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.

Key Element I-A. The mission, goals, and expected program outcomes are: congruent with those of the parent institution; are reviewed periodically and revised as appropriate.

Responsibility	Minimum Frequency	Method/Data Source	Action/Feedback Loop/ Last Updates
Program Evaluation Committee (PEC) Undergraduate Curriculum Committee (UGCC) Graduate Curriculum, Admissions and Advancement Committee (GCAAC) Associate Dean Coordinator of Undergraduate Nursing Education	5 Years: Spring 2019 Spring 2024 Spring 2029 or as stimulated by program, college or university changes. Website, catalog and handbooks updated annually in Spring	Table comparing university, college, and SON mission, philosophy, goals and program outcomes are reviewed every five years in preparation for reaccreditation during the self study phase. In addition, when there are major changes to any of these that will generate a review and alignment. Review USM website, SON catalog, Nursing Student Handbook(s) and other publications for clarity and congruence. Update Organizational chart of SON, College and University as warranted. Website, catalog and handbooks updated annually in Spring according to university deadlines by the Coordinator of Undergraduate Nursing Education. Strategic Planning Work Group 2018	Report to faculty organization with recommendations for revision as appropriate. Recommendations and revisions reflected in Faculty Organization Minutes. Recommendations and revisions reflected in catalogs and on the website and other publications as appropriate. Updates disseminated to web and catalog and handbook by the Coordinator of Undergraduate Nursing Education

Key Element I-B. The mission, goals, and expected program outcomes are consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.

Responsibility	Frequency	Method/Data Source	Action/Feedback Loop
Associate Dean UGCC GCAAC	5 Years: Fall 2019 Fall 2024 Fall 2029	SON mission, goals and expected program outcomes for each degree or certification are reviewed by respective committee to ascertain that they reflect professional nursing standards. Relevant standards identified by CCNE and faculty: The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008) The Essentials of Master's Education for Professional Nursing Practice (AACN, 2011) The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006) Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2016) Nurse Practitioner Core Competencies (NONPF, 2012) Population Focused Nurse Practitioner Competencies - ● Family Across the Lifespan (NONPF, 2013)	Report to faculty organization with recommendations for revision as appropriate. Recommendations and revisions reflected in Faculty Organization Minutes.

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● Psychiatric Mental Health (NONPF, 2013)

● Adult-Gerontology Acute Care and Primary Care Nurse Practitioner Competencies (NONPF, 2016)

National League for Nursing Core Competencies of Nurse Educators. (NLN, 2018)

Maine Nurse Core Competencies (2013)

Nursing: Scope and Standards of Practice, 3rd Edition

Guide to the Code of Ethics for Nurses with Interpretive Statements: Development, Interpretation, and Application, 2nd Edition

Guide to Nursing's Social Policy Statement: Understanding the Profession from Social Contract to Social Covenant (ANA, 2010)

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Key Element I-C. The mission, goals and expected program outcomes reflect the needs and expectations of the community of interest.

Responsibility	Minimal Frequency	Method/Data Source	Action/Feedback Loop
Associate Dean

Faculty

UGCC | 5 Years:

Spring 2019
Spring 2024
Spring 2029 | School of Nursing Defines the community of interest (COI) as : USM community
Current and prospective students,
Potential employers (healthcare institutions, schools, LTC facilities, state agencies, home health agencies, community service agencies, primary and acute care provider settings, etc.) | Broad participation in local, state and national nursing coalitions to gather data on national,state and local needs:

Advisory Group meetings |

| GCAAC | Reviewed every five years during self study and during changes in programs and constituency. | Maine State Board of Nursing (MSBN)
Citizens of Maine

Information obtained via formal and informal methods:
Feedback from students - course evaluations,
Feedback from agencies - clinical placement communications, ad hoc advisory meetings, staff, faculty and Associate Dean meetings with agency personnel and agency leadership.
Participation in Organization of Maine Nurse Executives (OMNE)
Community nursing leaders involvement in SON special initiatives such as searches for Associate Dean 2017/18, grant writing and research.
Centralized Clinical Placement System (CCPS) meetings
University System of Maine (UMS) across campus works groups | OMNE work groups
MeNEC
MSBN meetings
CCPS meetings

Statewide work groups |

Key Element I-D Expected faculty outcomes are are written and communicated to the faculty, and are congruent with institutional expectations.

