EAST STROUDSBURG UNIVERSITY OF PENNSYLVANIA
Department of Nursing
ANNUAL SYSTEMATIC PLAN OF EVALUATION (SPE)
FOR ACADEMIC YEAR 2020-2022

ACEN Standard 1: Mission and Administrative Capacity

The mission of the nursing education unit reflects the governing organization's core values and is congruent with its mission/goals. The governing organization and program have administrative capacity resulting in effective delivery of the nursing program and achievement of identified program outcomes.

Component	Where Documentation Can Be Found	Expected Level of Achievement (Benchmark)	Frequency of Assessment / Responsible Committee Persons	Assessment Methods	Results of Data Collection and Analysis Including Actual Level of Achievement	Actions for Program Development, Maintenance or Revision
1.1 Mission The mission/philosophy and program outcomes of the nursing education unit are congruent with the core values and mission/goals of the governing organization.	University Handbook Student Handbook ESU Website	There is consistency between the missions of the University and the department.	Every 10 years to coincide with Middle States accreditation. **Chair**	Comparison of documents, in university handbook, student handbook, nursing department handbook, and ESU website.	Reviewed with Middle States Accreditation mid-point review report, 2022. All ESU Mission statements are congruent with strategic plan and supportive literature.	Continue to assess and monitor changes made in the student handbook, website, and university catalog to assure that the nursing department's mission statement appears and has remained congruent with university's mission.
1.2 Governance The governing organization and nursing education unit ensure representation of the nurse administrator and nursing faculty in governance activities; opportunities exist for student representation in governance activities. **a) Faculty**	Faculty Bylaws Handbook Committee Assignment List Faculty Minutes Faculty CV APSCUF CBA	All permanent nursing faculty are active members on 2 of the 4 departmental committees – Performance, Evaluation and Tenure Committee (PET), Admissions, Progression and Graduation Committee (APG), Curriculum Committee (Curriculum), and Program Evaluation Committee (PEC) – during each academic year. Tenured and tenure track nursing faculty serve on university wide committees on an annual basis. University committees are defined as any committees that serve the campus community outside the realm of the nursing department.	Assigned in August by Chair. Reviewed Annually in May. **PET, Chair**	Review of documents that indicate assigned committees for faculty and continuing part-time faculty. These documents are in the chair's office and copies are distributed to faculty. Review of documents provided by the faculty and university that identify membership on university committees. Bylaws clearly identify the necessary responsibilities and activities to carry out the purpose and functions of the Faculty Organization of the Department of Nursing. Review of committee bylaws and departmental policies and procedures located in the faculty and student handbooks.	100% of faculty served on at least two standing committees. 100% of full time tenured and tenure track faculty serves on university wide committee . Bylaws are reviewed every four years in accordance with the CBA effective July 1, 2019 to June 30, 2023. Revisions are made in accordance to departmental needs and mission. Student representation and participation is encouraged within the departments committee structure. The Student Nurse Association (SNAP) officers serve yearly in this capacity.	Committee membership is reviewed yearly by the chair with each faculty member serving a minimum of 3 years on assigned committee. Continue to monitor faculty membership in departmental communities and University Committees. Continue to encourage nursing faculty participation with committees that serve the university. Continue to share findings from university committees with nursing faculty. Continue to monitor and update bylaws in accordance with committee and departmental needs.

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1.2 Governance **(b) Students**	Curriculum Minutes PEC Minutes	Curriculum and PEC Committees will have student participation.	Annually in May **Curriculum and PEC Chairs**	Review of committee meeting minutes for student attendance and participation.	The SNAP officers participated on the Program Evaluation Committee, Admissions, Progression and Graduation Committee & Curriculum committees although participation is not always consistent and faculty reminders for participation are ongoing.	Recruit students for participation on faculty committees during the Student Nurse Association of Pennsylvania (SNAP) meetings monthly. Provide a meeting schedule at the beginning of the Fall semester in order to ensure student participation. Work on ways to improve student participation in meetings through use of technology such as Zoom. .
1.2 Governance **(c) Chair/ Dean of Health Sciences**	Chairperson's Report	Chairperson and Dean of Health Sciences oversee the Committee Structure.	**Annually Chair**	Review of committee meeting minutes.	Review of committee minutes demonstrate faculty representation; Review of CBA ensures representation	Continue to monitor
1.3 The assessment of end of program student learning outcomes and program outcomes is shared with communities of interest and the communities of interest have input into the program processes and decision making. **Advisory Council**	College of Health Sciences Advisory Council Minutes	Communities of interest have input into program processes and decision making.	Annually **Chair**	The College of Health Sciences advisory council consists of members of the clinical agencies, and member of the ESU University Community that provide services/instruction to our nursing students.	Last Advisory Council Meeting was held April 21, 2021 via Zoom. Next meet scheduled for April 27, 2022	Continue to have CHS Advisory Council Meetings yearly to ensure communities of interest have input in decision making Continue to seek partnerships within the professional community to support the curriculum and student learning.

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1.4 Clinical Partnerships Partnerships exist that promote excellence in nursing education, enhance the profession, and benefit the community.	Affiliation Agreement Binder	Partnerships exist that promote excellence in nursing education enhance the profession, and benefit the community.	August and January prior to the start of semesters. December and May at end of semesters. **Chair, Faculty**	Nursing faculty seeks out the use of clinical agencies and community resources that support the curriculum. Nursing faculty assess the value and effectiveness of the clinical agencies and community resources used during the semester Clinical Agency Evaluations , and Senior Internship Evaluations	Partnerships exist with Lehigh Valley Hospital Network, and St. Luke's Hospital University predominantly. Students completing community health rotations are placed at Bethlehem Health Bureau, North Pocono School District, Good Shepherd Rehab Hospital, Street to Feet, and COVID clinics. Summary of Clinical Agency Evaluations and Senior Internship Evaluations are positive as documented on course reviews. See clinical affiliation binders.	Continue to summarize clinical agency and Senior Internship evaluations and include on course reviews. Continue to monitor. Continue to foster relationships with community partners by meeting yearly and /or as needed Continue to seek additional partnerships within the professional community to support the curriculum and student learning.
1.5 Chair The nursing education unit is administered by a nurse who holds a graduate degree with a major in nursing and is doctorally prepared.	CBA Department of Nursing Office Human Resources Chair CV	Chair of the Nursing Department will be doctoral prepared in nursing or a related discipline and have 5 years of baccalaureate or higher degree teaching experience in nursing. Election of the Chairperson will be according to the APSCUF contract.	Every three years by Collective Bargaining Agreement (CBA), or in the event of resignation, re-appointment, or change in position. **Faculty PET and Faculty**	Review of documents before election of chair to assure that chair elect meets all criteria: PhD and greater than five years teaching at the university level. Election process per CBA.	The nursing department chair has been doctoral prepared. Dr. Laura Waters was elected chair for a three year term 2020 to 2023. Dr. Waters has served as the chair for 12 years.	Maintain standard for education preparation and teaching experience.
1.6 Administrator The nurse administrator is experientially qualified, meets governing organization and state requirements, and is oriented and mentored to the role.	CBA Faculty Minutes	The nurse administrator has authority and responsibility for the development and administration of the program and has adequate time and resources to fulfill the role.	Annually **Dean of Health Sciences and Chair**	CBA (Duties, Responsibilities, Release Time)	Release time has been granted to meet the administrative duties of the Chair per CBA. However, the chair release time is not adequate with meeting the demands of teaching, serving the department, and meeting the added responsibilities to the chair role by the university administration.	Continue to assess the adequacy of resources and release time for chair administrative duties.

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1.7 Program Coordinators When present, nursing program coordinators and/or faculty who assist with program administration are academically and experientially qualified.	CBA	The nurse administrator has authority and responsibility for the development and administration of the undergraduate nursing program and the RN to BS program in accordance with the CBA. The nurse administrator has adequate time and resources to fulfill the role.	Annually **Dean of Health Sciences and Chair**	CBA (Duties, Responsibilities, Release Time)	As above	Continue to assess the adequacy of resources and release time for chair administrative duties and program coordination.
1.8 Nurse Administrator The nurse administrator has authority and responsibility for the development and administration of the program and has sufficient time and resources to fulfill the role responsibilities.	CBA	The nurse administrator has authority and responsibility for the development and administration of the undergraduate nursing program and the RN to BS program in accordance with the CBA. The nurse administrator has adequate time and resources to fulfill the role.	Annually **Dean of Health Sciences and Chair**	CBA (Duties, Responsibilities, Release Time)	Six credit release time has been granted to meet the administrative duties of the Chair per CBA. However, the chair release time is not adequate with meeting the demands of teaching, serving the department, and meeting the added responsibilities to the chair role by the university administration.	Continue to assess the adequacy of resources and release time for chair administrative duties and program coordination.
1.9 Budget The nurse administrator has the authority to prepare and administer the program budget with faculty input.	Faculty Minutes	With faculty input, the nurse administrator has the authority to prepare and administer the program budget and advocates for equity among the units of the governing organization.	Annually **Dean of Health Sciences and Chair**	Submission and approval of the budget. Monitoring of the budget is through SAP Ariba/SourcePoint. The Budget is allocated from the PASSHE system. CHS Chair Meeting minutes.	The budget is closely monitored in regard to faculty requests for instructional equipment and daily departmental operations. .	Maintain monitoring activities in regard to departmental expenditures and purchases.

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1.10 Policies Policies for nursing faculty and staff are comprehensive, provide for the welfare of faculty and staff; and are consistent with those of the governing organization; differences are justified by the purpose and outcomes of the nursing program..	University and Faculty Handbook CBA Faculty Minutes –	Policies are consistent with the governing organization and where they are different it is justified in meeting the needs of the Nursing department.	Every 4 years following Collective Bargaining Agreement (CBA) Renewal **Chair, Faculty, Dean**	Comparison of documents in faculty, departmental and university handbooks, and APSCUF agreement.	Departmental policies are written, approved and revised in accordance with need and changes in the agreement between the Association of Pennsylvania State College and University Faculties (APSCUF) and the Pennsylvania State System of Higher Education (PASSHE). .	Maintain and revise policies and procedures as they pertain to departmental goals and mission, and student academic success.
1.11 Distance Education Distance education, when utilized, is congruent with the mission of the governing organization and the mission/philosophy of the nursing education unit.	University and Faculty Handbook CBA Faculty Minutes –	Policies are consistent with the governing organization and where they are different it is justified in meeting the needs of the Nursing department	Every 4 years following Collective Bargaining Agreement (CBA) Renewal **Chair, Faculty, Dean**	Comparison of documents in faculty, departmental and university handbooks, and APSCUF agreement.	Departmental policies are written, approved and revised in accordance with need and changes in the agreement between the Association of Pennsylvania State College and University Faculties (APSCUF) and the Pennsylvania State System of Higher Education (PASSHE)	The RN to BS Program is offered 100% online. Undergraduate offerings in distance education as defined by the ACEN was utilized during the pandemic in which the majority of the instruction occurs when a student and instructor are not in the same place. The nursing program courses are between 80-100% traditional face to face classes with online assignments . An educational platform (Desire to Learn) is utilized as the course management system.

ACEN Standard 2: Faculty and Staff

Qualified and credentialed faculty are sufficient in number to ensure the achievement of the end-of-program student learning outcomes and program outcomes. Sufficient and qualified staff are available to support the nursing program. Full and part-time faculty include those individuals teaching and/or evaluating students in didactic, clinical, and/or laboratory settings.

