ANNUAL ASSESSMENT REPORT

AUGUST 1, 2008

DIVISION OF NURSING

UNIVERSITY OF ARKANSAS AT MONTICELLO

GUIDING QUESTIONS

1. **List the student learning outcomes (goals) for your unit. Include the specific website address where the learning outcomes can be accessed.**

   A. **The faculty in the Division of Nursing (DON) prepares nurse generalists at the technical (AASN) and professional (BSN) entry to practice levels. Examples of student learning goals/outcomes are included here and are also found at the DON website:**
   http://www.uamont.edu/Nursing/pdf/Outcomes-BSN.pdf

   A student who graduates from the Bachelor of Science Degree in Nursing Program in the DON should be able to:

CURRICULUM STRANDS	OUTCOMES
Critical Thinking	1. Formulate judgments using a problem solving process that is goal directed, ethical, and based on standards of professional nursing practice.
Research	2. Reflect critical thinking to critique and apply research findings in nursing practice.
Nursing Process	3. Use the nursing process to provide therapeutic nursing interventions which promote, maintain, and restore the health of culturally and ethnically diverse individuals, families, and/or communities throughout the lifespan.
Leadership	4. Apply leadership and management skills to provide cost effective quality health care, implement and support change, and serve as a client advocate in a variety of settings.
Communication	5. Communicate and collaborate with members of the health care team and consumers to provide and improve delivery of health care.

	6. Educate individuals, families, and communities using teaching/learning principles which promote, maintain, and restore health.
Teaching/Learning	

B. Examples of learning goals/outcomes for the AASN program include the following, also found at the following DON web site: http://www.uamont.edu/Nursing/pdf/Outcomes-AASN.pdf

A student who graduates from the AASN degree program in the Division of Nursing should be able to:

<u>CURRICULUM STRANDS</u>	<u>OUTCOMES</u>
Critical Thinking	1 Formulate judgments using a problem solving process that is goal directed, ethical, and based on standards of professional nursing practice.
Nursing Process	2. Use the nursing process to provide therapeutic nursing interventions which promote, maintain, and restore the health of culturally and ethnically diverse individuals, families, and/or communities throughout the lifespan.
Management	3. Apply management skills to provide cost-effective quality health care, support change, and serve as a client advocate.
Communication	4. Communicate and collaborate with members of the health care team and consumers to provide and improve delivery of health care.
Teaching/Learning	5. Educate individuals, families, and families in communities using teaching/learning principles which promote, maintain, and restore health.

Indicate the accrediting agencies for the Division of Nursing and the term of the accreditation:

The National League for Nursing Accrediting Commission (NLNAC) has re-accredited the BSN Program from 2002 to 2010. Eight years is the maximum number of years given by the NLNAC to a school of nursing program.

The AASN and the BSN programs are approved by the Arkansas State Board of Nursing (ASBN). The BSN program received full approval from ASBN on May 15, 2008. Approval extends for 5 years. ASBN regulations for approval of a registered nurse program can be found at the following web site: http://www.arsbn.org/

The Associate of Applied Science in Nursing (AASN) program is initiating the accreditation process through NLNAC. We plan to apply for candidacy for this program by January 2009.

NLNAC Standards are as follows:

> **A. Mission and Governance**
> **There are clear and publicly stated mission and/or philosophy and purposes appropriate to postsecondary or higher education in nursing.**
> **B. Faculty**
> **There are qualified and credentialed faculty, appropriate to accomplish the nursing education unit purposes and strengthen its educational effectiveness.**
> **C. Students**
> **Student policies of the nursing education unit are congruent with those of the governing organization, publicly accessible, non-discriminatory, and consistently applied; differences are justified by the nursing education unit purposes.**
> **D. Curriculum and Instruction**
> **The curriculum is designed to accomplish its educational and related purposes.**
> **E. Resources**
> **Resources are sufficient to accomplish the nursing education unit purposes.**
> **F. Integrity**
> **Integrity is evident in the practices and relationships of the nursing education unit.**
> **G. Educational Effectiveness:**
> **There is an identified plan for systematic evaluation including assessment of student academic achievement.**

> **2.   Demonstrate how your unit's specific student learning outcomes (goals) are linked to the mission of UAM. Please use your enumerated list from Question 1 to complete the section to the right.**

    The overall mission of the Division of Nursing is to strive for excellence in the preparation of technical (Associate of Applied Science in Nursing Degree - AASN) and professional (Bachelor

of Science in Nursing Degree - BSN) nurse generalists. This mission is accomplished through the achievement of course objectives leading to the learning outcomes indicated in the right column below:

	UAM MISSION STATEMENT	Unit Learning Outcomes
1	The mission the University of Arkansas at	BSN Unit Goals 1 and 2
2	Monticello shares with all universities is the commitment	
3	to search for truth, understanding through scholastic	AASN Unit Goals 1
4	endeavor.	
5	The University seeks to enhance and share	BSN Unit Goals 1, 2, 3, and 5
6	knowledge, to preserve and promote the intellectual	AASN Unit Goals 1, 3 and 5
7	content of society, and to educate people for critical	
8	thought.	
9	The University provides learning experiences that	BSN Unit Goals 1, 2, 3, 4, 5, and
10	enable students to synthesize knowledge, communicate	6
11	effectively, use knowledge and technology with	AASN Unit Goals 1, 2, 3, 4, and
12	intelligence and responsibility, and act creatively within	5
13	their own and other cultures.	
14	The University strives for excellence in all its	
15	endeavors. Educational opportunities encompass the	BSN Unit Goals 1, 2, 3, 5 and 6
16	liberal arts, basic and applied sciences, selected	
17	professions, and vocational/ technical preparation. These	AASN Unit Goals 1, 2, 4, and 5
18	opportunities are founded in a strong program of general	
19	education and are fulfilled through contemporary	
20	disciplinary curricula, certification programs, and	
21	vocational/technical education or workforce training. The	
22	University assures opportunities in higher education for	
23	both traditional and non-traditional students and strives to	
24	provide an environment that fosters individual	
	achievement and personal development.	

3. **Provide specific evidence of the ways that your unit communicates student learning outcomes to prospective and current students (Examples: website, catalog, syllabi, brochures).**
   - A. **DON web site:**
     http://www.uamont.edu/Nursing/Mission.htm

   - B. **DON course syllabi contain general and specific course objectives. Copies of course syllabi can be obtained from the Chair of the DON.**

C. UAM College Catalog 2007-2009 communicates learning outcomes that can be found in hard copy starting on page 105 and through the UAM website **http://www.uamont.edu/catalog/UAMCatalog%202007-2009.pdf** Students are being directed to either location and instructed to focus on the appropriate catalogue. New students will be offered the 2007-2009 catalogs on CD.
D. Recruitment posters and brochures were updated and are being distributed to nurses at clinical sites, through the UAM Office of Admissions, are available at the Division of Nursing and are being distributed during registration and recruitment events.
E. AASN and BSN Student Handbooks.

