

KENNESAW STATE UNIVERSITY
WellStar College of Health and Human Services
WellStar School of Nursing

Comprehensive Evaluation Plan

Standard I. 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				
Standard Element	Assessment/Evaluation Methodology with Source of Information/Data	Timeframe	Oversight Responsibility	Documentation of Outcomes and Changes/Revisions
I-A: The mission, goals, and expected program outcomes are: <ul style="list-style-type: none"> • congruent with those of the parent institution; and • reviewed periodically and revised as appropriate. 	1) Evaluate WellStar College of Health and Human Services (WCHHS) strategic plan, WellStar School of Nursing (WSON) philosophy, mission, organizing framework, and program/student learning outcomes for congruency with Kennesaw State University (KSU), appropriate to the program as reflected in faculty and student handbooks, catalog, and website. <i>Source of Information/Data: Mission, goals and expected program outcomes; major institutional and nursing unit reports; catalogs, faculty and student handbooks; committee minutes that reflect decision-making related to program mission and governance, program advertising and promotional materials.</i>	1) Every five years (2021, 2026)	1) WSON Faculty, Curriculum Committees and Director and Administrative Team	Reflected in program reports with revisions presented at WSON faculty meetings with documented motions and results (include analysis of demographics and institutional characteristics that influence mission, goals, and expected outcomes of program).
<ul style="list-style-type: none"> • I-B: The mission, goals and expected program outcomes are consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals. 	1) Review and update the mission, goals, and expected program/student learning outcomes for congruency with any changes in: American Nurses Association (ANA) Foundations of Nursing Documents; American Association of Colleges of Nursing (AACN) Essentials for Baccalaureate (AACN, 2013) and Master's (AACN, 2011) programs, Georgia Board of Nursing (GA BON) Rules and Regulations, CCNE standards, and other professional nursing standards. <i>Source of Information/Data: Mission, goals and expected program outcomes; CCNE standards, NTF on Quality NP Education Criteria, GA BON; American Nurses Association's (ANA) Code of Ethics for Nurses (2015); ANA's Nursing: Scope and Standards of Nursing Practice (2010); ANA's</i>	1) Every five years (2021, 2026)	1) WSON Director and Administrative Team with input from Curriculum Committees	Reflected in committee minutes. Revisions presented at WSON faculty meetings with documented motions and results.

	<i>Nursing's Social Policy Statement (2010); Domains and Competencies of Nurse Practitioner Practice (The National Organization of Nurse Practitioner Faculties [NONPF], 2012); The Criteria for Evaluation of Nurse Practitioner Programs (National Task Force on Quality Nurse Practitioner Education [NTF], 2012); National League for Nursing's Scope of Practice for Academic Nurse Educators (2012); Southern Regional Education Board's Nurse Educator Competencies (2002); and American Organization of Nurse Executives' Nurse Executive Competencies (2015); AACN Indicators of Quality in Research Focused Doctoral Programs; major institutional and nursing unit reports; reports submitted to and official correspondence received from applicable accrediting and regulatory agencies; catalogs, faculty and student handbooks; committee minutes that reflect decision-making related to program mission and governance.</i>			
Standard Element	Assessment/Evaluation Methodology with Source of Information/Data	Timeframe	Oversight Responsibility	Documentation of Outcomes and Changes/Revisions
I-C: The mission, goals, and expected program outcomes reflect the needs and expectations of the community of interest.	1) Evaluate mission, goals, and expected outcomes with the community of interest to ensure they meet the needs and expectations of the community of interest.	1) Annual	1) WSON Director and Administrative Team; WellStar/WSON Academic – Practice Partnership Committee	Reflected in committee minutes.
I-D: The WSON expectations for faculty are written and communicated to the faculty and are congruent with institutional expectations.	1) Evaluate mission, goals, and expected outcomes of the program with the expected faculty outcomes through review of the Faculty Performance Agreement (FPA) and Promotion and Tenure (P and T) guidelines. 2) Expected faculty outcomes are written, communicated, and accessible to faculty. <u>Source of Information/Data:</u> <i>Mission, goals and expected program outcomes; CCNE standards, NTF on Quality NP Education Criteria, GA BON; appointment, promotion, and tenure policies; major institutional and nursing unit reports; catalogs, faculty and student handbooks, personnel manuals, committee minutes that reflect decision-making.</i>	1) Every five years (2021, 2026) 2) Annual	1) WSON Director and Administrative Team 2) WSON Director	Reflected in committee minutes, course reports and individual faculty evaluations. Revisions presented at WSON faculty meetings with documented motions and results. Expected faculty outcomes are outlined and described in the University Faculty Handbook and WSON Faculty Handbook.
I-E: Faculty and students participate in program governance.	1) Evaluate WSON Bylaws for appropriate and clearly defined faculty and student involvement in program governance. 2) Ensure faculty and student representation on appropriate committees.	1) Annual 2) Annual	1) Bylaws Committee 2) Bylaws Committee	Reflected in committee minutes. Revisions presented at WSON faculty meetings with documented motions and results. Academic program policies documented and

