

EVALUATION BLUEPRINT

Revised AY 2017-2018

* Unless otherwise noted, all documentation is available on the SON Q drive

Standard I

Program Quality: Mission and Governance

The mission, philosophy and expected outcomes of the program are congruent with those of the parent institution, reflect the professional nursing standards and guidelines, and consider the needs and expectations of the community of interest – all in the pursuit of the continuing advancement and improvement of the program. Policies of the parent institution and nursing program clearly support the program’s mission, goals, and expected outcomes. The faculty and students of the program are involved in the governance of the program and in the ongoing efforts to improve program quality.

<u>Key Elements and Criteria</u>	<u>Responsible Evaluators</u>	<u>Method</u>	<u>Frequency</u>	<u>Supporting Evidence</u>	<u>Outcomes</u>	<u>Feedback Loop</u>
<p>I-A. The mission, goals, and expected outcomes of the program are written, congruent with those of the parent institution, and consistent with professional nursing standards and guidelines for the preparation of nursing professionals.</p>	<ul style="list-style-type: none"> • Dean • Assoc. Deans Program Directors (Graduate & Pre-licensure) • Track Coordinators • Faculty • University Senate • Committee member 	<p>a. Review of the University’s vision, mission, goals, and expected outcomes and compare to School of Nursing statements.</p> <ul style="list-style-type: none"> i. UCONN Undergraduate Catalogue. ii. UCONN Graduate Catalogue. iii. UCONN website; SON webpage iv. SON Student Handbook v. Program objectives <p>----- -----</p>	<p>At least every 5 years or as triggered by updates/revisions to guiding documents or University outcomes:</p> <p><u>BS & CEIN</u> : AY 2017-2018; 2022-2023 <u>MS</u> : AY 2018-2019; 2023-2024 <u>DNP</u> AY: 2018-2019; 2023-2024 <u>Ph.D.</u>: AY: 2019-2020;2024-2025</p> <p>----- --- During program evaluation, at least every 5 years, or as triggered by updates/revisions to guiding documents or University outcomes.</p>	<p>Full Faculty Meeting (FFM) minutes Grad and pre-licensure program curriculum meeting minutes, Courses and Curriculum meeting minutes,</p> <p>Faculty Representation University committees: updates and representative reports recorded in FFM minutes</p> <p>----- ---- FFM minutes meeting Graduate trach committee minutes, DNP committee minutes</p>	<p>Motion passed at full faculty meeting approving updates/revisions.</p> <p>Mission, vision and goals in congruence with University and program strategic planning.</p> <p>----- Motion passed at full faculty meeting approving evaluation report with plan for next steps.</p>	<p>100% Revisions or other actions documented and changes made as appropriate.</p>
		<p>b. Review professional nursing guiding documents to assure school’s documents are consistent with these:</p> <ul style="list-style-type: none"> i. CT. Board of Nsg Regs. Examiners 				

		<ul style="list-style-type: none"> ii. The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008). iii. The Essentials of Master's Education in Nursing (AACN, 2011). iv. The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2013). v. Criteria for Evaluation. of Nurse Practitioner Programs (2012) vi. Clinical Nurse Leader (2013) AACN vii. ANA Standards of Nursing Practice viii. ANA Code of Nursing Ethics ix. ANA Standards of Specialty Practice x. ANA Social Policy Statement xi. CNE Standards (NLN) <p>-----</p> <p>c. Review SON Program Evaluation Blueprint and modify as needed to be consistent with internal/external accreditation requirements.</p> <p>-----</p> <p>-----</p>	<p>-----</p> <p>---</p> <p>Every five years or more often as external changes are made.</p> <p>-----</p> <p>---</p> <p>Annually</p>	<p>-----</p> <p>---</p> <p>FFM minutes meetings</p> <p>-----</p> <p>---</p> <p>Graduate Track committee minutes Graduate Curriculum committee minutes C&C</p>	<p>-----</p> <p>Evaluation Blueprint congruent with internal and external goals and requirements</p> <p>-----</p> <p>100% Advanced Practice tracks compliant with requirements and meet profession needs</p>	
--	--	---	---	---	--	--

		d. Review Advanced Practice program tracks & level of preparation for consistency with needs of profession				
I-B. The mission, goals, and expected outcomes of the program are reviewed periodically and revised, as appropriate, to reflect professional standards and guidelines and to reflect the needs and expectations of the community of interest.	<ul style="list-style-type: none"> • Dean • Associate dean for Academic Affairs • Program Directors/Track Coordinators • Program Directors • Curriculum and Courses Committee (C&C) • Faculty • AES 	<p>a. Review objective program grids and revise as appropriate.</p> <p>-----</p> <p>-----</p> <p>b. Review professional nursing guiding documents to assure school's documents are consistent with these:</p> <p>vi. CT. Board of Nsg Regs</p> <p>vii. The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008).</p> <p>viii. The Essentials of Master's Education in Nursing (AACN, 2011).</p> <p>ix. NTF and NONPF Core Competencies</p> <p>x. The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006).</p> <p>xi. ANA Standards of Nursing Practice</p> <p>xii. ANA Code of Nursing Ethics</p> <p>xiii. ANA Standards of Specialty Practice (specify)</p> <p>xiv. ANA Social Policy Statement</p>	<p>Every five years or less as external changes are made to professional guiding documents</p> <p>-----</p> <p>---</p> <p>As per 5 year evaluation schedule:</p> <p><u>BS & CEIN</u> : AY 2017-2018; 2022-2023</p> <p><u>MS</u> : AY 2018-2019; 2023-2024</p> <p><u>DNP</u> AY: 2018-2019; 2023-2024</p> <p><u>Ph.D.</u>: AY: 2019-2020;2024-2025</p> <p>-----</p> <p>---</p> <p>Annual survey of graduates and employers at 6 mo. – 1 yr. post completion</p>	<p>FFM Curriculum & Courses (C&C) Committee minutes</p> <p>Leadership Cabinet meeting minutes</p> <p>-----</p> <p>---</p> <p>-----</p> <p>---</p>	<p>Full Faculty annual review shows 100% consistency with internal and external requirements</p> <p>-----</p> <p>-----</p> <p>NCLEX Pass rate is at or greater than national mean for first time passing</p>	<p>100% Revisions or other actions documented and changes made as appropriate.</p>