Responsibility	Minimal Frequency	Method/Data Source	Action/Feedback Loop
Peer Review Committee (PRC) Associate Dean Dean Provost	Generally done annually at according to peer review schedule PRC or Provost develops based on the collective bargaining agreement (CBA)	Peer Review guidelines are developed in accordance with Board of Trustee and collective bargaining agreement.. Peer Review guidelines are reviewed and revised if indicated annually. All new full-time tenure track faculty participate in an orientation that includes information on the peer review process and expected outcomes. Full-time lecturer and clinical track faculty also offered the option of participating in orientation. Peer review criteria posted on the Provost website and on the SON website. Provost hosts an open meeting on the peer review process annually	Evaluation letter filed by PRC and the Dean in each full time faculty personnel file according to PR schedule and contract obligations. PT faculty evaluation completed by the Associate Dean and faculty according to the collective bargaining agreement Provost website updates by staff according to BOT and collective bargaining agreements. SON PRC and faculty suggest changes in expectations and measurements as needed. Once approved by SON faculty they are sent through Dean's office to Provost. Review, revisions and approvals reflected in PRC minutes and Faculty Organization Minutes.

Key Element I-E. Faculty and students participate in program governance

Responsibility	Frequency	Method/Data Source	Action/Feedback Loop
Associate Dean UGCC GCAAC Learning Resource and Simulation Committee (LRSC) Faculty	Annually	Faculty and student participation is confirmed in program governance documents including SON bylaws, AFUM contracts, and USM governance document (2005). AD creates tentative committee assignments and submits to faculty each spring for the following academic year. Faculty are able to negotiate their assignments if needed. Committee assignments distributed again at first faculty meeting in the fall. Representatives to the SON Peer Review committee are nominated and elected each spring according to the SON bylaws. Faculty representatives are elected to college and/or university committees as opportunities arise. Representatives to the Faculty Senate are nominated and elected per senate guidelines. Faculty governance is documented in USM governance constitution (2005) University, College, School organizational charts, USM Faculty Handbook , School of Nursing Faculty Bylaws,	Faculty nominated for the Faculty Senate and voted on by all college faculty. Recommendations and revisions to faculty committee structure reflected in Faculty Organization Minutes Meeting minutes will list attendees including students and if only portion of meeting appropriate for student, this will be recorded as well. Students will be solicited for committee participation via list servs or via class announcements as openings occur or by faculty recruitment/recommendations. Solicitation will include students in all programs and on both LAC and Portland campuses.

		Position Descriptions, AFUM documents, Faculty Senate reports, minutes and website. Faculty and student participation will be documented in: SON Committees (membership, minutes, reports), college wide committee membership and minutes, and University wide committee membership and minutes.	

Key Element I-F Academic policies of the parent institution and the nursing program are congruent and support achievement of the mission, goals, and expected student outcomes. These policies are fair, equitable, and published and accessible; reviewed and revised as necessary to foster program improvement.

Responsibility	Frequency	Method/Data Source	Action/Feedback Loop
Coordinator, Graduate Nursing Programs	Annually, Spring	Analysis of accuracy, fairness and congruence of policies in: USM Undergraduate Catalog	Report to faculty organization with recommendations and revision as appropriate.
Coordinator of Undergraduate Nursing Education.		USM Graduate Catalog USM website USM School of Nursing website USM School of Nursing publications	Recommendations and revisions reflected in Faculty Organization minutes and in subsequent documents
Associate Dean			Changes are made to catalog and handbooks by the Associate Dean and other appropriate staff and faculty in coordination with the Associate Dean of CSTH.
UGAAC			
UGCC			
GCAAC			

Key Element I-G. The program defines and reviews formal complaints according to established policies.

Responsibility	Frequency	Method/Data Source	Action/Feedback Loop
Associate Dean	Complaints handled as they arise	Review and analyze policies related to student complaints.	Student handbook, catalog, Provost websites, syllabi

UGAAC GCAAC Faculty The Dean of Students Office and the Deputy Title IX Coordinator		Assess documentation to verify adherence to formal complaint process. Analysis of accuracy and congruence of formal complaint process in Provost Website and catalogs	Records of formal complaints within the SON are maintained by the Associate Dean and appropriate staff in a secure location.