Component	Where Documentation Can Be Found	Expected Level of Achievement (Benchmark)	Frequency of Assessment / Responsible Committee Persons	Assessment Methods	Results of Data Collection and Analysis Including Actual Level of Achievement	Actions for Program Development, Maintenance or Revision
2.1 Doctorates Full-time faculty hold educational qualifications and experience as required by the governing organization, the state, and the governing organization's accrediting agency, and are qualified to teach the assigned nursing courses.	Human Resources Faculty CV PET Minutes	All full time, tenure line faculty hold earned doctorates.	As needed **Promotion, Evaluation and Tenure Committee (PET)**	Review of CV and dossiers as submitted by Faculty.	100% of the full time tenure and tenure track faculty has earned doctorates. N = 6 FT tenure tract members Two Full time tenure line Positions Open. .	Continue to mentor and support doctoral education for faculty positions.
2.2 Part-time Faculty Part-time faculty hold educational qualifications and experience as required by the governing organization, the state, and the governing organization's accrediting agency, and are qualified to teach the assigned nursing courses.	Human Resources Faculty CV PET Minutes	100% of the part -time faculty hold a graduate degree with a major in nursing.	Annually **PET**	Review of dossiers as submitted by Faculty.	100% of the part-time faculty has graduate degree with a major in nursing. N= 3 FT temporary N= 1 PT continuing	Continue to monitor. All transcripts with degree conferred will be obtained prior to hire.

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2.3 Non-nurse Non-nurse faculty teaching nursing courses hold educational qualifications and experience as required by the governing organization, the state, and the governing organization's accrediting agency, and are qualified to teach the assigned nursing courses.	Department of Nursing Office State Board of Nursing of PA Website	Nursing faculty meets PA RN requirements for licensure and continuing education (CEU)	Every 2 years to coincide with state licensure. **PET**	Review of dossiers as submitted by Faculty. All nursing faculty meets PA RN requirements for continuing education for state licensure.	100% of the faculty are PA registered nurses and have met the CEU requirements.	Maintain the professional development of nursing faculty through scholarship, formal education, and CEU offering Continue to monitor for any changes in PA State Board of Nursing requirements for licensure. Effective April 2015, Faculty will complete the required Child Abuse Education prior to PA RN licensure renewal Faculty will submit Faculty Development Plan to PET Committee
2.4 Preceptors Preceptors, when utilized, are academically and experientially qualified, oriented, mentored, and monitored, and have clearly documented roles and responsibilities.	NURS 427 Leadership and Management Applications /Senior Internship Course Review	100% of preceptors are qualified, oriented, mentored and monitored	Annually **Faculty**	Preceptors selected for NURS 427 Senior Internship are selected by unit Nurse Managers and participate in one-on-one review of preceptor / orientation packet with course clinical instructor and student.	100% preceptors are qualified, oriented, mentored and monitored in accordance to course Syllabi. All nursing students have access to the electronic handbook syllabus, and guidelines.	Senior Internship Preceptor packet reviewed and updated yearly to comply with changes with agency and university policies. . Continue to monitor. Incorporate preceptor qualifications / orientation / mentorship as needed into NURS 427.
2.5 Utilization The number of full-time faculty is sufficient to ensure that the end-of-program student learning outcomes and program outcomes are achieved.	Dean and Chair's Office Workload Reports	The number and utilization of faculty (full and part-time) ensure that program outcomes are achieved. There is sufficient number of course coordinators and assisting teachers to staff all didactic and clinical courses in the Department of Nursing.	Annually **Chair**	Review of faculty course schedules and faculty workload reports. Review of faculty open positions with departmental Search and Screen committee.	**Fall 2020- Spring 2022** Six full time tenure faculty including Department chair. Three full -time temporary faculty One continuing part-time faculty member Two open tenure line positions	Maintain adequate faculty to meet student needs. Actively recruit ABD, PhD nurse educators for open positions within the department. Continue to monitor workload policy and documents to ensure adequacy of faculty numbers and additional support needed.

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2.6 Expertise Faculty (full- and part-time) maintain expertise in their areas of responsibility, and their performance reflects scholarship and evidence-based teaching and clinical practice.	Human Resources Faculty CV Faculty Development Plan	100% of faculty reviewed annually and are involved in scholarly activity, evidence-based teaching/practice	-Yearly for non-tenured faculty Every 5 years for tenured faculty as per the CBA **PET**	Review of dossiers as submitted by Faculty.	100% of faculty has provided evidence of scholarship, continuing education offerings, and/or presentations at national conferences.	Maintain the professional development of nursing faculty through scholarship, formal education, and CEU offerings. Continue to monitor and find ways to support faculty scholarship.
2.7 Staff The number and qualifications of staff within the nursing education uinit are sufficient to support the nursing program.	Health Department Human Resources Non-Nursing Faculty CV	Non-Nurse Faculty and Staff are sufficient to achieve proper goals and outcomes. Dean's and Department secretaries are shared among the CHS departments	As needed **Chair**	Review of dossiers, vitae, and faculty self-reporting.	Licensed dietician Christina Brecht is the only Non-Nurse faculty that meets the required credentials to teach at the baccalaureate level. Continue to monitor with program growth. Utilize student workers when applicable.	University maintains adequate non-nurse faculty to meet student needs to achieve baccalaureate general education requirements.
2.8 Orientation Faculty (full- and part-time) are oriented and mentored in their areas of responsibility.	Faculty Orientation Policy - Checklist Chair's Office Faculty Handbook	100% of hired faculty have been assigned a mentor. Faculty are oriented and mentored in their area of responsibilities.	As needed **Chair, Faculty**	100% of all faculty have assigned mentor upon hire. 100% of faculty completed Orientation through the university, clinical agencies, and departmentally by the Chair and Course Coordinators.	All nursing faculty are oriented to the university, participating clinical agencies, and nursing department policies and procedures. Faculty mentors are assigned to new faculty by the chairperson of the department. .	Monitor orientation participation of new faculty members. Evaluate mentorship of new faculty.

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2.9 Assessment – Faculty Teaching Effectiveness Faculty (full and part-time) performance is regularly evaluated in accordance with the governing organization's policy/procedures, and demonstrates effectiveness in assigned area(s) of responsibility.	Provost Office Self Report PET Report Interfolio	100 % of tenured and non tenured Nursing Faculty will be rated 3 or higher on Student APSCUF evaluations in overall effectiveness. 100% of the non-tenured faculty and part time faculty will receive a satisfactory peer evaluation in accordance with the CBA.	APSCUF end of Fall and Spring semesters **PET** Tenured faculty – 1 peer evaluation per semester every 5 years from tenure year. Non-tenured faculty – 2 peer evaluations per semester and one evaluation from department chair.	APSCUF Evaluation Survey Review of dossiers of non-tenured faculty Review of dossiers of tenured faculty	Faculty meets the standard of achieving a rating of "3" or better on the 1 to 5 teaching effectiveness scale. Continue to provide support for faculty teaching effectiveness. Non-tenured faculty has been evaluated for the academic year, with written evaluations submitted to PET and uploaded into Interfolio.	Maintain teaching effectiveness in accordance with CBA. Continue peer evaluations per CBA. Continue to encourage faculty to submit written reports in a timely manner. Continue to encourage faculty to apply for tenure and promotion. Implementation of Faculty Development Plan.
2.10 Distance Technologies Faculty (full- and part-time) engage in ongoing development and receive support for instructional and distance technologies.	Faculty CV	100% of faculty engage in technological education development activities. 100% of faculty use ATI, Zoom and Desire to Learn online learning platforms effectively.	Annually **PET**	Review of dossiers as submitted by Faculty. Submission of Quality Matters Online Teaching Cerfication	100% of faculty has provided evidence of continuing education offerings related to use of technology including ATI educational offerings, Zoom, Desire to Learn and Quality Matters. All faculty utilize ATI resources 100% faculty utilize D2L.	Continue to monitor for additional faculty development opportunities to enhance online teaching skills.

ACEN Standard 3: Students

Student policies and services support the achievement of the end-of-program student learning outcomes and program outcomes of the nursing program.

Component	Where Documentation Can Be Found	Expected Level of Achievement (Benchmark)	Frequency of Assessment / Responsible Committee Persons	Assessment Methods	Results of Data Collection and Analysis Including Actual Level of Achievement	Actions for Program Development, Maintenance or Revision
3.1 Policies Policies for nursing students are congruent with those of the governing organization, as well as the state, when applicable, and are publicly accessible, non-discriminatory, and consistently applied: differences are justified by the end-of-program student learning outcomes and program outcomes.	Student Handbook Student files	100% policies congruent, accessible, non-discriminatory, consistently applies; and differences are justified	~~Annually~~ **Chair, Faculty**	Comparison of all printed university and departmental documents, ESU webpage. Signed verification of students having read the student handbook, and core performance competencies in student's departmental file.	100% of policies are congruent or justified if not. Consistency within publications is maintained and revised as needed. Student Handbook revised Spring, 2022 Students document that they have read the student handbook, are aware of the department policies, and the availability of resources where these policies are maintained and updated. Students also documented that they are aware of the core standards of the program and changes in the curriculum.	Maintain consistency with publications that provide information about progressions, dismissal, and transferring into nursing.
3.2 Integrity Public information is accurate, clear, consistent, and accessible. Including the program's accreditation status and the ACEN contact information.	ESU Website Student Handbook University Handbook and Catalogue	100% public info accurate, accessible; ACEN contact information is clearly visible and accurate on the department's website	Annually **Chair**	Integrity and consistency are maintained for public access of accreditation information on the ESU website and through direct departmental communication. Program accreditation information and ACEN contact information is placed on ESU nursing department Web site	All information is consistent and accessible. Website is continuously maintained and updated in accordance with changes in polices and regulatory agency practices.	Continue to monitor and update Departments website monthly. Continue to maintain integrity and consistency of communications with the public about accreditation information.
3.3 Communication of Policies Changes in policies, procedures, and program information are clearly and consistently communicated to	PEC Survey Binder	80% of students will indicate satisfaction with faculty's ability to communicate policies effectively. Changes in policies, procedures, and program information are	Annually **PEC**	Class Level Surveys distributed electronically.	**Student Satisfaction with Communication of Policies** (see table below)	Continue to monitor survey data..

Student Satisfaction with Communication of Policies

2021 Q 11 Survey Results Percent of Students Indicating satisfaction.								
2019			2020			2021		
Soph N= 12	Jr N=24	Sr N=26	Soph N=32	Jr N=30	Sr N=37	Soph N=1	Jr N=6	Sr N=4
92%	68%	72%	75%	55%	45%	50%	45%	40%

Component	Where Documentation Can Be Found	Expected Level of Achievement (Benchmark)	Frequency of Assessment / Responsible Committee Persons	Assessment Methods	Results of Data Collection and Analysis Including Actual Level of Achievement	Actions for Program Development, Maintenance or Revision
students in a timely manner.		clearly, consistently communicated to students in a timely manner.			Students rated satisfaction with communication of policies below benchmark parameters.	
3.4 Services Student services are commensurate with the needs of nursing students, including those receiving instruction using alternative methods of delivery. **(a) Facilities** **(1) DeNike Student Lounge** **SS Q1**	PEC Survey Binder	80 % of students responding to survey questions will indicate satisfaction.	May **PEC**	Class Level Surveys distributed electronically.	**DeNike Student Lounge** _See table below_ Students rated satisfaction with DeNike Student Lounge above benchmark parameters.	Maintain the evaluation of student services yearly and make recommendations to correct deficits. Continue to assess the adequacy of the lounge, forward student concerns to building facilities and university assessment committee.
3.4 Services **(a) Facilities** **(2) Nursing Learning Lab** **SS Q2**	PEC Survey Binder	80% Of students responding to survey question indicate satisfaction.	May **PEC**	Class Level Surveys distributed electronically.	**Nursing Learning Lab** _See table below_ Consistently below benchmark; Students recommended updating equipment, new mannequins, and providing larger space.	Continue to upgrade equipment and supplies in the nursing learning /Simulation lab within budgetary confines each fiscal year.
3.4 Services **(a) Facilities** **(3) Classrooms** **SS Q3**	PEC Survey Binder	80% Of students responding to survey question indicate satisfaction.	May **PEC**	Class Level Surveys distributed electronically.	**Classrooms** _See table below_ Students indicated above average classroom facilities providing an atmosphere conducive to learning.	Continue to share the need for maintenance and upkeep of classroom facilities with administration.