		----- ----- f. Discuss content from professional meeting attendance				
I-C. Expected faculty outcomes are clearly identified by the nursing unit, are written and communicated to the faculty, and are congruent with institutional expectations	<ul style="list-style-type: none"> • Dean • PTR Committee • CAAR Committee • PTR/CAAR Council • Track Coordinators • Merit Committee PTR CAAR Council Dean Associate Dean	a. Review Laws, By-Laws and Rules of the Board of Trustees for Promotion, Tenure and Reappointment (PTR) Guidance. ----- b. Review By-Laws and Rules for Clinical Advancement and Reappointment Committee (CAAR). ----- c. Review of AAUP contract ----- d. Conduct School of Nursing PTR and CAAR Committee process <ul style="list-style-type: none"> • Review pertinent data and appraise the teaching, research, and service performance and potential of each faculty member under consideration • Solicit information from other members of the School, and where appropriate, from other members of the University & external scholarly community, including alumni and 	Annually --- Annually ----- --- As revised ----- --- Annually	Annual reports CNS reports Committee minutes: PTR/CAAR, Merit, SET, peer review documentation ----- --- SET reports, annual meeting with Dean.	Motion of review approved at FFM. ----- Motion of review approved at FFM ----- --- 100% consistent implementation of process & procedures. ----- --- 75% or greater of faculty dossier consistent with requirements for progression	100% Revisions or other actions documented and changes made as appropriate.

<p>I-E. Documents and publications are accurate. A process is used to notify constituents about changes in documents and publications</p>	<p>Curriculum and Courses Committee Program Directors Track Coordinators Office of External affairs</p>	<p>a. Materials submitted by the Associate Deans' of Academic Affairs</p> <p>b. Review and modify as needed:</p> <ul style="list-style-type: none"> • UCONN Undergraduate Catalogue. • UCONN Graduate Catalogue. • UCONN website www.uconn.edu; SON web page www.nursing.uconn.edu • SON Student Handbooks (baccalaureate, graduate) • Material throughout website • Alumni association • Other marketing brochures and documents 	<p>Annually and ongoing with initiation of new programs, any other program revisions and/or updates</p>	<p>C&C GGM, curriculum committees meeting minutes.</p>	<p>100% Updated documents reflect schools' requirements.</p> <p>Committee's move to FFM for review and affirmation of all documents annually.</p> <p>At semiannual web review, 90% or greater consistent with current materials</p>	
<p>I-F. Academic policies of the parent institution and the nursing program are congruent with and support the mission, goals, and expected outcomes of the program; these policies are fair, equitable, published and accessible, and are</p>	<p>Dean Associate Dean for Academic Affairs Program Directors, Program/Track Coordinators Curriculum and Courses Committee</p>	<p>a. Submission by Associate Deans' Office</p> <p>b. Review and submit changes as appropriate:</p> <ul style="list-style-type: none"> • UCONN Undergraduate Catalogue. • UCONN Graduate Catalogue. • UCONN website; SON web page • UCONN Student Handbooks graduate 	<p>Annually and ongoing</p>	<p>As per request for and by University guidelines. AAUP contract letters. Meeting minutes of Graduate Track, Graduate Curriculum, Pre-licensure Curriculum, C&C and FFM</p>	<p>100% consistency at start of each academic year.</p>	<p>100% Revisions or other actions documented and changes made as appropriate.</p>

reviewed and revised as necessary to reflect ongoing improvement.		and Pre-licensure Code of Conduct <ul style="list-style-type: none">• University By-Laws Blue Book• AAUP Bargaining Contract• Website and other marketing materials				
---	--	---	--	--	--	--

Standard II

PROGRAM QUALITY: INSTITUTIONAL COMMITMENT AND RESOURCES

The parent institution demonstrates ongoing commitment and support. The institution makes available resources to enable the program to achieve its mission, goals, and expected outcomes. The faculty, as a resource of the program, enables the achievement of the mission, goals, and expected outcomes of the program.

<u>Key Elements and Criteria</u>	<u>Responsible Evaluator</u>	<u>Method</u>	<u>Frequency</u>	<u>Supporting Evidence</u>	<u>Outcomes</u>	<u>Feedback Loop</u>	
II-A. Fiscal and physical resources are sufficient to enable the program to fulfill its, goals, and expected outcomes. Adequacy of resources is reviewed periodically and resources are modified as needed	Dean Fiscal manager University Budget Office	a. Examine sources of revenue for appropriate support of program mission, goals & outcomes	Annually		90% of fiscal needs met by L2	100% Revisions or other actions documented and changes made as appropriate.	
			--		100% of fiscal balance met by L4		
			Annually				
	Registrar's Office, Admission and Enrollment Services (AES) Vice Provost for Information Technology, SON representative	b. Compare faculty salaries with AACN standards	--	Monthly			
		c. Monitor budget adequacy and program course corrections	--				
		d. Examine adequacy & quality of physical space	--		Budget materials Student numbers Faculty classroom assignments		
	e. Review equipment & supplies for laboratory needs	--	Each academic semester, including summers	Faculty resources, space and equipment Faculty membership of School and University committees			
	f. Coordinate classroom space scheduling and allocation through AES and Registrar.	--	Annually and periodic IT meetings				
			--				
			Annually through the budget cycle				