Key Element I-H. Documents and publications are accurate. A process is used to notify constituents about changes in documents and publications.

Responsibility	Frequency	Method/Data Source	Action/Feedback Loop
Coordinator, Graduate Nursing Programs	Annually, Spring	Documents and publications are reviewed annually with updates: USM Undergraduate Catalog USM Graduate Catalog USM School of Nursing Graduate Student Handbook USM Advising Bulletins USM website	Documentation of review in nursing committee agendas and minutes. Revisions submitted to the appropriate departments throughout the university or School of Nursing Committees as appropriate.
Coordinator of Undergraduate Nursing Education.			
Marketing		Print and non-print media released through Public Relations and Marketing	Annual committee reports to faculty organization and program Associate Dean
Associate Dean		Listservs are maintained for communication with students via email.	

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, as a resource of the program, enable the achievement of the mission, goals, and expected program outcomes.

Key Element 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.

Responsibility	Frequency	Method/Data Source	Action/Feedback Loop
Associate Dean Dean's office staff (Financial manager) Coordinator, Undergraduate Nursing Education Coordinator,Graduate Nursing Programs SON Search Committee	Annually late fall early spring for following academic year and ongoing as needed	Review fiscal resources to verify that they are sufficient to meet program outcomes. Review: budget allocations /expenditures, Departmental Program Indicator (DPI) reports, faculty/student ratios, faculty salaries and workload, course fees, adequacy of staff Associate Dean will negotiate budgetary needs with the Dean of CSTH	Report to faculty organization regarding fiscal issues with recommendations and revisions as appropriate. Recommendations and revisions reflected in Faculty Organization Minutes. Course fees reviewed and revised annually.

Key Element II-B Physical resources and clinical sites enable the program to fulfill its mission, goals, and expected outcomes. Frequency of physical resources and clinical sites is reviewed periodically, and resources are modified as needed.

Responsibility	Frequency	Method/Data Source	Action/Feedback Loop
Associate Dean LRSC lab manager LRSC committee Clinical Placement Coordinator Coordinator, Undergraduate Nursing Education Coordinator, Graduate Nursing Programs	Annually, Spring	Review physical resources to verify that they are sufficient to meet program outcomes. Review budget allocations /expenditures, adequacy of facilities (classrooms, conference spaces, offices administrative space, lab space and equipment) Negotiate space needs through Dean's office and Space Committee- computers and office equipment for faculty and staff - two campuses. Clinical site arrangements negotiated by Clinical placement coordinator in conjunction with the Coordinator of Undergraduate Education and Graduate Nursing Programs Coordinator. Examine adequacy of clinical facilities to provide opportunities for a variety of learning activities that promote attainment of the objectives of the curriculum: Review agency contracts and letters for completeness. CCPS system utilized for coordination and communication.	Report to faculty organization regarding physical issues with recommendations and revisions as appropriate. Recommendations and revisions reflected in Faculty Organization Minutes as appropriate. LRSC suggests/proposes needs,

		Typhon computer system to track experiences and quality of clinical for Graduate program placements/preceptors.	

Key Element II-C. Academic support services are sufficient to ensure quality and are evaluated on a regular basis to meet program and student needs.

Responsibility	Frequency	Method/Data Source	Action/Feedback Loop
Associate Dean Coordinator Graduate Nursing Programs Coordinator of Undergraduate Nursing Education Clinical Placement Coordinator Library Liaison Simulation Lab Coordinator	Every 5 years Fall 2019 Fall 2024 Fall 2029	Assess availability, adequacy of academic support systems to meet program outcomes: - Academic Assessment - Advising, Professional and Faculty - Athletics - Career and Employment Hub - Computing Services - Disability Services Center - English for Speakers of Other Languages - Instructional Technology and Media Services - Learning Assistance and Tutoring: Learning Commons - Recovery Oriented Campus center (ROC) - Office of Prior Learning Assessment - Office of Residential Life - Student Health and Counseling Services - Veterans' Services - University Libraries	The university conducts evaluations, accreditations, certifications and assessment of their departments and shares reports regularly. Updates and changes are disseminated to the university community, administration, faculty or staff. SON faculty and staff request input from respective university offices on services available as need arises.

