemplars	MROs with learning outcomes and exemplars reviewed and approved in GAAC 12/1/2023. All approved by faculty senate and full CIM approval process March 2024.	Review according to schedule
Annually on a two year cycle in Spring semester--odd courses in odd years, even courses in even years	• GAAC • Faculty	100% of IFSs will be assessed for compliance by GAAC once every two years.	Individual facutly self-assessment uploaded into shared folder. Committee will look at aggregate assessment results for compliance and make recommendations. Even courses in even Spring years; odd courses in odd Spring years.	• Meeting Minutes • IFS Grids • Course syllabi	Closed ticket 2020-III J-001.	Continue to work on getting syllabi more promptly with better quality.

<table>
<tr><td>III-E</td><td colspan="6" style="background:gold">Post-graduate APRN certificate program curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate). Post-graduate APRN certificate programs that prepare nurse practitioners incorporate <i>Criteria for Evaluation of Nurse Practitioner Programs</i> (NTF, 2016).</td></tr>
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Timeline	Parties	Level of Achievement	Method of Assessment	Evidence	Aggregate Results	Analysis & Strategies
Annual	GAAC	*Teaching/Learning Assessment Plan* is reviewed and updated as needed.	Follow MSU's Program Assessment Overview according to Assessment Plan schedule		Program started Fall 2023. Will initiate program assessment Summer 2024.	**Work Remaining:** Based on program assessment findings, need to review and update Program Learning Outcomes.

Timeline	Parties	Level of Achievement	Method of Assessment	Evidence	Aggregate Results	Analysis & Strategies
→ See Standard III-G Annually on a three year cycle in Fall semester, or as needed	Faculty GAAC	100% of MROs will be current (reviewed within 3 years) in any academic year	Faculty review 100% of MROs every three years on a staggered schedule.	• Meeting Minutes • Revised MROs • Revised Learning Exemplars	MROs with learning outcomes and exemplars reviewed and approved in GAAC 12/1/2023. All approved by faculty senate and full CIM approval process March 2024.	Review according to schedule
Annually on a two year cycle in Spring semester--odd courses in odd years, even courses in even years	• UAAC • Faculty	100% of IFSs will be assessed for compliance by UAAC once every two years.	Individual facutly self-assessment uploaded into shared folder. Committee will look at aggregate assessment results for compliance and make recommendations. Even courses in even Spring years; odd courses in odd Spring years.	• Meeting Minutes • IFS Grids • Course syllabi	Closed ticket 2020-III J-001.	Continue to work on getting syllabi more promptly with better quality.
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.**					
Timeline	*Parties*	*Level of Achievement*	*Method of Assessment*	*Evidence*	*Aggregate Results*	*Analysis & Strategies*

Every three years and as needed. Next review 2024	UAAC	Review Application, Admission and Placement into the College of Nursing Undergraduate Programs policy	UAAC reviews policy paying attention to prerequisites	• Survey of Faculty & students (include prereqs) • Map of Prerequisies • University CORE Updated MRJCON policy page webpage UAAC Minutes	Continued poor performance in math prerequisite and T1 med math testing. AACN holistic review workshop conducted April 16, 2024 with UAAC/GAAC attendance	Working with Math Department (met 11/14/2023) on developing course specifically for Nursing majors. Following White Paper by Dane Institute in best practices for Nursing Math education. Looking at M 140 as possible course in prerequisites. Incorporate some AACN holistic review workshop feedback into process. Develop small task force to review at undergrad and graduate level

Annually for each cycle during NursingCAS application editing	AP Team	Review and update CAS application	AP Team meets, reviews feedback from last cycle, and updates new application cycle in NursingCAS	• ABSN: Rater Feedback Survey • Meeting Minutes Updated NursingCAS application		Summer 2024 updates for CAS: 1. Make check off on ABSN for having bachelors degree 2. Make sure it's clear when Complio needs to be done now that we have priority application deadlines 3. Add link to NC-Sara page and affirmation 4. Do you qualify for MT Nursing Direct Entry 5. Mention 60 credit desire to get to 120 to graduate 6. Add Local Status for non-priority applicants tied with an email to send out information on process 7. Find better platform for post-acceptance
Every other year.	AP Team	Review policies related to transfers & course substitution in Operations Manual	AP Team and Academic Advisors meet and review policies of transferring and course substitutions	• Meeting Minutes	Continued work with online orientation for admitted students.	***Work remaining:*** • Develop Operations Manual • Review success of change to online orientation and think about using new platform.