<u>Key Elements and Criteria</u>	<u>Responsible Evaluator</u>	<u>Method</u>	<u>Frequency</u>	<u>Supporting Evidence</u>	<u>Outcomes</u>	<u>Feedback Loop</u>
		g. Ensure adequate technology resources in conjunction with Information Technology Services and University Budget process ----- ----- h. Define requirements and participate in University planning for future laboratory, classroom, and other School space needs				
II-B. Academic support services are sufficient to ensure quality and are evaluated on a regular basis to meet program and student needs.	Associate Dean Academic Affairs Clinical Placement Coordinators Program Directors and Track Coordinators ----- -- Associate Dean for Academic affairs Associate Dean for Research & Scholarship Center for Nursing Scholarship	a. Review and address feedback from University-wide and School of Nursing advising and exit evaluations ----- ----- b. Assess sufficiency of support services: <ul style="list-style-type: none"> • Computers • Library • Simulation Labs • Health services 	Annually ----- -- Each semester and on an <i>ad hoc</i> basis	----- -----	85% of faculty and staff report adequacy of equipment , physical resources, and resources for research. ----- 75% faculty, staff and students report adequacy ----- 50% or > students report accessibility	100% Revisions or other actions documented and changes made as appropriate.

<u>Key Elements and Criteria</u>	<u>Responsible Evaluator</u>	<u>Method</u>	<u>Frequency</u>	<u>Supporting Evidence</u>	<u>Outcomes</u>	<u>Feedback Loop</u>
	----- -- Dean Student Leaders	<ul style="list-style-type: none"> • Research & scholarship support ----- ----- c. Provide a formal, safe forum for students to identify pertinent issues <ul style="list-style-type: none"> • Course Evaluations • Program Evaluations • Faculty Evaluations • Dean’s Student Leaders’ Advisory Council • Dean’s Open Office Hours 	----- -- Semi-annually Twice/semester Monthly	Course evaluations Program evaluations Faculty evaluations Dean’s Student Leaders’ Advisory Council Dean’s Open Office Hours		
II-C. The chief nurse administrator is academically and experientially qualified and is vested with the authority required to accomplish the mission, goals, and expected outcomes. The chief nurse administrator provides effective leadership to the nursing unit in achieving its mission, goals, and expected outcomes.	Provost (with input from Faculty at the 5 year point Community partners)	a. Review CV of Dean ----- b. Review performance	Annually for goal assessment ----- -- Every 5 years for renewal (2018, 2023)	Evidence of faculty input into decision-making	100% of requirements for Dean are met 50% or > faculty participate in review.	100% Revisions or other actions documented and changes made as appropriate.

<u>Key Elements and Criteria</u>	<u>Responsible Evaluator</u>	<u>Method</u>	<u>Frequency</u>	<u>Supporting Evidence</u>	<u>Outcomes</u>	<u>Feedback Loop</u>
II-D. Faculty members are academically and experientially qualified in the area that they teach and sufficient in number to accomplish the mission, goals, and expected outcomes of the program.	Associate Dean for Academic Affairs Program Track Coordinators ----- --	a. Review faculty teaching assignments to ensure sufficiency in number and qualification. ----- -----	Each Semester, including Summer session ----- --	----- -----	100% of school's specialty needs met through permanent and adjunct faculty ----- -----	100% Revisions or other actions documented and changes made as appropriate.
	Dean Associate Deans Program Track Coordinators Faculty	b. Implement process for hiring faculty <ul style="list-style-type: none"> Review qualifications of faculty applicants to ensure that all hired meet needed education & certification requirements in specialty area of expertise 	As needed based on requirements	Evidenced by CVs, annual report course evaluations	100% of positions needed are approved ----- 100% of faculty meet requirements	
	Dean Recruitment and Selection Committee ----- -- Dean Faculty ----- Associate Dean for Academic Affairs	<ul style="list-style-type: none"> Final approval authority for hiring faculty (in consonance with University policies and guidelines) ----- -----	----- -- Annually	----- Evidenced by CVs, annual report course evaluations	----- A minimum of two faculty development sessions are held annually	

<u>Key Elements and Criteria</u>	<u>Responsible Evaluator</u>	<u>Method</u>	<u>Frequency</u>	<u>Supporting Evidence</u>	<u>Outcomes</u>	<u>Feedback Loop</u>
	Associate Dean for Academic Affairs	research and professional development endeavors d. Review currency of licensure, certification, and credentials e. Review faculty student ratios to ensure adequate supervision				
II-E. Preceptors, when used by the program as an extension of faculty, are academically and experientially qualified for their role in assisting in the achievement of the mission, goals, and expected student outcomes	Associate Dean for Academic Affairs Director of Advanced Practice Programs Track Coordinators Graduate Clinical Placement Coordinator	a. Maintain roster of clinical preceptors, including CV, board certification and licensure to ensure compliance with requirements b. Review and revise preceptor handbook	Annually	Evidenced by CVs and student evaluations	100% Preceptors are experientially qualified to guide student experiences	100% Revisions or other actions documented and changes made as appropriate.
II-F. The parent institution & program provide & support an environment that encourages faculty teaching, scholarship, service, & practice in keeping with the mission, goals & expected faculty outcomes	Dean Associate Deans	a. Establish priorities for twice yearly faculty retreat based on faculty needs for scholarship of teaching, as well as other areas of need, e.g., ongoing preparation for research & scholarship missions b. Determine topics for 2-3 faculty development sessions/semester c. Examine faculty needs & provide support for research & scholarship d. Examine faculty needs & provide support for faculty practice	Annually	Documentation of faculty development with faculty participation, CNS meeting schedule and monthly CNS report	Two faculty development sessions held annually PTR and CAAR policies reflect 100% adherence to Boyer's Model. 90% of faculty using the CNS report that it meets their defined needs	100% Revisions or other actions documented and changes made as appropriate.