DeNike Student Lounge — Survey Results, Percent of Students Indicating satisfaction

	2019			2020			2021		
	Soph N= 12	Jr N=24	Sr N=26	Soph N= 32	Jr N=30	Sr N=37	Soph N= 1	Jr N=6	Sr N=4
	96%	95%	96%	90%	95%	97%	100%	83%	75%

Nursing Learning Lab — Survey Results, Percent of Students Indicating satisfaction

	2019			2020			2021		
	Soph N= 12	Jr N=24	Sr N=26	Soph N= 32	Jr N=30	Sr N=37	Soph N= 1	Jr N=6	Sr N=4
	96%	95%	96%	94%	90%	97%	100%	%83	75%

Classrooms — Survey Results, Percent of Students Indicating satisfaction

	2019			2020			2021		
	Soph N= 12	Jr N=24	Sr N=26	Soph N= 32	Jr N=30	Sr N=37	Soph N= 1	Jr N=6	Sr N=4
	96%	95%	96%	90%	95%	90%	100%	83%	75%

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3.4 Services (a) **Facilities** (4) **DeNike Computer Lab** **SS Q4**	PEC Survey Binder	80% Of students responding to survey question indicate satisfaction.	May **PEC**	Class Level Surveys distributed electronically.	**DeNike Computer Lab** (see survey table below)	Continue to monitor computer upgrades, software and technology services.
3.4 Services (b) **Resources** (1) **Tutoring** **SS Q17**	PEC Survey Binder	80% Of students responding to survey question indicate satisfaction.	May **PEC**	Class Level Surveys distributed electronically.	**Tutoring Services** (see survey table below) Additional tutoring services for junior and senior level nursing courses are needed as per comments on student surveys.	Tutoring services are available for general education courses. Faculty incorporate ATI focused review and remediation services available with ATI Packaged purchased by students. Nursing faculty provide individual tutoring as needed.
3.4 Services (b) **Resources** (2) **Counseling** **SS Q18**	PEC Survey Binder	80% Of students responding to survey question indicate satisfaction.	May **PEC**	Class Level Surveys distributed electronically.	**Counseling Services** (see survey table below) *Many students chose n/a Students who used the counseling services rated the service within benchmark parameters.	Continue to monitor evaluation of counseling services and forward recommendations as indicated.
3.4 Services (b) **Resources** (3) **Enrollment** **SS Q19**	PEC Survey Binder	80% Of students responding to survey question indicate satisfaction.	May **PEC**	Class Level Surveys distributed electronically.	**Enrollment Services** (see survey table below) Students indicated below level of benchmark.	Continue to monitor evaluation of enrollment services and forward recommendations as indicated.

DeNike Computer Lab

Survey Results — Percent of Students Indicating satisfaction								
2019			2020			2021		
Soph N= 12	Jr N=24	Sr N=26	Soph N= 32	Jr N=30	Sr N=37	Soph N= 1	Jr N=6	Sr N=4
96%	95%	96%	94%	91%	97%	100%	83%	75%

Tutoring Services

Survey Results — Percent of Students Indicating satisfaction								
2019			2020			2021		
Soph N= 12	Jr N=24	Sr N=26	Soph N= 32	Jr N=30	Sr N=37	Soph N= 1	Jr N=6	Sr N=4
96%	95%	96%	91%	87%	90%	N/A	67%	75%

Counseling Services

Survey Results — Percent of Students Indicating satisfaction								
2019			2020			2021		
Soph N= 12	Jr N=24	Sr N=26	Soph N= 32	Jr N=30	Sr N=37	Soph N= 1	Jr N=6	Sr N=4
96%	95%	96%	94%	95%	97%	n/a	33%	75%

Enrollment Services

Survey Results — Percent of Students Indicating satisfaction								
2019			2020			2021		
Soph N= 12	Jr N=24	Sr N=26	Soph N= 32	Jr N=30	Sr N=37	Soph N= 1	Jr N=6	Sr N=4
96%	95%	96%	91%	88%	90%	0%	33%	50%

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3.4 Services **(b) Resources** **(4) Registration** **SS Q20**	PEC Survey Binder	80% Of students responding to survey question indicate satisfaction.	May **PEC**	Class Level Surveys distributed electronically.	**Registration** Survey Results below	Continue to monitor evaluation of registration process Students have priority registration after receiving advisement from Nursing faculty advisor.
3.4 Services **(b) Resources** **(5) Student Health** **SS !21**	PEC Survey Binder	80% Of students responding to survey question indicate satisfaction.	May **PEC**	Class Level Surveys distributed electronically.	**Student Health Center Services** Survey Results below	Continue to monitor evaluation of student health center services and forward recommendations as indicated.
3.4 Services **(b) Resources** **(6) Financial Aid** **SS Q22**	PEC Survey Binder	80% Of students responding to survey question indicate satisfaction.	May **PEC**	Class Level Surveys distributed electronically.	**Financial Aid Services** Survey Results below	Continue to monitor evaluation of financial aid services and forward recommendations as indicated to director of financial aid services.
3.4 Services **(b) Resources** **(7) Computer Assisted Instruction** **SS Q23**	PEC Survey Binder	80% Of students responding to survey question indicate satisfaction.	May **PEC**	Class Level Surveys distributed electronically.	**Computer Assisted Instruction Services** Survey Results below	Continue to monitor evaluation of computer assisted instruction services and review recommendations as indicated. ATI comprehensive learning package included in student resources since 2012. Help desk available. D2L has student tutorial videos available

Registration — Survey Results (Percent of Students Indicating satisfaction)

	2019			2020			2021		
	Soph N= 12	Jr N=24	Sr N=26	Soph N= 32	Jr N=30	Sr N=37	Soph N= 1	Jr N=6	Sr N=4
	90%	92%	96%	92%	95%	87%	100%	68%	75%

Students indicated below level of benchmark.

Student Health Center Services — Survey Results (Percent of Students Indicating satisfaction)

	2019			2020			2021		
	Soph N= 12	Jr N=24	Sr N=26	Soph N= 32	Jr N=30	Sr N=37	Soph N= 1	Jr N=6	Sr N=4
	96%	94%	96%	90%	95%	87%	100%	80%	75%

Students who used the student health center services rated the service within benchmark parameters.

Financial Aid Services — Survey Results (Percent of Students Indicating satisfaction)

	2019			2020			2021		
	Soph N= 12	Jr N=24	Sr N=26	Soph N= 32	Jr N=30	Sr N=37	Soph N= 1	Jr N=6	Sr N=4
	96%	95%	96%	94%	90%	97%	0%	83%	75%

Computer Assisted Instruction Services — Survey Results (Percent of Students Indicating satisfaction)

	2019			2020			2021		
	Soph N= 12	Jr N=24	Sr N=26	Soph N= 32	Jr N=30	Sr N=37	Soph N= 1	Jr N=6	Sr N=4
	90%	95%	86%	94%	90%	97%	100%	83%	75%

Computer assisted instruction materials are available on Desire to Learn course platforms as part of textbook and ATI packages.

ANNUAL SYSTEMATIC PLAN OF EVALUATION (SPE) FOR ACADEMIC YEAR 2020-2022

Component	Where Documentation Can Be Found	Expected Level of Achievement (Benchmark)	Frequency of Assessment / Responsible Committee Persons	Assessment Methods	Results of Data Collection and Analysis Including Actual Level of Achievement	Actions for Program Development, Maintenance or Revision
3.4 Services **(b) Resources** **(8) Library** **SS Q24**	PEC Survey Binder	80% Of students responding to survey question indicate satisfaction.	May **PEC**	Class Level Surveys distributed electronically.	**Library** Survey Results Percent of Students Indicating satisfaction <table><tr><td colspan="3">2019</td><td colspan="3">2020</td><td colspan="3">2021</td></tr><tr><td>Soph N= 12</td><td>Jr N=24</td><td>Sr N=26</td><td>Soph N= 32</td><td>Jr N=30</td><td>Sr N=37</td><td>Soph N= 1</td><td>Jr N=6</td><td>Sr N=4</td></tr><tr><td>96%</td><td>90%</td><td>92%</td><td>94%</td><td>95%</td><td>97%</td><td>100%</td><td>83%</td><td>50%</td></tr></table>Students who used the library services rated the service within benchmark parameters.	Continue to monitor evaluation of library services and review recommendations as indicated.
3.4 Services **(b) Resources** **(9) Career** **SS Q25**	PEC Survey Binder	.80% Of students responding to survey question indicate satisfaction.	May **PEC**	Class Level Surveys distributed electronically.	**Career Services** Survey Results Percent of Students Indicating satisfaction <table><tr><td colspan="3">2019</td><td colspan="3">2020</td><td colspan="3">2021</td></tr><tr><td>Soph N= 12</td><td>Jr N=24</td><td>Sr N=26</td><td>Soph N= 32</td><td>Jr N=30</td><td>Sr N=37</td><td>Soph N= 1</td><td>Jr N=6</td><td>Sr N=4</td></tr><tr><td>90%</td><td>84%</td><td>90%</td><td>88%</td><td>90%</td><td>93%</td><td>N/A</td><td>50%</td><td>50%</td></tr></table>	Continue to monitor evaluation of career services and forward recommendations as indicated.
3.4 Services **(b) Resources** **(10) Computer / Technology Support** **SS Q26**	PEC Survey Binder	80% Of students responding to survey question indicate satisfaction.	May **PEC**	Class Level Surveys distributed electronically.	**Computer / Technology Support Services** Survey Results Percent of Students Indicating satisfaction <table><tr><td colspan="3">2019</td><td colspan="3">2020</td><td colspan="3">2021</td></tr><tr><td>Soph N= 12</td><td>Jr N=24</td><td>Sr N=26</td><td>Soph N= 32</td><td>Jr N=30</td><td>Sr N=37</td><td>Soph N= 1</td><td>Jr N=6</td><td>Sr N=4</td></tr><tr><td>90%</td><td>92%</td><td>96%</td><td>94%</td><td>90%</td><td>93%</td><td>100%</td><td>83%</td><td>75%</td></tr></table>	Continue to monitor evaluation of Computer / Technology Support Services and forward recommendations as indicated. Helpdesk available online. D2L has student tutorial videos

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Component	Where Documentation Can Be Found	Expected Level of Achievement (Benchmark)	Frequency of Assessment / Responsible Committee Persons	Assessment Methods	Results of Data Collection and Analysis Including Actual Level of Achievement	Actions for Program Development, Maintenance or Revision
3.5 Records Student educational records in compliance with the policies of the governing organization and state and federal guidelines.	Enrollment Services Banner electronic system	100% of student educational and financial records follow the policies of the governing organization.	Bi-Annually **Chair and APG**	Educational and financial records are reviewed each semester by enrollment services and financial aid office in Zimbar. . Academic records are securely maintained electronically through the Banner system. Student files that contain demographic information, copies of clinical evaluations and copies of letters and other communicated correspondences are kept in the main office of the Nursing Department.	Students not meeting financial obligations are notified prior to the start of the semester and are encouraged to visit the department to be helped with securing funds. Students have access to course grades through Desire to Learn. Students not meeting nursing department academic standards are notified officially in writing by January 15th and June, 15th .	Maintain the review of academic and financial records.
3.6 Compliance Compliance with the Higher Education Reauthorization Act Title IV eligibility and certification requirements is maintained, including default rates and the results of financial or compliance audits. **3.6.1** A written, comprehensive student loans repayment program addressing student loan information, counseling, monitoring, and cooperation with lender's is available. **3.6.2** Students are informed of their ethical responsibilities regarding financial assistance. **3.6.3** Financial aid records are in compliance with the	Enrollment Services Human Resources	100% of students will be notified of their compliance with the Higher Education Reauthorization Act Title IV eligibility and certification.	Annually **Financial Aid Services**	Student Financial Aid Office documents	100% compliance with Higher Education Reauthorization Act Title IV as per Financial Aid Office	Continue to monitor

