University of Southern Maine School of Nursing Systematic Plan of Evaluation
Revised and Approved by Faculty March 2025

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; and reviewed periodically and revised as appropriate.

Responsibility	Minimum Frequency	Method/Data Source	Action/Feedback Loop/ Last Updates
Associate Dean	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	Review USM website, SON catalog, Nursing Student Handbook(s), and other publications for clarity and congruence. Update the Organizational chart of SON, College and University as warranted. Website, catalog, and handbooks updated annually by academic program directors and coordinators in Spring according to university deadlines.	Report to faculty organization with recommendations for revision as appropriate. Recommendations and revisions are 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 academic program directors and coordinators.
Program Evaluation Committee (PEC), Undergraduate Curriculum Committee (UGCC), Graduate Curriculum and Advancement Committee (GCAAC), Online Nursing Committee and DNP Workgroup	Every 5 years	Tables comparing university, college, and SON mission, philosophy, goals and program outcomes are reviewed in preparation for reaccreditation during the self-study phase. In addition, major changes to standards or guidelines promulgated for nursing education will generate a review and alignment.	

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 and Online Nursing Committee	5 Years: Fall 2019 Fall 2024 Fall 2029	SON mission, goals and expected program outcomes for each degree or certification are reviewed by respective committees to ascertain they reflect professional nursing standards. Relevant standards identified by CCNE and faculty.	Report to faculty organization with recommendations for revision as appropriate. Recommendations and revisions reflected in

			Faculty Organization Minutes.
GCAAC, Online Nursing Committee and DNP Workgroup		The Essentials: Core Competencies for Professional Nursing Education (AACN, 2021).	Actions reflected in respected committee minutes
		Guide to the Code of Ethics for Nurses with Interpretive Statements: Development, Interpretation, and Application, 2nd Edition (2025).	
		American Organization of Nurse Leaders. Competencies of Nurse Leaders (2025).	
		Standards for Quality Nurse Practitioner Education, 6th Edition (2022).	
		National League for Nursing Core Competencies of Nurse Educators. (NLN, 2018).	
		Nursing: Scope and Standards of Practice, ANA, 4th Edition (2021).	

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	5 Years: Spring 2019 Spring 2024 Spring 2029 Reviewed every 5 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 Leaders (OMNL). Feedback from School of Nursing Advisory Board 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 USM and Maine Health Academic Practice Partnership	Broad participation in local, state and national nursing coalitions to gather data on national, state and local needs: Advisory Group and Advisory Board meetings OMNL work groups MeNEC MSBN meetings CCPS meetings Statewide work groups

| UGCC | Annually | 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 Leaders (OMNL) | Reflected in UGCC minutes |
| GCAAC, Online Nursing Committee and DNP Workgroup | Annually | 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

USM and Maine Health Academic Practice Partnership | Reflected in committee minutes |

Key Element I-D The nursing unit's expectations for faculty are written and communicated to the faculty and are congruent with institutional expectations.

Responsibility	Minimal Frequency	Method/Data Source	Action/Feedback Loop
Associate Dean, Dean, Provost	Annually	PT faculty evaluation completed by the Associate Dean and faculty (course lead) according to the collective bargaining agreement.	Provost website updates by staff according to BOT and collective bargaining agreements.
Peer Review Committee (PRC)	Annually according to the peer review schedule. PRC or Provost develops based on the collective bargaining agreement (CBA)	All new full-time faculty participate in an orientation that includes information on the peer review process and expected outcomes. All new faculty are assigned a PRC mentor for the first review. Peer review criteria posted on the SON faculty google drive and the Provost website has been asked to redirect and link to the SON google drive. Provost hosts an open meeting on the peer review process annually Peer Review guidelines are developed in accordance with the Board of Trustee and collective bargaining agreement. Peer Review guidelines are reviewed annually and revised if indicated.	Evaluation letter filed by PRC and the Dean in each full-time faculty personnel file according to PR schedule and AFUM contract obligations. 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	Annually	Faculty and student participation is confirmed in program governance documents including SON bylaws, AFUM contracts, and USM governance documents. 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 the first faculty meeting in the fall.	Faculty nominated for the Faculty Senate and voted on by all college faculty. Recommendations and revisions to faculty

| UGCC GCAAC, Online Nursing Committee and DNP Workgroup Learning Resource and Simulation Committee (LRSC) | | 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

