

Institutional Effectiveness Report Department of Nursing

2014-2015

Mission Statement

The Francis Marion University Department of Nursing prepares graduates to function competently as caring professional nurses in a variety of healthcare settings. The program endeavors to instill in students the value of lifelong learning.

The Department of Nursing will report on the following for all program options including:

A. BSN

- a. Pre-licensure BSN
- b. Post-licensure BSN

B. MSN

- a. Family Nurse Practitioner (FNP)
- b. Nurse Educator (NE)/ Post-masters Nurse Educator Certificate

STUDENT LEARNING OUTCOMES (SLOs)

BSN SLOs (pre and post-licensure)

1. Utilize the liberal education courses as the cornerstone for study and practice of professional nursing.
2. Incorporate the knowledge and skills in leadership, quality improvement, and client safety in the provision of high quality health care.
3. Provide safe, effective and compassionate care to all individuals and groups across the lifespan based upon the principles and models of evidence-based practice, understand the research process, have the ability to retrieve, evaluate, and synthesize evidence in collaboration with healthcare team members to practice in a manner that improves client outcomes.
4. Incorporate information management, client care technologies, and communication devices in providing safe and effective client care.
5. Incorporate information on healthcare policies, including financial and regulatory, directly and indirectly influencing the nature and functioning of the healthcare system in professional nursing practice.
6. Demonstrate effective inter-professional communication and collaboration through verbal, nonverbal and written communication skills to practice individual accountability, client advocacy, conflict resolution principles, and teambuilding strategies.
7. Integrate knowledge and skill derived from the physical sciences, bio-psycho-social sciences, humanities, and nursing in the provision of holistic care to individuals, families, groups, communities, and populations across the life span with a focus on health promotion, disease and injury prevention.
8. Demonstrate and utilize principles of legal ethical core values of professionalism with the application of professional values of altruism, autonomy, human dignity, integrity and social justice in the delivery of care to all clients across the lifespan

9. Utilize the roles of provider of care, manager/coordinator of care, and member of the profession in developing and providing safe, effective, and compassionate care to all clients across the lifespan with diverse multicultural needs. This includes but is not limited to cultural, spiritual, ethnic, gender and sexual orientation to diversity (AACN, 2008).

MSN SLOs

The following table demonstrates the MSN program and program options SLOs:

Program Outcomes	FNP Track	Nurse Educator Track
Demonstrate leadership and <i>integrity</i> in an advanced practice role that effects and changes systems to promote patient-centered care, thereby enhancing human flourishing.	Demonstrate leadership and <i>integrity</i> in an advanced practice nursing role that effects and changes healthcare systems to promote patient-centered care, thereby enhancing human flourishing.	Demonstrate leadership and <i>integrity</i> in an advanced practice role that effects and changes educational systems to promote learner-centered knowledge, thereby enhancing human flourishing.
Appraise current <i>interdisciplinary evidence</i> to identify gaps in nursing knowledge and formulate research questions based on the tenets of evidence-based practice.	Appraise current <i>interdisciplinary evidence</i> to identify gaps in nursing practice knowledge and formulate research questions based on the tenets of evidence-based practice.	Appraise current <i>interdisciplinary evidence</i> to identify gaps in nursing education knowledge and formulate research questions based on the tenets of evidence-based teaching practice.
Develop interdisciplinary <i>teamwork and collaboration</i> in the advanced practice nursing role in order to promote positive change in people, systems, and excellence in the nursing profession.	Develop interdisciplinary <i>teamwork and collaboration</i> in the advanced practice nursing role in order to promote positive change in people, health care systems, and excellence in the nursing profession.	Develop interdisciplinary <i>teamwork and collaboration</i> in the advanced practice nurse educator role in order to promote positive change in people, educational systems, and excellence in the nursing profession.
Use <i>informatics</i> to analyze underlying disparities in knowledge; formulate research questions; promote safety and quality improvement for patient care.	Use <i>informatics</i> to analyze underlying disparities in knowledge; formulate research questions; ensuring safety and quality improvement in advance nursing practice for patient care.	Use <i>informatics</i> to analyze educational disparities in knowledge; formulate research questions for educational quality improvement.
Apply advanced concepts in science and nursing knowledge to implement <i>health promotion</i> and disease prevention.	Apply advanced concepts in science and nursing knowledge to implement <i>health promotion</i> and disease prevention in advanced practice.	Apply advanced concepts in science and educational knowledge to implement <i>evidence-based teaching</i> practice.
Employ knowledge in health policy and <i>financing of health care</i> in order to promote healthcare access and availability to promote human flourishing.	Employ knowledge in health policy and <i>financing of health care</i> in order for the advanced practice nurse to promote healthcare access and availability to promote human	Employ knowledge in health policy and <i>financing of health care</i> in order to educate learners about healthcare access and availability to promote human flourishing.

	flourishing.	
Engage in <i>ethical</i> decision-making and utilization of theoretical knowledge in order to provide patient-centered, cost-effective care.	Engage in <i>ethical</i> decision-making and utilization of theoretical knowledge in order to provide patient-centered, cost-effective advanced practice nursing care.	Engage in <i>ethical</i> decision-making and utilization of theoretical knowledge in order to provide educational concepts related to cost-effective care.
Value <i>cultural and ethnic diversity</i> and caring in order to provide holistic patient-centered care.	Value <i>cultural and ethnic diversity</i> and caring in order to provide holistic patient-centered care by advanced practice nurses.	Value <i>cultural and ethnic diversity</i> and caring in order to provide holistic learning to promote patient-centered care.