STANDARD III

Program Quality: Curriculum and Teaching-Learning Practices

The curriculum is developed in accordance with the program’s mission, goals and expected student outcomes. The curriculum reflects professional nursing standards and guidelines and the needs and expectations for the community of interest. Teaching-learning practices are congruent with expected student outcomes. The environment for teaching-learning fosters achievement of expected student outcomes

<u>Key Elements and Criteria</u>	<u>Responsible Evaluators</u>	<u>Method</u>	<u>Frequency</u>	<u>Supporting Evidence</u>	<u>Outcomes</u>	<u>Feedback loop</u>
<p>III-A. The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that are congruent with the program’s mission and goals, and with the roles for which the program is preparing its graduates.</p>	<p>Program directors’ Concentration Coordinators; Associate Dean, Academic Affairs; Curriculum and Courses Committee; Faculty</p>	<p>a. Evaluate SON Mission and philosophy statements and PRAXIS model.</p> <p>b. For each program, evaluate Program Terminal Objectives vis a vis program graduate role and courses in plan of study.</p> <p>----- -----</p> <p>c. Create crosswalk for each program of SON Mission, SON Philosophy, SON PRAXIS and Program Terminal Objectives</p> <p>d. Evaluate crosswalk for Gap Analysis</p> <p>e. Develop recommendation as needed</p>	<p>Every five years or more often as external changes are made:</p> <p><u>BS & CEIN</u> : AY 2017-2018; 2022-2023 <u>MS</u> : AY 2018-2019; 2023-2024 <u>DNP</u> AY: 2018-2019; 2023-2024 <u>Ph.D.</u>: AY: 2019-2020;2024-2025</p>	<p>-Pre-licensure and Graduate Track meeting minutes and FFM minutes</p> <p>-Program evaluation report with recommendations on files</p> <p>-----</p> <p>-Evaluation results on files and approval for changes (as needed/recommended) documented in minutes of Track (pre-licensure or Graduate),</p>	<p>Full faculty meeting motion approved reflecting missions, philosophy and crosswalk examination and approval.</p>	<p>100% Revisions or other actions documented and changes made as appropriate.</p>

		f. Present Program Evaluation, Gap Analysis and any recommended changes to tiered and hierarchical committees for vetting and approval.				
<p>III-B. Curricula are developed, implemented and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate)</p> <p>1. Baccalaureate program curricula incorporate The <i>Essentials of Baccalaureate Education for Professional Nursing Practice</i> (AACN, 2008)</p> <p>2. Master’s program curricula incorporate professional standards and guidelines as appropriate.</p> <p> a. All master’s degree programs incorporate <i>The Essentials</i></p>	<p>Program Directors; Concentration Coordinators; Associate Dean, academic Affairs, Curriculum and Courses Committee; Faculty</p>	<p>For each program:</p> <p>a. Evaluate quantitative & qualitative data from course evaluations</p> <p>b. Evaluate feedback from students and faculty review</p> <p>----- ----- c. Create crosswalk for each program/concentration of ANCC, CCNE, ANA, NONPF and NTF documents* (as appropriate for program concentration) with course descriptions, objectives and activities</p> <p>d. Evaluate crosswalk for Gap Analysis</p> <p>e. Develop recommendations as needed based on evaluations, feedback, crosswalk with Gap</p>	<p>Each semester & year</p> <p>Each semester & year</p> <p>----- ----- Every 5 years or less as external changes are made:</p> <p><u>BS & CEIN</u> : AY 2017-2018; 2022-2023 <u>MS</u> : AY 2018-2019; 2023-2024 <u>DNP</u> AY: 2018-2019; 2023-2024 <u>Ph.D.</u>: AY: 2019-2020;2024-2025</p>	<p>-Course evaluation data on file -Revised course descriptions/objectives documented in minutes of Pre-licensure or Graduate Curriculum, C&C and FFM. -Program evaluation report with recommendations on file. -Evaluation results and approval for changes (as needed) documented in the minutes of Track (Pre-licensure or Graduate), Curriculum (Pre-licensure or Graduate), C&C and FFM minutes.</p>	<p>75% of courses provide evaluative data -100% consistency with approved Course descriptions/objectives are reviewed/revised based on evaluation data</p>	<p>100% Revisions or other actions documented and changes made as appropriate.</p>

<p><i>of Masters' Education in Nursing</i> (AACN, 2011) and additional relevant professional standards and guidelines as identified by the program.</p> <p>b. All master's degree programs that prepare nurse practitioners incorporate <i>Criteria for Evaluation of Nurse Practitioner Programs</i> (NTF, 2012).</p> <p>3. Graduate-entry program curricula incorporate <i>The Essentials of Baccalaureate Education for Professional Nursing Practice</i> (AACN, 2008) and appropriate graduate program standards and guidelines.</p> <p>4. DNP program curricula incorporate professional standards</p>		<p>Analysis and data gathered for Standard III.A.</p> <p>f. Present Program Evaluation, Gap Analysis and any recommended changes to tiered and hierarchical committees for vetting and approval.</p> <p>*BSN Essentials, MSN Essentials, DNP Essentials, Competencies, NTF Criteria</p>				
---	--	---	--	--	--	--