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, andUniversity-wide committee membership and minutes. | committee structure reflected in Faculty Organization Minutes

Meeting minutes list attendees including students and if only portion of meeting appropriate for student, this will be recorded as well. Students are solicited for committee participation via listserv or via class announcements as openings occur or by faculty recruitment/recommendation .Solicitation includes students in all programs and 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 program 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
Director, Graduate Nursing Programs Director of Undergraduate Nursing Education. Director DNP Associate Dean UGAAC UGCC GCAAC Online Nursing Committee DNP Workgroup	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 DNP Student Handbook Undergraduate Student Handbook Online Maine Graduate Student Practicum Handbook	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, Online Nursing Committee and DNP Workgroup	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

Faculty The Dean of Students Office and The Deputy Title IX Coordinator	Complaints handled as they arise	Analysis of accuracy and congruence of formal complaint process in Provost Website and catalogs	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
Director, Graduate Nursing Programs Director of Undergraduate Director of Online Nursing Programs Director DNP 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	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. Associate Dean to review: budget allocations /expenditures, Departmental Program Indicator (DPI) reports, faculty/student ratios, faculty salaries and workload, adequacy of staff Associate Dean will negotiate budgetary needs with the Dean of CSTH with input from the academic program directors	Report to faculty organization regarding fiscal issues with recommendations and revisions as appropriate. Recommendations and revisions reflected in Faculty Organization Minutes.
Dean's office staff (Financial manager)			
Director Undergraduate Nursing			
Director Graduate Nursing Programs			
Director of Online MSN Programs			
Director DNP SON Search Committee			

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

Responsibility	Frequency	Method/Data Source	Action/Feedback Loop
Associate Dean	Annually, Spring	Review physical resources to verify 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 the Dean's office and Space Committee- computers and office equipment for faculty and staff - two campuses.	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,
LRSC lab manager			
LRSC committee			
Clinical Placement Coordinator			
Director, Undergraduate Nursing			
Director Graduate Nursing Programs			
Director, Online Nursing Programs			
Director DNP			

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

Responsibility	Frequency	Method/Data Source	Action/Feedback Loop
Undergraduate: Director, Coordinator of Undergraduate Nursing Education, Clinical Placement Coordinator	Annually	Student Evaluation forms Clinical site arrangements negotiated by the Clinical Placement Coordinator and in conjunction with the Coordinator of Undergraduate Education and Graduate Nursing Programs Coordinator and academic directors Examine the 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.
Director of Graduate Nursing Education, Director Online Nursing, Coordinator of Online Nursing Programs and Director DNP		Typhon computer system to track experiences and quality of clinical for Graduate program placements/preceptors.	

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

Responsibility	Frequency	Method/Data Source	Action/Feedback Loop
Associate Dean Director Graduate Nursing Programs	Every 5 years or as necessary based on evaluation data	Assess the availability, and 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.
Director of Undergraduate Nursing, Director DNP, Director, Online Nursing Programs, Clinical Placement Coordinator, Library Liaison and Simulation Lab Coordinator	Fall 2019 Fall 2024 Fall 2029	● 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	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-E. The chief nurse administrator of the nursing unit: is a registered nurse (RN); holds a graduate degree in nursing; holds a doctoral degree if the nursing unit offers a graduate program in nursing; is vested with the administrative authority to accomplish the mission, goals, and expected program outcomes; and provides effective leadership to the nursing unit in achieving its mission, goals, and expected program outcomes.