	<i>Source of Information/Data: Appointment, promotion, and tenure policies; major institutional and nursing unit reports (Bylaws); Catalogs, faculty and student handbooks, Committee minutes that reflect decision-making.</i>			published in both the WSON Faculty Handbook and WSON Student Handbook.
Standard Element	Assessment/Evaluation Methodology with Source of Information/Data	Timeframe	Oversight Responsibility	Documentation of Outcomes and Changes/Revisions
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: <ul style="list-style-type: none"> • fair and equitable; • published and accessible; and, • reviewed and revised as necessary to foster program improvement 	<p>1) Review policies related to student recruitment, admission, retention, and progression to reflect congruency with KSU policies, GA BON rules and regulations, and accreditation requirements.</p> <p>2) Review policies to ensure that they are fair and equitable, published and accessible, and revised as necessary to foster program improvement.</p> <p><i>Source of Information/Data: Mission, goals and expected program outcomes; CCNE standards, NTF on Quality NP Education Criteria, AACN Indicators of Quality in Research Focused Doctoral Programs; GA BON; major institutional and nursing unit reports; catalogs, faculty and student handbooks, policies, committee minutes that reflect decision-making</i></p>	<p>1) Annual</p> <p>2) Annual</p>	<p>1) Admission, Progression and Retention Committees</p> <p>2) Admission, Progression, and Retention Committees.</p>	Reflected in committee minutes and annual report. Revisions presented at WSON faculty meetings with documented motions and results and reflected in both the WSON Faculty Handbook and WSON Student Handbooks.
I-G: The program defines and reviews formal complaints according to established policies.	<p>1) Review WSON policy on formal complaints for consistency with policies found in University Undergraduate and Graduate Catalogs and Student Handbooks.</p> <p>2) Review all grievances to ensure timeliness and objectivity of review.</p> <p><i>Source of Information/Data: Major institutional and nursing unit reports; catalogs, faculty and student handbooks, policies, committee minutes that reflect decision-making</i></p>	<p>1) Every 5 years (2021, 2026)</p> <p>2) Annual</p>	<p>1) Admissions, Progression and Retention Committees</p> <p>2) WSON Director and Administrative Team</p>	Reflected in Committee minutes and annual reports with revisions presented at WSON faculty meetings with documented motions and results.
I-H: Documents and publications are accurate. A process is used to notify constituents about changes in documents and publications.	<p>1) Review documents and publications related to program's offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, grading policies, degree/certificate completion requirements, tuition, fees, licensure, and certification examinations for accuracy. For APRN education programs, transcripts or other official documentation specify the APRN role and population focus of the graduate.</p>	1) Annual	1) WSON Director and Administrative Team	Reflected in all documents and publications on program offerings.