<p>and guidelines as appropriate.</p> <p>a. All DNP programs incorporate <i>The Essentials of Doctoral Education for Advanced Nursing Practice</i> (AACN, 2006) and additional relevant professional standards and guidelines as identified by the program.</p> <p>b. All DNP programs that prepare nurse practitioners incorporate <i>Criteria for Evaluation of Nurse Practitioner Programs</i> (NTF, 2012)</p> <p>5. Post-graduate APRN certificate programs that prepare nurse practitioners incorporate <i>Criteria for Evaluation of Nurse Practitioner Programs</i> (NTF, 2012)</p>						
--	--	--	--	--	--	--

<p>III-C. The curriculum is logically structured to achieve expected program outcomes.</p> <p>a. Baccalaureate curricula build upon a foundation of the arts, sciences and humanities</p> <p>b. Master’s curricula build on a foundation comparable to baccalaureate level nursing knowledge</p> <p>c. DNP curricula build on a baccalaureate and/or master’s foundation, depending on the level of entry of the student</p> <p>d. Post-graduate APRN certificate programs build on graduate level nursing competencies and knowledge base.</p>	<p>Program Directors; Concentration Coordinators; Associate Dean, Academic Affairs; Curriculum and Courses and Committee; Faculty</p>	<p>For each program:</p> <p>a. Update undergraduate/graduate catalog for consistency with course prerequisites and co-requisites and plan of study (required courses, course sequencing, course credit allocation)</p> <p>b. Evaluate student feedback and employer data.</p> <p>c. Evaluate new/updated general education requirements as determined by University Senate to identify appropriate recommendations for curriculum changes in SON</p> <p>d. Faculty member(s) attend appropriate national conferences on curricula specific to programs and discusses new information/processes with</p>	<p>Annually</p> <p>Annually</p> <p>Annually</p> <p>Annually</p> <p>Annually</p> <p>Every 5 years or less as external changes are made:</p> <p><u>BS & CEIN</u>: AY 2017-2018; 2022-2023</p>	<p>Updated catalogs posted online</p> <p>Data and results on file and Pre-licensure or Graduate Track meeting minutes.</p> <p>New/updated requirements reflected in Pre-licensure or Graduate Track/Curriculum minutes and posted online as needed.</p> <p>Conference attendance plan on file in Dean’s Office.</p> <p>-Reviewed/Revised documents with date (Mission, Philosophy, PRAXIS, Program Terminal Objectives) -Program evaluation report with recommendations on file.</p>	<p>Catalogs updated annually as needed.</p> <p>Student feedback and employer data collected and evaluated.</p> <p>General education requirements updated annually and posted online as needed.</p> <p>Faculty members attend national conferences and share content with Pre-licensure or Graduate faculty.</p> <p>Documents and program updated as needed based upon national conference information and standards</p>	<p>100% Revisions or other actions documented and changes made as appropriate.</p>
--	---	---	---	--	---	--

		<p>other faculty members (e.g., AACN Baccalaureate Education, AACN Master’s Education, AACN Doctoral Education, etc.).</p> <p>-----</p> <p>e. New information/processes learned at conference integrated into curriculum.</p> <p>-----</p> <p>f. Evaluate course sequencing for increasing complexity</p> <p>g. Evaluate course objectives for evidence of integration of foundational consent</p> <p>h. Present needed changes to tiered and hierarchical committees for vetting and approval.</p> <p>i. Update plans of study as needed</p>	<p><u>MS</u> : AY 2018-2019; 2023-2024</p> <p><u>DNP</u> AY: 2018-2019; 2023-2024</p> <p><u>Ph.D.</u>: AY: 2019-2020;2024-2025</p>	<p>-Evaluation results and approval for changes (as needed) documented in minutes of Track (Pre-licensure or Graduate), C&C and FFM minutes.</p> <p>-Plan of study posted online</p>		
<p>III-D. Teaching-learning practices and environments support the achievement of expected student outcomes.</p>	<p>Program Directors; Concentration Coordinators; Associate Dean, Academic Affairs; Curriculum and Courses Committee;</p>	<p>a. Evaluate teaching practices in classroom, stimulation lab and clinical sites.</p> <p>-----</p> <p>b. Evaluate student evaluations of teaching (SET) for each course/lab/clinical</p>	<p>Each semester & year</p> <p>-----</p> <p>Each semester & year</p> <p>-----</p> <p>Each semester & year</p>	<p>Summary of SET evaluations on file</p> <p>-----</p> <p>C&C Committee minutes</p> <p>-----</p> <p>Meeting minutes for Pre-licensure and Graduate Track</p>	<p>Students complete SET for each course at rate equal to or greater than university mean.</p> <p>-----</p> <p>C&C committee reviews SET summary reports</p> <p>-----</p> <p>Faculty and C&C Committee evaluate syllabi, updates made accordingly</p>	<p>100% Revisions or other actions documented and changes made as appropriate.</p>