4. Pro**vide specific evidence of how your unit assesses whether students have achieved your unit's student learning outcomes. (Examples: pre/post tests, post tests, capstone courses, surveys, graduation rates, etc.) Address historical patterns or trends.**

A. Completion of standardized nursing care plans which indicate achievement of critical criteria in the planning of care of clients.
B. Achievement of passing scores at or above 74% of all core nursing course exams.
C. Satisfactory clinical skill check off completion.
D. Demonstration of a complete physical assessment and Review of Systems accompanied by in depth documentation.
E. Satisfactory completion of Clinical Evaluation Tool incorporating completion and execution of Clinical Preparation Guide (CPG) and Nursing Care Plans (NCP) for patient care in the clinical setting.
F. Multiple opportunities to develop and deliver presentations associated with course content across the curriculum.
G. Satisfactory completion of preceptored practicum assignments.
H. Satisfactory completion of nursing school portfolio encompassing evidence of satisfactory completion of Process recordings, Teaching/ Learning patient education plans, and all items listed above.
I. HESI Achievement Exit Exam passing scores yearly : 100% BSN and 100% AASN graduates
J. National Council Licensure Examination for Registered Nurses passing scores: 2008: 80.0% BSN and 100% AASN
                            2007: 94.4% BSN and 100% AASN
                            2006: 94.0% BSN and 100% AASN
                            2005: 100.0% BSN and   89% AASN

5.   Provide evidence of the measures of student performance that your unit collects and analyzes regularly (Examples: retention rates/pass rate for classes, teacher made tests, research papers, recitals, field experiences, etc.). Give specific examples of how analyses of student performance have been used to improve unit decisions.

The ultimate measure of student performance is the pass rate for the National Council Licensure Examination for Registered Nurses (NCLEX RN). Our current trend over the past 5 years is a 91.85% pass rate for the BSN program and a 97.25% pass rate for the AASN program. (Appendix A).

Retention rate for the BSN Class of 2008 was 48% with an attrition rate of 52%. The RN to BSN program showed a graduation rate of 100%. There was no LPN to RN program over the school year 2007-2008. It was placed on hold for 1 year.

Data are gathered in the following fashion and are evaluated by faculty on a regular schedule to determine effectiveness in mastery of course objectives, effective instruction methods, and excellence and appropriateness of clinical learning sites, etc. Consideration for change is made when it is obvious that negative factors are affecting mastery of program goals as evidenced by the inability of students to achieve specific course objectives. (Syllabus reflecting these objectives and specific assignments are available at the Division of Nursing, Office of the Chair.)

A. Course examinations that are written to measure mastery of course learning objectives that at specified cognitive levels as indicated in course syllabi. Scantron Par Scoring is used by some faculty to determine reliability/validity factors for examinations. Par scoring allows faculty to determine the effectiveness of the distractors in our multiple choice test. This measure is implemented for improvement of specific examination items or to eliminate them when considering future examination items to be used.
Non Par Scoring Scantron results are also utilized to determine the quality of test items. If greater than half the class misses a particular item, it is reviewed. The entire item is reviewed for wording and quality and accuracy of distracters is evaluated.

B. Oral presentations to indicate mastery of measurable learning objectives as indicated in course syllabi.

C. Clinical assignments such as nursing care plans, interpersonal process recordings, journals, and abstracts that measure mastery of specific learning objectives as specified in course syllabi.

D. Student group collaborative efforts presented in class or to the faculty which meet specified course objectives.

E. National Council Licensure Examination for Registered Nurses (NCLEX-RN) results are reported to the DON (for a fee) in specific examination test plan areas to identify program strengths and weaknesses. The chair presents the results to the faculty in Faculty Association and/or Curriculum Committee meetings annually to determine strengths and weaknesses in the existing curriculum. Faculty with poor NCLEX RN performance scores in their areas of expertise are encouraged to examine existing teaching strategies and seek new ones to strengthen future performance. The NLN Achievement Examinations and the Exit Examination (HESI E²) results are evaluated in a similar manner. Every three years, the National Council of State Boards of Nursing conducts a study to determine the need for a change in the NCLEX-RN Test Plan. If

the tests plan changes, the faculty in the DON plans strategies to incorporate the new changes. Changes are considered during DON Curriculum Committee meetings.

6. **Provide specific evidence of how your unit utilizes information, <u>other than student performance</u>, to determine necessary unit decisions. Describe how your unit analyzes and selects a course of action. Attach documentation that supports your determination. (Examples: senior surveys, alumni surveys, professional meetings, minutes from faculty or committee meetings, etc.)**

    A.   Student evaluations of their overall experiences in the Division of Nursing at the end of the program, at one year, and at five years.

              Senior surveys answer questions regarding *personal information* consisting of demographic data, *student services* to determine the quality and effectiveness of DON advising, communication, *information technology services* specific to the DON i.e. the computer lab*, instructional facilities*, i.e. skills lab, classroom, and *non DON resources* used frequently, i.e. library. The *curriculum*, next on the survey, determines the student perspective on how well the curriculum reflects and teaches the nursing care utilizing the nursing process. (Appendix B)

    B.   Student evaluations of courses, faculty, and clinical sites.

              Faculty have level (individual) course meetings with course coordinators to determine what is to be considered acceptable with reference to written work, course content presentations, and examinations, etc. to evaluate mastery of course objectives. Individual faculty review student evaluations of their performance to determine needs for change or improvement. Course coordinators give reports of student evaluations in the Curriculum Committee meetings and discussion or question/answer sessions often ensue relevant to necessity for change.

              Additionally, faculty bring to the Curriculum Committee meetings teaching strategies which have and have not been helpful to determine if change is needed for improvement and how the change is to be made.   Pilot studies have also been implemented to determine useful teaching strategies with reports given to the Curriculum Committee and documented in meeting minutes.

              Survey results have prompted the DON to submit more proposals to University Curriculum and Standards Committee. All have been approved and accepted by the UAM Faculty Assembly.   Changes requiring approval of the Arkansas State Board of Nursing and/or the National League for Nursing Accrediting Commission are submitted to those agencies for consideration/approval as well. The most recent change is in the RN to BSN program to better meet the needs of the working RN. (Appendix B) We are awaiting final approval of the major curricular change from the NLNAC.

The DON chair and faculty also worked together to develop the DON Strategic Plan with short, intermediate, and long range objectives addressing information gained from student surveys. The strategic plan can be found online at
 http://www.uamont.edu/pdf/UAM%20Strategic%20Plan.pdf

C.   Employer evaluations of our graduates as employees in their various fields of nursing at one and five years are distributed through the Human Resource Offices of our graduate's employing institutions. Responses are discussed according to the monthly Evaluation Plan.

D.   Student representatives from each program are encouraged to participate on the Curriculum Committee and to make their concerns known during meetings. Minutes are kept of these committee meetings.