Key Element II-D. The chief nurse administrator: is a registered nurse (RN); holds a graduate degree in nursing; holds a doctoral degree in nursing; is academically and experientially qualified to accomplish the mission, goals, and expected program outcomes; is vested with the administrative authority to accomplish the mission, goals, and expected program outcomes; and provides effective leadership to the nursing unit in achieving its mission, goals, and expected program outcomes.

Responsibility	Frequency	Method/Data Source	Action/Feedback Loop
Dean Peer Review Committee	According to Peer Review Process Additional evaluation as appropriate based on performance.	Peer Review Document Associate Dean's Curriculum vita Position Description Dean's evaluation as warranted	Peer Review Committee Reviews according to Collective Bargaining Unit stipulations. Dean makes recommendations to Provost as appropriate. Dean evaluates Associate Dean as warranted

Key Element II-E. Faculty are sufficient in number to accomplish the mission, goals, and expected program outcomes; academically prepared for the areas in which they teach; and experientially prepared for the areas in which they teach.

Responsibility	Frequency	Method/Data Source	Action/Feedback Loop
Associate Dean Coordinator Graduate Nursing Programs Coordinator Undergraduate	Each semester during workload assignments Spring and Fall Annually submit position	Review curriculum vitae & analyze faculty profiles in relation to course assignments. Determine if minimal preparation is appropriate to teaching assignments using the Maine State Board of Nursing regulations. Examine maintenance of current knowledge, clinical expertise and certification as applicable in area of teaching responsibility. Curriculum vitae and credentials	Coordinators report to Associate Dean each semester as workload being developed and negotiated. Full-time faculty qualifications documented in Peer Review Committee minutes Part-time faculty qualifications assessed by Associate Dean,

Nursing Programs	requests via Dean's office.	Peer Review Process	respective coordinator, and faculty involved in hiring process.
Peer Review Committee Search Committee	Part time hiring ongoing year round.	Workload document. Determine percentage of full-time and part-time faculty and submit waiver requests to Maine Board of Nursing as indicated.	

Key Element II-F Preceptors (e.g., mentors, guides, coaches) are academically and experientially qualified for their role.

Responsibility	Frequency	Method/Data Source	Action/Feedback Loop
Undergraduate faculty teaching senior practicum course Graduate Nursing Programs Coordinator Clinical Placement Coordinator	Each semester during placement work, ongoing	Review policies regarding preceptor qualifications and selection. Review respective Preceptor Handbook/Packet annually. Review preceptor evaluations by students and faculty. Review clinical site evaluations by students and faculty. Maintain data on licensure and certification of preceptors via CCPS and Typhon Graduate Nursing Program Advanced Practice Concentrations Preceptor and Student Handbook	Reviewed each semester by respective course faculty. When concerns are identified by students, preceptors, or faculty they are further analyzed by the respective course faculty and/or coordinator and other individuals as warranted. Action items implemented to address concerns as needed. Preceptors and/or clinical agencies

Course Faculty		2019-2020	involved in feedback loop and actions as appropriate.
		• Adult-Gerontology Acute Care Nurse Practitioner Students	
		• Adult-Gerontology Primary Care Nurse Practitioner Students	
		• Family Nurse Practitioner Students	
		Graduate Nursing Program	
		Advanced Practice Concentrations	
		Preceptor and Student Handbook	
		2019-2020	
		Psychiatric/Mental Health Nurse Practitioner Students	

Key Element 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.

Responsibility	Frequency	Method/Data Source	Action/Feedback Loop
Associate Dean	Ongoing as needed.	Negotiated during collective bargaining process which occurs every two years.	AFUM contract PRC minutes
Peer Review Committee		SON Associate Dean and CSTH Dean provide support for faculty professional development.	Faculty CVs and Dossiers Workload Spreadsheet MaineStreet
Coordinator of Undergraduate Nursing Education		Faculty workload document reflects assignments appropriate to each full-time faculty rank and in alignment with the collective bargaining agreement.	Infosileum

Coordinator of Graduate Programs			

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.

Key Element III-A. The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that are congruent with the program's mission and goals, and with the roles for which the program is preparing its graduates; considering the needs of the identified COI.