Component	Where Documentation Can Be Found	Expected Level of Achievement (Benchmark)	Frequency of Assessment / Responsible Committee Persons	Assessment Methods	Results of Data Collection and Analysis Including Actual Level of Achievement	Actions for Program Development, Maintenance or Revision
policies of the governing organization, state, and federal guidelines.						
3.7 Grievances Records reflect that program complaints and grievances receive due process and include evidence of resolution.	Chairperson Report	100% will be processed with documented resolutions	Annually **Chair, Faculty**	Documented evidence of complaint and grievance resolution is completed in accordance with the CBA, university catalog, and student handbook. Students are encouraged to submit program complaints and grievances to nursing department chairperson and nursing faculty. Suggestion box is maintained above student mailboxes in the 1st floor lounge in DeNike in accordance with ESU grievance policy.	Complaint and grievance process is completed within recommended guidelines. **2020 to 2022** Received four grievances from students who failed NURS 217 Foundations of Theoretical Nursing II in the Spring, 2021. Students and family representatives met with the Dean of Health Sciences, Provost, and Nursing Department chair, Dr. Laura Waters and course instructor. Students were provided with due process and the issues were resolved.	Continue to follow CBA, university catalog and student handbook complaint and grievance **process**.
3.8 Orientation to technology Orientation to technology is provided, and technological support is available to students. **SS Q26**	Course Syllabi PEC Survey Binder	80% of students will indicate satisfaction with orientation to technology.	Annually **PEC**	Class Level Surveys distributed electronically. University computer offerings as indicated on ESU website, tutorials on Desire to Learn, Help Desk information provided in all university computer labs. Specific orientation to nursing and hospital-based technologies provided by hospital nursing education staff.	**Orientation to technology used in program (ATI, D2L)** Survey Results Percent of Students Indicating satisfaction |	2019			2020			2021	
Soph N= 12	Jr N=24	Sr N=26	Soph N= 32	Jr N=30	Sr N=37	Soph N= 1	Jr N=6	Sr N=4
86%	90%	96%	94%	97%	91%	90%	83%	80%		Maintain educational offerings for learning computer technology. Continue to monitor. Technology support available via help desk. D2L tutorials & ATI tutorials available.

ANNUAL SYSTEMATIC PLAN OF EVALUATION (SPE) FOR ACADEMIC YEAR 2020-2022

Component	Where Documentation Can Be Found	Expected Level of Achievement (Benchmark)	Frequency of Assessment / Responsible Committee Persons	Assessment Methods	Results of Data Collection and Analysis Including Actual Level of Achievement	Actions for Program Development, Maintenance or Revision
3.9 Information related to technology requirements and policies specific to distance education are accurate, clear, consistent, and accessible. **SS Q/27**	Course Syllabi Desire to Learn Student Handbook	80% of students will indicate satisfaction with information related to technology and requirements needed for distance education.	Annually **PEC**	University computer offerings as indicated on ESU website, tutorials on Desire to Learn, Help Desk information provided in all university computer labs.	**Survey Results** **Percent of Students Indicating satisfaction with Information About Technology** <table><tr><td colspan="3">2019</td><td colspan="3">2020</td><td colspan="3">2021</td></tr><tr><td>Soph N= 12</td><td>Jr N=24</td><td>Sr N=26</td><td>Soph N= 32</td><td>Jr N=30</td><td>Sr N=37</td><td>Soph N= 1</td><td>Jr N=6</td><td>Sr N=4</td></tr><tr><td>92%</td><td>90%</td><td>96%</td><td>96%</td><td>97%</td><td>93%</td><td>95%</td><td>85%</td><td>85%</td></tr></table>	

ACEN Standard 4: Curriculum
The curriculum supports the achievement of the end-of-program student learning outcomes and program outcomes and is consistent with safe practice in contemporary healthcare environments.

Component	Where Documentation Can Be Found	Expected Level of Achievement (Benchmark)	Frequency of Assessment / Responsible Committee Persons	Assessment Methods	Results of Data Collection and Analysis Including Actual Level of Achievement	Actions for Program Development, Maintenance or Revision
4.1 Standards Consistent with contemporary practice, the curriculum incorporates established professional nursing standards, guidelines, and competencies and has clearly articulated end-of-program student learning outcomes.	Course Syllabi Student Handbook Program Outcomes Document	Professional nursing standards and best practice guidelines are integrated in each nursing course. Student learning outcomes and program outcomes are documented in every nursing course syllabus and are articulated.	Annually **Curriculum**	Curriculum review/committee minutes Review of Course Syllabi and Student Handbook.	Student learning and program outcomes are clearly articulated in course syllabi and student handbook.	Continuous monitoring in Curriculum and Program Evaluation Committee meetings and in Faculty Meetings monthly.
4.2 Student Learning Outcomes The end-of-program student learning outcomes are used to organize the curriculum, guide the delivery of instruction, and direct learning activities.	Course Syllabi Student Handbook Program Outcomes Document	Student Learning Outcomes are used to organize curriculum	Annually **Curriculum**	Course Exams Course Assignments/ Learning Activities ATI Proctored Assessments ATI RN Predictor Exam	Student Learning Outcomes organize curriculum, guide instruction, direct learning, and are evaluated. Trended student data is used to make changes to courses and program achievement outcomes.	Continuous monitoring in Curriculum and Program Evaluation Committee meetings and in Faculty Meetings monthly.

4.3 Rigor The curriculum is developed by the faculty and regularly reviewed to ensure integrity, rigor, and currency.	Curriculum Committee Minutes Course Reviews Program Outcomes Document	Nursing courses will be reviewed yearly.	Annually **Curriculum**	The curriculum based on the following criteria: NCSBN NCLEX test plans, AACN Core Competencies for Baccalaureate Education, QSEN recommendations, and ACEN standards and recommendations.	The curriculum is revised by the nursing faculty and changes are approved by the University Curriculum Committee. Clinical and course outcomes and objectives are revised to reflect contemporary practice and health care agency regulations and requirements. All nursing courses are graded using the departments plus/minus grading scales.	**Fall 2020:** Curriculum evaluation of NURS 221/222 Health Transitions from Birth to Young Adult (pediatrics) supported that second semester sophomore level students do not have the required medical-surgical nursing knowledge and skill to care for children in the acute care settings. Curriculum evaluation of NURS 413/414 Health Transitions of the Older Adult (Gerontology) course supported that the course content is more in line with a nursing fundamental course and is not meeting senior level student outcomes. Based on assessment data, the faculty developed four new nursing courses: NURS 216 Theoretical Foundations of Nursing Practice II and the related clinical NURS 217 Foundations of Nursing Practice II for the sophomore level students with the focus on the geriatric population. First offering, Fall 2021. NURS 416 Health Transitions of the Pediatric Clients and the related clinical NURS 417 Nursing Care of the Pediatric Client for the senior level student that focuses on the acute care of the Pediatric patient. First offering will be in the fall, 2022.

Component	Where Documentation Can Be Found	Expected Level of Achievement (Benchmark)	Frequency of Assessment / Responsible Committee Persons	Assessment Methods	Results of Data Collection and Analysis Including Actual Level of Achievement	Actions for Program Development, Maintenance or Revision
4.4 General Education The curriculum includes general education courses that enhance professional nursing knowledge and practice.	Student Handbook Course Syllabi PEC Survey Binder	General Education Courses enhance knowledge and practice 80% of students will rate cognate courses as helpful in meeting level objectives.	As needed **Curriculum** **Student Satisfaction assessed annually**	Class Level Surveys distributed electronically. Course syllabi are reviewed to determine methodologies, varied approaches to achieve professional competencies, and measurement of student outcomes.	(see table below)	Continue to monitor and to review support course syllabi to evaluate methodologies to achieve competencies and measurement of student outcomes. Student survey responses limited to Outcome Met, Outcome Not Met, or Not applicable. Qualitative comments are welcomed.

Results table for 4.4:

Class	2019 SO	2019 JR	2019 SR	2020 SO	2020 JR	2020 SR	2021 SO	2021 JR	2021 SR
N =	12	24	26	32	30	37	1	6	4
A & P I	94%	98%	96%	98%	98%	90%	85%	92%	91%
A & P II	95%	100%	98%	99%	95%	90%	88%	94%	90%
INTRO TO PSYCH	88%	79%	82%	88%	82%	96%	93%	83%	90%
HEALTH WELLNESS	92%	96%	96%	88%	100%	94%	94%	99%	95%
MECH DIS	80%	82%	95%	92%	90%	94%	90%	85%	94%
CHEM	92%	86%	82%	80%	76%	78%	80%	82%	90%
SPEECH COMMUNIC	95%	82%	84%	96%	94%	88%	90%	82%	95%
STATISTICS	88%	85%	90%	88%	80%	79%	100%	88%	90%

Component	Where Documentation Can Be Found	Expected Level of Achievement (Benchmark)	Frequency of Assessment / Responsible Committee Persons	Assessment Methods	Results of Data Collection and Analysis Including Actual Level of Achievement	Actions for Program Development, Maintenance or Revision
4.5 Cultural, Ethnic, and Socially Diverse Concepts The curriculum includes cultural, ethnic, and socially diverse concepts and may also include experiences from regional, national, or global perspectives. **Q 38**	PEC Survey Binder	Nursing and support courses provide foundation for cultural, ethnic, and global perspectives. 80% of students indicate average or above average quality of cultural, ethnic, and socially diverse concepts in nursing and support courses.	Annually **PEC** **Course Review**	Class Level Surveys distributed electronically. Reviewing support course syllabi and meet with support courses faculty to continually assess appropriateness of support courses to nursing curriculum. Monitor nursing student grades. Student Level Survey	Percent of students indicating curriculum met the objective of integrating cultural awareness in planning and providing nursing care. (see table below)	Continue to monitor student achievements in nursing and support courses.

Survey Results — Percent of Students Indicating satisfaction

	2019 Soph N= 10	2019 Jr N=22	2019 Sr N=23	2020 Soph N= 12	2020 Jr N=24	2020 Sr N=26	2021 Soph N= 32	2021 Jr N=30	2021 Sr N=37
	94%	90%	91%	88%	92%	96%	90%	94%	98%

Component	Where Documentation Can Be Found	Expected Level of Achievement (Benchmark)	Frequency of Assessment / Responsible Committee Persons	Assessment Methods	Results of Data Collection and Analysis Including Actual Level of Achievement	Actions for Program Development, Maintenance or Revision
4.6 Theory, Collaboration, Research, and Best Practice Standards The curriculum and instructional processes reflect educational theory, interprofessional collaboration, research, and current standards of practice.	PEC Survey Binder	80% of students will rate nursing courses as helpful in meeting level objectives. Nursing students need to achieve a grade of "C" (minimum of 74) or better in nursing courses.	Annually in May **Faculty, Curriculum, PEC**	Class Level Surveys distributed electronically. Clinical course evaluations and course syllabi are reviewed to determine integration of theory, collaboration, research, and best practice standards throughout the curriculum.	Percent of students rating Nursing Courses as somewhat helpful to very helpful to achieve level objectives. (see table below)	Continue to monitor results and modify curriculum as necessary.