	Faculty	<p>experience (quantitative and qualitative)</p> <p>-----</p> <p>c. Assess syllabi for relevance of defined teaching methodologies and evaluative measures</p> <p>d. Review course evaluations to examine comments regarding teaching practices</p> <p>-----</p> <p>-----</p>		Curriculum, C&C and FFM, as needed.		
<p>III-E. The curriculum includes planned clinical practice experiences that:</p> <p>a. Enable students to integrate new knowledge and demonstrate attainment of program outcomes; and</p> <p>b. Are evaluated by faculty</p>	<p>Program Directors Concentration Coordinators Associate Dean; Academic Affairs; Curriculum and Courses Committee; Faculty</p>	<p>a. Analyze course evaluations, course grades, testing, and surveys</p> <p>-----</p> <p>b. Make clinical site visits and analyze student site evaluations for appropriateness and congruency of assignments.</p> <p>-----</p> <p>c. Discuss emerging issues/needs relevant to the curriculum at workgroup and track coordinator meetings</p> <p>-----</p> <p>d. Maintain files of student learning activities</p>	<p>Every semester & year</p> <p>-----</p> <p>One visit/student/semester for MS/post-MS/BS-DNP each site for BSN</p> <p>-----</p> <p>Each meeting (2 to 4 per semester)</p> <p>-----</p> <p>Ongoing</p>	<p>-Evaluations on file (electronic)</p> <p>- Workgroup and track (Pre-licensure or Graduate) meeting minutes</p> <p>-Completed site visits forms on file</p> <p>-Assignment examples in faculty files</p> <p>-Student clinical evaluations and summaries in student files.</p>	<p>Faculty recommend clinical course/experiences as needed based on review of student and faculty evaluations of clinical course and clinical experiences.</p> <p>-----</p> <p>100% Clinical sites are evaluated by faculty, students and or directors.</p> <p>-----</p> <p>Clinical placements are altered as needed based on evaluation data.</p>	<p>100% Revisions or other actions documented and changes made as appropriate.</p>

		(assignment examples, clinical evaluations)				
<p>III-F. The curriculum and teaching-learning practices consider the needs and expectations of the identified community of interest.</p>	<p>Faculty Program Director Track coordinators</p>	<p>a. Review objectives and revise as appropriate using tiered and hierarchical committee structure for vetting and approval.</p> <p>-----</p> <p>b. Conduct Employer surveys and evaluate data</p> <p>-----</p> <p>c. Respond to Stakeholders requests (students, employees, alumni, DHE, CCNE, placement agencies, certification bodies, citizens, legislative bodies, governmental bodies, and DPH.)</p> <ul style="list-style-type: none"> • Received from Advisory Board • Received from Agency Personnel • Received from Dean's Student Leaders' Advisory Committee <p>-----</p> <p>-----</p>	<p>Annually and when program is evaluated every five years</p> <p>-----</p> <p>Annual interactions with clinical agencies informally and every five years when program is evaluated</p> <p>-----</p> <p>Following each meeting</p> <p>-----</p> <p>Update every 2 years</p>	<p>-Approval for changes (as needed) documented in minutes of Trach (Pre-licensure or Graduate), Curriculum (Pre-licensure or Graduate), C&C and FFM minutes</p> <p>-Survey data on file (electronic)</p> <p>-Responses to specific requests on file (as needed)</p> <p>Track (Pre-licensure or Graduate) and FFM minutes</p> <p>-----</p> <p>On file</p>	<p>Objectives revised as needed</p> <p>-----</p> <p>Employer evaluation and feedback is obtained</p> <p>-----</p> <p>Stakeholder requests are addressed</p> <p>-----</p> <p>-All faculty who attend national meetings provide feedback to colleagues</p> <p>-Site affiliation agreements are current</p>	<p>100% Revisions or other actions documented and changes made as appropriate.</p>

		<p>d. Discuss content from professional meeting in faculty meetings</p> <p>e. Maintain Site affiliations agreements</p>				
<p>III-G. Individual student performance is evaluated by the faculty and reflects achievement of expected student outcomes. Evaluation policies and procedures for individual student performance are defined and consistently applied.</p>	<p>Associate Dean, Academic Affairs Program Directors Concentration Coordinators Faculty</p>	<p>a. Evaluate syllabi for evaluative procedures consistent with course objectives</p> <ul style="list-style-type: none"> • Course objectives • Program terminal objectives • Role development • Academic policies of UCONN SON and University • Grading policies <p>-----</p> <p>b. Review student handbooks for consistency with processes regarding grading and preceptor roles and responsibilities.</p> <p>-----</p> <p>c. Review student performance evaluation for consistency with meeting program objectives. Review includes:</p>	<p>Ongoing assessment with formal review every fifth year as follows:</p> <p><u>BS & CEIN</u> : AY 2017-2018; 2022-2023 <u>MS</u> : AY 2018-2019; 2023-2024 <u>DNP</u> AY: 2018-2019; 2023-2024 <u>Ph.D.</u>: AY: 2019-2020;2024-2025</p> <p>-----</p> <p>Each semester & year</p>	<p>Approval for changes (as needed) documented in minutes of Track (Pre-licensure or Graduate), Curriculum (Pre-licensure or Graduate), C&C and FFM minutes.</p> <p>-----</p> <p>Student handbook dated for most recent review/revision and posted online</p> <p>-----</p> <p>-Transcripts, student folders -Comp success rates -Aggregate data on standardized test rates on files with Program Directors</p>	<p>Syllabi are evaluated and updated</p> <p>-----</p> <p>100% of Student handbooks are current</p> <p>-----</p> <p>Every student's performance is tracked</p>	<p>100% Revisions or other actions documented and changes made as appropriate.</p>