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

Key Element II-F. **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 Director Graduate Nursing Programs Director, Undergraduate Nursing Programs Director, Online Nursing Programs Director DNP	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 for teaching assignments using the Maine State Board of Nursing regulations. Examine maintenance of current knowledge, clinical expertise, and certification as applicable in the area of teaching responsibility. Workload document.	Coordinators report to Associate Dean each semester as workload being developed and negotiated. Part-time faculty qualifications assessed by Associate Dean, Director of Undergraduate Nursing Programs/Graduate Programs and faculty involved in hiring process.
Peer Review Committee Search Committee	 Part time hiring ongoing year round.	Curriculum vitae and credentials Peer Review Process Determine percentage of full-time and part-time faculty.	Full-time faculty qualifications documented in Peer Review Committee minutes

Key Element II-G Preceptors (e.g., mentors, guides, coaches), if used by the program as an extension of faculty, are academically and experientially qualified for their role.

Responsibility	Frequency	Method/Data Source	Action/Feedback Loop

Director Undergraduate Nursing Programs	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	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.
Graduate Nursing Programs Director, Director DNP, Clinical Placement Coordinator, and Course Faculty		Graduate Nursing Program Advanced Practice Concentrations Preceptor and Student Handbook 2020-2025 • Adult-Gerontology Acute Care Nurse Practitioner Students • Family Nurse Practitioner Students Graduate Nursing Program Advanced Practice Concentrations Preceptor and Student Handbook 2020-2025 Psychiatric/Mental Health Nurse Practitioner Students Doctor of Nursing Practice Students	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-H. 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. SON Associate Dean and CSTH Dean provide support for faculty professional development.	AFUM contract Maine Street Infosileum
Director of Undergraduate Nursing Education		Faculty workload document reflects assignments appropriate to each full-time faculty rank and in alignment with the collective bargaining agreement.	Workload Spreadsheet
Director of Graduate Programs and Director DNP		Faculty workload document reflects assignments appropriate to each full-time faculty rank and in alignment with the collective bargaining agreement.	Workload Spreadsheet
Peer Review Committee		PRC reviews and comments on dossiers according to AFUM schedule, makes recommendations to support faculty for tenure, promotion, and sabbaticals.	PRC minutes Faculty CVs and Dossier

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 Community of Interest.

Responsibility	Frequency	Method/Data Source	Action/Feedback Loop
Associate Dean	5 years or as needed based on university or nursing standards	Undergraduate and Graduate Outcomes are compared to program mission, goals, and expected outcomes. Curriculum outcomes are evaluated; curriculum revised.	Report to Faculty Organization with recommendations and revisions as appropriate.
UGCC	Spring 2024 Spring 2027	UGCC reviews the undergraduate programs	Minutes of the respective curriculum committee and SON Faculty Organization
GCAAC, Online Nursing Committee and DNP Workgroup Faculty		GCAAC completes a crosswalk every 3 years for each APRN program master's (and corresponding post-master's) track on rotational basis and as needed The Online Nursing Committee completes a crosswalk every three years of the MSN NEd and MSN NAL and as needed. DNP Workgroup reviews program and course learning	Minutes of the respective curriculum committee and SON Faculty Organization Faculty meeting minutes

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). Guide to the Code of Ethics for Nurses with Interpretive Statements: Development, Interpretation, and Application, 2nd Edition (2025). American Organization of Nurse Leaders. Competencies of Nurse Leaders (2025). Standards for Quality Nurse Practitioner Education, 6th Edition (2022). National League for Nursing Core Competencies of Nurse Educators. (NLN, 2018). Nursing: Scope and Standards of Practice, ANA, 4th Edition (2021). Course Descriptions	Recommended revisions reflected in the UGCC Minutes Presented to SON Faculty Organization and reflected in minutes.

		Course Syllabi Clinical Evaluation Tools Course Evaluations End of Course Reports	

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
Online Nursing Committee
	2 years:
	(based on course number)
	May of each year
		Individual course review process with 2-year sequence of review of content and outcomes by GCAAC with evaluation methods, writing, practice, and evidenced-based activities. Alternating odd course numbers in odd years and then even course numbers in even years or as needed.
		
		The Essentials: Core Competencies for Professional Nursing Education (AACN, 2021).
		
		Guide to the Code of Ethics for Nurses with Interpretive Statements: Development, Interpretation, and Application, 2nd Edition (2025).
		
		American Organization of Nurse Leaders. Competencies of Nurse Leaders (2025).
		