Timeline	Parties	Level of Achievement	Method of Assessment	Evidence	Aggregate Results	Analysis & Strategies
→ See Standard III-A Every three years. Next review 2025	UAAC	Review Program of Study for TBSN and ABSN			Not reviewed this year	
Every three years and as needed. Next review 2025	GAAC	Review Graduate Program Admissions and Progression Policy	GAAC reviews policy paying attention to foundational requirements	Updated MRJCON policy page webpage GAAC Minutes	Updated policy for midwifery program.	Task force for holistic admissions (see above)
Annually for each cycle during CollegeNet application editing. May of each year.	AP Team	Review and update CollegeNet application	AP Team meets, reviews feedback from last cycle, and updates new application cycle in CollegeNet in conjunction with the Grad School	• Meeting Minutes Updated CollegeNet application	Reviewed and submitted edits to Grad School.	
→ See Standard III-A Every three years. Next review 2025	GAAC	Review Program of Study for Master's and DNP			Made adjustment to DNP to align enrollment with the addition of the midwifery option.	**Work Remaining:** Amend for anticipated decoupling of clinical courses

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.**

Timeline	*Parties*	*Level of Achievement*	*Method of Assessment*	*Evidence*	*Aggregate Results*	*Analysis & Strategies*

Timeline	Parties	Level of Achievement	Method of Assessment	Evidence	Aggregate Results	Analysis & Strategies
→ See Standards III-B, III-C, III-D, III E

Annually on a three year cycle in Fall semester, or as needed | Faculty UAAC GAAC | 100% of MROs will be current (reviewed within 3 years) in any academic year | Faculty review 100% of MROs every three years on a staggered schedule. | • Meeting Minutes
• Revised MROs
• Revised Learning Exemplars

MRO and IFS Audit | See standards III-B, III-C, III-D, III E | See standards III-B, III-C, III-D, III E |
Annually in Spring	AP Team UAAC GAAC EC	Meet aggregate course evaluation benchmark for mean student "Overall, I rate this course as excellent"	75% of classes will have a rating of 3.75 or greater. Courses less than 3.0 trigger a review by UAAC or GAAC.	• Aggregate data • Meeting Minutes		
Every two years. Next review 2022.	EC AP Team	Assess achievement of College of Nursing Diversity and Inclusion Plan goals and consider revamping for future.	EC will assess achievement of the College of Nursing Diversity and Inclusion Plan	• CON Diversity and Inclusion Plan • Meeting Minutes • AP Team report on tickets		
Annually	AP Team UAAC GAAC	Student survey questions related to teaching-learning practices are reviewed by UAAC and GAAC. Changes made as necessary.	AP Team will present student survey questions related to teaching-learning practices and present to UAAC and GAAC	• Meeting Minutes • Revisions as made • Student Surveys	Established benchmark for surveys	
III-H	**The curriculum includes planned clinical practice experiences that:** • **enable students to integrate new knowledge and demonstrate attainment of program outcomes;** • **foster interprofessional collaborative practice; and** • **are evaluated by faculty.**					
Timeline	*Parties*	*Level of Achievement*	*Method of Assessment*	*Evidence*	*Aggregate Results*	*Analysis & Strategies*