	2) Evaluate the process to notify constituents about changes. <u>Source of Information/Data:</u> KSU catalogues, faculty and student handbooks, policies, all publications, WSON website.	2) Annual	1) WSON Director and Administrative Team	
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Standard II: 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 enable the 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.				
Standard Element	Assessment/Evaluation Methodology with Source of Information/Data	Timeframe	Oversight Responsibility	Documentation of Outcomes and Changes/Revisions
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.	1) Evaluate WSON budget and faculty and staff compensation to ensure adequacy of fiscal resources to fulfill WSON mission, goals, and expected outcomes. 2) Conduct WSON survey to assess adequacy of physical resources of space, equipment, and supplies to faculty, staff, and students. <u>Source of Information/Data:</u> <i>Nursing unit budget; minutes of Fiscal and Physical Resources Committee that reflect decision-making; and WSON faculty meeting minutes</i>	1) Annual 2) Every five years (2021,2026)	1) WSON Director and Administrative Team and Fiscal and Physical Resources Committee 2) WSON Director and Administrative Team and Fiscal and Physical Resources Committee	Reflected in committee minutes and annual reports with revisions presented at WSON faculty meetings with documented motions and results.
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.	1) Evaluate clinical sites and classroom/lab/simulation space inventory to ensure adequacy of physical resources to fulfill WSON mission, goals, and expected outcomes. 2) Conduct WSON survey to assess adequacy of physical resources of space, equipment, and supplies to faculty, staff, and students. <u>Source of Information/Data:</u> <i>Nursing unit budget; minutes of Fiscal and Physical Resources Committee that reflect decision-making; and WSON faculty meeting minutes</i>	1) Annual 2) Every five years (2021,2026)	1) WSON Director and Administrative Team and Fiscal and Physical Resources Committee 2) WSON Director and Administrative Team and Fiscal and Physical Resources Committee	Reflected in committee minutes and annual reports with revisions presented at WSON faculty meetings with documented motions and results.

<p>II-C: Academic support services are sufficient to meet program and student needs and are evaluated on a regular basis.</p>	<p>1) Evaluate academic support services by reviewing strategic plan, library resource inventory, technology inventory, research support, distance education support, admission and advising services for students.</p> <p><u>Source of Information/Data:</u> <i>WSON budget; minutes of Fiscal and Physical Resources Committee that reflect decision-making; annual report of the Admission, Progression, and Retention Committee</i></p>	<p>1) Annual</p>	<p>1) WSON Director and Administrative Team, Fiscal and Physical Resources Committee, Admission, Progression, and Retention Committee</p>	<p>Reflected in committee minutes and annual reports with revisions presented at WSON faculty meetings with documented motions and results.</p>
<p>Standard Element</p>	<p>Assessment/Evaluation Methodology with Source of Information/Data</p>	<p>Timeframe</p>	<p>Oversight Responsibility</p>	<p>Documentation of Outcomes and Changes/Revisions</p>
<p>II-D: The chief nurse administrator of the WSON:</p> <ul style="list-style-type: none"> • is a registered nurse (RN); • holds a graduate degree in nursing; • holds a doctoral degree if the WSON 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 WSON in achieving its mission, goals, and expected program outcomes. 	<p>1) Evaluate WSON Director’s academic qualifications and experience to ensure leadership capacity to accomplish the WSON mission, goals, and expected student and faculty outcomes.</p> <p>2) Evaluate WSON Director’s leadership effectiveness in achieving the WSON mission, goals, and expected student and faculty outcomes.</p> <p><u>Source of Information/Data:</u> <i>Current Curriculum Vita (CV) of the chief nursing administrator/Director; annual evaluation data.</i></p>	<p>1) Upon appointment and discretion of KSU President</p> <p>2) Annual</p>	<p>1) WCHHS Dean, University President</p> <p>2) WSON Faculty and the Department Faculty Council/Department Evaluation Review Committee</p>	<p>1) Academic qualifications and documented experience stays on file for accreditation review purposes.</p> <p>2) Reflected in WSON Director annual evaluations. Summative evaluation report submitted to WCHHS Dean.</p>
<p>II-E: Faculty are:</p> <ul style="list-style-type: none"> • 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. 	<p>1) Evaluate current faculty numbers, CVs, current licensures, student evaluations of teaching effectiveness, and faculty performance reviews to ensure faculty qualifications.</p> <p>2) Evaluate workload assignments.</p> <p><u>Source of Information/Data:</u> <i>Key faculty information (name, title, degrees, specialization, certification, relevant work experience, teaching responsibilities); current CVs of the nursing faculty; Faculty Qualification Record (FQR); and policies regarding faculty workload</i></p>	<p>1) Annual and upon appointment</p> <p>2) Annual</p>	<p>1) WSON Director and Administrative Team</p> <p>2) WSON Director and Administrative Team and Fiscal and Physical Resources Committee</p>	<p>Reflected in annual evaluations completed by WSON Director, administrative documentation, and Committee minutes.</p>