		Standards for Quality Nurse Practitioner Education, 6th Edition (2022).
		
		National League for Nursing Core Competencies of Nurse Educators. (NLN, 2018).
		
		Nursing: Scope and Standards of Practice, ANA, 4th Edition (2021).
		
		Christensen, L. S. & Simmons, L. E. (Eds.). (2020). The scope of practice for academic nurse educators and academic clinical nurse educators (3rd ed.). Population Focused Nurse Practitioner Competencies - ● Family Across the Lifespan
		    ● Psychiatric Mental Health
		    ● Adult-Gerontology Acute Care Nurse Practitioner Competencies
			Recommended revisions reflected in the GCAAC and Online Maine Committee 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

| DNP Workgroup | 3 years: Spring 2019 Spring 2024 | The Essentials: Core Competencies for Professional Nursing Education (AACN, 2021).

Guide to the Code of Ethics for Nurses with Interpretive Statements: Development, Interpretation, and Application, 2nd Edition (2025).

American Organization of Nurse Leaders. Competencies of Nurse Leaders (2025).

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

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

Nursing: Scope and Standards of Practice, ANA, 4th Edition (2021).

DNP Level course review of content and outcomes by DNP Workgroup and program faculty.
Evaluation methods, writing, practice, evidenced based activities examined biennially | Recommended revisions reflected in the DNP 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	2 years: (based on course number) May of each year	Individual course review process with 2 year sequence of review of content and outcomes by GCAAC with evaluation methods, writing, practice, evidenced based activities. Alternating odd course numbers in odd years and then even course numbers in even years, or as needed. The Essentials: Core Competencies for Professional Nursing Education (AACN, 2021). Guide to the Code of Ethics for Nurses with Interpretive Statements: Development, Interpretation, and Application, 2nd Edition (2025). American Organization of Nurse Leaders. Competencies of Nurse Leaders (2025). Standards for Quality Nurse Practitioner Education, 6th Edition (2022). National League for Nursing Core Competencies of Nurse Educators. (NLN, 2018). Nursing: Scope and Standards of Practice, ANA, 4th Edition (2021). ANCC/AANP Requirements for Certification Population Focused Nurse Practitioner Competencies ● Family Across the Lifespan	Recommended revisions reflected in the GCAAC minutes and brought to full faculty for vote as indicated.

		● Psychiatric Mental Health ● Adult-Gerontology Acute Care and Nurse Practitioner Competencies	

Key Element III-F. The curriculum is logically structured and sequenced 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 foundation.**

Responsibility	Frequency	Method/Data Source	Action/Feedback Loop
UGCC	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 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 Online Nursing Committee DNP Workgroup		USM Graduate catalog Graduate Admission Requirements	GCAAC reviews information and recommended revisions to graduate curriculum as appropriate. GCAAC and Online Nursing Committee communicate changes and recommended revisions documented in DNP Workgroup minutes Discussion and actions reflected in Graduate Committee Minutes and presented to faculty for approval

Key Element III-G. **Teaching-learning practices:**
- **Support the achievement of expected student outcomes; and**
- **consider the needs and expectations of the identified community of interest.**

Responsibility	Frequency	Method/Data Source	Action/Feedback Loop
Associate Dean 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.	Respective curriculum committees review end of course reports and make recommendations for changes as warranted. Recommendations presented to Faculty Organization. Minutes from the UGCC and Faculty Organization meetings. Course Syllabi Changes implemented as recommended and appropriate.
Simulation Committee		The Simulation Committee reviews current simulation standards and suggests revisions or additions to current simulation practices.	Minutes from the Simulation committee,
UGCC		The UGCC reviews current teaching and learning practices as part of the end of year course reports and makes recommendations for changes as appropriate.	Respective curriculum committees review end of course reports and make recommendations for changes as warranted.