See Standard III-B, III-C, III-D, III-E for timelines See III-I	• UAAC • GAAC	100% of students have clinical experiences that meet course objectives	MROs, course syllabi are reviewed for appropriate and sufficient clinical experiences.	• MROs • Syllabi • IFS Reviews • Typhon • Standardized Clinical Evaluation Tools • Clinical Contract Database Student Surveys	Gathered feedback Fall 2023 from Faculty on Clinical Evaluation Tool and provided to UAAC (11/27/2023). Edits made Spring 2024. Added statement to IFS grid speaking to adequacy of clinical experiences.	
SIM Curricula See II-B	• Dean • DAF • CDs • UAAC • GAAC	Each campus incorporates multiple levels of standardized simulation opportunities for students to achieve program outcomes	Annually review campus technology needs, curricular effectiveness.	• Student Surveys • Faculty Surveys	Closed Ticket 2022-II-B	Monitor at UG level. **Work Remaining:** Sim planning at the graduate level.

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.					
Timeline	*Parties*	*Level of Achievement*	*Method of Assessment*	*Evidence*	*Aggregate Results*	*Analysis & Strategies*
See Standard III-B, III-C, III-D, III-E for timelines	• UAAC • GAAC	100% of courses will utilize the standardized grading scale	IFS review	• IFS Reviews	Standardized grading policy reviewed.	**Work Remaining:** GAAC to review standardized grading
Annually end of academic year See Standard III-H	• UAAC • GAAC	100% of students will be evaluated using a standardized Clinical Evaluation Tool	Random sample of student folders (undergrad) and Typhon (Grad) for evidence of documented clinical evaluation using the standardized tool	• Standardized Clinical Evaluation Template • Student Files • Typhon	Review to be completed Summer 2024	***Work remaining:*** • Audit new T-2, A-1, A-2, A-3 for AY 23/24 practice courses Summer 2024. Advance discussion with graduate program leads to standardize clinical evaluation tools. Check with Grad CD on progress.

Every three years	• UAAC • GAAC	C-9 and D-6 Policies are reviewed by UAAC and GAAC (as appropriate) every three years. Conform to QSEN and NONPF competencies.	Committee review	• Meeting minutes • Updated policies • Website	D-6 deleted. Revised in Fall 2023 and named *Clinical Site Visits and Performance in Required Graduate Clinical Nursing Courses* . Initial conversations on preceptor policy edits conducted (C-9 Policy).	Continued work on finalizing preceptor policy (replace C-9)
III-J	**The curriculum and teaching-learning practices are evaluated at regularly scheduled intervals, and evaluation data are used to foster ongoing improvement**					
Timeline	*Parties*	*Level of Achievement*	*Method of Assessment*	*Evidence*	*Aggregate Results*	*Analysis & Strategies*
Annually in Summer	• UAAC • GAAC	*Teaching/Learning Assessment Plan* is reviewed and updated as needed.	Follow MSU's Program Assessment Overview according to Assessment Plan schedule	• Meeting Minutes • Program Assessment documents and reports	Aggregated results from exemplar assessments were presented to UAAC (11/27/2023).Final summary report posted in MEP folder. AY 22/23 Program Assessment Report presented to EC 3/18/2024 (Nov 23 UAAC Minutes & Mar 24 EC Minutes	

Program Effectiveness: Assessment and Achievement of Program Outcomes

The program is effective in fulfilling its mission and goals as evidenced by achieving expected program outcomes. Program outcomes include student outcomes, faculty outcomes, and other outcomes identified by the program. Data on program effectiveness are used to foster ongoing program improvement.