Class	2019			2020			2021		
	SO	JR	SR	SO	JR	SR	SO	JR	SR
N =	12	24	26	32	30	37	1	6	4
Health Assessment	88%	80%	94%	80%	86%	82%	85%	80%	90%
Foundations I	94%	97%	98%	92%	96%	95%	85%	88%	96%
Foundations II							100%		
Nutrition	80%	83%	90%	84%	96%	85%	80%	82%	78%
Research	N/A	80%	95%	N/A	92%	90%	N/A	88%	85%
Middle Aged Adult I	N/A	93%	98%	N/A	96%	90%	N/A	88%	90%
Middle Aged Adult II	N/A	80%	92%	n/a	96%	81%	N/A	83%	80%
Psych	N/A	90%	85%	n/a	90%	95%	n/a	88%	90%
Childbearing Family	N/A	100%	96%	n/a	82%	88%	n/a	90%	85%
Critical Care	N/A	N/A	95%	n/a	N/A	92%	n/a	N/A	95%
Pediatrics	88%	96%	88%	n/a	82%	90%	n/a	90%	80%
Leadership	N/A	N/A	90%	n/a	n/a	94%	n/a	n/a	90%
Community	N/A	N/A	85%	n/a	n/a	92%	n/a	n/a	88%
SIM I	N/A	95%	100%	n/a	92%	100%	n/a	88%	90%
SIM II	N/A	99%	90%	n/a	93%	85%	n/a	99%	95%
SIM III	N/A	N/A	94%	n/a	n/a	88%	n/a	n/a	95%
SIM IV	N/A	N/A	100%	n/a	n/a	90%	n/a	n/a	100%

Component	Where Documentation Can Be Found	Expected Level of Achievement (Benchmark)	Frequency of Assessment / Responsible Committee Persons	Assessment Methods	Results of Data Collection and Analysis Including Actual Level of Achievement	Actions for Program Development, Maintenance or Revision
4.6 Theory, Collaboration, Research, and Best Practice Standards **(a) Theory** **SS Q6D**	PEC Survey Binder	80% of students will rate nursing courses as helpful in meeting level objectives and end-of-program outcomes. Nursing students need to achieve a grade of 74 or better in nursing courses.	Annually in May **Faculty, Curriculum, PEC**	Class Level Surveys distributed electronically. Clinical course evaluations and course syllabi are reviewed to determine integration of theory, collaboration, research, and best practice standards throughout the curriculum.	**Ability to integrate theory into practice** (see table below)	Continue to review and monitor.

Survey Results Percent of Students Indicating satisfaction								
2019			2020			2021		
Soph N= 12	Jr N=24	Sr N=26	Soph N= 32	Jr N=30	Sr N=37	Soph N= 1	Jr N=6	Sr N=4
90%	92%	96%	90%	91%	97%	100%	83%	75%

ANNUAL SYSTEMATIC PLAN OF EVALUATION (SPE) FOR ACADEMIC YEAR 2020-2022

Component	Where Documentation Can Be Found	Expected Level of Achievement (Benchmark)	Frequency of Assessment / Responsible Committee Persons	Assessment Methods	Results of Data Collection and Analysis Including Actual Level of Achievement	Actions for Program Development, Maintenance or Revision
4.6 Theory, Collaboration, Research, and Best Practice Standards **(b) Collaboration** **SS Q61**	PEC Survey Binder	80% of students will rate nursing courses as helpful in meeting level objectives and end-of-program outcomes. Nursing students need to achieve a grade of "C" or better in nursing courses.	Annually in May **Faculty, Curriculum, PEC**	Class Level Surveys distributed electronically. Clinical course evaluations and course syllabi are reviewed to determine integration of theory, collaboration, research, and best practice standards throughout the curriculum.	 Students rated interdisciplinary collaboration within benchmark parameters.	Continue to review and monitor.
4.6 Theory, Collaboration, Research, and Best Practice Standards **(c) Research** **SS Q62**	PEC Survey Binder	80% of students will rate nursing courses as helpful in meeting level objectives and end-of-program outcomes. Nursing students need to achieve a grade of "C" or better in nursing courses.	Annually in May **Faculty, Curriculum, PEC**	Class Level Surveys distributed electronically. Clinical course evaluations and course syllabi are reviewed to determine integration of theory, collaboration, research, and best practice standards throughout the curriculum.	Applying research-based knowledge as a basis for practice. 	Continue to review and monitor.
4.6 Theory, Collaboration, Research, and Best Practice Standards **(d) Current Practice Standards**	PEC Survey Binder	80% of students will rate nursing courses as helpful in meeting level objectives and end-of-program outcomes. Nursing students need to achieve a grade of "C" or better in nursing courses.	Annually in May **Faculty, Curriculum, PEC**	Class Level Surveys distributed electronically. Clinical course evaluations and course syllabi are reviewed to determine integration of theory, collaboration, research, and best practice standards throughout the curriculum.	Ability to incorporate nursing standards into practice. 	Continue to review and monitor.

Survey Results tables:

(b) Collaboration — Survey Results, Percent of Students Indicating satisfaction

	2019			2020			2021		
	Soph N=12	Jr N=24	Sr N=26	Soph N=32	Jr N=30	Sr N=37	Soph N=1	Jr N=6	Sr N=4
	96%	90%	96%	94%	95%	95%	100%	83%	100%

(c) Research — Survey Results, Percent of Students Indicating satisfaction

	2019			2020			2021		
	Soph N=12	Jr N=24	Sr N=26	Soph N=32	Jr N=30	Sr N=37	Soph N=1	Jr N=6	Sr N=4
	92%	90%	96%	94%	90%	97%	100%	83%	85%

(d) Current Practice Standards — Survey Results, Percent of Students Indicating satisfaction

	2019			2020			2021		
	Soph N=12	Jr N=24	Sr N=26	Soph N=32	Jr N=30	Sr N=37	Soph N=1	Jr N=6	Sr N=4
	96%	95%	96%	94%	95%	97%	100%	83%	75%

Component	Where Documentation Can Be Found	Expected Level of Achievement (Benchmark)	Frequency of Assessment / Responsible Committee Persons	Assessment Methods	Results of Data Collection and Analysis Including Actual Level of Achievement	Actions for Program Development, Maintenance or Revision
4.7 Evaluation Evaluation methodologies are varied, reflect established professional and practice competencies, and measure the achievement of the end-of-program student learning outcomes.	Course & clinical syllabi Program /Student Learning Outcomes Document	100% faculty use varied methods of evaluation.	Annually **Chair / Faculty**	Direct & Indirect Measures: Instructor developed exams, ATI Standardized exams; writing samples, case studies, PICO and Capstone course projects are all graded using a rubric, NCLEX State Board Exam Pass Rates	See Program Outcomes and Competencies /Student Learning Methods of Evaluation Document.	Continue to use grading rubrics for care plans, journals, writing samples, PICO and Capstone Project papers and all types of presentations.
4.8 Program Length The total number of credit/quarter hours required to complete the defined nursing program of study is congruent with the attainment of the identified end-of-program student learning outcomes and program outcomes and is consistent with the policies of the governing organization, the state, and the governing organization's accrediting agency.	APG minutes Student Handbook University Course Catalog	Program length and credit hours congruent and consistent with university policies. Students have 4 to 7 years to complete the nursing program.	**Chair, APG** Review Annually and as needed.	Chair and all nursing faculty review student's graduation evaluations for GPA and course completion that support the meeting of student learning outcomes that guide the curriculum.	Students in the nursing program complete requirements within seven years. Nursing Department Attrition Rate 2020- 2021= 882%	Continue to review and monitor student data for program completion.
4.9 Clinical Experiences Student clinical experiences and practice learning environments are evidence-based and reflect contemporary practice and nationally established patient health and safety goals; and support the achievement of the end-of-program student learning outcomes. **SSQ67**	Course Review PEC Survey Binder PEC student surveys	80% of students will rate clinical courses as evidence-based practice experiences that are reflective of contemporary practice	Annually **PEC / Curriculum**	Class Level Surveys distributed electronically. Student evaluations of clinical agencies, agency evaluations by faculty	**Clinical Experiences** Clinical agencies provide experiences for students that reflect best practice standards and national safety goals. Benchmark was met; 80% of sophomore, junior and senior level students and faculty rate the clinical agencies as satisfactory or better. Students rate overall satisfaction with clinical experiences by choosing either satisfied or dissatisfied options.	Continue to utilize current clinical agencies that reflect best practice standards while maintaining national safety goals.

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Component	Where Documentation Can Be Found	Expected Level of Achievement (Benchmark)	Frequency of Assessment / Responsible Committee Persons	Assessment Methods	Results of Data Collection and Analysis Including Actual Level of Achievement	Actions for Program Development, Maintenance or Revision
4.10 Agreements Written agreements for clinical practice agencies are current, specify expectations for all parties, and ensure the protection of students.	Clinical Affiliation Binder ESU Affiliations Office	Current written agreements with clinical agencies with specific expectations for all parties are documented and ensure the protection of students. 100% Contracts for all the clinical agencies are up to date and monitored.	Annually **Chair** **Dean**	Agency contracts are reviewed annually for currency and updated in accordance with regulatory agencies' requirements.	Reviews of agency agreements are specific in their expectations and in the protection of students. Contracts are in force for all the clinical agencies in use. **2020-2022**- Contracts including language that all students and faculty are COVID vaccinated. Compliance is met.	Continue to keep agency agreements current and review their expectations and process to assure protection of our students. Continue to monitor clinical experiences.
4.11 Delivery Formats Learning activities, instructional materials, and evaluation methods are appropriate for all delivery formats and consistent with the end-of-program student learning outcomes.	Desire to Learn Student Handbook Program Student Learning Outcomes Document	RN to BS Program is 100% online. Traditional program 90% online during the pandemic 2020. Fall 2021- return to 100% face to face learning. 100% of evaluation methods are consistent with the end of program student learning outcomes.	**Chair** **Curriculum Committee** **Program Evaluation Committee**	RN to BS program nursing course offerings is appropriate to the adult learner and the course objectives and outcomes are congruent with the undergraduate program. Clinical and Capstone projects meet end-of-program outcomes	Continue to monitor and assess student learning outcomes and evaluation methods for the online course offerings.	Continue to assess and evaluate learning activities, instructional materials, and evaluation methods are appropriate and consistent with end-of -program outcomes.

ACEN Standard 5: Resources

Fiscal, physical, and learning resources are sustainable and sufficient to ensure the achievement of the end-of-program student learning outcomes and program outcomes of the nursing program.

Component	Where Documentation Can Be Found	Expected Level of Achievement (Benchmark)	Frequency of Assessment / Responsible Committee Persons	Assessment Methods	Results of Data Collection and Analysis Including Actual Level of Achievement	Actions for Program Development, Maintenance or Revision
5.1 Fiscal Resources Fiscal resources are sustainable, sufficient to ensure the achievement of the end-of-program student learning outcomes and program outcomes, and commensurate with the resources of the governing organization.	Faculty Meeting Minutes CHS Chair and Meeting Minutes	The current budget is sufficient. Faculty requests for classroom, laboratory and office supplies are met by departmental and instructional budgets. All faculty requests for faculty development are met by departmental and Dean's budget.	Annually **Chair**	Review of Budget Requests.	Budget constraints are an issue within the PASSHE system due to low student enrollments and consolidation of universities. Faculty requests are considered in accordance with budget allocations. Not all faculty requests are honored.	Continue to monitor the fiscal budget and request funding as needed for upgrades in resources. Identify which resources are needed and in what area will receive priority for spending. Continue to encourage faculty to apply for FDR grants and outside funding.