7. **Based on your answers to Questions 5 and 6 regarding student learning outcomes, prioritize your unit's future course of action. Include plans for what will be done, by whom, to what extent, and how often.**

   The DON has an established monthly evaluation program which operates through the academic year to aid in the evaluation of the effectiveness of our programs. Quality education directed toward assisting students achievement of their career goals is our priority. Determining the effectiveness of our programs and meeting the requirements of our accrediting bodies requires an established plan. (See Appendix C)

   A. What will be done: Continue to evaluate the survey results according to the plan in Appendix C.
   B. Who will do it: Each DON faculty member participates at Curriculum Committee meetings and is a member of the DON Faculty Association. Data is provided by faculty, particularly course coordinators. Students are also appointed to represent the BSN, RN to BSN, and AASN programs on the Curriculum Committee. They have a chance to voice needs and concerns as well.
   C. Extent of outcome evaluations and action: See Appendix C
   D. Frequency of actions: Appendix C outlines an annual month to month evaluation plan.
   E. Prioritization of the DON's future course of action is based on the chair and faculty having a strong desire to provide a top quality program of study for the purpose of assisting students to achieve indicated goals necessary to successfully practice as technical or professional registered nurses. Priority of the DON chair and faculty is to facilitate, motivate and evaluate student learning in the DON programs of study. Necessary improvements in each DON program are made on an ongoing basis.
   F. Offering top quality programs in the DON are influenced by:
      1. Requirements of the University, its mission, and resources available.
      2. Requirements of the approval and accrediting agencies of the DON.
      3. Results of data gathered and analyzed throughout the year.

4. Results of evaluations provided the DON chair and faculty knowledge with regard to what is effective and what is not effective for student achievement in a quality educational program.
5. What is not working is considered for appropriate change within acceptable educational standards.
6. DON Strategic Plan
   http://www.uamont.edu/pdf/UAM%20Strategic%20Plan.pdf

G.   Based upon the criteria explained in E and F, the following are currently priorities.

1. Phase 1 of the UAM Master Plan is nearing completion. The Division of Nursing has been housed in temporary offices since May, 2007 and is looking forward to relocating to Sorrells Hall in December 2008. The primary focus of this year will be a funding drive to furnish and equip the proposed state of the art nursing skills lab. The Division Chair is working collaboratively with the Vice Chancellor of Academic Advancement to accomplish this goal. Funding has been appropriated for 2 smart classrooms and 2 more are planned. Furnishings for the building were addressed in this year's budget proposal and are being addressed collaboratively with the Chancellor's Office.

2. The LPN- RN Program was on hold from Fall 2007 through Spring 2008. Applications resumed Spring 2008. 20 students were chosen to enter the AASN program May 2008. The program plan is to apply for NLNAC Candidacy NLT January 2009. The director of that program attended the NLNAC Self Study Meeting in October 2007 in preparation for the required activities of candidacy.

3. The issue of poor responses from the Employer and Graduate 1 and 5 year surveys was investigated and addressed. A new plan is in place in spring 2008. Surveys were delivered for distribution through the Human Resource Offices of facilities who employ our graduates. We are monitoring responses.

4. Final approval of the revised RN to BSN program by NLNAC. Development of all catalogue changes with C &S proposals, accompanying student paperwork and advertising plan would complete this change.

8.   Specifically describe how your unit is making student learning accessible, including, if applicable, alternative modes of instruction (CIV, WebCT, weekend, Early College High School, etc.). Address historical patterns and trends.

A. The COT campuses at Crossett and McGehee (Dermott) offer the practical nurse program. The Licensed Practical Nurse (LPN) may continue their education through the LPN to RN (Associate of Applied Science degree in Nursing –AASN) program on the Monticello campus. The RN with an Associate Degree or hospital diploma can matriculate through the RN to BSN completion program. The student wishing to enter the generic BSN program directly may do so. The chair of the division has scheduled times to explain matriculation through these levels within the UAM Division of Nursing.

   Information acquired from the Office of the Registrar (July 2008) regarding number of COT graduates that have utilized the LPN to RN Fast Track program show that 2 from the McGehee campus and 2 from the Crossett campus continued on through the Monticello campus.

B. New intervention: Congratulations letters to all LPN graduates. Chair attended both pinning ceremonies.

   This seems to be effective. Current institutional research shows 31 students from the COT campuses are currently completing prerequisites for admission into either the LPN to RN program or the BSN program.

C. The RN to BSN program has been revised with an online component in the WebCT format. Curriculum and Standards has approved revisions. We are awaiting final approval from NLNAC before submitting to new catalogue.

D. Computer based programs of study in math calculation and delegations in nursing have been purchased and are available to students.

E. Our programs of study are advertised in nursing homes, technical schools, and high schools. We offer information via our DON web site, phone or mail. Newspaper press releases are helpful to our advertising efforts. An advertising budget was requested.

F. Maintaining a student friendly atmosphere, offering encouragement and assistance to current students and advisees facilitates student learning. Making students aware of program options when plans need to change has been helpful.

G. Accurate advising and student registration is essential to timely admission into the Division of Nursing. The COT nursing programs are now providing prerequisite information for advisees that may be unaware of the various career pathways available in nursing.

9. Specifically describe how your unit involves students directly in the assessment process.

A. Student representatives from each class and program of study sit on the Curriculum Committee.

B. Students evaluate each course, faculty who team-teach the course, and clinical rotation sites. A place for individual comments is given for students to address concerns. In 2007, Health Assessment NURS 3333 moved to the summer. Evaluations revealed the need for new clinical tool. Clinical assessment tools and new grading rubrics have been developed. They were piloted this year. A faculty workshop has been developed to educate all faculty and clinical instructors on the use of these tools. Students assisted with the development of these tools.

C. Students evaluate their program of study at completion (Sr. Survey) and in one and five years (Alumni Survey).
D. Students are encouraged to assess their own progress through the program through weekly consultations following clinical performance and consultations following unsuccessful test grades. Graded work is returned in a timely manner, often with comments, and exams are reviewed with students immediately after grading. Remediation plans are devised jointly by the students, course coordinator, clinical instructors and finally, the Chair. Students are also allowed to review scoring results on standardized examinations (HESI and NLN) to detect strengths and weaknesses. Students who fail HESI more than twice must take another review course. Should they fail again, an analysis of their scores by the Chair is performed followed by an appointment to discuss the results. HESI scores have been >900 100% of the time following this effort.
E. Student complaints are addressed by course coordinators initially. If satisfaction is not obtained, the student is able to present the complaint to the DON chair for resolution. If the student is still not satisfied the complaint has been satisfactorily addressed, they are encouraged to follow the UAM grievance process as outlined in the UAM Student Handbook.

10. Describe and provide evidence of the efforts your unit is making to retain students in your unit and/or at the University. (A statement indicating that "we are improving advising" is NOT evidence. Copies of letters sent to students, telephone logs, emails, documentation of advising sessions may be considered as evidence.)

We do not have evidence available at this time for the past year. This document will be amended pending presentation of said documentation by the faculty upon their return to school for fall semester.

Appendix A

UNIVERSITY OF ARKANSAS-MONTICELLO
Division of Nursing
National Council Licensure Examination-Registered Nurse (NCLEX-R) Results
By the Arkansas State Board of Nursing

Rates are reported at the end of the fiscal year June 30 by the ASBN and reflect all graduates who have taken the NCLEX RN over the previous 4 quarters.

2005, 2006, 2007, and 2008 BSN Students

2005:   100% pass rate.

2006:   93% pass rate, 100% pass rate by April 2, 2007.

2007: 94.4 % pass rate

2008: 80% Pass rate (fiscal year)

UNIVERSITY OF ARKANSAS-MONTICELLO
Division of Nursing
NCLEX-RN Results
By the Arkansas State Board of Nursing

Rates are reported at the end of the fiscal year June 30 by the ASBN and reflect all graduates who have taken the NCLEX RN over the previous 4 quarters.

