

Assessment of Student Learning Plan (ASLP): Nursing Programs

2016-17 Academic Year

A. College, Department, Date

College CSTH
Department Nursing
Date 5/12/2017

B. Contact Person for the Assessment Plan

Name and title: *Krista M. Meinersmann, Director, School of Nursing*

C. Degree Program

Name of Degree Program: *BS and MS in nursing*

D. Assessment of Student Learning: Program Assessment

Step 1: Identify the Student Learning Outcomes (SLO's)

- a. Do you have your student learning outcomes published on your department's website? **Yes/No**
 - i. Undergraduate SLOs: <http://usm.maine.edu/nursing/undergraduate-program-student-learning-outcomes>
Graduate SLOs: <http://usm.maine.edu/nursing/masters-program-objectives>

- b. Please identify **which of your student learning outcome(s) were assessed this past academic year**. (One or more of the outcomes and corresponding assessment plans could come from your department's CORE Course Blueprint(s).

This year we focused on two areas required by our accrediting body, CCNE. These two areas were identified as areas where our midterm report did not provide sufficient data and we were asked to provide additional information.

The first is identified as other program outcomes (i.e. those outcomes not required) and the faculty identified student satisfaction and participation in a capstone project as the two areas for assessment. The second related to faculty outcomes related to teaching, service (college, university and community), and scholarship. The request from CCNE and the follow-up report are attached.

- c. Do you have a **matrix or curriculum map** showing when your student learning outcomes are assessed and in which courses? Yes/**No**

The SLOs are listed on course syllabi to show what course objectives relate to the program student learning outcomes.

Step 2: Assessment Methods Selected and Implemented

- d. Identify which direct measures (other than course grades), that were used to determine whether students achieved the stated learning outcomes for the degree.

See attached items referred to above.

Step 3: Using the Assessment results to Improve Student Learning

- a. Briefly describe your unit's process of reviewing the program assessment results (i.e. annual process by faculty committee, etc). Items reviewed by program evaluation committee and reviewed at faculty meetings as needed.
- b. What specific changes have been or will be made to improve student learning, as a result of using the program assessment results? See attached follow-up report.

- c. *Date of most recent program review/self-study? Follow-up report submitted 12/15/2016. We will begin an extensive review next fall as our accreditation self-study will be due in 12/2019 with an onsite visit anticipated in spring 2020.*

E..Course Assessment Activities: *na*

F. Community Engagement Activities in your departmental curriculum:

- a. *Does your department have a student learning outcome that is related to any community engagement activities? If so, please state the outcome.*

Yes, each program has program outcomes that address community engagement in some fashion. The relevant outcomes are listed below for each program.

Undergraduate Program Outcomes:

- 4. Apply knowledge of individual, family and community preferences, values and needs to provide culturally competent, patient centered care across the lifespan.*
- 6. Utilize clinical reasoning to provide age appropriate, patient centered care for vulnerable populations (including older adults) in a variety of settings.*

Graduate program – Advanced Practice Registered Nursing Program Outcomes:

- 2. Implement effective strategies for engaging individuals from selected client populations in health promotion and maintenance. (Competency: 9; Essential: 8, 9)*
- 3. Advocate for patients and families to provide cost-effective, culturally evidence-based, ethical, quality care in and across health care settings. (Competency: 2, 3, 6,7, 8, 9; Essential: 2, 6, 7)*

Graduate program – Nursing Education Program Outcomes:

- 2. Apply quality principles in health care and nursing education to improve patient outcomes and improve teaching effectiveness at the undergraduate level (Essential 3; NLN Core Competency 6)*
- 3. Synthesize broad ecological, global, epidemiological, cultural, and social determinants of health in order to integrate evidence-based population principles into the nursing curricula (Essentials: 1, 4, 8; NLN Core Competency 4).*

b. Please indicate if any of the community engagement activities listed below are included in your program's curriculum, by noting which activities are required or optional for students in your major.

<u>Community Engagement Activity</u>	<u>Required/Optional</u>	
Student Research (related to a community-based problem)	R	O
Student-Faculty Community Research Project	R	O
Internship, or a Field Experience	R	O
Independent Study (community-related project)	R	O
Capstone Course (community-related project)	R	O
Service-Learning (course-based)	R	O
Study Abroad, or an International Program	R	O
Interdisciplinary Collaborative Project (community related)	R	O
Student Leadership Activities (related to a team project)	R	O
Students/Faculty Community Leadership (advisory boards, committees, conference presentations)	R	O
<p>Other Activities (not mentioned above): All nursing students participate in community based learning experiences in a variety of health care settings. Undergraduate students also participate in community partnership experiences that are spread over one or two semesters depending on student program. One option is an international program based in the Dominican Republic.</p>		

c. Please list any courses (i.e. EDU 400) that have a community engagement activity in your program.

Upper-level courses: Undergraduate program: NUR 307, 325, 331, 339, 341, 419, 422, 428, 425, and 480
 Direct entry master's program cross listed courses: NUR 514, 531, 538, 542, 516, 526, 544,
 Graduate program: NUR 638, 667, 668, 669, 673, 679, and 686

G. Additional Comments (Optional):

As a practice discipline, faculty also participate in community engagement activities in a variety of ways. Many serve on community boards while others practice within their specialty areas.



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September 21, 2016

Krista Meinersmann, PhD, RN
Director and Associate Professor
School of Nursing
University of Southern Maine
96 Falmouth Street, PO Box 9300
Portland, ME 04104-9300

Dear Dr. Meinersmann:

On behalf of the Commission on Collegiate Nursing Education (CCNE), I am writing to inform you that at its meeting on March 29-April 1, 2016, the CCNE Report Review Committee (RRC) reviewed the continuous improvement progress report (CIPR) submitted by the baccalaureate degree program in nursing and master's degree program in nursing at University of Southern Maine and as a result of this review determined that additional reporting is required.