Table 5.1.1 General Operating Budget

Program	2019-2020	2020-2021	2021-2022
Nursing	$ 12,000	$ 14, 802	$ 15, 602
Exercise Science	$ 15, 082	$ 18, 941	$ 19,729
Speech Pathology	$ 11, 086	$ 13, 061	$ 15, 278

Table 5.1.3 Department of Nursing Budget

	2020	2021	2022
Education & General	$ 954, 207	$ 945, 104	$973,203
Personnel	$ 927, 219	$ 941,206	$ 966, 907
Salaries & Wages	$ 709, 145	$ 746, 318	$ 690, 865
Incremental Benefits	$ 170, 385	$ 154, 357	$162,348
Fixed Rate Benefits	$112, 589	$114, 530	$ 113,693
Non-Personnel Operating	$ 7, 225	$ 7, 048	$ 6, 296

Component	Where Documentation Can Be Found	Expected Level of Achievement (Benchmark)	Frequency of Assessment / Responsible Committee Persons	Assessment Methods	Results of Data Collection and Analysis Including Actual Level of Achievement	Actions for Program Development, Maintenance or Revision
					Instructional Fee $ $5,250 / $ 5, 797 / $ 6, 296 **Faculty Development Research** $ 4, 567 / $ 5, 193 / $ 6, 526	
5.2 Physical Resources Physical resources are sufficient to ensure the achievement of the end-of-program student learning outcomes and program outcomes, and meet the needs of faculty, staff, and students.	PEC Meeting Minutes	80% of students will rate physical resources as sufficient. Faculty offices are equipped with computers that link to the internet and email. Faculty offices are private for student conferences.	Annually **PEC**	Student level surveys. Faculty reports during annual Program Evaluation Day.	See results of Student Level surveys – Standard 3. Benchmark of 80% met.	Monitor faculty and student satisfaction with physical resources.

Survey Results
Table 5.2.1 Student Satisfaction Survey Results: Classroom Space and Amenities

2019			2020			2021		
Soph	Jr	Sr	Soph	Jr	Sr	Soph	Jr	Sr
N= 12	N=24	N=26	N= 32	N=30	N=37	N= 1	N=6	N=4
90%	95%	90%	90%	95%	97%	100%	67%	80%

Survey Results
Table 5.2.2 Student Satisfaction Survey Results: Nursing Learning Lab

2019			2020			2021		
Soph	Jr	Sr	Soph	Jr	Sr	Soph	Jr	Sr
N= 12	N=24	N=26	N= 32	N=30	N=37	N= 1	N=6	N=4
92%	90%	96%	88%	96%	91%	100%	83%	87%

Table 5.2.3 Student Satisfaction Survey Results: DeNike Lounge

2019			2020			2021		
Soph	Jr	Sr	Soph	Jr	Sr	Soph	Jr	Sr
N= 12	N=24	N=26	N= 32	N=30	N=37	N= 1	N=6	N=4
86%	95%	96%	94%	95%	97%	n/a	83%	85%

Component	Where Documentation Can Be Found	Expected Level of Achievement (Benchmark)	Frequency of Assessment / Responsible Committee Persons	Assessment Methods	Results of Data Collection and Analysis Including Actual Level of Achievement	Actions for Program Development, Maintenance or Revision
5.3 Learning Resources Learning resources and technology are selected with faculty input and are comprehensive, current, and accessible to faculty and students.	PEC Survey Binder Course Syllabi University Campus Labs	100% of learning resources are sufficient, current, accessible.	Annually **PEC**	Student level surveys, faculty inquiry. Faculty end of semester annual Program Evaluation Day. (See Standard 3 for Student Support Services)	Refer to Standard 3 –Students. Faculty repeatedly express concerns regarding physical resources.	Monitor faculty and student satisfaction with learning resources

Table 5.3.1 East Stroudsburg University Computer Labs

Labs	Phone	Lab Hours	Hardware
DeNike 2nd floor	5042	Monday - Thursday: 8:00 AM - 9:00 PM Friday: 8:00 AM - 3:45 PM Saturday & Sunday: Closed	20 Windows 7 Pentium Dual Core/2.6GHz HP LaserJet 9050
HRTM		The lab hours are in accordance with the HRTM Building hours	6 Windows Vista Pentium D 1.8GHz HP LaserJet 4100
Fine Arts 218		The lab hours are in accordance with the Fine Arts Building hours	8 Windows 7 Pentium Dual Core/2.6GHz
Koehler Field House 2nd floor	5043	Monday- Thursday: **8:00 AM - 9:00 PM** Friday: **8:00 AM - 3:45 PM** Saturday & Sunday: **Closed**	10 Windows Vista Pentium D 3.0GHz HP LaserJet 9050
Rosenkrans PC Lab 01	5045	Monday - Thursday: **8:00 AM - 9:00 PM** Friday: **8:00 AM - 3:45 PM**	20 Windows 7 Pentium D 3.0GHz HP LaserJet 9050

Component	Where Documentation Can Be Found	Expected Level of Achievement (Benchmark)	Frequency of Assessment / Responsible Committee Persons	Assessment Methods	Results of Data Collection and Analysis Including Actual Level of Achievement			Actions for Program Development, Maintenance or Revision
						Saturday & Sunday: **Closed**		
					Rosenkrans PC Lab 02	5044	Monday - Thursday: **8:00 AM - 9:00 PM** Friday: **8:00 AM - 3:45 PM** Saturday & Sunday: **Closed**	20 Windows 7 Pentium D 3.0GHz HP LaserJet 9050
					Science/Technology Rm 360		**The lab hours are in accordance with the Building hours**	26 Windows Vista Pentium D 3.0Ghz HP Laserjet 9050
					Stroud 202	5046	Monday- Thursday: **8:00 AM - 9:00 PM** Friday: **8:00 AM - 4:00 PM** Saturday & Sunday: **Closed**	32 Windows 7 Pentium Dual Core/2.5GHz HP LaserJet 9050
					Stroud 314		Monday - Thursday: **8:00 AM - 9:00 PM** Friday: **8:00 AM - 4:00 PM** Saturday & Sunday: **Closed**	37 Windows 7 Pentium D 3.0GHz HP LaserJet 9050
					University Lounge 1st floor		The lab hours are in accordance with the University Center hours **eCard needed to gain access**	17 Windows 7 Pentium Dual Core/2.6GHz HP LaserJet 9050

Monitor faculty and student satisfaction with learning resources

Component	Where Documentation Can Be Found	Expected Level of Achievement (Benchmark)	Frequency of Assessment / Responsible Committee Persons	Assessment Methods	Results of Data Collection and Analysis Including Actual Level of Achievement	Actions for Program Development, Maintenance or Revision
					University Center 3rd floor — The lab hours are in accordance with the University Center hours — 24 Windows 7 Pentium Dual Core/2.6GHz HP LaserJet 9050 HP Color Scanner	
					Kemp Library — The lab hours are in accordance with the Library hours — 35 Windows 7 Pentium Dual Core/2.6GHz HP LaserJet 9050	
					Zimbar 237 — Monday - Thursday: **8:00 AM - 9:00 PM** Friday: **8:00 AM - 3:45 PM** Saturday & Sunday: **Closed** — 35 Windows 7 Pentium 4/2.8GHz HP LaserJet 9050	
					Learning resources and technology are selected with faculty input and are comprehensive, current, and accessible to faculty and students.	Monitor faculty and student satisfaction with learning resources.

Table 5.3.6 RN to BS Student Satisfaction Survey Results: Computer/Technology Support

Class of 2019 N = 12	Class of 2020 Cohort N=15	Class of 2021 Cohort N=22
90%	100%	95%

Table 5.3.7 RN to BS Student Satisfaction Survey Results: Orientation to Technology

Class of 2019 N =12	Class of 2020 N= 15	Class of 2021 N=22
85%	93%	90%

Component	Where Documentation Can Be Found	Expected Level of Achievement (Benchmark)	Frequency of Assessment / Responsible Committee Persons	Assessment Methods	Results of Data Collection and Analysis Including Actual Level of Achievement	Actions for Program Development, Maintenance or Revision
					Table 5. 3. 8 Kemp Library Databases Pertinent to Nursing A-Z Directory Data Base Academic Search Complete CINAHL Complete Pro Quest Dissertation and Thesis Health Source: Nursing /Academic, Consumer Medline with Full text /Plus Mental Measurements Yearbook with Tests in Print Nursing Reference Center PsycINFO ERIC Psychology & Behavioral Sciences Collection PubMed State Health Facts Sociological Collection SocINDEX	Monitor faculty and student satisfaction with learning resources

Survey Results
Table 5.3.9 Student Satisfaction Survey Results
Library

2019			2020			2021		
Soph N= 12	Jr N=24	Sr N=26	Soph N= 32	Jr N=30	Sr N=37	Soph N= 1	Jr N=6	Sr N=4
82%	90%	96%	88%	100%	91%	100%	83%	25%

Component	Where Documentation Can Be Found	Expected Level of Achievement (Benchmark)	Frequency of Assessment / Responsible Committee Persons	Assessment Methods	Results of Data Collection and Analysis Including Actual Level of Achievement	Actions for Program Development, Maintenance or Revision
					Survey Results — Percent of Students Indicating satisfaction |	2019			2020			2021		
Soph N=12	Jr N=24	Sr N=26	Soph N=32	Jr N=30	Sr N=37	Soph N=1	Jr N=6	Sr N=4
90%	96%	92%	94%	90%	91%	100%	83%	75%	 **Table 5.3.10 RN to BS Student Satisfaction Survey Results: Library** 	Class of 2019t N =12	Class of 2020 N=15	Class of 2021 N=22
90%	100%	90%		
5.4 Fiscal, physical, technological, and learning resources are sufficient to meet the needs of faculty and students engaged in alternative methods of delivery.	RN to BS Student Handbook Course Syllabi Student Surveys	80% of RN to BS students will rate technological and learning resources as sufficient for online learning.	Annually **PEC** **RN to BS Coordinator and Committee**	Student level surveys, faculty inquiry. Faculty end of semester annual Program Evaluation Day.	. **Table 5.3.6 RN to BS Student Satisfaction Survey Results: Technology Support and Learning Resources** 	Class of 2019 N = 12	Class of 2020 Cohort N=15	Class of 2021 Cohort N=22
90%	100%	95%		Monitor faculty and student satisfaction with learning resources

ACEN Standard 6: Outcomes

Program evaluation demonstrates that students have achieved end-of-program student learning outcome and each program outcome competencies consistent with the institutional mission and professional standards and that the outcomes of the nursing education unit have been achieved.

The nursing program has a current systematic plan of evaluation. The systematic plan of evaluation contains: a) Specific, measurable expected level of achievement for each end-of-program student learning outcome and each program outcome, b) Appropriate assessment method(s) for each end-of-program student learning outcome and each program outcome, c) Regular intervals for the assessment of each end-of-program student learning outcomes and each program outcome, d) Sufficient data to inform program decision-making for the maintenance and improvement of each end-of-program student learning outcome and each program outcome and f)Documentation demonstrating the use of assessment data in program decision-making for the maintenance and improvement of each end-of-program student learning outcome and each program outcome.