Class of 2005 and 2006 AASN Students

Class of 2005: 89% pass rate (100% success rate with subsequent retesting).

Class of 2006: 100% pass rate

Class of 2007: 100% pass rate

Class of 2008: 100% pass rate

OUTCOME ASSESSMENT REPORT
AUGUST 2008

GRADUATION RATES

BSN Program
37 students were admitted Fall 2006
21 graduated (52%) in two years
21 total graduates (includes 2 readmits)

RN – BSN Program : 4 students were admitted in Summer 2007; 5 graduated in Spring 2008 (1 RN to BSN student completed prerequisite courses from previous year)

LPN – RN: 0 graduates in 2008 – Program on hold for 1 year.

EXIT EXAM PREDICTIONS & NCLEX-RN RESULTS:

The Division of Nursing uses the HESI E²as their exit exam. It is part of the final requirements for the Leadership and Management course NURS 4057. A score of 900 is required.

RESULTS FOR THE EXIT EXAM (HESI E²) and NCLEX-RN SCORES NOT ALL IN AT TIME OF REPORT

HESI predicted __21__students would pass, of those,__1__failed, ___10__ unreported =
__90.9%__%
accuracy on prediction at present
NCLEX = __?__ % accuracy of prediction. (Not available at the time this report was submitted.)

Component Measurement Goal
BSN   Attrition, retention
NURS 3333 Health Assessment - 40 admits
NURS 3103 Nursing Skills - 36 admits, 4 nonreturning
NURS 311V Concepts I – 36 admits, 4 nonreturning
NURS 332V Concepts II - 26 admits, 1 readmit, 10 nonreturning
NURS 444V Concepts III - 21 admitted, 1 dropped = 20 + 2 readmits = 22 progressed
NURS 452V Concepts IV - 22 admits, 1 withdrew
NURS 4153 Community Health Nursing - 21 admits -All progressed
NURS 4473 Nursing Research – 26 admits – all progressed
NURS 4504 Leaderships and Management in Prof. Nursing – 21 admits – all progressed

RN to BSN - 4 RN admits

NURS 3073 Role Transition – 4 RN
NURS 3065 Healthy Aging - 4 RN
NURS 3085 Health Promotion – 4 RN
NURS 4057 Professional Nursing Leadership – 4 RN
NURS 4097 Community Nursing – 4 RN
NURS 3073 Nursing Research – 4 RN

Service: ASNA membership – 90% of the students enrolled in upper division nursing will be members of ASNA.
Goal Met: 100% of students enrolled in upper division nursing are members of ASNA.

Program Satisfaction: (#73 of Senior Survey)
95% of students admitted agreement or program satisfaction at the time they completed the survey (May, 2008)

Alumni and Employer surveys will indicate agreement or strong agreement at one and five years post graduation - with the items on the Senior Graduation Survey related to student services and curriculum (items# 16-59). *This data is not available at this time.*
90% of alumni & employers responding will indicate agreement or strong agreement on the items on the Alumni Survey (items #29-56) and the Employer Survey (items # 17-30) related to student services and curriculum. *This data is not available at this time.*

Student Services (Advising, Nursing policies, Communication, Computer Lab, Skills Lab, Classrooms, Library) and Curriculum
Goal: 90% of the seniors indicated agreement or strong agreement with the items on the Senior Survey related to student services and curriculum (items# 16-69).

Patterns of Employment per Senior Survey
Goal: 90% of graduating seniors will indicate they have obtained employment upon graduation.
Goal not met but improved: According to the Senior Survey (#11), 80% had employment and 4% were continuing to seek employment. The rest were not seeking employment at that time. This has increased since last year when only 62% had secured employment at the time of the survey. 6 were not seeking employment and 10 were continuing to seek employment.

Changes in employment at one and at one year & five years post graduation will reflect an increase in clinical positions requiring leadership and management skills (items 20-25 on Alumni Survey). *This information is not available at this time.*

Explanation: Last year's plan was reevaluated. Further investigation found that routing surveys through the Human Resource Office of the facilities was the optimal method. This has been accomplished however surveys were not returned in time for this report.

Appendix B

UNIVERSITY OF ARKANSAS -MONTICELLO
DIVISION OF NURSING
BACHELOR OF SCIENCE IN NURSING (BSN)
RN SURVEY
CLASS 2008

The following information would be helpful in determining nursing program strengths and areas of needed change. Items were tallied from the answers placed on the scantron on the last day of classes.

Part I - Personal Information

1.   When were you admitted into the UAM BSN upper division nursing courses?

    A.   2004   -   1
    B.   2005   -   2
    C.   2006   -   17
    D.   2007   -   0

2.   Gender

    A.   Female   - 16
    B.. Male   - 4

3.   Ethic Origin

    A.   African-American   - 03
    B.   Caucasian   - 17
    C.   American Indian/Alaskan Native - 00
    D.   Hispanic   - 00
    E   Other   - 00

4.   Marital Status

    A.   Single never married   -   9
    B.   Married   -   6
    C.   Divorced   -   4

D. Separated   -   1
E. Widow/Widower   -   0

5. Age

     A. 20 - 24 years   -   9
     B. 25 - 34 years   -   10
     C. 35 - 44 years   -   0
     D. 45 - 54 years   -   1
     E. Over 55 years   -   0

6. What was your admission status?

     A. Traditional student   - 16
     B. Transfer student   - 3
     C. Advanced Placement student – RN   - 1
     D. Advanced Placement student - LPN/LPTN - 0

7. While completing your nursing degree at UAM, what was your enrollment status?

     A. Primarily full time (12 semester hours or more)   - 20
     B. Primarily part time (less than 12 semester hours) -   0
     C. A combination of full-time and part-time   -   0

8. How many semesters did you take upper division nursing courses at UAM?

     A. One   -   0
     B. Two   -   0
     C. Three -   0
     D. Four   -   2
     E. Five   -   18

9. How many years did you take general education courses?
I do not have this information at this time.

     A. One   -   0
     B. Two   -   11
     C. Three   -   5
     D. Four   -   2
     E. Five or more   -   2

10. What is your residence classification at UAM?
I do not have this information at this time.
     A. In-state   - 18
     B. Out-of-state   - 2
     C. International student (not a US citizen) - 0

11.	Have you secured a full time nursing position at this time?
	I do not have this information at this time.

	A. Yes						– 16
	B. No - I am not seeking employment right now – 0
	C. No - I am continuing to seek employment	- 4

12.	Will your first position be in Arkansas?

	A.	Yes		- 14
	B.	No		- 6
	C.	If no, indicate state - 0
	D.	Don't know - 0

13.	My first nursing position after graduation will be in a(an):

	A.	Hospital		-	20
	B.	Home Health Agency	-	0
	C.	Ambulatory clinic	-	0
	D.	Physician's office	-	0
	E.	Other, please explain	-	0

14.	I will primarily work in:

	A.	An intensive care unit		-	13
	B.	A general medical-surgical unit	-	6
	C.	Maternity/Obstetrics		-	1
	D.	Community Health Nursing	-	0
	E.	Other, please explain		-	0

15.	I will primarily work with:

	A.	Adults with acute illness		-	18
	B.	Adults with chronic illness		-	1
	C.	Children with acute illness		-	1
	D.	Children with chronic illness	-	1
	E.	Elderly				-	0

Please indicate how strongly you agree or disagree with the following statements:

A = Strongly Agree   B = Agree   C = Disagree   D = Strongly Disagree   E = Unsure

Part II - Student Services

Advising

My faculty advisor: (items 16-22)

____ 16. Expressed interest in me as an individual in an open, caring manner.

A = 4   B = 15   C = 1   D = 0   E= 0

____ 17. Gave assistance when needed.

A = 4   B = 16   C = 0   D = 0   E = 0

____ 18. Provided me with accurate information about academic requirements and course and program prerequisites in a timely manner.