IV-A	A systematic process is used to determine program effectiveness.					
Timeline	*Parties*	*Level of Achievement*	*Method of Assessment*	*Evidence*	*Aggregate Results*	*Analysis & Strategies*
Every 3 years and ongoing. Next evaluation cycle AY 24-25	EC	Master Evaluation Plan is reviewed and appropved in five-year cycles according to A-1.	The Master Evaluation Plan is implemented formatively on an annual basis and reviewed summatively every five years by Academic Programs, approved by EC	• Master Evaluation Plan changes • Meeting Minutes • Clinical Advisory Group meeting minutes	Master Evaluation Plan policy reviewed in EC 3/18/2024.	Unanimously approved

IV-B	Program completion rates demonstrate program effectiveness.					
Timeline	*Parties*	*Level of Achievement*	*Method of Assessment*	*Evidence*	*Aggregate Results*	*Analysis & Strategies*
	BSN					
Annually in Spring semester	UAAC	CCNE-70%, MSU-75% Calculated as graduating number from cohort / (number admitted per cohort - students leaving for non-academic reasons) over four-semester timeline	Reviewed by UAAC. Changes made as seen fit.	• Meeting Minutes •+E9:E11		Random sample of student folders (undergrad) and Typhon (Grad) for evidence of documented clinical evaluation using the standardized tool
	ABSN					

Annually in Spring semester	UAAC	CCNE-70%, MSU-75% Calculated as graduating number from cohort / (number admitted per cohort - students leaving for non-academic reasons) over three-semester timeline	Reviewed by UAAC. Changes made as seen fit.	• Meeting Minutes • Graduate data • Intake cohort data		
	MN					
Annually in Spring semester	GAAC	CCNE-70%, MSU-75% Calculated as graduating number from cohort / (number admitted per cohort - students leaving for non-academic reasons) over six-semester timeline	Reviewed by GAAC. Changes made as seen fit.	• Meeting Minutes • Graduate data • Intake cohort data		
	DNP					
Annually in Spring semester	GAAC	CCNE-70%, MSU-75% Calculated as graduating number from cohort / (number admitted per cohort - students leaving for non-academic reasons) over eleven-semester timeline	Reviewed by GAAC. Changes made as seen fit.	• Meeting Minutes • Graduate data • Intake cohort data		
IV-C	**Licensure pass rates demonstrate program effectiveness.**					
Timeline	*Parties*	*Level of Achievement*	*Method of Assessment*	*Evidence*	*Aggregate Results*	*Analysis & Strategies*

| Annually in Spring semester | UAAC | CCNE-80%, MSU-91% for 2021, 92% for 2022 | Calculate annual NCLEX pass rates by program (BSN/ABSN) and Campus | • Ticket # 2020-IV C-001
• Meeting Minutes
• NCLEX pass rates data | | UAAC set goals for calendar years of 2021 and 2022 on October 20, 2020. Ticket # 2020-IV C-001 has also been implemented to help track by program and campus.

Overall for calendar year 2021 was 83.6%. Overall for 2022 was 81.9%. UAAC needs to revisit benchmark for AY 23/24. Will begin reporting by campus beginnig Spring 2023 graduates. 2023 to date (through 6/30/23) 90.8% |

IV-D	**Certification pass rates demonstrate program effectiveness.**					
Timeline	*Parties*	*Level of Achievement*	*Method of Assessment*	*Evidence*	*Aggregate Results*	*Analysis & Strategies*
	CNL					
Annually in Spring semester	GAAC	CCNE-80%, MSU-90%	Calculate annual pass rates by degree and option	• Meeting Minutes • Certification data	100% who have tested over last four years	
	FNP					