Standard Element	Assessment/Evaluation Methodology with Source of Information/Data	Timeframe	Oversight Responsibility	Documentation of Outcomes and Changes/Revisions
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.	1) WSON Director and/or Program Associate Director (or designee) evaluates preceptor qualifications by reviewing Preceptor Qualification forms. <i>Source of Information/Data: Policies and procedures regarding preceptor qualifications and evaluation; and documentation of preceptor qualifications and evaluation</i>	1) Upon appointment and annually	1) WSON Director and Administrative Team	Reflected in Preceptor Qualification forms for both undergraduate and graduate programs
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.	1) Evaluate faculty performance expectations, workload assignments, WSON budget, KSU Faculty handbook, and WSON Faculty handbook to assess supportive work environment. 2) Provide data on educational offerings from the Faculty Development Committee <i>Source of Information/Data: Policies of faculty workload, committee minutes that reflect decision-making</i>	1) Annual 2) Annual	1) WSON Director and Administrative Team, Fiscal and Physical Resources Committee, and Bylaws Committee 2) Faculty Development Committee	Reflected in committee minutes and annual reports with revisions presented at WSON faculty meetings with documented motions and results.

Standard III: 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.				
Standard Element	Assessment/Evaluation Methodology with Source of Information/Data	Timeframe	Oversight Responsibility	Documentation of Outcomes and Changes/Revisions
III-A: The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that: <ul style="list-style-type: none"> are congruent with 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 	1) Evaluate WCHHS strategic plan, WSON philosophy, mission, organizing framework, and program/student learning outcomes for congruency with KSU, GA BON, and other professional nursing standards appropriate to the program as reflected in faculty and student handbooks, catalog, and website. 2) Review course reports, syllabi and individual student learning outcomes for congruency with program outcomes. 3) Evaluate the expectation of the communities of interest with respect to the curriculum.	1) Every five years (2021, 2026) 2) Annual 3) Annual	1) Curriculum Committees, and Program Evaluation Committees. 2) Curriculum Committees, Program Evaluation Committees and Faculty responsible for course 3) WSON Director and Administrative team;	Reflected in course reports, committee minutes, and annual reports. Revisions presented at WSON faculty meetings with documented motions and results.