A = 7   B = 12   C = 1   D = 0   E = 0

____ 19. Referred me to other resources from which I could obtain assistance when needed (e.g., Counseling Center and/or other faculty).

A = 5   B = 13   C = 2   D = 0   E = 0

____ 20. Kept appointments with me in a timely manner.

A = 6   B = 13   C = 0   D = 0   E = 0

____ 21. I met with my nursing faculty advisor at least once per semester.

A = 5   B = 11   C = 3   D = 1   E = 0

____ 22. Overall, I was satisfied with the academic advising I received in the Division of Nursing.

A = 8   B = 11   C = 1   D = 0   E = 0

Please indicate how strongly you agree or disagree with the following statements:

A = Strongly Agree   B = Agree   C = Disagree   D = Strongly Disagree   E = Unsure

Nursing Policies:

____ 23. The BSN Student Handbook was adequate in communicating Division of Nursing Policies.

A = 6   B= 14   C = 0   D = 0   E = 0

_____ 24. Change in the Division of Nursing policies were communicated to me in a timely manner.

A = 3   B = 10   C = 7   D = 0   E = 0

Communication:

_____ 25. There was an open line of communication from nursing administration, staff, and faculty to students.

A = 5   B = 11   C = 2   D = 2   E = 0

_____ 26. Student concerns were addressed in a timely manner.

A = 4   B = 8   C = 6   D = 2   E = 0

Computer Lab:

_____ 27. Adequate help was available in the computer lab to access and operate equipment.

A = 3   B = 13   C = 3   D = 1   E = 0

_____ 28. Educational software (i.e., nursing programs, word processing) in the computer lab was <u>adequate</u> to meet my learning needs.

A = 7   B = 14   C = 2   D = 0   E = 0

_____ 29. Educational software was current to my learning needs.

A = 6   B = 13   C = 1   D = 0   E = 0

Please indicate how strongly you agree or disagree with the following statements:

A = Strongly Agree   B = Agree   C = Disagree   D = Strongly Disagree   E = Unsure

_____ 30. Educational software was in good working order.

A = 5   B = 13   C = 2   D = 0   E = 0

_____ 31. Educational hardware (i.e., computers, equipment) was <u>accessible</u> to meet my learning needs.

A = 5   B = 12   C = 2   D = 1   E = 0

____   32.   Educational hardware was current for my learning needs.

A = 5   B = 12   C = 2   D = 1   E = 0

____   33.   Educational hardware was in good working order.
A = 6   B = 9   C = 4   D = 1   E = 0

____   34.   The computer lab was accessible to me.

A = 6   B = 11   C = 2   D = 1   E = 0

Skills Lab:

____   35.   Adequate help was available in Skills lab to access equipment and practice skills.

A = 3   B = 12   C = 3   D = 2   E = 0

____   36.   Equipment in the Skills lab was adequate for my learning needs.

A = 2   B = 6   C = 6   D =6   E = 0

____   37.   Equipment in the Skills lab was in good repair and functioning.

A = 2   B = 7   C = 5   D = 6   E = 0

____   38.   Supplies in the Skills lab were available in adequate amounts for my learning needs.

A = 2   B = 8   C = 5   D = 5   E = 0

Please indicate how strongly you agree or disagree with the following statements:

A = Strongly Agree   B = Agree   C = Disagree   D = Strongly Disagree   E = Unsure

____   39.   Supplies in the Skills lab were current for learning needs.

A = 3   B = 7   C = 2   D = 8   E = 0

____   40.   The Skills lab was conducive for learning.

A = 4   B = 10   C = 3   D = 3   E = 0

_____ 41.   The Skills lab was accessible to me.

A = 3   B = 14   C = 0   D = 3   E = 0

Classrooms:

_____ 42.   Chalkboards, overheads, etc. were visible to me in the seats in the classrooms of
the Division of Nursing.

A = 6   B = 14   C = 0   D = 0   E = 0

_____ 43.   Climate control (heating, cooling, humidity) in the classrooms of the Division of
Nursing was sufficient for my comfort.

A = 2   B = 10   C = 6   D = 2   E = 0

Library:

_____ 44.   There was an adequate number of books available to meet most of my learning
needs.

A = 7   B = 13   C = 0   D = 0   E = 0

_____ 45.   There was an adequate variety of books available to meet my learning needs.

A = 6   B = 14   C = 0   D = 0   E = 0

_____ 46.   There was an adequate variety of current periodical literature available to meet
most of my learning needs.

A = 6   B = 14   C = 0   D = 0   E = 0

Please indicate how strongly you agree or disagree with the following statements:

A = Strongly Agree   B = Agree   C = Disagree   D = Strongly Disagree   E = Unsure

_____ 47.   The current periodical literature was readily accessible.

A = 5   B = 14   C = 1   D = 0   E = 0

_____ 48.   The literature index system was adequate to meet most of my literature
search needs.

A = 5   B = 14   C = 1   D = 0   E = 0

_____ 49. The library had adequate copying machines.

       A = 6   B = 13   C = 1   D = 0   E = 0

_____ 50. The interlibrary loan system was adequate to meet my needs.

       A = 5   B = 13   C = 0   D = 0   E = 0

_____ 51. The orientation to the library was adequate.

       A = 6   B = 10   C = 4   D = 0   E = 0

Part III - Curriculum

Please indicate how strongly you agree or disagree with the following statements:

A = Strongly Agree   B = Agree C = Disagree D = Strongly Disagree E = Unsure

University Mission Statement: Providing contemporary curricula which prepare students for careers in selected fields, personal development, and for meeting societal needs.

Division of Nursing Mission Goal: The preparation of graduates to provide nursing care for individuals, families, and families in communities within a variety of health care settings.

Please indicate how strongly you agree or disagree with the following statements:

_____ 52. The curriculum prepared me to care for multiple clients.

       A = 8   B = 12   C = 0   D = 0   E = 0

_____ 53. My learning experiences prepared me to collaborate with client's families and groups in the community to provide safe, effective care.

       A = 8   B = 12   C = 0   D = 1   E = 0

_____ 54. I believe I am prepared for the NCLEX-RN.

       A = 4   B = 11   C = 3   D = 1   E = 0

_____ 55. I am prepared to use teaching/learning principles.

       A =8   B = 12   C = 0   D = 0   E = 0

_____ 56. I am knowledgeable about the legal implications for nursing practice.

A = 7   B = 13   C = 0   D = 0   E = 0

___ 57. I am prepared to use management skills to provide cost effective, quality health care.

A = 8   B = 12   C = 0   D =0   E = 0

Please indicate how strongly you agree or disagree with the following statements:

A = Strongly Agree   B = Agree   C = Disagree   D = Strongly Disagree   E = Unsure

___ 58. I am prepared to implement and support change.

A = 9   B = 11   C = 0   D = 0   E = 0

___ 59. I am prepared to serve as an advocate for clients.

A = 9   B = 11   C = 0   D = 0   E = 0

___ 60. I believe I can use the nursing process to provide therapeutic nursing interventions to culturally and ethnically diverse individuals, families, and families in communities.