Assessment Methods to Evaluate Achievement of Student Learner Outcomes Assessment of BSN SLOs

BSN Student Learner Outcome	Evaluation of Outcome for Pre-licensure Program Option	Evaluation of Outcome for Post-licensure Program Option
1. Utilize the liberal education courses as the cornerstone for study and practice of professional nursing.	NURS 411: Adult Health III - Integrative clinical rounds demonstrates that liberal education principles supplied by pre-requisite courses are synthesized. NURS 409: John Snow Case Study.	NRN 445- Population - Focused Nursing Care- Case Scenario, Discussion Board NRN 448-Nursing's Role in Policy Development- Around the World PPT
2. Incorporate the knowledge and skills in leadership, quality improvement, and client safety in the provision of high quality health care.	NURS 410: Leadership and Management in Nursing and NURS 409 – Group project development and presentation related to quality patient improvement.	NRN 449-Leadership and Management in Nursing- Stakeholder Letter & Quality Improvement Project.
3. Provide safe, effective and compassionate care to all individuals and groups across the lifespan based upon the principles and models of evidence-based practice, understand the research process, have the ability to retrieve, evaluate, and synthesize evidence in collaboration with healthcare team members to practice in a manner that improves client outcomes.	NURS 411 - Clinical evaluations. NURS 409 - Clinical Evaluation Tool & Clinical Objectives for each site attached.	NRN 333- Health Assessment and Promotion in Nursing Practice- Clinical Evaluation.

<p>4. Incorporate information management, client care technologies, and communication devices in providing safe and effective client care.</p>	<p>NURS 411 - Clinical evaluations. Use of handheld devices and using Medline through the electronic MAR system. NURS 409: Telehealth Project.</p>	<p>NRN 333-Health Assessment and Promotion in Nursing Practice-Clinical Evaluation NRN 448-Nursing’s Role in Policy Development-Discussion Board.</p>
<p>5. Incorporate information on healthcare policies, including financial and regulatory, directly and indirectly influencing the nature and functioning of the healthcare system in professional nursing practice.</p>	<p>NURS 409: State of the Union Assignment; Discussion Board 1 assignment.</p>	<p>(NRN 448 Nursing’s Role in Policy Development-Health Policy Change Paper.</p>
<p>6. Demonstrate effective inter-professional communication and collaboration through verbal, nonverbal and written communication skills to practice individual accountability, client advocacy, conflict resolution principles, and teambuilding strategies.</p>	<p>NURS 411 – Adult Health III – Clinical evaluation.</p>	<p>NRN 332- Professional Nursing & Nursing Practice- Communication tool assignment, communication article, and discussion board question. NRN 333-Health Assessment-Clinical Evaluations.</p>
<p>7. Integrate knowledge and skill derived from the physical sciences, bio-psycho-social sciences, humanities, and nursing in the provision of holistic care to individuals, families, groups, communities, and populations across the life span with a focus on health promotion, disease and injury prevention.</p>	<p>NURS 409 – Population health and Policy Development – Quality improvement group project. NURS 409: See Clinical Objectives.</p>	<p>NURS 302- Principles of Pathophysiology- Case Study Presentations.</p>
<p>8. Demonstrate and utilize principles of legal ethical core values of professionalism with the application of professional values of altruism, autonomy, human dignity, integrity and social justice in the delivery of care to all clients across the lifespan</p>	<p>NURS 410 – Leadership and Management in Nursing – Tested in objective testing. NURS 409: Unnatural Causes Assignment.</p>	<p>NRN 334- Nursing Research in Practice- Miss Evers’ Boys –Tuskegee Syphilis Experiment Video, Institutional Review Board Course. NRN 332-Discuss principles of legal and ethical core values of professionalism in the</p>

		context of ethical dilemmas about social justice.
9. Utilize the roles of provider of care, manager/coordinator of care, and member of the profession in developing and providing safe, effective, and compassionate care to all clients across the lifespan with diverse multicultural needs. This includes but is not limited to cultural, spiritual, ethnic, gender and sexual orientation to diversity (AACN, 2008).	NURS 411 - Clinical evaluations. Seniors practice being charge nurses with the Patient care Coordinator. NURS 409: Provider’s Guide to Quality and Culture Assignment.	NRN 332-Professional Nursing and Nursing Practice- Leadership Roles NRN 333-Health Assessment- Clinical Evaluation NRN 449-Leadership and Management in Nursing-Discussion Board Question on Leadership and Management, QI Project.

Assessment of MSN SLOs

Program Outcomes	FNP Track	Assessment Method
1. Demonstrate leadership and <i>integrity</i> in an advanced practice role that effects and changes systems to promote patient-centered care thereby enhancing human flourishing	Demonstrate leadership and <i>integrity</i> in an advanced practice nursing role that effects and changes healthcare systems to promote patient-centered care thereby enhancing human flourishing	Leadership is assessed for integrity and effectiveness in promoting positive change for patient-centered care in course APRN 504 Health Policy and Leadership. In this core course learners write a scholarly paper on a healthcare topic and present that topic to their peers inclusive of the change processes and leadership needed to ensure the policy’s success for patient care.
2. Appraise current <i>interdisciplinary evidence</i> to identify gaps in nursing knowledge and formulate research questions based on the tenets of evidence-based practice	Appraise current <i>interdisciplinary evidence</i> to identify gaps in nursing practice knowledge and formulate research questions based on the tenets of evidence-based practice.	This SLO is evaluated in APRN 503 Advanced Research and Evidence-based Practice in which learners will formulate a research question, search for evidence and develop an implementation plan based on best EBP.
3. Develop interdisciplinary <i>teamwork and collaboration</i> in the advanced practice nursing role in order to promote positive change in people, systems, and <i>excellence</i> in the nursing profession.	Develop interdisciplinary <i>teamwork and collaboration</i> in the advanced practice nursing role in order to promote positive change in people, health care systems, and <i>excellence</i> in the nursing profession.	Appropriate interdisciplinary teamwork and collaboration are evaluated in Internship I & II (APRN 705 & 706) course through case study presentations. Inter-disciplinary teamwork and collaboration are also evaluated as a program SLO in the clinical evaluation form.

