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, 2022	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: Core Competencies for Professional Nursing Education (AACN, 2021). Standards for Quality Nurse Practitioner Education, 6th Edition (2022). The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008)	Report to faculty organization with recommendations for revision as appropriate. Recommendations and revisions reflected in Faculty Organization Minutes.

		The Essentials of Master's Education for Professional Nursing Practice (AACN, 2008)	
		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) ● 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 (2015)	
		Guide to the Code of Ethics for Nurses with Interpretive Statements: Development, Interpretation, and Application, 2nd Edition (2015)	
		Guide to Nursing's Social Policy Statement: Understanding the Profession from Social Contract to Social Covenant (ANA, 2015)	

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 GCAAC	5 Years: Spring 2019 Spring 2024 Spring 2029 Reviewed every five years during self-study and during changes in programs and constituency.	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.) 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)	Broad participation in local, state and national nursing coalitions to gather data on national, state and local needs: Advisory Group meetings OMNE work groups MeNEC MSBN meetings CCPS meetings Statewide work groups

| | | 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 | |

Key Element I-D Expected faculty outcomes 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	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	Faculty nominated for the Faculty Senate and voted on by all college faculty. Recommendations and revisions to faculty

| Learning Resource and Simulation Committee (LRSC) Faculty | | 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, 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. | 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. |

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 Coordinator of Undergraduate Nursing Education. Associate Dean UGAAC UGCC GCAAC	Annually, Spring	Analysis of accuracy, fairness and congruence of policies in: USM Undergraduate Catalog USM Graduate Catalog USM website USM School of Nursing website USM School of Nursing publications	Report to faculty organization with recommendations and revision as appropriate. Recommendations and revisions reflected in Faculty Organization minutes and in subsequent documents 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.

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 UGAAC GCAAC	Complaints handled as they arise	Review and analyze policies related to student complaints. Assess documentation to verify adherence to formal complaint process.	Student handbook, catalog, Provost websites, syllabi Records of formal complaints within the SON are maintained

			by the Associate Dean and appropriate staff in a secure location.
Faculty The Dean of Students Office and the Deputy Title IX Coordinator		Analysis of accuracy and congruence of formal complaint process in Provost Website and catalogs	

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 Coordinator of Undergraduate Nursing Education. Marketing Associate Dean	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 Print and non-print media released through Public Relations and Marketing Listservs are maintained for communication with students via email.	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. Annual committee reports to faculty organization and program Associate Dean

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	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.

SON Search Committee			

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

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

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	Every 5 years or as necessary based on evaluation data	Assess availability, adequacy of academic support systems to meet program outcomes: ● Academic Assessment ● Advising, Professional and Faculty ● Athletics	The university conducts evaluations, accreditations, certifications and assessment of their departments and shares reports regularly.

	Fall 2019	● Career and Employment Hub	Updates and changes are
Coordinator of Undergraduate Nursing Education	Fall 2024 Fall 2029	● Computing Services ● Disability Services Center ● English for Speakers of Other Languages ● Instructional Technology and Media Services ● Learning Assistance and Tutoring: Learning Commons	disseminated to the university community, administration, faculty or staff.
Clinical Placement Coordinator		● Recovery Oriented Campus center (ROC) ● Office of Prior Learning Assessment ● Office of Residential Life	SON faculty and staff request input from respective university offices on services available as need arises.
Library Liaison		● Student Health and Counseling Services ● Veterans' Services	
Simulation Lab Coordinator		● University Libraries	

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 Nursing Programs Peer Review Committee	Each semester during workload assignments Spring and Fall Annually submit position requests via Dean's office.	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 Peer Review Process Workload document.	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, respective coordinator, and faculty involved in hiring process.

Search Committee	Part time hiring ongoing year round.	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 Course Faculty	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 2020-2023 • 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 2020-2023 Psychiatric/Mental Health Nurse Practitioner Students	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. For example, location removed from graduate preceptor list because students were only being allowed to observe not provide care to patients. Preceptors and/or clinical agencies involved in feedback loop and actions as appropriate.

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

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 or as needed based on university or nursing standards 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
UGCC	5 years: Spring 2024 Spring 2029 Ongoing as stimulated by individual faculty course review and revision.	The Essentials: Core Competencies for Professional Nursing Education (AACN, 2021). 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. The Essentials: Core Competencies for Professional Nursing Education (AACN, 2021). Standards for Quality Nurse Practitioner Education, 6th Edition (2022). 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 ● Psychiatric Mental Health ● Adult-Gerontology Acute Care and Primary Care Nurse Practitioner Competencies National League for Nursing Core Competencies of Nurse Educators. (NLN, 2018)	Recommended revisions reflected in the GCAAC minutes. Presented to SON Faculty Organization and reflected in minutes.

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.

The Essentials: Core Competencies for Professional Nursing Education (AACN, 2021).