A = 10   B = 10   C = 0   D = 0   E = 0

University Mission Statement: The University seeks to enhance and share knowledge, to preserve and promote the intellectual content for society, and to educate people for critical thought.

Division of Nursing Mission Goal: The encouragement of critical thinking to guide nursing interventions which promote, maintain, and restore health.

___ 61. I was encouraged to do critical thinking and problem solving.

A = 12   B = 8   C = 0   D = 0   E = 0

___ 62. I am prepared to identify and apply research findings in my practice.

A = 9   B = 11   C = 0   D = 0   E = 0

___ 63. My creativity was encouraged while in nursing school.

A = 7   B = 13   C = 0   D = 0   E = 0

___ 64. I am prepared to make judgments that are goal directed, ethical, and based

on standards of professional nursing practice using the nursing process.

A = 7 B = 13 C = 0 D = 0 E = 0

Please indicate how strongly you agree or disagree with the following statements:

A = Strongly Agree B = Agree C = Disagree D = Strongly Disagree E = Unsure

____ 65. I believe I can use the nursing process to provide therapeutic nursing interventions to culturally and ethnically diverse individuals, families, and communities.

    A = 9 B = 11 C = 0 D = 0 E = 0

University Mission Statement: Strengthening students' capabilities as thoughtful contributors to society by encouraging them to take personal responsibility and seek the benefits of lifelong learning.

Division of Nursing Mission Goal: The development of accountability through a commitment to technical nursing practice and lifelong learning.

____ 66. I will be accountable for providing safe, cost effective nursing care for clients.

    A = 11 B = 9 C = 0 D = 0 E = 0

____ 67. I believe I am responsible for my actions as a nurse.

    A = 12 B = 8 C = 0 D = 0 E = 0

____ 68. I will incorporate the nursing code of ethics and professional standards of practice in my nursing practice.

    A = 12 B = 8 C = 0 D = 0 E = 0

____ 69. I believe I need to be a lifelong learner.

    A = 12 B = 8 C = 0 D = 0 E = 0

____ 70. I plan to go to graduate school.

    A = 8 B = 6 C = 5 D = 0 E = 1

Please indicate how strongly you agree or disagree with the following statements:

A = Strongly Agree   B = Agree   C = Disagree   D = Strongly Disagree   E = Unsure

____ 71.   As a student I was aware of and adhered to the University's Academic
            Conduct Code.

            A = 12   B = 8   C = 0   D = 0   E = 0

____ 72.   I have a sense of what professional nursing means to me.

            A = 12   B = 8   C = 0   D = 0   E = 0

____ 73.   Overall, I was very satisfied with the nursing education I received at the
            UAM   Division of Nursing.

            A = 12   B = 7   C = 1   D = 0   E = 0

UNIVERSITY OF ARKANSAS-MONTICELLO
DIVISION OF NURSING

Concepts II-NURS 332 V
Evaluation- Spring 08
Date: May 2008

1.   In what way(s) did this course differ from what you anticipated?

     It was mostly what students expected and heard it would be. Some felt the course was
     much tougher than Concepts I, and had to prepare a lot more for the tests. It was very
     intense, rushed and all assignments due within weeks of each other. They would rather
     have things spread out a little more instead of everything due at one time. Others felt they
     would be doing more hands on skills vs paperwork, and they were more focused on paper
     work rather than patient care. Some believed that they would go into more depth in
     community. Students felt that the course required more personal time; this is mostly
     related to the preparation for presentations. Students felt there was more group work than
     expected. There was a long period with no tests and they feel this time could have been
     managed better, for example, a presentation could have been due at this time. Another
     student commented that they felt they would be better prepared for clinical. Another
     thought they would learn a lot more in clinicals, but didn't because the instructors
     focused on baths more than anything else, and wanted more hands on with IV pumps. A
     student also commented that they thought there would be more work than Concepts I, but
     did not find that this was so. Some found it much harder, with little to no encouragement
     from primary instructor. Another expected to practice skills, and felt that all they did was
     pass drugs and give baths.

2. What would you <u>add</u> to this course to make it more meaningful to future students and why?
Some feel that it is critical that Faculty Member I and Faculty Member II are taken within the first few weeks of clinical. They challenge you more. They also break down care plans better. Faculty Member III also helps with care plans and is very informative. Some would add more skills in clinicals, more clinical areas to get more experience, more organized testing, more detailed test review, one structured care plan that is not to be changed over and over, and more clinical instructors. Another would add longer classes, and feel it would be very beneficial to students. Some felt more quizzes would be helpful, and instead of culture & poisoning, each student take one disorder we will learn about that semester and do a presentation. Some would add study sessions, more IV pumps to practice with. The family assessment should be considered a clinical week due to all the time put into it. Another would add a specific time period to focus solely on drug calculations to include IV therapy, also, better arrangement of material (don't put family crisis with fluid & electrolysis), two extra days of surgery, one day all preop, one day for introop., and one day all postop (recovery). Another stated on clinical days, when teachers are not present, they would recommend having the senior mentors and students getting there earlier so they don't have to stay up so late getting all the paper work done. There is no class on Wednesday, they feel they should get there at 0900, not 1200! Another suggestion is to have NCLEX review before each test, more real life experiences, and more clinical time. The remainder of the students felt nothing needed to be added, because they already had enough to do.

3. What would you <u>delete</u> from this course to make it more meaningful to future students and why?
Some thought it is necessary to delete group projects and that culture presentations provided inaccurate data at some points, which could hurt them on exams in culture. Others felt presentations should be deleted all together because they never cover everything that's needed for the tests. Some would cut back on the paper work. Others would delete Community-interview and paper-nothing was learned and too hard to meet with patient, also space information. Others would delete homework. Another would delete home health as an extra assignment and use it as a scheduled event, and not implement so many outside projects and spread out abstracts so they are not all due at the same time to provide students with proper feedback. Family study should be in a different semester. The remainder of the students felt that nothing should be deleted.

4. What segment, concept, or topic presented during the course do you expect to be <u>most useful</u> to you and why?
Clinical was most useful for some. The games were very useful also. Learning about lab values was also most useful to students. Others felt fluid and electrolytes were most useful. Another said hematological disorders were most useful. Another said that every concept that had to do with childhood illnesses was most useful. Cancer/HIV gives a different perspective for others. The reading material (especially Black and Wong) was

useful. Others felt immunizations, nursing care and pathophysiology was most useful.
The remainder of the students felt everything was useful.

5. What segment, concept, or topic presented during the course do you expect to be <u>least
useful</u> to you and why?
Some felt culture, research paper, outside group presentations, fluid & electrolysis, home
health papers, poisonings, childhood nutrition, health care, and home health visits were
least useful.