4. Use informatics to analyze underlying disparities, and knowledge; formulate research questions; promote safety and quality improvement for patient care.	Use informatics to analyze underlying disparities, and knowledge; formulate research questions; ensuring safety and quality improvement in advanced nursing practice for patient care.	Use of informatics is evaluated in Internship I & II (APRN 705 & 706) courses through case study presentations that includes retrieval of EBP as well as electronic resources and documentation. Use of informatics is also evaluated as a program SLO in the clinical evaluation form.
5. Apply advanced concepts in science and nursing knowledge to implement health promotion and disease prevention.	Apply advanced concepts in science and nursing knowledge to implement health promotion and disease prevention in advanced practice.	Application of advanced concepts in science and nursing knowledge are evaluated in APRN 705 and 706 Internships by the ethical case presentation and advanced concepts in science and nursing knowledge is also evaluated as a program SLO in the clinical evaluation form.
6. Employ knowledge in health policy and financing of health care in order to promote healthcare access and availability to promote human flourishing.	Employ knowledge in health policy and financing of health care in order for the advanced practice nurse to promote healthcare access and availability to promote human flourishing.	Health policy and financing is assessed for integrity and effectiveness in promoting positive change for patient-centered care in course APRN 504 Health Policy and Leadership. In this core course learners write a scholarly paper on a healthcare topic and present that topic to their peers inclusive of the change processes and leadership needed to ensure the policy's success for patient care.
7. Engage in ethical decision-making and utilization of theoretical knowledge in order to provide patient-centered, cost-effective care	Engage in ethical decision-making and utilization of theoretical knowledge in order to provide patient-centered, cost-effective advanced practice nursing care.	APRN 707 Clinical Decision-making & Ethics evaluates ethical decision-making with a formal debate as well as a scholarly paper about an ethical issue in health care.
8. Value cultural and ethnic diversity and caring in order to provide holistic patient-centered care.	Value cultural and ethnic diversity and caring in order to provide holistic patient-centered care by advanced practice nurses.	This affective SLO is evaluated from observed patient and family interactions on the clinical evaluation form as well as in APRN 707 Clinical Decision-making & Ethics using the formal debate process.

2. Program and NE Track SLO and Assessment Method.

Program Outcomes	Nurse Educator Track	Assessment Method
1. Demonstrate leadership and integrity in an advanced practice role that effects	Demonstrate leadership and integrity in an advanced practice role that effects and changes	Leadership and integrity will be evaluated in APRN 708 & 709 in which the learner will have to demonstrate leadership in the

and changes systems to promote patient-centered care thereby enhancing human flourishing.	educational systems to promote learner-centered knowledge thereby enhancing human flourishing.	class room and clinical areas by presenting a well-developed lesson plan to learners.
2. Appraise current interdisciplinary evidence to identify gaps in nursing knowledge and formulate research questions based on the tenets of evidence-based practice.	Appraise current interdisciplinary evidence to identify gaps in nursing education knowledge and formulate research questions based on the tenets of evidence-based teaching practice.	This is accomplished in APRN 604 Teaching and Learning in which learners seek out evidence from multiple disciplinary resources to develop a teaching strategy.
3. Develop interdisciplinary teamwork and collaboration in the advanced practice nursing role in order to promote positive change in people, systems, and <i>excellence</i> in the nursing profession.	Develop interdisciplinary teamwork and collaboration in the advanced practice nurse educator role in order to promote positive change in people, educational systems, <i>and excellence</i> in the nursing profession.	The SLO is accomplished by the legal issues assignment in APRN 710 Educational Capstone in which learners collaborate with multi-disciplinary teams to present a well-developed legal issues discussion.
4. Use informatics to analyze underlying disparities, and knowledge; formulate research questions; promote safety and quality improvement for patient care.	Use informatics to analyze educational disparities, and knowledge; formulate research questions for educational quality improvement.	APRN 504 Health Policy and Leadership evaluates the NE learners' knowledge of a national or regional issue that affects educational practices for nursing. Statistical trends are analyzed to develop futuristic programs.
5. Apply advanced concepts in science and nursing knowledge to implement health promotion and disease prevention.	Apply advanced concepts in science and educational knowledge to implement evidence-based teaching practice.	Advanced concepts in science and educational knowledge is evaluated in APRN 708 & 709 Educational Practicum courses in which learners demonstrate leadership in the class room and clinical areas by presenting a well-developed lesson to participants. This demonstrates advanced concepts in science by integrating basic sciences and nursing care for undergraduate learners.
6. Employ knowledge in health policy and financing of health care in order to promote healthcare access and availability to promote human flourishing.	Employ knowledge in health policy and financing of health care in order to educate learners about healthcare access and availability to promote human flourishing.	APRN 504 Health Policy and Leadership evaluates the NE learners' knowledge of national or regional issues that affects educational practices for nursing learners.
7. Engage in <i>ethical</i> decision-making and utilization of theoretical knowledge in	Engage in <i>ethical</i> decision-making and utilization of theoretical knowledge in order	The SLO is accomplished by the ethical case study review in APRN 710 Educational Capstone in which the learner