	<u>Source of Information/Data:</u> <i>KSU Academic Program Assessment Plan; Undergraduate and Graduate Total Assessment Blueprints; course syllabi; course reports; committee minutes that reflect decision-making</i>		WellStar/WSO Academic-Practice Partnership Committee.	
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 <i>The Essentials of Baccalaureate Education for Professional Nursing Practice</i> (AACN, 2008)	<p>1) Evaluate overall curriculum and outcomes for congruency with: ANA Foundations of Nursing Documents; ANA Code of Ethics; AACN Essentials for Baccalaureate Education (AACN, 2008, GA BON Rules and Regulations, and any other relevant professional organizations.</p> <p>2) Analyze curriculum mapping process with respect to roles and documentation of where and how required content, knowledge, and skills are identified in specific courses and student learning outcomes.</p> <p>3) Review individual courses (syllabi and student learning outcomes) for congruency with professional standards, guidelines and other regulatory requirements.</p> <p><u>Source of Information/Data:</u> <i>KSU Academic Program Assessment Plan; Undergraduate Total Assessment Blueprints; course syllabi; course reports; committee minutes that reflect decision-making; examples of assignments and/or course content reflecting incorporation of professional nursing standards and guidelines in curriculum</i></p>	<p>1) Every five years (2021, 2026)</p> <p>2) Every five years (2021, 2026)</p> <p>3) Every five years (2021, 2026)</p>	<p>1) Undergraduate Curriculum Committee and Program Evaluation Committee.</p> <p>2) Undergraduate Curriculum Committees and Program Evaluation Committees.</p> <p>3) Undergraduate Curriculum Committee, Program Evaluation Committee, and Faculty responsible for course</p>	Reflected in course reports, team minutes, committee minutes, and annual reports. Revisions presented at WSON faculty meetings with documented motions and results.
<p>III C. Master's curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).</p> <ul style="list-style-type: none"> • Master's program curricula incorporate professional standards and guidelines as appropriate <ul style="list-style-type: none"> a) All master's degree programs incorporate <i>The Essentials of Master's Education in Nursing</i> (AACN, 2011) and additional 	<p>1) Evaluate overall curriculum and outcomes for congruency with: ANA Foundations of Nursing Documents; ANA Code of Ethics; AACN Essentials for Master's Education (AACN, 2011), GA BON Rules and Regulations, and any other relevant professional organizations.</p> <p>2) Analyze curriculum mapping process with respect to roles and documentation of where and how required content, knowledge, and skills are identified in specific courses and student learning outcomes.</p>	<p>1) Every five years (2021, 2026)</p> <p>2) Every five years (2021, 2026)</p>	<p>1) Graduate Program Evaluation & Curriculum Committees</p> <p>2) Graduate Program Evaluation & Curriculum Committees</p>	Reflected in course reports, committee minutes, and annual reports. Revisions presented at WSON faculty meetings with documented motions and results

<p>relevant professional standards and guidelines as identified by the program</p> <p>b) All master's degree programs that prepare nurse practitioners incorporate <i>Criteria for Evaluation of Nurse Practitioner Programs</i> (NTF, 2016)</p> <ul style="list-style-type: none"> Graduate-entry master's program curricula incorporate <i>The Essentials of Baccalaureate Education for Professional Nursing Practice</i> (AACN, 2008) and appropriate graduate program standards and guidelines. 	<p>3) Review individual courses (syllabi and student learning outcomes) for congruency with professional standards, guidelines and other regulatory requirements.</p> <p><u>Source of Information/Data:</u> <i>KSU Academic Program Assessment Plan; Graduate Total Assessment Blueprints; course syllabi; course reports; committee minutes that reflect decision-making; examples of assignments and/or course content reflecting incorporation of professional nursing standards and guidelines in curriculum</i></p>	<p>3) Every five years (2021, 2026)</p>	<p>3) Graduate Program Evaluation & Curriculum Committee & Individual faculty responsible for courses</p>	
<p>III-F: The curriculum is logically structured to achieve expected student outcomes.</p> <ul style="list-style-type: none"> Baccalaureate curricula build upon a foundation of the arts, sciences, and humanities Master's curricula build on a foundation comparable to baccalaureate level nursing knowledge 	<p>1) Evaluate course content, organization, and sequencing as well as prerequisites in KSU undergraduate and graduate catalogs and individual course syllabi for achievement.</p> <p><u>Source of Information/Data:</u> <i>KSU Academic Program Assessment Plan; Undergraduate and Graduate Total Assessment Blueprints; course syllabi; Undergraduate and Graduate Catalogs; course reports; committee minutes that reflect decision-making</i></p>	<p>1) Every five years (2021, 2026)</p>	<p>1) Curriculum Committees, Program Evaluation Committees, and Faculty responsible for course</p>	<p>Reflected in curriculum mapping process, course reports, and committee minutes. Revisions presented at WSON faculty meetings with documented motions and results.</p>
<p>Standard Element</p>	<p>Assessment/Evaluation Methodology with Source of Information/Data</p>	<p>Timeframe</p>	<p>Oversight Responsibility</p>	<p>Documentation of Outcomes and Changes/Revisions</p>
<p>III-G: Teaching-learning practices:</p> <ul style="list-style-type: none"> 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, 	<p>1) Evaluate course reports, course syllabi, handouts/study guides, and student and peer evaluations (including clinical evaluations) for appropriate teaching-learning practices.</p> <p>2) Analyze curriculum mapping process for appropriate achievement of both program and student learning outcomes.</p>	<p>1) Annual and every semester</p> <p>2) Every five years (2016, 2021)</p>	<p>1) Curriculum Committees, Program Evaluation Committees, and Faculty responsible for course</p> <p>2) Curriculum Committees, Program Evaluation Committees, and Faculty responsible for course</p>	<p>Reflected in course reports, committee minutes, and annual reports. Revisions presented at WSON faculty meetings with documented motions and results.</p>