6. Other comments regarding this course. (Use back if necessary)
Student feels that the math test is ridiculous. It should at least count for points. The
syllabus said 80%=pass when in reality it took 85%. The questions asked for dosage or
range but only dosage was accepted. It was confusing.

Instructors should get along better, and there should be a penalty for not following the
Chain of Command.

Didn't know that culture was going to be on the last test, and if they had known so, they
would have looked over it.

Too much time between exams.

More games and interactive teaching versus lecture.

The syllabus was very disorganized. Page numbers were wrong for them to study by.

Senior managing very helpful and useful would also be helpful in concepts I.

Please take this opportunity to offer any additional comments regarding your instructors
for**: NURS 332V Concepts II**

Faculty Name : Faculty Member I

Excellent instructor in clinical setting, always encouraging to students and is fair minded in
treatment and evaluation, very informative, easy to talk to and never makes students feel stupid,
really cares about students, some feel they couldn't have made it without him, very good teacher,
makes learning interesting, very laid back and willing to help, gives students space yet always
available, explains things very well, relates well to students, has a good sense of humor, makes
nursing fun while learning, understands his content, knowledgeable, has patience, very relaxed
which makes students relaxed, needs to be more assertive, one of the students' favorites, teaches
and corrects without making students feel dumb, the one who kept one student sane this
semester, students loved their experience with him, compassionate, respects his students as
adults, lets students take over his class while teaching/too passive in class, enjoys teaching his

students and it shows through his work, wants students to really understand what they are doing and wants them to succeed, explains material thoroughly, takes time to explain the answer and why it is the answer and help further your understanding.

Faculty Name : Faculty Member II

Well prepared for lectures, content is thorough, explains matter excellent, uses visual aids to explain content which helps with learning, wonderful at clinical, completely fair, students enjoyed their clinical experience with her, students enjoy her lectures and the way she teaches, keeps it interesting, caring, very good clinical instructor, doesn't mind helping students and doesn't make them feel stupid for not knowing something, very informative, creative in teaching, taught effectively in class, very helpful with skills, doesn't try to intimidate or undermine students, creates a good learning environment, does not listen but prefers to hear herself talk, takes time out to explain procedures in clinical, a stickler on documentation =) , articulates words well, very informative, student learned a lot from her, very knowledgeable, understands content, great instructor, taught students to check and double check everything, very calm in clinical, great in clinical, students wished they could have her longer than two weeks, should put more constructive criticism of NCP, well informed, not congruent with other instructors, needs to control facial expressions, doesn't spend alto of time in patients' rooms, provides adequate education for most situations, two-faced, shady, inappropriate behavior in clinical situations, teaches good documentation skills.

Faculty Name: Faculty Member III

Students thoroughly enjoyed their clinical experience with her, a joy to be around, teaches in such a manner that enables learning, not through intimidation, enjoyable lectures, keeps it interesting, provides good tips for what to study, caring, always took extra time out to make sure students were prepared for tests, great listener, very informative, very helpful in clinicals, taught effectively in class, comes to class prepared, explains content well, notes are extremely helpful, very helpful in explaining what she wanted paperwork wise, one of the student's favorite teachers, one of the kindest people they've ever met, does not undermine, creates a good learning environment, relaxed and wonderful, always available to answer questions, presented content in a way that made it easy to understand, encouraging, willing to communicate about any subject and honest, kind and easy to talk to, decreases stress, makes learning environment fun, great in clinicals and lectures, needs to work more freely with students on days where she had a bad day the students were afflicted by this, she also teaches in a rush, doesn't put any notes of NCP, very unorganized, very gracious, strict about doing things the right way, encouraging to student body, fair with treatment and evaluation of students, great motivator and teacher, provides constructive criticism, excellent educator, concerned for students' well being.
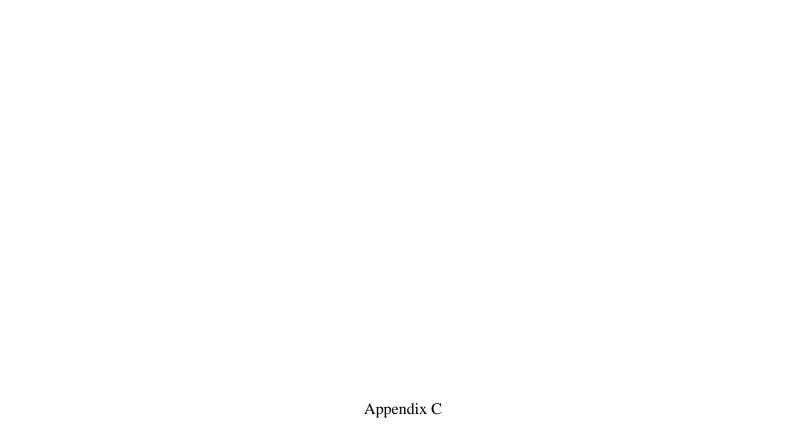
Faculty Name: Faculty Member IV

"Faculty IV- world" is not bad at all, enjoyed experience and learned a lot, wish they had more time with her because it would make them a better nurse and not just a babysitter, understands

the nature of teaching the way students do, has the best interests of her students at heart, believe there is a fairness issue with her and certain students (treatment for one should be for all), very helpful, keeps challenging students, very organized, comes prepared to class and is easy to read her feelings, needs to be more tactful when she criticizes students (shouldn't be done in front of the student's peers), very good instructor, has good constructive criticism, her response depends on what day or what time of day it is, some behaviors are very unprofessional, tends to put students down and is negative with her comments, very unapproachable which detracted from the learning experience, told students what not to write on the teacher evaluation form, very knowledgeable, very intelligent, too uptight, lacks knowledge in classroom, hurts feelings and easily upsets, prejudiced, didn't want to go back on first test review and double check things (it was just "NO!"), needs to learn to listen more to students, has obvious favorites, criticism is often demeaning (with tone of voice), obscure ("it is what it is"), and often not applicable, does a pretty good job however sometimes makes students feel stupid, when students ask questions she needs to listen to their questions completely and then answer, learned the most from her, very hard instructor, at times students didn't think she cares about them or even like her job, hard to learn anything with her being so mean and yelling at them all of the time, hate being in clinicals with her, she is hard to find and fusses more than she teaches, needs to add more patience, get rid of favoritism, apply open door policy to all, no bullying, no grading based on like or dislike, students do not like how they can't print power point before class, they are too busy writing to pay attention to lecture, makes sure that you critically think but sometimes in a harsh way, wonderful in clinical and class, very helpful in clinical.

Faculty Name: Faculty Member V

Always helpful at clinical, enjoy lectures, favorite clinical instructor, great helping with skills, class can get a little boring at times, easily influenced by other instructors, very pleasant instructor, seems to really care for her students in class and in clinicals, professional at all times, students learned a lot from her in clinicals and class, doesn't mind teaching students about anything in clinicals, GREAT, has made a student the nurse he/she is today (if it weren't for her he/she wouldn't know their meds or be as prepared for concepts II), well prepared, uses visual aids that are helpful in furthering understanding, answers questions in ways that help students further their understanding, students had more experiences involving skills in clinicals with her than anywhere else, awesome, very approachable, doesn't try to intimidate or make students feel stupid, very knowledgeable, creates good learning environment, takes time out for her students, hard to understand the material she presented sometimes but overall she was always available to help, excellent, student favorite, very down to earth, talks to students as a colleague instead of student which helps student relax, makes learning interesting and willing to help student along in judgment, constructive in clinical (the instructors need to make it a point to visit each student's patient so they can see the state they are in to constructively grade paperwork), supportive and encouraging, great work of NCP-helps break them down for understanding, very honest and fair, while strict with students in objectives of class, always available for counseling or encouragement.