Responsibility	Frequency	Method/Data Source	Action/Feedback Loop
Undergraduate Curriculum Committee (UGCC) Graduate Curriculum and Admissions and Advancement Committee (GCAAC) SON Faculty Associate Dean	5 years: Spring 2024 Spring 2029	Undergraduate and Graduate Outcomes compared to program mission, goals, and expected outcomes. Curriculum outcomes are evaluated; curriculum revised. UGCC reviews the undergraduate programs GCAAC does a crosswalk every 3 years for each master's (and corresponding post-master's) track on rotational basis. GCAAC reviews DNP	Report to Faculty Organization with recommendations and revisions as appropriate. Minutes of the respective curriculum committee and SON Faculty Organization

Key Element 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).

Responsibility	Frequency	Method/Data Source	Action/Feedback Loop
	5 years: Spring 2024 Spring 2029 Ongoing as stimulated by individual faculty course review and revision.	The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008) Maine Core Competencies Nursing: Scope and Standards of Practice, 3rd Edition Guide to the Code of Ethics for Nurses with Interpretive Statements: Development, Interpretation, and Application, 2nd Edition Guide to Nursing's Social Policy Statement: Understanding the Profession from Social Contract to Social Covenant (ANA, 2010) Course Descriptions Course Syllabi Clinical Evaluation Tools Course Evaluations End of Course Reports	Recommended revisions reflected in the UGCC Minutes Presented to SON Faculty Organization and reflected in minutes.

Key Element 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).

Responsibility	Frequency	Method/Data Source	Action/Feedback Loop

GCAAC	3 years:
	
	Spring 2019
	
	Spring 2022
		Individual course review process with 3 year sequence of review of content and outcomes by GCAAC
		
		with evaluation methods, writing, practice, evidenced based activities.
		
		Criteria for Evaluation of Nurse Practitioner Programs (NTF,2012)
		
		APRN Regulations: Licensure, Accreditation, Certification (Maine BON)
		
		The Essentials of Masters Education in Nursing (AACN, 2011)
		
		NONPF Guidelines
		
		ANCC/AANP Requirements for Certification
		
		Population Focused Nurse Practitioner Competencies -
		
		    ● Family Across the Lifespan (NONPF, 2013)
		
		    ● Psychiatric Mental Health (NONPF, 2013)
		
		    ● Adult-Gerontology Acute Care and Primary Care Nurse Practitioner Competencies (NONPF, 2016)
			Recommended revisions reflected in the GCAAC minutes.
			
			Presented to SON Faculty Organization and reflected in minutes.

		National League for Nursing Core Competencies of Nurse Educators. (NLN, 2018)	

Key Element III-D DNP curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).

Responsibility	Frequency	Method/Data Source	Action/Feedback Loop
GCAAC	3 years: Spring 2019 Spring 2022	Individual course review process of content and outcomes by GCAAC The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006)	Recommended revisions reflected in the GCAAC minutes. Presented to SON Faculty Organization and reflected in minutes.

Key Element III-E Post graduate APRN certification program curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).

Responsibility	Frequency	Method/Data Source	Action/Feedback Loop

GCAAC	3 years:
	
	Spring 2019
	
	Spring 2022
		Individual course review process with 3 year sequence of review of content and outcomes by GCAAC
		
		with evaluation methods, writing, practice, evidenced based activities.
		
		Criteria for Evaluation of Nurse Practitioner Programs (NTF,2012)
		
		APRN Regulations: Licensure, Accreditation, Certification (Maine BON)
		
		The Essentials of Masters Education in Nursing (AACN, 2011)
		
		NONPF Guidelines
		
		ANCC/AANP Requirements for Certification
		
		Population Focused Nurse Practitioner Competencies -
		
		   ● Family Across the Lifespan (NONPF, 2013)
		
		   ● Psychiatric Mental Health (NONPF, 2013)
		
		   ● Adult-Gerontology Acute Care and Primary Care Nurse Practitioner Competencies (NONPF, 2016)
			Recommended revisions reflected in the GCAAC and brought to full faculty for vote as indicated.

Key Element III-F. The curriculum is logically structured to achieve expected student outcomes.