order to provide patient-centered, cost-effective care.	to provide educational concepts related to cost-effective care.	evaluates how to teach cost effectiveness and how to teach cost-effectiveness.
8. Value <i>cultural and ethnic diversity</i> and <i>caring</i> in order to provide <i>holistic patient-centered care</i> .	Value <i>cultural and ethnic diversity</i> and <i>caring</i> in order to provide <i>holistic</i> learning to promote <i>patient-centered care</i> .	This SLO is evaluated by the NE learners' presentations completed in APRN 708 & 709 Educational practicum courses.

Evaluation of BSN SLOs

All learner outcomes are met within the current curriculum at an 80% benchmark. Specific content area in the curriculum was reviewed in the May 2015 Nursing Faculty Workshop and two changes were made to the course report form to ensure that each course was threading in two content areas:

- Cultural sensitivity
- Interprofessional collaboration

During the May work shop course reports forms were reviewed and the “needs improvement” area on all course reports was aggregated for three years (2012, 2013, & 2014).

Evaluation of MSN SLOs

All MSN learner outcomes are met within the current curriculum at an 80% benchmark. Specific content area in the curriculum was reviewed in the May 2015 Nursing Faculty Workshop and no changes were made at this point due to the newness of the curricula. During the May work shop course reports forms were reviewed and the “needs improvement” area on all course reports was aggregated for three years (2013, & 2014).

Evaluation completed on three (3) years (aggregate data):

1. Pre-licensure aggregate data

Course Reports 2012--2014	Improvements Needed Noted by Faculty in Course Reports Completed Every Course	Changes for 2015
301 Health Assessment (Spring 2012)	No recommendations	1. Veterans health assessment added and changed on curriculum map and voted on by faculty. 2. Test questions are being analyzed every semester and 3. Large numbers of students are being incorporated without difficulty.
301 Health Assessment (Fall 2012)	Tests need to appropriate to the level of difficulty of Junior I students. The first test was too difficult, and the third test was not as rigorous as needed.	
301 Health Assessment (Spring 2013)	Ensuring that the tests were an appropriate level of difficulty was a challenge this semester. Test analysis will be reviewed for next semester.	
301 Health Assessment (Fall 2013)	In the lab, we did not require each student to demonstrate the prior weeks' system each week due to the larger number of students in the lab. We will utilize that strategy next semester since the number of students will be smaller. Test analysis and revision will be used to ensure test	

	questions are appropriate for learners.	
301 Health Assessment (Spring 2014)	Test analysis and revision will be used to ensure test questions are appropriate for learners.	
301 Health Assessment (Fall 2014)	Test analysis and revision will be used to ensure test questions are appropriate for learners. A comprehensive final exam is needed to increase the rigor of the course.	
303 Professionals (Spring 2012)	Improving on integration of students in learning activities. Improve exams to be a continuous evaluation throughout semester.	1) APA is now addressed in class 2) Increased paper writing skills in class 3) Rigor has been addressed by analyzing test items 4) Increased information on study techniques 5) Address delegation and ethical dilemmas in class
303 Professionals (Fall 2012)	Improve paper writing skills of students. Expand classroom discussion to emphasize how to delegate appropriately and manage ethical dilemmas in healthcare and nursing. Increase course rigor.	
303 Professionals (Spring 2013)	Improve paper writing skills of students. Develop assignments to be promote more interactive learning and break up power point presentation Increase course rigor.	
312 Professionals (3 credits) (Fall 2013)	Improve paper writing skills of students without as much instructor assistance. Give more opportunities in classroom activities to reinforce learning of APA format. Add classroom activities that address study techniques. Increase course rigor.	
312 Professionals (Spring 2014)	Improve paper-writing skills of students without as much instructor assistance. Give more opportunities in classroom activities to reinforce learning of APA format. Add classroom activities that address study techniques. Increase course rigor.	
312 Professionals (Fall 2014)	Improve paper-writing skills of students without using so much classroom time Add classroom activities that address study techniques. Incorporate need technologies into course. Increase course rigor.	
305 Pharmacology (Spring 2012)	ATI scores need to be improved and is concerning because this type of standardized testing has questions on content that were not covered such as immunization schedules. Also, instructor took ATI and found 4 high level math questions that were never covered. This course should be moved to a later semester because the content is too difficult for first semester juniors.	
305	This course should be moved to a later semester because the	