Standards for Quality Nurse Practitioner Education, 6th Edition (2022).

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
● Psychiatric Mental Health
● Adult-Gerontology Acute Care and Primary Care Nurse Practitioner Competencies | 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 UGCC GCAAC Peer Review Committee Individual faculty	Per peer review schedule Whenever warranted by changes in standards or recommendations from COI.	Course evaluations are completed each semester for all courses via an electronic system. Faculty include course evaluation information in their peer review dossier and address criteria around teaching methodology. The PRC reviews all faculty dossiers according to the set schedule. The Simulation Committee reviews current simulation standards and suggests revisions or additions to current simulation practices. 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.	PRC Dossiers Respective curriculum committees review end of course reports and make recommendations for changes as warranted. Recommendations presented to Faculty Organization. Minutes from the Simulation committee, PRC, UGCC, GCAAC, and Faculty Organization meetings. Course Syllabi 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 UGCC GCAAC Clinical Placement Coordinator Coordinator of Undergraduate Nursing Education Graduate Programs Coordinator	Ongoing	Review and make recommendations based on: Course descriptions/course syllabi Course Evaluations End of Course Reports NONPF Guidelines APRN Certification requirements NCLEX-RN test plan Maine State Board of Nursing Information in Typhon CCPS COI input	Recommendations reflected in respective committee minutes, and communicated to all faculty in Faculty Organization minutes.

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 UGCC UGAAC GCAAC	Ongoing According to peer review process	Individual faculty and respective committees review the following documents as appropriate for consistency and adherence to policies: Course syllabi Clinical Evaluation Tools Course Evaluations Undergraduate and Graduate advancement policies 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.	Course faculty submit summaries of course and clinical evaluations from faculty and students to respective curriculum committee for review with recommendations. Learning experiences examined in relation to program and appropriate course outcomes.. 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 Associate Dean Full Faculty SON Committee Chairs	annually	Systematic Plan of Evaluation (SPOE) created, evaluated and approved by faculty (last review 03/2023). Committee chairs will review SPOE each fall for action items for their committee for that academic year. The Essentials: Core Competencies for Professional Nursing Education (AACN, 2021). Standards for Quality Nurse Practitioner Education, 6th Edition (2022). Informed by Standards for Accreditation of Baccalaureate and Graduate Programs, CCNE (Amended 2018)	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. 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 PEC Coordinator of Undergraduate Nursing Education Coordinator of Student Services Coordinator of Graduate Programs	Annually - Based on calendar year.	Students are tracked from admission, progression and completion data maintained by staff for SON. Completion rates/Graduation rates compared to benchmarks, attrition explanations examined. Completion rates for undergraduate students and masters students are calculated from enrollment in health assessment to program completion. Completion rates for post graduate APRN CAS students are calculated from matriculation to program completion. 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)	Information shared with Faculty Organization. Compared to Institutional Research data for graduation rates when available. Discussion reflected in Faculty Organization Minutes

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 Staff PEC	Annually	NCLEX-RN pass rate data collected by staff and PEC or Associate Dean. MSBN reports are requested annually by the PEC or their designee. Reports are analyzed by PEC or designee Comparison to benchmarks and analysis of variances from benchmarks BENCHMARK: 80%	Reports submitted to the Faculty Organization by the Associate Dean and/or PEC Recommendations and revisions reflected in SON minutes.

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	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.
UGCC 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: (Full time faculty) 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 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 7) Other - >10% of Faculty are Certified Nurse Educators BENCHMARK: (Part time faculty) 1) 100% of Part Time undergraduate faculty have BSN 2) 100% of Part Time undergraduate faculty have MSN 3) 5% of Part time undergraduate faculty have a doctorate 4) 25% of Part Time graduate faculty have a doctorate 3) 100% of APRN graduate faculty hold active certification 4) 100% of APRN graduate faculty are active in practice 5) 30% of non APRN Part Time Faculty hold certification in specialty practice i.e., CNE, SANE, CCRN, PCRN, CMSRN.	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.

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	Every 5 years; more	Aggregate data reviewed and analyzed by PEC and compared with set BENCHMARKS (delineated in IV-G).	Areas where aggregate data do not meet benchmarks are

Associate Dean PRC	often as indicated	Aggregate data shared with faculty.	analyzed and recommendations for improvement or change are made to Faculty Organization by the respective committee. 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.	Program outcomes are measured on exit survey at time of graduation. Benchmark >75% of graduate and undergraduate students will strongly agree/agree that program outcomes have been met. Post Graduate APRN Certificate Program outcomes are measured on exit survey at time of graduation. Benchmark >75% of graduate students will strongly agree/agree that program outcomes have been met. 75% of DNP students will strongly agree or agree that program outcomes have been met as assessed via graduation exit survey.	Findings reported to Faculty Organization and discussion and action items recorded in minutes.

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

Revised 03/2023 (Evaluation Committee)