> **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.**
> **DNP curricula build on a baccalaureate and/or master's foundation, depending on the level of entry of the student.**
> **Post-graduate APRN certificate programs build on graduate level nursing competencies and knowledge base.**

Responsibility	Frequency	Method/Data Source	Action/Feedback Loop
UGCC GCAAC	Ongoing with curriculum review process.	Core Curriculum Requirements in USM Undergraduate Catalog compared to Core Curriculum Requirements embedded in the Nursing courses USM Undergraduate catalog USM Graduate catalog Undergraduate and Graduate Admission Requirements	Faculty representative to the USM Core Curriculum Committee brings information to the full faculty and to the UGCC. UGCC reviews CCCC recommendations and determines if changes needed in the UG curriculum. Recommended revisions reflected in the UGCC Minutes and presented to faculty for approval. UGCC notifies GCAAC of any revisions to the UG curriculum. GCAAC reviews information and recommended revisions to graduate curriculum as appropriate. Discussion and actions reflected in Graduate Committee Minutes and

			presented to faculty for approval.

Key Element III-G. **Teaching-learning practices and environments support the achievement of expected student outcomes; consider the needs and expectations of the identified community of interest and expose students to individuals with diverse life experiences, perspectives and backgrounds.**

Responsibility	Frequency	Method/Data Source	Action/Feedback Loop
Associate Dean	5 years: Spring 2024	Course evaluations are completed each semester for all courses via an electronic system.	PRC Dossiers
UGCC	Spring 2029	Faculty include course evaluation information in their peer review dossier and address criteria around teaching methodology.	Respective curriculum committees review end of course reports and make recommendations for changes as warranted. Recommendations presented to Faculty Organization.
GCAAC	Per peer review schedule		
Peer Review Committee		The PRC reviews all faculty dossiers according to the set schedule.	Minutes from the Simulation committee, PRC, UGCC, GCAAC, and Faculty Organization meetings.
Individual faculty	Whenever warranted by changes in standards or recommendations from COI.	The Simulation Committee reviews current simulation standards and suggests revisions or additions to current simulation practices.	Course Syllabi
		The UGCC and GCAAC committees review current teaching and learning practices as part of the end of year course reports and make recommendations for changes as appropriate.	Changes implemented as recommended and appropriate.

Key Element III-H. The curriculum includes planned clinical practice experiences that: enable students to integrate new knowledge and demonstrate attainment of program outcomes; and are evaluated by faculty.

Responsibility	Frequency	Method/Data Source	Action/Feedback Loop
Associate Dean	Ongoing	Review and make recommendations based on: Course descriptions/course syllabi	Recommendations reflected in respective committee minutes, and communicated to all faculty in Faculty Organization minutes.
UGCC		Course Evaluations End of Course Reports	
GCAAC		NONPF Guidelines APRN Certification requirements	
Clinical Placement Coordinator		NCLEX-RN test plan Maine State Board of Nursing Information in Typhon	
Coordinator of Undergraduate Nursing Education		CCPS COI input	
Graduate Programs Coordinator			

Key Element 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.

Responsibility	Frequency	Method/Data Source	Action/Feedback Loop
Individual Faculty	Ongoing	Individual faculty and respective committees review the following documents as appropriate for consistency and adherence to policies:	Course faculty submit summaries of course and clinical evaluations from faculty and students to

UGCC	According to peer review process	Course syllabi Clinical Evaluation Tools	respective curriculum committee for review with recommendations.
UGAAC		Course Evaluations Undergraduate and Graduate advancement policies	Learning experiences examined in relation to program and appropriate course outcomes..
GCAAC		Course evaluation data analyzed by course faculty. Tests & final exam Standardized content-based testing reports Projects Clinical experiences Course evaluations summarized by course faculty as part of the peer review process and end of course reports.	Recommendations made by respective curriculum committee regarding changes course(s). Recommendations and subsequent changes are reflected in the respective committee minutes and in the Faculty Organization minutes when appropriate.

Key Element III-H. Curriculum and teaching-learning practices are evaluated at regularly scheduled intervals and evaluation data are used to foster ongoing improvement for each program.

Responsibility	Frequency	Method/Data Source	Action/Feedback Loop
Peer Review Program Evaluation Committee UGCC GCAAC Individual Course Faculty	Based on Peer Review Schedule in AFUM contract Each semester	Course evaluations summarized by course faculty. Learning experiences are examined in relation to program outcomes. Student course evaluations Tests and final exam, Projects Clinical experiences End of Course Reports Reports generated by the Office of Academic Assessment upon request	Course faculty submit end of course reports that includes summaries of student evaluations and their own assessment of course evaluation to respective curriculum committee for review with recommendations. Courses are reviewed on a rotating basis. Learning experiences examined in relation to program and appropriate course outcomes. Feedback from the curriculum committee is shared with individual faculty and is noted in minutes. Substantive changes are shared with full faculty during course updates in May. Faculty Organization Meeting Minutes reflect discussion and any changes.