Pharmacology (Fall 2012)	content is too difficult for first semester juniors. Balance of rigor.	
305 Pharmacology (Spring 2013)	This course should be moved to a later semester because the content is too difficult for first semester juniors. Balance of rigor.	
305 Pharmacology (Fall 2013)	This course should be moved to a later semester or divided over two semesters because the content is too difficult for first semester juniors.	
305 Pharmacology (Spring 2014)	This course should be moved to a later semester or divided over two semesters because the content is too difficult for first semester juniors.	
305 Pharmacology (Fall 2014)	Content is very difficult for Junior 1 students to understand and then learn how to apply the knowledge on tests and in the clinical settings.	
306 Research (Spring 2012)	More emphasis on evidence-based practice and its importance in healthcare and how you can begin now as a student making a difference to achieve positive health outcomes for patients.	1) Included more evidence-based practice and appraise research. 2) Rigor – decreased discussion boards and changed rubric. Objective testing in course. 3) Change textbooks.
306 Research (Fall 2012)	More emphasis on evidence-based practice and its importance in healthcare and how you can begin now as a student making a difference to achieve positive health outcomes for patients.	
306 Research (Spring 2013)	More emphasis on evidence-based practice and its importance in healthcare and how you can begin now as a student making a difference to achieve positive health outcomes for patients.	
306 Research (Fall 2013)	Less Discussion Board and more time reading the research	
306 Research (Spring 2014)	Changed textbooks. (completed for Fall 2014). Change the ratio of the high grades Increase the number of article critiques from 1 to 2 In class pop quizzes to insure that students have completed reading assignments Change format of group presentation to allow for diversity in presentations styles Increase the rigor of the Unit Tests Increase the rigor of the Discussion Boards Topics.	
306 Research (Fall 2014)	Increase the rigor of the Discussion Boards Topics	
307 Psych (Spring 2012)	Continue to explore gero-psy, children and adolescent clinical experience.	1) Clinical sites availability and quality is an ongoing issue. 2) Group questions have increased participation in discussions.
307 Psych (Fall 2012)	Continue to explore gero-psy, children and adolescent clinical experience.	
307 Psych (Spring 2013)	Clinical experience in acute inpatient settings is limited.	

307 Psych (Fall 2013)	Adequate inpatient clinical rotations continue to be a challenge.	
307 Psych (Spring 2014)	Clinical experience in acute inpatient settings is limited.	
307 Psych (Fall 2014)	Student participation in classroom discussions	
309 Fundamentals of Nursing (Spring 2012)	Incorporate more in-class teaching alternatives/ teaching without depending on ppt only	1) Increased active learning strategies as well as could with large groups 2) Changed in class quizzes to pre lecture classes quizzes 3) Added interprofessional lectures
309 Fundamentals of Nursing (Fall 2012)	Improve presentation of information to students in a more organized fashion. Integrate more active learning strategies in the classroom. Incorporate more in-class teaching alternatives/ teaching without depending on ppt only	
309 Fundamentals of Nursing (Spring 2013)	MISSING	
309 Fundamentals of Nursing (Fall 2013)	Allowing the students more interactive input during lecture; encourage more interactive videos; increase the number of days in the hospital setting.	
309 Fundamentals of Nursing (Spring 2014)	Add pre lecture quizzes and discontinue scheduled quizzes during class time. Maybe include voice over power point with less lecture time and more active involvement in class.	
309 Fundamentals of Nursing (Fall 2014)	I need to be more diligent in posting the lectures and quizzes in a timely fashion. It would be helpful to the students if I could post the lectures, quizzes, and any other resources one week in advance.	
310 Adult Health I (Spring 2012)	Hold students responsible for pathophysiology and not spend so much time there Keep it core content to disease processes Use more teaching methods	1) Pathophysiology is expected to be taught in M/S classes –we do not have a pathophysiology course. 2) Follow the curriculum map
310 Adult Health I (Fall 2012)	Better time management and content development, need to reduce to manageable content Too much material on test Lack of group participation on group work did not hold a great enough penalty	
310 Adult Health I (Spring 2013)	Students did not know the pathophysiology and extra time was needed Too much content for timeframe Students lacked basic knowledge of abbreviations/pathophysiology	

	Needed to use more teaching method	
310 Adult Health I (Fall 2013)	Made content adjustments for next semester in regards to time. Add outcome #10 to care map specifically.	
310 Adult Health I (Spring 2014)	Too much content for timeframe, students did not want to learn on their own with PPT/videos Students lacked basic knowledge of abbreviations/pathophysiology Provide YouTube videos in course content to help them with Pathophysiology.	
310 Adult Health I (Fall 2014)	Implement more case studies to be used in conjunction with the lecture	
401 Peds (Spring 2012)	Need more pediatric clinical sites/clinical adjuncts as the nursing program continues to grow	1) Peds clinical sites has been dealt with on a curriculum level by combining courses so less time in acute care. 2) Also increased simulation time.
401 Peds (Fall 2012)	Continue to need more pediatric clinical sites and clinical adjuncts as the nursing program continues to expand.	
401 Peds (Spring 2013)	Continue to need more pediatric clinical sites and clinical adjuncts as the nursing program continues to expand.	
401 Peds (Fall 2013)	Continue to need more pediatric clinical sites and clinical adjuncts as the nursing program continues to expand.	
401 Peds (Spring 2014)	Continue to need more pediatric clinical sites and clinical adjuncts as the nursing program continues to expand.	
401 Peds (Fall 2014)	Continue to need more pediatric clinical adjuncts as the nursing program continues to expand.	
402 Population (Spring 2012)	Students struggled with combining the project for this course with the 404 project; needed intense guidance with their projects- had difficulty with critical thinking. DHEC as a clinical site on Fridays is a tremendous challenge.	1) Using SBAR rubric has streamlined project and decreased confusion. 2) Changed simulation to leadership simulation 3) Cultural competencies has been increased and good results on assessment mechanisms
409 Population & Policy (Fall 2012)	Students still struggled some with how to complete the project- needed a lot of guidance in terms of choosing a problem, how to do a literature review, how to select interventions.	
409 Population & Policy (Spring 2013)	Students were confused about the project initially- partly because of project criteria in other courses	
409 Population & Policy (Fall 2013)	Students continue to exhibit high levels of anxiety around the ATI testing for this semester, making it difficult for them to focus on requirements and content of this course Simulation experience was canceled again	
409 Population & Policy (Spring 2014)	Cultural competency/sensitivity as evidenced by poor Comprehensive ATI scores on this content and the content they chose to teach for the health literacy project (osteoporosis & lice prevention to African Americans)	
409 Population & Policy (Fall	Simulation	