Component	Where Documentation Can Be Found	Expected Level of Achievement (Benchmark)	Frequency of Assessment / Responsible Committee Persons	Assessment Methods	Results of Data Collection and Analysis Including Actual Level of Achievement					Actions for Program Development, Maintenance or Revision
6.1 The program demonstrates evidence of students' achievement of each end-of-program student learning outcome. There is ongoing assessment of the extent to which students attain each end-of-program student learning outcome There is analysis of assessment data and documentation that the analysis of assessment data is	Program Evaluation Committee Meeting Minutes Systematic Plan of Evaluation Curriculum and Faculty Meetings Minutes Program Outcomes and Competencies/ Students Learning Methods of Evaluation Document Course Reviews ATI Result Binder	**80% of students will achieve a Level 2 proficiency on all ATI proctored exams**. **ATI Proficiency Levels Defined:** **Below Level 1:** Scores below minimum expectations and can be indicative of significant risk in the content area. Score range 0% to 53.3% **Level 1:** Scores can be considered to meet the absolute minimum expectations for performance in the content area. Score range 55% to 65% **Level 2: Scores can be considered to exceed minimum expectations for performance in the content area. Scores 66% to 80 %.** **Level 3:** Scores can be considered to exceed most expectations for performance in the content area. Scores 81.7% to 100 %	Annually Program Evaluation, Curriculum, and Admissions, Progression and Graduation Committees Course Coordinators and all Faculty	**ATI Proctored Exams** 1. Critical Thinking Entrance Exam 2. Fundamentals of Nursing 3. Nutrition for Nursing 4. Adult Medical-Surgical Nursing 5. Maternal-Newborn 6. Mental Health 7. Nursing Care of Children 8. Community Health 9. Leadership and Management 10. Pharmacology 11. Critical Thinking Exit Exam 12. NCLEX Predictor Exam I and II **Scholarly Writing/ Integration of Research Methods** 1. NURS 310 Introduction to Evidence Based Practice PICO Paper grades 2. NURS 412 Nursing Care of Critically Ill Clients PICO Application Paper grades	Students ATI proctored exam results are monitored and documented. Students meeting the Level 2 or higher program benchmark are not required to complete remediation or focused reviews. Students scoring below Level 1 or at Level 1 proficiency level are required to complete focused reviews and remediation templates for each missed content area. Upon completion of the remediation activities, the student is required to retest					Continue to collect, monitor, analyze and document trended data that measures and supports the level of achievement with meeting of student learning and end-of-program outcomes.

Results table within cell:

ATI Exam	National Program Means	Class of 2019 N=43	Class of 2020 N= 50	Class of 2021 N=36
Critical Thinking Entrance	National 68% Program 71.3%	Above Mean N=18 41.9% Mean N=20 46.5% Below Mean= N=5 11.6%	Above Mean N=19 38% Mean N=21 42% Below Mean N=10 20%	Above Mean N=14 38.9% Mean N=16 44.4% Below Mean N=6 16.7%

Component	Where Documentation Can Be Found	Expected Level of Achievement (Benchmark)	Frequency of Assessment / Responsible Committee Persons	Assessment Methods	Results of Data Collection and Analysis Including Actual Level of Achievement					Actions for Program Development, Maintenance or Revision
used in program decision making for the maintenance and improvement of student's attainment of each end-of-program student learning outcome .. .		80% of students will achieve a grade of 80% or better on PICO scholarly writing projects.		3. NURS 420 Synthesis of Nursing Knowledge Capstone PICO Paper grades.	**ATI Exam**	**National Program Means**	**Class of 2019 N=43**	**Class of 2020 N= 50**	**Class of 2021 N=36**	Benchmarks of 80% Achieved Continue to collect, monitor, analyze and document trended data that measures and supports the level of achievement with meeting of student learning and end-of-program outcomes.
					Critical Thinking Exit	National 70.3% Program 73.7%	**Above Mean** N=10 23.3% **Mean** N=27 62.8% **Below Mean=** N=6 14%	**Above Mean** N=13 26% **Mean** N=29 58% **Below Mean** N=8 16%	**Above Mean** N=15 41.7% **Mean** N=14 38.9% **Below Mean** N=7 19.4%	
					Funda-mentals	National 64.8% Program 64.1%	**Below Level 1** N=7 16.3% **Level 1** N=13 30.2% **Level 2** N=19 44.2% **Level 3** N= 4 9.3%	**Below Level 1** N=9 18% **Level 1** N=18 36% **Level 2** N=20 40% **Level 3** N=3 6%	**Below Level 1** N=3 8.3% **Level 1** N=15 41.7% **Level 2** N=16 44.4% **Level 3** N=2 5.6%	
					Nutrition	National 65.3% Program 66%	**Below Level 1** N=5 11.6% **Level 1** N=14 32.6% **Level 2** N=20 46.5%	**Below Level 1** N=6 12% **Level 1** N=20 40% **Level 2** N=22 44%	**Below Level 1** N=11 30.6% **Level 1** N=15 41.7% **Level 2** N=8 22.2%	

Component	Where Documentation Can Be Found	Expected Level of Achievement (Benchmark)	Frequency of Assessment / Responsible Committee Persons	Assessment Methods	Results of Data Collection and Analysis Including Actual Level of Achievement				Actions for Program Development, Maintenance or Revision
							Level 3 N=4 9.3%	Level 3 N=2 (4%)	Level 3 N=2 5.6%	Benchmarks of 80% Achieved
					ATI Exam	National Program Means	Class of 2019 N=43	Class of 2020 N= 50	Class of 2021 N=36	Continue to collect, monitor, analyze and document trended data that measures and supports the level of achievement with meeting of student learning and end-of-program outcomes.
					Adult Med-Surg	National 68.9% Program 68.5%	Below Level 1 N=10 23.3% Level 1 N=19 44.2% Level 2 N=12 27.9% Level 3 N= 2 4.7%	Below Level 1 N=8 16% Level 1 N=25 50% Level 2 N=14 28% Level 3 N=3 6%	Below Level 1 N=14 38.9% Level 1 N=16 44.4% Level 2 N=5 13.9% Level 3 N=1 2.8%	
					Maternal Newborn	National 66.5% Program 67.0%	Below Level 1 N=6 14% Level 1 N=11 25.6% Level 2 N=22 51.2% Level 3 N=4 9.3%	Below Level 1 N=17 34% Level 1 N=15 30% Level 2 N=16 32% Level 3 N=2 4%	Below Level 1 N=12 33.3% Level 1 N=13 36.1% Level 2 N=9 25% Level 3 N=2 5.6%	

Component	Where Documentation Can Be Found	Expected Level of Achievement (Benchmark)	Frequency of Assessment / Responsible Committee Persons	Assessment Methods	Results of Data Collection and Analysis Including Actual Level of Achievement				Actions for Program Development, Maintenance or Revision
					PEDS	National 64.6% Program 65.5%	**Below Level 1** N=8 18.6% **Level 1** N=16 37.2% **Level 2** N=16 37.2% **Level 3** N=3 7.0%	**Below Level 1** N=11 22% **Level 1** N=22 44% **Level 2** N=16 32% **Level 3** N=1 2%	**Below Level 1** N=13 36.1% **Level 1** N=13 36.1% **Level 2** N=9 25% **Level 3** N=1 2.8%	Benchmarks of 80% Achieved

Continue to collect, monitor, analyze and document trended data that measures and supports the level of achievement with meeting of student learning and end-of-program outcomes. |
					ATI Exam	**National Program Means**	**Class of 2019 N=43**	**Class of 2020 N= 50**	**Class of 2021 N=36**	
					Psych/ Mental Health	National 65.3% Program 67%	**Below Level 1** N= 8 18.6% **Level 1** N=14 32.6% **Level 2** N=18 41.9% **Level 3** N=3 7%	**Below Level 1** N=9 18% **Level 1** N=18 35% **Level 2** N=20 40% **Level 3** N=3 6%	**Below Level 1** N=5 13.9% **Level 1** N=15 41.7% **Level 2** N=14 38.9% **Level 3** N=2 5.6%	
					Community Health	National 66.3% Program 68%	**Below Level 1** N= 9 20.9% **Level 1** N=13 30.2% **Level 2** N=18	**Below Level 1** N=8 16% **Level 1** N=14 28% **Level 2** N=25	**Below Level 1** N=6 16.7% **Level 1** N=12 33.3% **Level 2** N=14	

Component	Where Documentation Can Be Found	Expected Level of Achievement (Benchmark)	Frequency of Assessment / Responsible Committee Persons	Assessment Methods	Results of Data Collection and Analysis Including Actual Level of Achievement					Actions for Program Development, Maintenance or Revision
							41.9% **Level 3** N=3 7%	50% **Level 3** N=3 6%	38.9% **Level 3** N=4 11.1%	Benchmarks of 80% Achieved Continue to collect, monitor, analyze and document trended data that measures and supports the level of achievement with meeting of student learning and end-of-program outcomes.
					ATI Exam	**National Program Means**	**Class of 2019 N=43**	**Class of 2020 N= 50**	**Class of 2021 N=36**	
					Pharma-cology	National 65.3% Program 64.8%	**Below Level 1** N= 7 16.3% **Level 1** N=19 44.2% **Level 2** N=15 34.9% **Level 3** N=2 4.7%	**Below Level 1** N=6 12% **Level 1** N=20 40% **Level 2** N=22 44% **Level 3** N=2 4%	**Below Level 1** N=2 5.6% **Level 1** N=21 58.3 **Level 2** N=12 33.3% **Level 3** N=1 2.8%	
					Leadership	National 67.8% Program 68.2%	**Below Level 1** N= 10 23.3% **Level 1** N=17 39.5% **Level 2** N=14 32.6% **Level 3** N=2 4.7%	**Below Level 1** N=14 28% **Level 1** N=22 44% **Level 2** N=12 24% **Level 3** N=2 4%	**Below Level 1** N=11 30.6 **Level 1** N=15 41,7 **Level 2** N=9 25% **Level 3** N=1 2.8%	
					NCLEX Predicator I	National 71.2% Program 70.8%	**Predicted to Pass** N=32 74.4% **Fail** N= 11 25.6%	**Predicted to Pass** N=20 40% **Fail** N=30 60%	**Predicted to Pass** N=9 25% **Fail** N=27 75%	

Component	Where Documentation Can Be Found	Expected Level of Achievement (Benchmark)	Frequency of Assessment / Responsible Committee Persons	Assessment Methods	Results of Data Collection and Analysis Including Actual Level of Achievement					Actions for Program Development, Maintenance or Revision
					ATI Exam	**National Program Means**	**Class of 2019 N=43**	**Class of 2020 N= 50**	**Class of 2021 N=36**	Students are provided with the ATI Live Review in between assessments that predict NCLEX Success.
					NCLEX Predicator II	National 71.2% Program 70.8%	**Predicted to Pass** N=34 79.1% **Fail** N= 9 20.9%	**Predicted to Pass** N=28 56% **Fail** N=22 44%	**Predicted to Pass** N=21 58.3% **Fail** N=15 41.7%	80% Benchmark for Predictor Exams not met. NURS 420 Synthesis of Nursing Practice course provides a comprehensive review of NCLEX content with weekly completion of NCLEX style questions and rationales.
					NURS 310 PICO Paper	Grades based on Rubric	**A= 4** 9.3% **B=21** 48.8% **C= 16** 37.2% **C- and below**=2 4.7%	**A=6** 12% **B=20** 40% **C= 22** 44% **C- and below**=2 4%	**A=5** 13.9% **B=10** 27.8% **C= 20** 55.6% **C- and below**=1 2.8%	2020-2021: Qualitative comments from student surveys support that the changes to online learning due to the pandemic negatively impacted students motivation and achievement on taking ATI exams.
					NURS 412 PICO Clinical Application	Grades based on Rubric	**A=5** 11.6% **B=27** 62.8% **C= 10** 23.3% **C- and below**=1 2.3%	**A=7** 14% **B=26** 52% **C= 15** 30% **C- and below**=2 4%	**A=7** 19.4% **B=20** 55.6% **C= 7** 19.4% **C- and below**=2 5.6%	95% of students agreed that they will be more engaged with the NCLEX studying and review process upon graduation
					NURS 420 PICO Capstone Paper	Grades based on Rubric	**A=8** 18.6% **B=23** 53.5% **C=10** 23.3% **C- and below**=2 4.7%	**A=10** 20% **B=25** 50% **C= 12** 24% **C- and below**=3 6%	**A=6** 16.7% **B=22** 61.1% **C= 6** 16.7% **C- and below**=2 5.6%	