		<ul style="list-style-type: none"> • Final course grades • Exams, assignments and papers • Clinical evaluations, preceptor evaluations • Course evaluations • Comprehensive exam (graduate) • Standardized testing (ATI, NCLEX – undergraduate; certification exam results – graduate) 				
<p>III-H. Curriculum and teaching-learning practices are evaluated at regularly scheduled intervals to foster ongoing improvement.</p>	<p>Associate Dean, Academic Affairs Program Directors Concentration Coordinators Associate Dean, Academic Affairs Curriculum and Courses Committee; Faculty</p>	<p>a. Discussion at meetings using data cited above (evaluations, feedback, crosswalks, gap analyses, student performances, etc.).</p> <ul style="list-style-type: none"> • Workgroups, faculty retreats track (Pre-licensure or graduate), curriculum (Pre-licensure or graduate) and full faculty meetings • Curriculum and courses committee review of course evaluations. 	<p>C&C committee review syllabi semiannually</p> <p>Regularly scheduled to meet 2 to 4 times/semester</p> <p>-----</p> <p>Ongoing assessment with formal review every fifth year as follows:</p> <p><u>BS & CEIN</u> : AY 2017-2018; 2022-2023</p> <p><u>MS</u> : AY 2018-2019; 2023-2024</p>	<p>-Aggregate data on standardized test rates on file Program Directors.</p> <p>-Archives of syllabi, student performance.</p> <p>-Meeting minutes.</p> <p>-----</p>	<p>-Curriculum is kept up-to-date and meets standards.</p> <p>-Teaching-learning activities are evaluated and meets or exceeds standards.</p> <p>-----</p>	<p>100% Revisions or other actions documented and changes made as appropriate.</p>

		<ul style="list-style-type: none">• Maintain archives of syllabi, course descriptions, student performance <p>-----</p> <p>b. Recommendations for changes made as needed and presented at tiered and hierarchical committee meetings for vetting and approval.</p>	<p><u>DNP</u> AY: 2018-2019; 2023-2024 <u>Ph.D.</u>: AY: 2019- 2020;2024-2025</p>			
--	--	--	---	--	--	--

STANDARD IV

Program Effectiveness: Assessment and Achievement of Program Outcomes

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

<u>Key Elements and Criterion</u>	<u>Responsible Evaluators</u>	<u>Method</u>	<u>Frequency</u>	<u>Supporting Evidence</u>	<u>Outcomes</u>	<u>Feedback loop</u>
IV-A. A systematic process is used to determine program effectiveness.	Dean's Office	<p>a. Review of course evaluations, standardized testing, (e.g., ATI,) (NCLEX – undergraduate, certification exam results – graduate), grading policies (graduate handbook, undergraduate and graduate course syllabi), University and School policies, as described above, with final review of processes at Leadership Cabinet level.</p> <p>-----</p> <p>-----</p> <p>b. Student Evaluation of Teaching (SET) conducted in every course each semester. OIR aggregates data and report info back to instructor/SON Administrator (Note: fewer than 5 SET's do not get reported).</p>	Semi-monthly meetings and every course and every semester	<p>ATI-ATI standardized exams are administered in NURS 3230, 33330, 3450, 3560, 3670, 3715, (new Fall 2014), 4292, 4304, 4414, 4424, 4434, 4554.</p> <p>Results reviewed by C&C as part of the course summary evaluation process.</p> <p>-----</p> <p>Results reviewed by C&C as part of the course summary evaluation process.</p>	<p>SON/University policies are renewed by FFM annually and as needed.</p> <p>75% of all courses are reviewed annually.</p> <p>Mean SON SET Score is at or greater than university mean.</p>	100% Revisions or other actions documented and changes made as appropriate.

<u>Key Elements and Criterion</u>	<u>Responsible Evaluators</u>	<u>Method</u>	<u>Frequency</u>	<u>Supporting Evidence</u>	<u>Outcomes</u>	<u>Feedback loop</u>
IV-B. Program completion rates demonstrate program effectiveness.	Dean Associate Dean Administrative Manager-Outreach Graduate and Pre-licensure Program Directors Specialty Track Coordinators Curriculum Committee	<p>a. Review student achievement:</p> <ul style="list-style-type: none"> Standardized exams (as above), progression, retention, GPA. <p>b. Review graduation rate and characteristics of students who fail NCLEX, certification on the first attempt</p> <p>c. Review employment rate done by University (6 months after graduation with survey)</p> <p>d. Review graduate surveys, employer surveys and informal feedback</p> <p>e. Review program specifications of the entry point and define the time period to completion.</p>	<p><u>BS & CEIN</u> : AY 2017-2018; 2022-2023 <u>MS</u> : AY 2018-2019; 2023-2024 <u>DNP</u> AY: 2018-2019; 2023-2024 <u>Ph.D.</u>: AY: 2019-2020;2024-2025</p>	<p>-Graduation rates are tracked and baseline data is the 10th day of classes. -Licensing/Certification results are renewed annually by each program: BS NCLEX Oct – via NCLEX Program Reports. CEIN NCLEX April – via NCLEX Program Reports. Master’s Track annual certification rates as reported by national certification organizations. Variance report for dismissals, attritions, transfers is reported each semester to Full Faculty</p> <p>a. Freshman Admit BS program track 4, 5, 6 year graduation rate b. Transfer Admit – track 3, 4, 5 year graduation rate c. CEIN – track 1 year rate</p>	<p>90% of students entering junior year courses graduate</p> <p>Pass rate is at or greater than national mean for first time passing</p> <p>90% graduate students pass certification exam on first try</p> <p>80% Freshman return for sophomore year in SON.</p>	<p>100% Revisions or other actions documented and changes made as appropriate.</p>

<u>Key Elements and Criterion</u>	<u>Responsible Evaluators</u>	<u>Method</u>	<u>Frequency</u>	<u>Supporting Evidence</u>	<u>Outcomes</u>	<u>Feedback loop</u>
<p>IV-C. Licensure and certification pass rates demonstrate program effectiveness.</p>	<p>Associate Dean, Academic Affairs Program Directors Track Coordinators Faculty</p>	<p>a. Pre-licensure: review NCLEX pass rates for each campus/site</p> <ul style="list-style-type: none"> • Analyze variance if less than 80% • Provide action plan if pass rate for NCLEX is less than 80%. <p>-----</p> <p>b. Graduate: review results from certification corporations</p> <ul style="list-style-type: none"> • Analyze variance if less than 80% • Provide action plan if pass rate for certification is less than 80% <p>c. Analyze academic characteristics of failing students</p>	<p>Annually</p>	<p>NCLEX program reports</p> <p>-----</p> <p>ANCC, AANP, AACN annual reports</p>	<p>90% sophomores progress to junior year in Nursing</p>	<p>100% Revisions or other actions documented and changes made as appropriate.</p>