2014)		
403 OB (Spring 2012)	ATI policy need some revamping and will be discussed in faculty meeting. Want a level 1 to be the score they achieved vs a zero.	1) No longer use ATI 2) Peds and OB have updated textbook and will be used the first time Fall 2015
403 OB (Fall 2012)	Students were not receptive to the Discussion Board Caring Moments assignment. They do not like written work that has no benefit towards their grade.	
403 OB (Spring 2013)	Discussion Board project is not enjoyed by the students. It is evaluated poorly and listed as “busy work”	
403 OB (Fall 2013)	No improvements noted	
403 OB (Spring 2014)	No improvements noted	
403 OB (Fall 2014)	Update textbook and restructure flow of course to better align with clinical schedule	
404 Policy (Spring 2012)	Course will be merged with N 402	
405 Leadership (Spring 2010)	Time management and delegation earlier in semester Patient safety earlier Increase content on quality management	
405 Leadership (Spring 2012)	Organization of course – lots of diverse content	1) Increase prioritization and delegation application questions done. 2) Content reflected need areas 3) Have included application questions
410 Leadership (3 Credits) (Fall 2012)	Expand on topics of organizational structure and accreditation	
410 Leadership (Spring 2013)	The testing is difficult for students because it focuses on concepts. Another nursing leader should speak so there is more than one perspective.	
410 Leadership (Fall 2013)	Include more information about: <ul style="list-style-type: none"> • Referrals • Planning home care • Ethical principles • Policy implementation • Restraints • Living wills • Discharge planning • Revising care • Client right • Treatment decisions • Reporting to provider • Use of personnel • Priorities 	
410 Leadership	Application questions for abstract concepts.	

(Spring 2014)		
410 Leadership (Fall 2014)	None needed.	
407 Adult Health II (Spring 2012)	<p>Students were required to complete full care plans for the first two weeks of the semester. This is very time consuming with questionable benefit. Students reported that care plans were done with very little thought involved, whereas concept maps required more in-depth thought to put everything together. Early concept maps showed the students were having trouble putting all the pieces together, but this improved by midterm.</p> <p>No simulation was incorporated this semester with the exception of the IV simulator (1 hour per student). IV simulation is very time consuming for the Lab Coordinator to dedicate 1 hour per student; in addition, it is a complex process to schedule all students for their one hour.</p>	<p>1) Simulation day are shown to use IV sim and they are then self-directed.</p> <p>2) Concept mapping needs to be followed through</p> <p>3) Faculty and students are following P&Ps in hospital</p>
407 Adult Health II (Fall 2012)	<p>This semester, 3 out of the 5 clinical instructors were new to Francis Marion and clinical instruction. It was very time consuming for the Course Coordinator to meet with clinical instructors to discuss expectations and review their students' concept maps to ensure rigor and consistency. It was anticipated that this would improve in following semesters as the clinical instructors gained experience; unfortunately, two new instructors will not be able to return to clinical instruction next semester for personal reasons.</p> <p>Students were not allowed to chart assessments this semester at CHS or McLeod; even though students paper charted, this was not seen as conducive to their learning.</p> <p>Students at CHS had to deal with a new computerized medication system that changed twice during the semester. Students had to have all medications cosigned, which impacted flow and caused medications to be consistently given late. This process will likely not change, but we did start to adapt as the semester progressed.</p> <p>Simulation day was overall successful, but some areas for improvement noted; the NG station did not receive high ratings by the students. Slight changes are being planned for next semester.</p>	
407 Adult Health II (Spring 2013)	<p>CHS' medication system requires students to have all medications cosigned by a licensed person. This impacted workflow and caused medications to be given late at times. Students reported feeling like they had regressed and were less autonomous than they were with their previous clinical experience at McLeod. Students have recommended that senior level students not have clinical at CHS.</p>	

	It was very time consuming trying to schedule time for computer (Soarian) training at McLeod. Email responses were very slow in coming.	
407 Adult Health II (Fall 2013)	CHS' medication system requires students to have all medications cosigned by a licensed person. This remains a challenge as students are often found standing around waiting for a co signature. This process has improved over previous semesters because the nurses are more aware of the need to cosign.	
407 Adult Health II (Spring 2014)	CHS' medication system requires students to have all medications cosigned by a licensed person. This remains a challenge as students are often found standing around waiting for a co signature. This process has improved over previous semesters because the nurses are more aware of the need to cosign.	
407 Adult Health II (Fall 2014)	CHS' medication system requires students to have all medications cosigned by a licensed person. Since changing to a new computer system, the problem has gotten worse. Clinical faculty must now individually co-sign each medication administered, which requires a significant amount of time. Students also did not have access to nurses' notes in the computer. Grand Strand did not permit students to withdraw medications from Pyxis, thus limiting students' independence and increasing faculty and staff workload. The contact person at Grand Strand frequently did not answer emails or respond in a timely manner.	
408 Adult Health III (Spring 2012)	Explore how to use simulation case studies in hemodynamic monitoring Strengthen skills in appropriate delegation and prioritization in the clinical settings	1) Increased case studies in hemodynamic monitoring and added material on the content
408 Adult Health III (Fall 2012)	Explore how to use simulation case studies in hemodynamic monitoring. Continue to strengthen skills in appropriate delegation and prioritization in the clinical setting. Integrate Case Studies on Medical Surgical and Pharmacology in course content. Add nutrition throughout the course.	2) Added nutrition to clinical rounds 3) Able to handle 4 patients with a charge nurse for experience
408 Adult Health III (Spring 2013)	Increase student involvement in Rapid Responses and Codes. Have the student accompany the staff nurse when a patient is transferred to a Critical Care Unit and allow the student to give report on their patient. Increase the interaction between physicians and students.	
411 Adult Health III (6 credits)	Do not change test dates and due dates for Case Study Paper.	