<p>perspectives, and backgrounds.</p>	<p>3) Evaluate the expectation of the communities of interest with respect to the curriculum and teaching-learning practices.</p> <p>4) Evaluate and enhance the climate of diversity and inclusion among faculty & students within WSON.</p> <p><u>Source of Information/Data:</u> <i>Undergraduate and Graduate Total Assessment Blueprints; course syllabi; examples of student work reflecting student learning outcomes; student performance evaluations (didactic/clinical); course/faculty evaluation course reports, committee minutes that reflect decision-making; course syllabi; examples of student work reflecting student learning outcome; current affiliation agreements with institutions where instruction occurs; student and faculty evaluations of clinical sites; course reports; committee minutes that reflect decision-making, Employer Survey</i></p>	<p>3) Annual</p> <p>4) Annual</p>	<p>3) WSON Director and Administrative team; WellStar/WSON Academic-Practice Partnership Committee.</p> <p>4) Diversity Committee</p>	
<p>III-H: The curriculum includes planned clinical practice experiences that:</p> <ul style="list-style-type: none"> • enable students to integrate new knowledge and demonstrate attainment of program outcomes; • foster interprofessional collaborative practice and; • are evaluated by faculty 	<p>1) Evaluate course reports, course syllabi, and student and peer clinical evaluations for appropriate teaching-learning practices.</p> <p>2) Analyze curriculum mapping process for appropriate achievement of outcomes.</p> <p>3) Evaluate aggregate data report of student evaluations of clinical agencies (sites and preceptors)</p>	<p>1) Annual and every semester</p> <p>2) Every five years (2021, 2026)</p> <p>3) Every five years (2021, 2026)</p>	<p>1) Curriculum Committees, Program Evaluation Committees, and Faculty responsible for course</p> <p>2) Curriculum Committees and Program Evaluation Committees.</p> <p>3) Curriculum Committees and Program Evaluation Committees.</p>	<p>Reflected in course reports, committee minutes, and annual reports. Revisions presented at WSON faculty meetings with documented motions and results.</p>