Standard IV Program Effectiveness: Assessment and Achievement of Program Outcomes

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

Key Element IV-A. A systematic process is used to determine program effectiveness.

Responsibility	Frequency	Method/Data Source	Action/Feedback Loop
PEC	annually	Systematic Plan of Evaluation (SPOE) created, evaluated and approved by faculty (last review 5/2019)	PEC, Associate Dean, and/or appropriate committees will review SPOE each year and report to Faculty Organization any recommendations and revisions to SPOE as warranted.
Associate Dean		Committee chairs will review SPOE each fall for action items for their committee for that academic year.	
Full Faculty			
SON Committee Chairs		Informed by Standards for Accreditation of Baccalaureate and Graduate Programs, CCNE (Amended 2018)	This will be reflected in Faculty Organization minutes.
			Committee minutes will reflect committee review and actions as indicated.

Key Element IV-B. Program completion rates demonstrate program effectiveness, for each of the programs.

Responsibility	Frequency	Method/Data Source	Action/Feedback Loop
Associate Dean	Annually - Based on calendar year.	Students are tracked from admission, progression and completion data maintained by staff for SON.	Information shared with Faculty Organization.

PEC		Completion rates/Graduation rates compared to benchmarks, attrition explanations examined.	Compared to Institutional Research data for graduation rates when available.
Coordinator of Undergraduate Nursing Education		Completion rates for undergraduate students and masters students are calculated from enrollment in health assessment to program completion.	Discussion reflected in Faculty Organization Minutes
Coordinator of Student Services		Completion rates for post-graduate APRN CAS students are calculated from matriculation to program completion.	
Coordinator of Graduate Programs		Completion rates for Doctor of Nursing Practice (DNP) students are calculated from matriculation to program completion.	
		Benchmark is 70% or greater completion in 48 months for Baccalaureate, Masters and post-graduate APRN CAS students.	
		Benchmark is 70% or greater completion in 6 years for Doctor of Nursing Practice (DNP)	

Key Element IV-C. Licensure pass rates demonstrate program effectiveness for each of the programs.

Responsibility	Frequency	Method/Data Source	Action/Feedback Loop
Associate Dean	Annually	NCLEX-RN pass rate data collected by staff and PEC or Associate Dean.	Reports submitted to the Faculty Organization by the Associate Dean and/or PEC
Staff		MSBN reports are requested annually by the PEC or their	

		designee.	Recommendations and revisions reflected in SON minutes.
PEC		Reports are analyzed by PEC or designee	
		Comparison to benchmarks and analysis of variances from benchmarks	
		BENCHMARK: 80%	

Key Element IV-D. Certification pass rates demonstrate program effectiveness for each of the programs.

Responsibility	Frequency	Method/Data Source	Action/Feedback Loop
Associate Dean PEC GCAAC	Annually	Certification pass rate data collected by staff and PEC or Associate Dean from certification agencies (AANP, ANCC, AACP, NLN). Results are reviewed by PEC Comparison to benchmarks and analysis of any areas as outlined by benchmarks BENCHMARK: 80%	Reports shared with Coordinator of Graduate Programs and submitted to the Faculty Organization by the Associate Dean and/or PEC. Recommendations and revisions are sent to the Faculty Organization for vote.

Key Element IV-E. Employment rates demonstrate program effectiveness - for each of the programs.

Responsibility	Frequency	Method/Data Source	Action/Feedback Loop
PEC Associate Dean	Annually	Employment rates gathered 6-12 months post graduation via email surveys to NUR 470 students for undergraduate students and 474 students for RN-BS, For Masters and Post-graduate APRN CAS graduates data is collected from the MSBN website and NURSYS (lists certification, licensure and employer). For Nursing Education tracks and DNP graduates data is collected 6-12 months post graduation either verbally or via email (small numbers of graduates). BENCHMARK: 70% or higher	Reports submitted to the SON Faculty Organization. Recommendations and suggested revisions when appropriate are reflected in Faculty Organization minutes

Key Element IV-F Data regarding completion, licensure, certification, and employment rates are used, as appropriate, to foster ongoing program improvement.