GCAAC Online Nursing Committee DNP Workgroup		GCAAC, Online Nursing, DNP Workgroup review current teaching and learning practices as part of the end of year course reports and make recommendations for changes as appropriate.	Respective curriculum committees review end of course reports and make recommendations for changes as warranted. Minutes from GCAAC, Online Maine and DNP Committees
Peer Review Committee		The PRC reviews all faculty dossiers according to the set schedule. Faculty include course evaluation information in their peer review dossier and address criteria around teaching methodology.	PRC Dossiers Minutes from Peer Review Committee

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 Online MSN Committee DNP Committee Clinical Placement Coordinator Coordinator of Undergraduate Nursing Education Graduate Programs Director DNP Director	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 Online MSN Committee DNP Workgroup	Ongoing	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 exams Standardized content-based testing reports Projects Clinical experiences	Course faculty submit summaries of course and clinical evaluations from faculty and students to respective curriculum committee for review with recommendations. Advising notes Learning experiences examined in relation to program and appropriate course outcomes.. Recommendations made by the respective curriculum committee regarding changes to course(s).
Peer Review Committee	According to peer review process	Course evaluations summarized by course faculty as part of the peer review process and end of course reports.	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
UGCC Individual Course Faculty Program Evaluation Committee	Each semester	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 every 2 years as directed based on course number. Faculty will provide a summary of course evaluation to respective curriculum committees 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.
UGCC		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	
GCAAC , Online Nursing Committee and DNP Workgroup		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	
Peer Review Committee	Based on Peer Review Schedule in AFUM contract	Course evaluations summarized by course faculty. PRC reviews teaching learning practices presented in faculty dossiers	PRC provides feedback on faculty submissions which address teaching effectiveness

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
Associate Dean	annually	The Essentials: Core Competencies for Professional Nursing Education (AACN, 2021). Guide to the Code of Ethics for Nurses with Interpretive Statements: Development, Interpretation, and Application, 2nd Edition (2025). American Organization of Nurse Leaders. Competencies of Nurse Leaders (2025).	Associate Dean 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.

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

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

Nursing: Scope and Standards of Practice, ANA, 4th Edition (2021). | |
|---|---|---|---|
| PEC | | Systematic Plan of Evaluation (SPOE) created, evaluated and approved by faculty (last review 03/2023). | PEC to review SPOE each year and report to Faculty Organization any recommendations and revisions to SPOE as warranted. |
| SON Committee Chairs | | 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). | |
| Full Faculty | | SPOE | Any changes to the SPOE are discussed, voted and approved at faculty meeting and recorded in meeting minutes. |

Key Element IV-B. Program completion rates demonstrate program effectiveness.

Responsibility	Frequency	Method/Data Source	Action/Feedback Loop
Associate

Dean

PEC

Coordinator of Undergraduate Nursing Education

Coordinator of Student Services

Directors and Coordinators of Graduate Programs

Director DNP | 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. Nursing licensure pass rates demonstrate program effectiveness.

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.

Responsibility	Frequency	Method/Data Source	Action/Feedback Loop
Associate Dean PEC GCAAC Online Nursing Committee	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 Director 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.

Responsibility	Frequency	Method/Data Source	Action/Feedback Loop
PEC Associate Dean Director of Online Nursing	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 Online Accelerated 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	Annually	Data is collected and reviewed annually.	Areas where benchmarks are not met are further analyzed and addressed as warranted.
PEC		Minutes of respective committees reflect review and discussion as well as any action plans being suggested and/or implemented. Data collected in NUR 490 for undergraduate students meeting program outcomes	This is done by the PEC, the respective committee, and the Associate Dean and/or their designee.
UGCC			
GCAAC			
Online Nursing Committee		Data collected annually by the Office of Academic Assessment (both undergraduate and graduate students)	Discussion and actions are reflected in respective minutes.
DNP Workgroup			

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. PRC minutes

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
Associate Dean
PRC | Every 5 years; more often as indicated | Aggregate data was 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 the Faculty Organization by the respective committee.

Discussion and subsequent action items are recorded in the minutes. |

Key Element IV-I. Other 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 an exit survey at the time of graduation. Benchmark >75% of graduate and undergraduate students will strongly agree/agree that program outcomes have been met. Program outcomes also demonstrated in NUR 490 for undergraduate students 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 Other 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 Program Outcomes demonstrated in NUR 490 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 referred to the respective committee for follow-up. Discussion and results are reported in the minutes.