	<u>Source of Information/Data:</u> <i>Undergraduate and Graduate Total Assessment Blueprints; course syllabi; KSU examples of student work reflecting student learning outcomes; student performance evaluations (clinical); course/faculty evaluations; current affiliation agreements with institutions where instruction occurs; student and faculty evaluations of clinical sites; course reports; committee minutes that reflect decision-making</i>			
Standard Element	Assessment/Evaluation Methodology with Source of Information/Data	Timeframe	Oversight Responsibility	Documentation of Outcomes and Changes/Revisions
III-I: Individual student performance is evaluated by the faculty and reflects achievement of expected student outcomes. Evaluation policies and procedures for individual student performance are defined and consistently applied.	<p>1) Evaluate individual student performance related to achievement of student learning outcomes.</p> <p><u>Source of Information/Data:</u> <i>Undergraduate and Graduate Total Assessment Blueprints; course syllabi, Faculty and Student Handbooks; examples of student work reflecting student learning outcomes: course reports; committee minutes that reflect decision-making</i></p>	1) Every semester	1) Curriculum Committees, Program Evaluation Committees, and Faculty responsible for course	Reflected in course reports, committee minutes, and annual reports. Revisions presented at WSON faculty meetings with documented motions and results.
III-J: Curriculum and teaching-learning practices are evaluated at regularly scheduled intervals and evaluation data are used to foster ongoing improvement.	<p>1) Review mechanism for curriculum improvement and evaluate overall curriculum through course mapping.</p> <p>2) Analyze individual courses and teaching-learning practices through course and faculty evaluations. Identify areas of improvement which stem from these evaluations.</p> <p><u>Source of Information/Data:</u> <i>KSU Academic Program Assessment Plan; Undergraduate and Graduate Total Assessment Blueprints; course syllabi; course report; committee minutes that reflect decision-making</i></p>	<p>1) Every five years (2021, 2026)</p> <p>2) Every semester</p>	<p>1) Curriculum Committees, Program Evaluation Committees, and Faculty responsible for course</p> <p>2) Faculty responsible for the course</p>	Reflected in course reports, committee minutes, and annual reports. Revisions presented at WSON faculty meetings with documented motions and results.

Standard IV: Program Effectiveness: Assessment and Achievement

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.

Standard Element	Assessment/Evaluation Methodology with Source of Information/Data	Timeframe	Oversight Responsibility	Documentation of Outcomes and Changes/Revisions
IV-A: A systematic process is used to determine program effectiveness.	1) Evaluate program effectiveness through routine assessment of program and student learning outcomes annually. <i>Source of Information/Data: KSU Academic Program Assessment Plan; Undergraduate and Graduate Total Assessment Blueprints (TABs); committee minutes that reflect decision-making</i>	1) Annual	1) Program Evaluation Committees.	Reflected in Committee minutes and annual reports with revisions presented at WSON faculty meetings with documented motions and results.
IV-B: Program completion rates demonstrate program effectiveness.	1) Evaluate retention and graduation rates of both Undergraduate and Graduate programs <i>Source of Information/Data: KSU Academic Program Assessment Plan; Southern Regional Educational Board Report; AACN Annual Report</i>	1) Annual	1) Curriculum Committees, Program Evaluation Committees, Admission, Progression and Retention Committee.	Reflected in Committee minutes and annual reports with revisions presented at WSON faculty meetings with documented motions and results.
IV-C: Licensure pass rates demonstrate program effectiveness.	1) Review National Council Licensure Examination (NCLEX) pass rates from state and compare to national scores.	1) Annual	1) Curriculum Committees and Program Evaluation Committees.	Reflected in Committee minutes and annual reports with revisions presented at WSON faculty meetings with documented motions and results.
IV-D: Certification pass rates demonstrate program effectiveness.	1) Compare certification pass rates to national pass rates <i>Source of Information/Data: National Certification Boards, TABs, and KSU Academic Program Assessment Plan; and National Council of State Boards of Nursing (NCSBN)</i>	1) Annual	1) Graduate Program Evaluation and Curriculum Committee	Reflected in Committee minutes and annual reports with revisions presented at WSON faculty meetings with documented motions and results.
Standard Element	Assessment/Evaluation Methodology with Source of Information/Data	Timeframe	Oversight Responsibility	Documentation of Outcomes and Changes/Revisions
IV-E: Employment rates demonstrate program effectiveness.	1) Analyze aggregate undergraduate Survey results and within 12 months post-graduation to determine employment status	1) Annual 1) Annual	1) Undergraduate Survey Committee	Reflected in Committee minutes and annual reports with revisions presented at WSON faculty meetings with documented motions and results.