Appendix C

University of Arkansas at Monticello
Division of Nursing

BSN Program Evaluation Plan
Monthly

AUGUST

1. Review Philosophy, mission, & organizing framework. (Curriculum Structure & Function)
   Students -   Concepts I – date:
                 Concepts III - date:
                 Healthy Aging - date:
   Faculty - date
2. Student representatives, one per committee:
   A.   Curriculum Committee
        Concepts I -
        Concepts III
        Healthy Aging
   B.   Teaching Resources Committee
        Concepts I
        Concepts III
        Healthy Aging
   C.   Admissions Committee
        Concepts I
        Concepts III
        Healthy Aging
3. Summary of Summer Course Evaluations - Research & Introduction and Role Transition, Health Assessment
   Summary of Spring Course Evaluations - Concepts II, Concepts IV, Research, Leadership and Management, Principles III
   Including comments on clinical site evaluation & recommendations for clinical slots for next spring.
4. Appointments for Committees for calendar year:
   A.   University Committees
        1.   Curriculum & Standards Committee
        2.   Library Committee
   B.   Division Committees & Tasks
        1.   Faculty Association Secretary

2. Curriculum Committee Chairperson -
   Curriculum Committee Secretary -
3. Teaching Resources Committee (2)
   One faculty member must also be on campus Library Committee
4. Admissions Committee (3)
   Chairperson
   Secretary
5. SNA Advisor

C. Course Coordinators & faculty

Fall:

Concepts I	Coordinator	Faculty
Skills	Coordinator	Faculty
Concepts III	Coordinator	Faculty
Healthy Aging	Coordinator	Faculty
Community	Coordinator	Faculty

Spring:

Concepts II	Coordinator	Faculty
Research	Coordinator	Faculty
Concepts IV	Coordinator	Faculty
Ambulatory Care	Coordinator	Faculty
Leadership	Coordinator	Faculty

Summer:

Health Assessment	Coordinator	Faculty
Research	Coordinator	Faculty
Introduction to Nursing Concepts and Roles		
	Coordinator	Faculty
LPN to RN Transition		
	Coordinator	Faculty
Role Transition	Coordinator	Faculty

5. Schedule of meeting dates for semester: Faculty Association & Curriculum
6. Finalize clinical slots for the year. Assure clinical contracts have been reviewed.
7. Governance/faculty association - evaluation with Faculty Handbook
8. **Outcome Report:** *Critical Thinking:* Research Project & Research Critique and HESI CTTest
   Graduation Rates: Student attrition, retention, progression, transfers, readmits (May graduation number, Research & Intro. course)
   Program Satisfaction: Senior Survey, Alumni Survey
   Patterns of Employment: Senior Survey, Alumni Survey, Employer Survey

SEPTEMBER
1. Schedule faculty peer reviews
2. Results of NCLEX-RN, HESI Test predictions, & NCLEX Program Report

3. **Outcome Collected and Reported**   *Service:* Faculty Curriculum Vitae & ANSA membership roster

OCTOBER
1. Evaluate - Program Evaluation Plan
2. Every two years, curriculum sequencing, pre & co requisites, catalog copy

NOVEMBER
1. Schedule Course & Faculty Evaluations:
   Concepts I
   Skills
   Concepts III
   Community
   Healthy Aging
2. Review Clinical Evaluation Tools
3. Evaluation of evaluation tools (Presentations, teaching plans, abstracts cards, anything that the student receives a grade
4. Grading methodology

DECEMBER

1. Evaluate faculty/student ratios
   Nursing Courses
   Clinical site selection criteria
2. Committee Reports
   Admissions
   Teaching Resources
   Curriculum
3. Course syllabi - format, consistency, assignments & grading (Concepts I, III, Community, Research, Intro, Role Transition and Healthy Aging)
4. **Outcome, (Data Gathered):**
   > *Graduation Rates:* Student attrition, retention, progression, transfers, readmits
   > *Therapeutic Nursing Interventions:* Clinical Journals (C I & C III, Healthy Aging)
   > *Communication:* Presentations (C I & C III, Healthy Aging)
   > Teaching Plans (C III & Community, Healthy Aging)
   > *Service:* Faculty Vitae

JANUARY
1. Summary of Fall Course Evaluations: Including comments on clinical site evaluation & recommendations for clinical slots for next fall.
   Concepts I
   Skills
   Concepts III
   Community
   Healthy Aging
2. Faculty assignments & changes

3. Schedule of meetings for semester
Faculty Association
Curriculum
4. Evaluate:
Admissions Committee: Admission requirements & Recruitment efforts
Teaching Resources Committee: Review AV equipment, current list of library holdings, Software
Textbooks - make purchases in order of priority recommendations
5. Graduate Recognition Planning
6. **Outcome Report on Graduation Rates, Therapeutic NI, and Communications**

FEBRUARY
1. Evaluate - Nursing Faculty Handbook
2. Collect preceptor license number and expiration date for ASBN.
3. CASAA- UAM Assessment Plan

MARCH
1. Review of syllabus; Concepts I, III, Research, Community, Intro., Healthy Aging
2. Faculty Assignments for:
Summer: Research, Intro., Role Transition
Fall: Concepts I, III, Community, Skills, Healthy Aging

APRIL
1. Secure faculty desk copies of new textbooks (Teaching Resources Committee)
2. Evaluate: Nursing Student Handbook
3. Evaluate/review NCP & Journal criteria, guidelines, etc.
4. Schedule Course Evaluations:
Concepts II
Concepts IV
Health Assessment
Leadership
Ambulatory Care

MAY
1. Student Admissions
2. Review clinical facilities, selection criteria & Memorandums of Agreement for clinical slots next year. (Clinical Coordinator)
3. Send letters of appreciation to clinical facilities. (Clinical Coordinator)
4. Course syllabi - format, consistency, assignments & grading (Concepts II, IV, Leadership, Health Assessment, Research, & Intro)
5. Teaching Resource and Admission Committee Year End Reports
6. **Outcome Collected and Reported:**
Communication: Presentations (C II & C IV, Ambulatory Care) Teaching Plans (C II, C IV & Leadership, Ambulatory Care)
Therapeutic Nursing Interventions: Clinical Journals (C II, C IV & Leadership & Ambulatory Care)
HESI Test (Exit Examination) predictions
Critical Thinking: HESI CT Test

Program Satisfaction: Senior Survey, Alumni Survey
Service: Senior Survey
Patterns of Employment: Senior Survey, Alumni Survey, Employer Survey
Graduation Rates - Student attrition, retention, progression, transfers & readmits
(C II, C IV, Leadership, Health Assessment, Ambulatory Care)
Alumni Survey for previous year graduates & 5 years
Employer Survey for previous year graduates & 5 years

JUNE
1.   Schedule course evaluations for Research, Intro. And Role Transition
        Outcomes: Research Critique and Research Project