The RRC directs the baccalaureate and master's programs to submit a follow-up report demonstrating compliance with Key Elements IV-E and IV-F, as follows:

1. Program outcomes demonstrate program effectiveness (Key Element IV-E).
2. Faculty outcomes, individually and in the aggregate, demonstrate program effectiveness (Key Element IV-F). Specifically, the report did not compare actual outcomes to expected levels of achievement for the identified outcomes of scholarship and service.

The follow-up report must be received in the CCNE office on or before December 15, 2016. Please email the report, along with appendices, if any, as a PDF attachment to Renée Ricci, CCNE Accreditation Coordinator, at r Ricci@aacn.nche.edu. The report will be reviewed by the RRC and then by the CCNE Board of Commissioners at their next scheduled meetings.

For more information about reports, including the actions that the Board may take if compliance is not demonstrated by the program, please refer to the *CCNE Procedures for Accreditation of Baccalaureate & Graduate Nursing Programs* (amended November 18, 2014) available at <http://www.aacn.nche.edu/ccne-accreditation/Procedures.pdf>.

Please contact Lina Trullinger, CCNE Assistant Director, for guidance or clarification, if needed. She can be reached by telephone at 202-887-6791 x245 or by email at ltrullinger@aacn.nche.edu.

Sincerely,

Susan D. Ruppert, PhD, FNP-C, FAANP, FAAN
Chair, CCNE Board of Commissioners

Please find below the requested CIPR follow-up report related to compliance with Key Elements IV-E and IV-F. This report is submitted by the School of Nursing (SON) at the University of Southern Maine (USM) as requested in the letter from CCNE dated September 21, 2016.

Key Element IV-E

Since the submission of the CIPR and subsequent to receiving the request for a follow-up report, the faculty in the SON have decided to narrow their focus for this Key Element to measuring student satisfaction and participation in a capstone project.

Student satisfaction has been identified by the provost as one academic program snapshot criteria to be consistently assessed by all academic units. Therefore the SON focus on this item is consistent with university assessment criteria. For the SON the criteria that will be used to assess student satisfaction is based on data collected in the graduating senior survey conducted by the alumni office. Specifically the items asking how students would rate their experience at USM and if they would recommend the program to others. The faculty set the bench mark for both items as 80%. Data was available related to this item from the students graduating in 2015 and grouped together for the students graduating in 2013 and 2014.

Graduation Year	Number	Rating of Good/Excellent	Recommend Program	Benchmark for both items
2015	25	72%	88%	80%
2013/2014	17 (2013) 15 (2014)	86%	89%	80%

The benchmark was not met for ratings of good/excellent for 2015 graduates but was met for all other items/years.

Participation in a capstone experience is defined as successful completion of the capstone activity in the undergraduate program (NUR 470) and successful completion of the clinical project in the graduate program (NUR 658). The benchmark was set as 95%. At this time 100% of students enrolled in these classes have successfully completed their capstone experience.

The faculty have discussed the one area where the results were below the benchmark. Based on the discussion it seems that the result is incongruous with the finding that 88% of graduates in the same year would recommend the program to others. The decision was made to review the data from the 2016 graduating class and determine if the rating remains low or if it re-bounds to the 2013/2014 rating. The program evaluation committee has been designated as responsible for the review of 2016 data.

The program evaluation committee also discussed the results and made the decision to take steps to improve the data collection results related to return rate. The committee decided to that the following actions: 1) The university assessment office will be asked to confirm the timeline for distribution and provide promotional language to use in discussing the survey with graduating students; 2) The faculty teaching the graduating seniors in their leadership course (NUR 470)

will be asked to use the information from the assessment office to inform graduating seniors about the survey and encourage them to participate; and 3) Information on the survey will be incorporated into the NCLEX-RN presentation made by the director to graduating seniors each semester.

Key Element IV-F

Faculty discussed the faculty outcome data and recognized the error of omission in that the actual outcomes were not compared to expected outcomes for scholarship and service.

Faculty outcome measures:

- 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) >50% 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) >80% of FT 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

Aggregate Faculty Data					
	90% Faculty Engage in Teaching	90% Faculty Engage in Service to College	50% Faculty Engage in Service to University	80% Faculty Engage in Community Professional Service	80% Faculty produce Scholarly Work
2015	100%	100%	50%	92%	100%
2014	100%	100%	54%	92%	100%
2013	100%	100%	31%	84%	100%

A review of the data available indicates that all faculty outcome measures hit or exceeded the established benchmark with one exception. The area where the benchmark is not met, service to the university, is an area that has limited opportunity for service. At this time there are five university standing committees that faculty can service on with one of those having two positions and the rest one. There is also the opportunity to serve as the advising liaison. The benchmark

was met in 2014 and 2015 due to faculty serving on search committees and other special committees

As a result of the data review, the program evaluation committee made the following recommendations to the faculty: 1) To improve data tracking all faculty are required to post an updated curriculum vitae in their faculty profile on the SON web page and participate in the DigitalCommons@USM repository by posting their research and scholarship activities. 2) The scholarship benchmark will be revised to state that 80% of full-time tenure track and tenured faculty will produce scholarly work annually. The definition of scholarly work will remain unchanged. This is in line with the faculty promotion and review expectations that lecturers (not on the tenure track) are not expected to participate in scholarly activities. 3) The service to university benchmark will be revised to say 30% rather than 50% due to the limited number of university standing committees. The faculty approved the recommendations in their meeting on 12/8/2016.