	<p>2) Analyze aggregate graduate Survey results upon exit of program/graduation to determine employment status</p> <p><u>Source of Information/Data:</u> <i>Undergraduate standardized aggregate survey reports; graduate aggregate exit survey reports</i></p>		2) Graduate Curriculum Program Evaluation Committee	
IV-F: Data regarding completion, licensure, certification, and employment rates are used, as appropriate, to foster ongoing program improvement.	<p>1) Analyze undergraduate and graduate Total Assessment Blueprint results for identified areas for improvement and recommendations.</p> <p><u>Source of Information/Data:</u> <i>National Certification Boards, TABs, and KSU Academic Program Assessment Plan; and National Council of State Boards of Nursing (NCSBN)</i></p>	1) Annual	1) Curriculum Committees, Program Evaluation Committees	Reflected in Committee minutes and annual reports with revisions presented at WSON faculty meetings with documented motions and results.
IV-G: Aggregate faculty outcomes demonstrate program effectiveness.	<p>1) Review faculty vitae and annual reviews</p> <p>2) Review faculty outcome results for teaching, research, service and practice</p> <p><u>Source of Information/Data:</u> <i>Digital Measures and faculty evaluations</i></p>	<p>1) Annual</p> <p>2) Annual</p>	<p>1) WSON Director and Administrative Team</p> <p>2) WSON Director and Administrative Team</p>	Reflected in annual evaluations and evaluations by students.
Standard Element	Assessment/Evaluation Methodology with Source of Information/Data	Timeframe	Oversight Responsibility	Documentation of Outcomes and Changes/Revisions
IV-H: Aggregate faculty outcome data are analyzed and used, as appropriate, to foster ongoing program improvement.	<p>1) Compare actual levels of aggregate faculty outcomes to expected aggregate faculty outcomes.</p> <p>2) Review the governance structure of WSON for assurance that faculty are engaged in the program improvement process.</p>	<p>1) Annual</p> <p>2) Annual</p>	<p>1) WSON Director and Administrative Team</p> <p>2) WSON Director and Administrative Team</p>	Reflected in Committee minutes and annual reports with revisions presented at WSON faculty meetings with documented motions and results.
IV-I: Program outcomes demonstrate program effectiveness.	<p>1) Review both Undergraduate and Graduate annual evaluations of assessment outcomes</p> <p><u>Source of Information/Data:</u> <i>TABs and KSU Academic Program Assessment Plan</i></p>	Annual	1) Curriculum Committees and Program Evaluation Committees.	Reflected in Committee minutes and annual reports with revisions presented at WSON faculty meetings with documented motions and results.
IV-J: Program outcome data are used, as appropriate, to foster ongoing program improvement.		1) Every 5 years		Reflected in Committee minutes and annual reports with revisions

	<p>1) Review Comprehensive Evaluation Plan with current criteria from Georgia Board of Nursing and CCNE Standards</p> <p>2) Review TABs for identified areas for improvement and recommendations</p> <p><i>Source of Information/Data: TABs, Mission, goals and expected program outcomes; CCNE standards, NTF on Quality NP Education Criteria, GA BON; Major institutional and nursing unit reports; Catalogs, faculty and student handbooks, policies, committee minutes that reflect decision-making</i></p>	<p>(2021,2026)</p> <p>2) Annual</p>	<p>1) Curriculum Committees and Program Evaluation Committees.</p> <p>2) Curriculum Committees and Program Evaluation Committees.</p>	<p>presented at WSON faculty meetings with documented motions and results.</p>
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Revised: 12/11, 7/16, 5/16, 9/19