Responsibility	Frequency	Method/Data Source	Action/Feedback Loop
Associate Dean PEC UGAA UGCC	Annually	Data collected and reviewed annually. Minutes of respective committee reflect review and discussion as well as any action plans being suggested and/or implemented.	Areas where benchmark not met are further analyzed and addressed as warranted. This is done by the PEC, respective committee, and the Associate Dean and/or their designee.

GCAAC			Discussion and actions are reflected in respective minutes.

Key Element IV-G. Aggregate faculty outcomes demonstrate program effectiveness.

Responsibility	Frequency	Method/Data Source	Action/Feedback Loop
PRC Associate Dean PEC	Every 5 years; more often as indicated	Internal faculty surveys to collect information on faculty service, teaching, publication, presentation, and practice. Data compared to benchmarks delineated below. Peer review dossiers submitted as required by collective bargaining agreement. Committee assignments and committee minutes. BENCHMARK: 1) >90% of FT faculty will engage in teaching annually. 2) >90% of FT faculty will engage in service internal to the college annually. 3) >30% of FT faculty will engage in service at the university level annually. 4) >80% of FT faculty will engage in community professional service annually. 5) 100% of FT clinical track faculty will maintain a current practice in the area of her/his specialty. 6) >80% of FT tenure track and tenured faculty will produce scholarly work annually. Scholarly work includes: a. Articles: Peer reviewed	PEC gathers aggregate data q 5 years for CCNE reporting and self study/ evaluation. Data are compared to benchmarks and shared with the Faculty Organization as appropriate.

		b. Articles & book chapters: Other c. Books d. Presentations, podium or poster e. Grants and other funding: Funded f. Grant and other funding: Unfunded Applications g. Conferences/symposia/meetings attended h. Manuscript reviews	

Key Element IV-H. Aggregate faculty outcomes data are analyzed and used, as appropriate, to foster ongoing program improvement.

Responsibility	Frequency	Method/Data Source	Action/Feedback Loop
PEC Associate Dean	Every 5 years; more often as indicated	Aggregate data reviewed and analyzed by PEC and compared with set BENCHMARKS (delineated in IV-G). Aggregate data shared with faculty.	Areas where aggregate data do not meet benchmarks are analyzed and recommendations for improvement or change are made to Faculty Organization by the respective committee.
PRC			Discussion and subsequent action items are recorded in the minutes.

Key Element IV-I. Program outcomes demonstrate program effectiveness.

Responsibility	Frequency	Method/Data Source	Action/Feedback Loop
Associate Dean PEC School of Nursing Faculty	Annually for USM Surveys, as needed for other data listed – dependent on program needs.	Student Satisfaction data is collected through the graduating senior survey and an alumni surveys that are conducted each spring by USM Office of Academic Assessment. Benchmark: 80% or greater in questions related to student satisfaction (recommend program; rate program as good or excellent). Participation in a capstone project (completion of NUR 470	Findings reported to Faculty Organization and discussion and action items recorded in minutes.

		or NUR 658). Benchmark: 95%.	
		Post-graduate APRN CAS students complete their program specific hours (will vary depending on track).	
		DNP students complete a DNP Project (completion of NUR 705 and 706).	

Key Element IV-J Program outcome data are used, as appropriate, to foster ongoing program improvement.

Responsibility	Frequency	Method/Data Source	Action/Feedback Loop
PEC	Ongoing	Quantitative data:	Review and analysis of data completed by the PEC or other committee if appropriate.
		USM reports on graduation and completion rates	
Associate Dean		NCLEX reports	
		Certification reports	Areas where the Benchmark is not met are further analyzed to identify contributing factors.
Faculty		ATI scores	
		Employment rates	
Administrative Staff maintain website and data sources		USM Graduate and Exit surveys	Action items are identified as appropriate.
		Qualitative data: Analyzing trends	
		End of course reports	Results and subsequent recommended action items are reported to the Faculty Organization and acted or or referred to the respective committee for follow-up.
		Student course evaluation data	
		Respective curriculum committee minutes	
		Associate Dean	
		Employer feedback	Discussion and results are reported in the minutes.

10/3/2019 Approved by SON Faculty