(Fall 2013)		
411 Adult Health III (Spring 2014)	Students could not handle 4 patients at the beginning. Increased from 3 to 4 then to 6 when patient census allowed. Missed clinical days due to weather. Used Case Studies in Pharmacology and Medical Surgical as well as rotation to the Center for the Child with Ms. Martin and assisted with simulation.	
411 Adult Health III (Fall 2014)	Rotation of students to care for six patients at least once during the semester, if census and acuity allows. Expand the role of the Student Charge Nurse to include patient assignment, and review of medical records for appropriate documentation. Expand Patient Rounds to include staff.	

2. Assessment of Aggregate Data for Post-licensure Courses

Course Reports 2010-2014	Needs Improvement Remarks	Changes Completed
302 Pathophysiology (Spring 2012)	NO REPORT	1) Geriatric and newborn pathophysiology was added. 2) Discussion boards are requiring reference.
302 Pathophysiology (Summer 2013)	Added Geriatrics and the Newborn to the content	
3012 Pathophysiology (Summer 2014)	Explaining expectations of DB posts (depth of responses).	
332 Professionals (Spring 2012)	Modifications of course should be ongoing from semester to semester for enhancement of online learning.	1) IT and faculty have worked out a system to integrate all RN to BSN students into courses 2) APA requirements added. 3) References are needed for DB posts
332 Professionals (Summer 2012)	Modifications of course should be ongoing from semester to semester for enhancement of online learning. The course did not require a textbook for the 1st time and used 100% online resources that were difficult to locate/access for students and faculty. Sites required exact listings that were extremely precise and technical.	
332 Professionals (Summer 2013)	Course was required to use the new Blackboard Learning System in Summer 1 2013. I would recommend changing/upgrading Bb systems in the Fall semester rather than the Summer semester since it caused too much confusion between faculty, IT Dept., & students. The kinks had not been worked out of the system at that time and faculty was not prepared for the upcoming issues online.	
332 Professionals (Summer 2014)	Clarify what is expected in a referenced post at the beginning of the course Add an exercise using APA format at the beginning of the course	

333 Health Assessment (Fall 2012)	Students need to learn APA formatting. There needs to be a defined “clinical log”, the faculty need to know where the students are performing their clinical and what time, preceptor agreements need to be updated, there needs to be validation of the physical assessment by use of a DVD, Case scenarios should agree in formats...there should be consistency, grading rubrics should be available for each assignment, there should be one designated way for submission of assignments.	1) Consider project-based clinical 2) Mt. Pleasant hybrid first time went well. 3) Time management addressed with grading
333 Health Assessment (Fall 2013)	Will add a 10 point/day deduction for late submissions, and will request DVD submissions two week prior to the end of the semester.	
333 Health Assessment (Fall 2014) Florence	Students felt that clinical experiences were not helpful, as all are already practicing RNs.	
333 Health Assessment (Fall 2014) Mt. Pleasant	None needed.	
334 Research (Summer 2012)	More emphasis on evidence-based practice and its importance in healthcare and how you can begin now as a student making a difference to achieve positive health outcomes for patients.	1) Changed book 2) Added library orientation
334 Research (Fall 2012)	More emphasis on evidence-based practice and its importance in healthcare and how you can begin now as a student making a difference to achieve positive health outcomes for patients.	
334 Research (Fall 2013)	More emphasis on evidence-based practice and its importance in healthcare and how you can begin now as a student making a difference to achieve positive health outcomes for patients.	
334 Research (Fall 2014) Florence	More emphasis on evidence-based practice and its importance in healthcare and how you can begin now as a student making a difference to achieve positive health outcomes for patients.	
334 Research (Fall 2014) Mt. Pleasant	More emphasis on evidence-based practice and its importance in healthcare and how you can begin now as a student making a difference to achieve positive health outcomes for patients	
445 Population (Spring 2012)	More emphasis on evidence-based practice and its importance in healthcare and how you can begin now as a student making a difference to achieve positive health outcomes for patients.	1) Course is now in a full semester 2) Assignment increased time and started early 3) Windshield survey has
445 Population	This is the first time the course has been taught in a five	