<u>Key Elements and Criterion</u>	<u>Responsible Evaluators</u>	<u>Method</u>	<u>Frequency</u>	<u>Supporting Evidence</u>	<u>Outcomes</u>	<u>Feedback loop</u>
<p>IV-D. Employment rates demonstrate program effectiveness.</p>	<p>Dean Associate Dean Program Directors/ Track Coordinators (Developed a new process for collecting Alumni Survey Data for BS program, Spring 2014, part of an assignment in NURS 4265)</p>	<p>a. Evaluate annual graduate exit survey data from EBI ----- ----- b. Annual alumni survey distributed at 6 months to a year post graduation for all programs. Respective program directors and coordinators track data ----- ----- c. Explain variance or explanation if less than 70% by campus and program</p>	<p>Annually ----- ----- BS – Feb/March CEIN – June/July Grad programs ----- ----- Every five years or more often as external changes are made <u>BS & CEIN : AY</u> 2017-2018; 2022-2023 <u>MS</u> : AY 2018-2019; 2023-2024 <u>DNP</u> AY: 2018-2019; 2023-2024 <u>Ph.D.</u>: AY: 2019-2020;2024-2025</p>	<p>EBI report employment rate at point of graduation</p>	<p>Track report annually in FFM 80% of students in all programs would recommend UConn to others</p>	<p>100% Revisions or other actions documented and changes made as appropriate.</p>

<u>Key Elements and Criterion</u>	<u>Responsible Evaluators</u>	<u>Method</u>	<u>Frequency</u>	<u>Supporting Evidence</u>	<u>Outcomes</u>	<u>Feedback loop</u>
		g. Review of Pre-licensure Assessment of Learning Outcomes (ALO) based on terminal objectives of program.				
IV-F. Faculty outcomes demonstrate achievement of the program’s mission, goals, and expected outcomes, and enhance program quality and effectiveness.	Dean PTR and CAAR Committees PTR-CAAR Council	<p>a. Review faculty scholarly productivity and teaching effectiveness:</p> <ul style="list-style-type: none"> • Annual meeting and personal goals review with Dean • PTR and CAAR processes, CAAR –PTR Council • PTR and CAAR outcome data and personnel files Annual report to Provost for each faculty member reflecting year’s activities including professional development and scholarship Annual faculty document report in Husky DM <p>Dean writes an aggregate report in on faculty outcomes and provides it to the Provost’s office</p>	Annually	Husky DM Dean’s annual report to Provost	100% faculty enter HUSKYDM data	100% Revisions or other actions documented and changes made as appropriate.

<u>Key Elements and Criterion</u>	<u>Responsible Evaluators</u>	<u>Method</u>	<u>Frequency</u>	<u>Supporting Evidence</u>	<u>Outcomes</u>	<u>Feedback loop</u>
<p>IV-G. The program has established policies and procedures by which it defines and reviews formal complaints; analyses of aggregate data regarding formal complaints are used to foster ongoing program improvement.</p>	<p>Dean Associate Dean for Academic Affairs Grade Change and Review Panel Leadership Cabinet</p>	<p>a. Policies and Procedures for complaints and appeals are posted on the University Office of Diversity and Equity and Community Standards websites. Informal concerns are handled individually. ----- ----- ----- b. Review student appeals:</p> <ul style="list-style-type: none"> • Student complaint addressed to specific faculty member and coordinator • Report filed with recommendations to Dean as needed • Incorporation of any revised procedures into program, as a result of appeals process • Review trends of student concerns 	<p>As needed each semester ----- ----- Annually and as needed</p>		<p>100% policies/procedures are followed for all case reviews</p>	<p>100% Revisions or other actions documented and changes made as appropriate.</p>
<p>IV-H. Data analysis is used to foster ongoing program improvement.</p>	<p>Associate Dean Academic Affairs Program Directors/ Track Coordinators C&C Faculty</p>	<p>a. Review program evaluations</p>	<p>Ongoing assessment with formal review every fifth year Every five years or more often as external changes are made:</p>	<p>-Program reports -Faculty meeting minutes -Documentation of need and counselling by Dean's office -Meeting minutes</p>	<p>Data informs every decision made 100%</p>	<p>100% Revisions or other actions documented and changes made as appropriate.</p>

<u>Key Elements and Criterion</u>	<u>Responsible Evaluators</u>	<u>Method</u>	<u>Frequency</u>	<u>Supporting Evidence</u>	<u>Outcomes</u>	<u>Feedback loop</u>
		<p>----- -----</p> <p>b. Review course summary evaluations</p> <p>c. Review instructor evaluations (rating below 4 are counselled)</p> <p>d. Discuss composite findings at Faculty meetings and retreats</p>	<p><u>BS & CEIN</u> : AY 2017-2018; 2022-2023 <u>MS</u> : AY 2018-2019; 2023-2024 <u>DNP</u> AY: 2018-2019; 2023-2024 <u>Ph.D.</u>: AY: 2019-2020;2024-2025</p> <p>-----</p> <p>Annually</p> <p>a. C&C reviews each semester b. Reviewed by Dean's Office each semester d. FFM each semester</p>			