Component	Where Documentation Can Be Found	Expected Level of Achievement (Benchmark)	Frequency of Assessment / Responsible Committee Persons	Assessment Methods	Results of Data Collection and Analysis Including Actual Level of Achievement	Actions for Program Development, Maintenance or Revision
6.2 The program demonstrates evidence of graduates' achievement on the licensure examination The program's most recent annual licensure examination pass rate with be at least 80% for all first-time test-takers during the same 12-month period. There is ongoing assessments of the extent to which graduates succeed on the licensure examination There is analysis of assessment data and documentation that the analysis of assessment data is used in program decision-making for the maintenance	Program Evaluation Committee Meeting Minutes Systematic Plan of Evaluation Curriculum and Faculty Meetings Minutes Program Outcomes and Competencies / Students Learning Methods of Evaluation Document Course Reviews ATI Result Binder	. 80% of nursing graduates will pass the NCLEX exam on their first attempt in accordance with the PA State Board of Nursing, NCSBN and ACEN Benchmark.	Annually Program Evaluation (PEC), Promotion, Evaluation and Tenure (PET), Curriculum, and Admissions, Progression and Graduation (APG) Committees Course Coordinators and all Faculty	PA State Board of Nursing and NCSBN NCLEX Pass Rate Reports. ATI NCLEX Predictor Exams Student Trended Data	(see table below)	**Area for Improvement: Revision of nursing program progression and admission criteria (attached)** 1. Analyzed data shared with nursing faculty, Dean, Provost, and Director of Admissions. 2. University Curriculum committee need to approve new remediation course NURS 290: Essential Skills for Nursing Success to be required for all students seeking readmission and internal transfers students in the summer session. 3. Internal transfer students to take the ATI TEAS exam who have SAT scores less than the required 1070 score 4. Any time during a student's experience, an instructor can initiate a performance improvement plan (PIP). 5. Prior to meeting with student, the faculty initiating the PIP will inform the student's adviser and department chair. 6. The PIP form contains: list of objectives or behaviors not met, a detailed description of how the student is not meeting objectives and course

Results of Data Collection and Analysis Including Actual Level of Achievement:

	Class of 2019 N=43	Class of 2020 N= 50	Class of 2021 N=36
Predictor I	74.4%	40%	25%
Predictor II	79.1%	56%	58.3%
NCLEX Pass Rates	83.7%	82%	79.4%
Variance	4.6%	26%	21.1%

Benchmark for the Class of 2019 and Class of 2020 Met

Class of 2021-not met. Nursing Program placed on Probation with e PA State Board of Nursing. See Improvement Plan in Actions Column

Ongoing evaluation of ATI assessments and proctored exams with meeting program end-of-program outcomes.

The ATI Proctored and Predictor exams as measurement tools are valid and psychometrically tested, however variances with students' achievement are noted.

Review of student trended data correlated course grades, progression patterns, SAT/ACT scores, and NCLEX pass rates.

Component	Where Documentation Can Be Found	Expected Level of Achievement (Benchmark)	Frequency of Assessment / Responsible Committee Persons	Assessment Methods	Results of Data Collection and Analysis Including Actual Level of Achievement	Actions for Program Development, Maintenance or Revision
and improvement of graduates' success on the licensure examination. There is a minimum of the three (3) most recent years of available licensure examination pass rate data, and data are aggregated for the nursing program as well as disaggregated by program option, location, and date of program completion.					Findings: 1. Students permitted to repeat nursing courses, and cognate general education courses (Anatomy and Physiology, Mechanisms of Disease, Statistics) were most likely to fail boards. 2. Internal transfer students who earned high course grades in college courses, but did not meet freshmen SAT direct admission criteria, have a higher failure rate on the NCLEX exam. 3. Students earning a grade of "C" in more than one nursing course have a higher failure rate on the NCLEX exam. 4. Remediation activities are not sustained and used consistently among faculty. 5. Revision of remediation policy to address risk of course failure and clinical misses and errors. 6. Four simulation courses within the curriculum need improvement with the integration of best practice standards and evidence-based strategies including faculty credentialing in Simulation. 7. Faculty transitions from practice to academe roles need continuing education and development with psychometrics analysis, grading practices, and item test writing.	expectations, an action plan developed by the faculty, measurable goals, time frame for completion, and evaluation. 7. The student will meet with faculty weekly to monitor progress or setbacks. Failure to meet with faculty will result in failure of the course. 8. Students and faculty sign documentation of meetings and remediation planning. **Outcomes:** 1. Provide at risk students with enhanced instruction to promote academic success with test taking and critical thinking skills. 2. Increase NCLEX success rates by improving remediation activities and evaluation of student performance needed for safe nursing practice. 3. Increase success for at risk students who are failing and not meeting program outcomes and objectives. 4. Provide a systematic process to monitor near misses and errors that lead to unsafe nursing practice. 5. Increase consistent use of remediation practices by faculty.

Component	Where Documentation Can Be Found	Expected Level of Achievement (Benchmark)	Frequency of Assessment / Responsible Committee Persons	Assessment Methods	Results of Data Collection and Analysis Including Actual Level of Achievement	Actions for Program Development, Maintenance or Revision
						Faculty Development 1. Faculty to engage in International Nursing Association for Clinical Simulation and Learning (INACSL) Simulation Education Program to gain certification. 2. Department Promotion, Evaluation, and Tenure (PET) committee to coordinate faculty development educational offerings monthly to coincide with faculty meetings.
6.3 The program demonstrates evidence of student's achievement in completing the nursing program The expected level of achievement for program completion is determined by the faculty and reflects students' demographics. There is ongoing assessment of the extent to which students complete the nursing program.	Program Evaluation Committee Meeting Minutes Systematic Plan of Evaluation University Institutional Assessment/ Middle-States Committee Reports	80% of nursing students will complete the program within seven years. Attrition rate-number of students who leave the program before the completion of 7 years. Nursing Program offered at one location. RN to BS Program 100% online.	Annually PEC Department Chair University Assessment/Middle-States Committee	University Institutional Assessment Data. Student Graduation Surveys both departmentally and university wide. Department student survey data.	Benchmark met, 80% of students complete the program in four years. <table><tr><td></td><td>Class of 2019 N=43</td><td>Class of 2020 N= 50</td><td>Class of 2021 N=36</td></tr><tr><td>Start of Program</td><td>N=48</td><td>N= 58</td><td>N=43</td></tr><tr><td>End of Program</td><td>N=43</td><td>N=50</td><td>N=36</td></tr><tr><td>Attrition Rate</td><td>N=5 11%</td><td>N=8 16%</td><td>N=7 19%</td></tr><tr><td>Completion Rate</td><td>89%</td><td>86%</td><td>83%</td></tr></table>	Continue to collect, monitor, analyze and document trended data that measures and supports the level of achievement with meeting of student learning and end-of-program outcomes.

ANNUAL SYSTEMATIC PLAN OF EVALUATION (SPE) FOR ACADEMIC YEAR 2020-2022

Component	Where Documentation Can Be Found	Expected Level of Achievement (Benchmark)	Frequency of Assessment / Responsible Committee Persons	Assessment Methods	Results of Data Collection and Analysis Including Actual Level of Achievement				Actions for Program Development, Maintenance or Revision
There is analysis of assessment data and documentation that the analysis of assessment data is used in program decision -making for the maintenance and improvement of students' completion of the nursing program.

There is a minimum of the three (3) most recent years of annual program completion data, and data are aggregated for the nursing program as a whole as well as disaggregated by program option, location, and date of program completion or entering cohort. | | | | | **RN to BS Students** | | | | |

RN to BS Students

	Class of 2019	Class of 2020	Class of 2021
Start of Program	N=15	N=18	N=24
End of Program	N=12	N=15	N=22
Attrition Rate	N=3 20%	N=3 20%	N=2 9%
Completion Rate	**80%**	**80%**	**91%**

Component	Where Documentation Can Be Found	Expected Level of Achievement (Benchmark)	Frequency of Assessment / Responsible Committee Persons	Assessment Methods	Results of Data Collection and Analysis Including Actual Level of Achievement	Actions for Program Development, Maintenance or Revision
6.4 The program demonstrates evidence of graduates' achievement in job placement. The expected level of achievement for job placement is determined by the faculty and reflects program demographics. For students who do not hold a license as a registered nurse upon admission to the program, there is ongoing assessment of the extent to which graduates are employed. For students who hold a license as a registered nurse upon admission to the program, there is ongoing assessment to the extent to which graduates are employed.	Program Evaluation Committee Meeting Minutes Systematic Plan of Evaluation University Institutional Assessment/ Middle-States Committee Reports College of Health Sciences Advisory Council Meetings	80% of graduating seniors will be employed upon graduation. 80% of graduates will be employed as a registered nurse within 6 months post graduation. 80% of graduates will be employed as a registered nurse within 1 year post graduation 100% of RN to BS students are employed as a registered nurse during the duration of the program. 100% of RN to BS students are employed as a regiserted nurse within one year post graduation.	Annually PEC Department Chair University Assessment/Middle-States Committee	University Institutional Assessment Data. Student Graduation Surveys both departmentally and university wide. Department student survey data. CHS Advisory Council Focus Group Interviews	**Graduates Employment Rates** Graduates Employment Rates table below **RN to BS Student Employment Rates** RN to BS table below Benchmark met: Graduates who have responded to surveys and have taken and passed the NCLEX exam are employed as registered nurses. **Response rate for graduates and employer surveys are low; less than 20%**	Continue to collect, monitor, analyze and document trended data that measures and supports the level of achievement with meeting of student learning and end-of-program outcomes. Continue to collect interview data from focus groups during CHS Advisory Council meetings.

Graduates Employment Rates

	Class of 2019 N=43	Class of 2020 N=50	Class of 2021 N=36
Upon Graduation	98%	99%	100%
6 months Post	N=5 100%	N=11 100%	N=2 100%
1 Year Post	N=1 100%	N=4 00%	N=2 100%

RN to BS Student Employment Rates

	Class of 2019 N=12	Class of 2020 N= 15	Class of 2021 N=22
Duration of Program	100%	100%	100%
1 year Post	N=2 100%	N=4 100%	N=3 100%

ANNUAL SYSTEMATIC PLAN OF EVALUATION (SPE) FOR ACADEMIC YEAR 2020-2022

Component	Where Documentation Can Be Found	Expected Level of Achievement (Benchmark)	Frequency of Assessment / Responsible Committee Persons	Assessment Methods	Results of Data Collection and Analysis Including Actual Level of Achievement	Actions for Program Development, Maintenance or Revision
There is analysis of assessment data and documentation that the analysis of assessment data is used in program decision-making for the maintenance and improvements of graduates being employed. There is a minimum of three (3) most recent years of available job placement data, and data are aggregaed for the nursing program as a whole.					**CHS Advisory Council Interview Results** Employers and community at large members who comprise the CHS Advisory Council (N=12) are asked how ESU graduates are performing as professional registered nurses within their health systems. <table><tr><td>Performance at or above Expected Level</td><td>N=7</td></tr><tr><td>Performance below Expected Level</td><td>N= 5 Most responders commented that reduced clinical time due to the pandemic had greatly effected the new graduae transition to the professional role.</td></tr><tr><td>Areas of Concern:</td><td>Professionalism- Time Management Nursing Skills</td></tr></table>	

ANNUAL SYSTEMATIC PLAN OF EVALUATION (SPE) FOR ACADEMIC YEAR 2020-2022

Component	Where Documentation Can Be Found	Expected Level of Achievement (Benchmark)	Frequency of Assessment / Responsible Committee Persons	Assessment Methods	Results of Data Collection and Analysis Including Actual Level of Achievement	Actions for Program Development, Maintenance or Revision