Timeline	Parties	Level of Achievement	Method of Assessment	Evidence	Aggregate Results	Analysis & Strategies
Annually in Spring semester	GAAC	CCNE-80%, MSU-90%	Calculate annual pass rates by degree and option		ANCC - 5/5, 100% (2020) AANP - 7/8, 88% (2020) ANCC - ?/?, --% (2021) AANP - 14/15, 93% (2021) ANCC - 2/2 , 100% (2022) AANP 18/19 , 94% (2022) ANCC - 5/5, 100% (2023) AANP - 13/21, 61% (2023)	See Ticket 2024-IV D-001
	PMHP					
Annually in Spring semester	GAAC	CCNE-80%, MSU-90%	Calculate annual pass rates by degree and option	• Meeting Minutes • Certification data	ANCC- 5/5, 100% (2020) ANCC - 8/8, 100% (2021) ANCC - 4/4, 100% (2022) ANCC - 10/10, 100% (2023)	
IV-E	**Employment rates demonstrate program effectiveness.**					
Timeline	Parties	Level of Achievement	Method of Assessment	Evidence	Aggregate Results	Analysis & Strategies
	BSN (trad and ABSN)					
Annually in Spring semester	AP Team UAAC	70% of graduates will be employed or continuing education	Presented to UAAC. Changes made as necessary.	• Meeting Minutes • AYCSS Career Destination Survey data	2019: 100% 2020: 96% 2021 (most recent): 94.5%	Data reviewed. No changes made. Developed post-graduation (9 month) Survey. Will share with UAAC Spring 2024.
	MN					

Timeline	Parties	Level of Achievement	Method of Assessment	Evidence	Aggregate Results	Analysis & Strategies
Annually in Spring semester	AP Team GAAC	70% of graduates will be employed or continuing education	Presented to GAAC. Changes made as necessary.	• Meeting Minutes • AYCSS Career Destination Survey data	2019: 100% 2020: 100% 2021: (most recent): 87.5 (7/8)	Data reviewed. No changes made. Developed post-graduation (9 month) Survey. Will share with GAAC Spring 2024.
FNP						
Annually in Spring semester	AP Team GAAC	70% of graduates will be employed or continuing education	Presented to GAAC. Changes made as necessary.	• Meeting Minutes • AYCSS Career Destination Survey data	2019: 80% 2020: 90% 2021 (most recent): 100%	Data reviewed. No changes made. Developed post-graduation (9 month) Survey. Will share with GAAC Spring 2024.
PMHP						
Annually in Spring semester	AP Team GAAC	70% of graduates will be employed or continuing education	Presented to GAAC. Changes made as necessary.	• Meeting Minutes • AYCSS Career Destination Survey data	2019: 100% 2020: 100% 2021 (most recent): 100%	Data reviewed. No changes made. Developed post-graduation (9 month) Survey. Will share with GAAC Spring 2024.
IV-F	**Data regarding completion, licensure, certification, and employment rates are used, as appropriate, to foster ongoing program improvement.**					
Timeline	*Parties*	*Level of Achievement*	*Method of Assessment*	*Evidence*	*Aggregate Results*	*Analysis & Strategies*
cf IV-B, IV-C, IV-D, IV-E Summative-Annual calendar year Data (see above timelines)	UAAC & GAAC & LT	Data is analyzed and action taken based on committee decision-making	Compare rates and compare difference between actual and CCNE expected outcomes	•see IV-B, IV-C, IV-D, IV-E evidence columns		• AY 24-25 UAAC needs to establish new benchmark for licensure rates.

Timeline	Parties	Level of Achievement	Method of Assessment	Evidence	Aggregate Results	Analysis & Strategies
Formative-Quarterly NCLEX results	UAAC	Data is analyzed and action taken based on committee decision-making	Compare rates and compare difference between actual and MSU expected outcomes. Evaluate benchmark.	• Meeting Minutes • NCLEX pass rate data • See NCLEX Pass Rate ticket # 2020-IV C-001		*See ticket 2020-IV-C

IV-G	Aggregate faculty outcome demonstrate program effectiveness.					
Timeline	Parties	Level of Achievement	Method of Assessment	Evidence	Aggregate Results	Analysis & Strategies
Annually in January/February	EC	100% of 0.5 FTE or greater are evaluated. 70% will have a mean score at or above 3.75.	Aggregate faculty data on student course evaluations is gathered and presented to EC. Changes made as needed.	• IDEA Course Evaluation reports • Meeting Minutes	2020 - 91% at or above 3.75 2021: 89.7% of >0.5 FTE faculty at or above 3.75 2022: 91.4% of >0.5 FTE faculty at or above 3.75 2023: 88.2% of >0.5 FTE faculty at or above 3.75	Above benchmark. Continue to monitor
Annually in January/February See II-G	EC	100% of 0.5 FTE or greater are evaluated. 80% will participate in faculty development activities annually.	Aggregate faculty data on faculty development is gathered and presented to EC. Changes made as needed.	• Faculty Success data • Meeting Minutes	2021: 56.1% of >0.5 FTE recorded participation in Faculty Success. 2022: 60.4% of >0.5 FTE recorded participation in Faculty Success 2023: 88.5% of >.5 FTE recorded attendance at development offerings during GFM.	Used data from GFM sponsored faculty development offerings rather than Faculty Success database.

Timeline	Parties	Level of Achievement	Method of Assessment	Evidence	Aggregate Results	Analysis & Strategies
Annually in January/February	EC, ADR	100% of tenure track faculty are evaluated. 70% will disseminate scholarship (orally or in writing) at least once every two calendar years	Aggregate faculty data on faculty scholarship is gathered and presented to EC. Changes made as needed.	• Faculty Successdata • Meeting Minutes	January 2020-December 2021: 92.86% of TT faculty disseminated scholarly work January 2022-December 2023: 93.33% of TT Faculty disseminated scholarly work	Above benchmark. Continue to monitor.

IV-H	Aggregate faculty outcome data are analyzed and used, as appropriate, to foster ongoing program improvement.					
Timeline	Parties	Level of Achievement	Method of Assessment	Evidence	Aggregate Results	Analysis & Strategies
See IV-G Annually in January/February	EC	Data is analyzed and action taken based on committee decision-making	Compare difference between actual and MSU expected outcomes. Changes as needed. Evaluate benchmarks.	• see IV-G evidence columns	2021: 56.1% of >0.5 FTE recorded participation in Faculty Success. 2022: 60.4% of >0.5 FTE recorded participation in Faculty Success 2023: 88.5% of >.5 FTE recorded attendance at development offerings during GFM.	Used data from GFM sponsored faculty development offerings rather than Faculty Success database.

IV-I	Program outcomes demonstrate program effectiveness.					
Timeline	Parties	Level of Achievement	Method of Assessment	Evidence	Aggregate Results	Analysis & Strategies
Every Semester at graduation	• UAAC	xx% of student portfolios will meet either proficient or exemplary	UAAC will aggregate student portfolio performance.	• Meeting Minutes • aggregate Student Portfolio data		UAAC needs to set threshold AY 24-25

Fall Semester	• UAAC • GAAC	Teaching/Learning Assessment Plan annual exemplar review	AP Team gathers data in summer and has two independent faculty reviewers review to provide feedback to UAAC/GAAC for possible curricular changes	• Teaching/Learning Assessment Plan • Student Exemplars • Exemplar Review		
At graduation	• UAAC • GAAC	UG: 3.25 (out of 5) on a likert scale for PLOs GR (MN & DNP): 3.5 (out of 5) on a likert scale for PLOs		• Meeting Minutes • Graduation & Post-graduation student surveys	All undergraduate program learning outcomes met or exceeded benchmark except for "Collaborating with communities to design, implement, and evaluate population-based approaches to care for diverse populations" (3.21). All old curriculum PLOs. Will continue to monitor as we rack new curriculum PLOs. At the graduate level, both MN and DNP exceeded the threshold level for all PLOs in the graduation surveys.	

Spring Semester	• UAAC (as needed) • GAAC (as needed) • LT • ET	Review Clinical Advisory Group minutes		• Meeting Minutes	25% of minutes from scheduled meetings were recorded.	will review this strategy and data source in AY24-25
IV-J	**Program outcome data are used, as appropriate, to foster ongoing program improvement.**					
Timeline	*Parties*	*Level of Achievement*	*Method of Assessment*	*Evidence*	*Aggregate Results*	*Analysis & Strategies*
See IV-I						

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