(Summer 2012)	week summer session. It worked alright, but the students were taking other courses and the load was very heavy for them. I do not recommend this in the future, but to keep this course in a full semester format.	evidence-based criteria
445 Population (Fall 2013)	More emphasis on evidence-based practice and its importance in healthcare and how you can begin now as a student making a difference to achieve positive health outcomes for patients.	
445 Population (Fall 2014) Florence	Final assignment too lengthy and runs into the end of the semester.	
445 Population (Fall 2014) Mt. Pleasant	None needed.	
2012	NO REPORT	1) Textbook changed and it has been used successfully 2) Quality improvement paper has a criteria to include evidence
447 Leadership (Spring 2013)	Review textbooks that continue to focus on leadership as well as management.	
447 Leadership (Spring 2014)	More emphasis on evidence-based care/practice in taking care of the healthcare population in obtaining more positive health outcomes, and also in becoming a more effective nurse manager with the constant evolvement of healthcare.	
448 Policy Development (Spring 2013)	Review the entire course and decrease some of the busy work and select assignments that allow the students to spend more time on and set up a method of face to face presentation by Skype.	1) Deleted some DB and integrated information into assignments 2) Did not integrate Skype 3) Peer evaluation is now 10% of grade
448 Policy Development (Spring 2014)	In the final course project, a group PowerPoint presentation, some students complained that their peers didn't contribute to the group equally.	

3. Assessment of Aggregate Data for MSN Courses (since program inception)

APRN 501 Advanced Practice Role Theory and Knowledge (Spring 2013)	Need to include more content to nurse ed students Need more DB	1) Added Nurse Ed content 2) Added discussion boards 3) Standardized due dates for all graduate courses per student feedback 4) Set up peer review differently
APRN 501 Advanced Practice Role Theory and Knowledge (Spring 2014)	Set up peer reviews differently and change times assignments are due	
APRN 502 Biostatistics (Spring 2013)	Update textbook	1) Changed instructors to one that could work BB 2) Updated textbook
APRN 502	Smaller classes	

Biostatistics (Spring 2014)	Instructor BB access	
APRN 503 Advanced Research and EPB (Summer I, 2013)	No literature greater than 5 years should be used 10 point deduction for lack of poor citation of evidence level Share with other discipline	1) Final paper they self-report research was shared 2) Grading adjusted 3) Literature updated 4) Added to grading rubric
(APRN 503 Advanced Research and EPB Summer I, 2014)	Needed to be a healthcare prevention aspect in assignment	
APRN 504 Health Policy and Leadership (Spring 2013)	Add poster presentation Need ethical paper Needed more grades before midterm	1) poster presentation 2) added ethical paper and 3)50% of grades by midterm 3) Moving to online 4) Due dates added
APRN 504 Health Policy and Leadership (Fall 2013)	Students requested to be online	5) Journaling added 6) Virtual posters
APRN 504 Health Policy and Leadership (Spring 2014)	Due dates needed on syllabus Students not reading	
APRN 504 Health Policy and Leadership (Fall 2014)	None needed	
APRN 505 Population Health and Epidemiology (Spring 204)	Need to better highlight some content areas and clarify expectations	1) Provided info on content and 2) Info on group cooperation
APRN 506 Health Systems and Risk Management (Spring 2014)	More emphasis on billing and coding More direct correlation between SLO and evaluations DB ore rigorous and related to SLO Increase student learning activities Address malpractice in DB Benchmarking needs to be measured	1) journaling 2)DB on benchmarking 3) Introduce resource management 4) Business plan employee or independent contractor
APRN 507 Patient ED & Advocacy (Fall 2013)	Too specific for the literacy – sites not available Place in smaller groups for DB	1) Assignments tweaked and placed in small groups 2) Assignment change 3) New textbook
APRN 507 Patient ED & Advocacy Fall 2014	Need newer textbook Produce decision aids for community teaching Include objectives for student presentations	
APRN 601	Weekly examination took too much	1) Reduced intensity of lectures

Advanced Pathophysiology (Spring 2013)	time from lecture Book very advanced	2) Pre-lecture quizzes done on BB 3) Unit exams given for several lectures
APRN 601 Advanced Pathophysiology (Spring 2014)	Different source for test questions Book still needs changing	
APRN 602 Advanced Pharmacology (Fall 2013)	Needed two semesters Too much content	1) Coordinator pharm and care of the adult
APRN 602 Advanced Pharmacology (Fall 2014)	MISSING	
APRN 603 Advanced health Assessment (Summer II, 2013)	Preceptors needed before semester Incorporate SP for evaluations Need high fidelity simulation	1) Student policy changes 2) Added sim 3) Included adult and peds SP 4) Guest lecture 5) Lab demos
APRN 603 Advanced health Assessment (Summer II, 2014)	More student involvement in classroom Include specialty lectures or interprofessional collaboration	
APRN 604 Teaching and Learning in Nursing (Summer II 2013)	Books 5 years old	1) Added text and articles
APRN 604 Teaching and Learning in Nursing (Spring 2014)	Current books	
APRN 605 Curriculum (Summer I 2014)	More time on curriculum development than program evaluation	1) Assignment change done
APRN 701 Primary Care of the Adult (Fall 2013)	Students verbalized text as “difficult to follow” Correlate with Pharm Request to make hybrid	1) Same book kept but course reorganized 2) Collaborated with pharm for content 3) Made the class hybrid
APRN 701 Primary Care of the Adult (Fall 2014)	Quizzes open longer for students who worked Textbook reconsideration	
APRN 702 Primary Care of Infants, Children & Adolescents (Spring 2014)	Textbook content inadequate in areas Students struggled with case presentations to preceptors More content on healthcare policy	
APRN 703 Primary Care of Women (Summer I, 2014)	Textbook did not contain pictures	
APRN 704	Alternative assignment other than gero	

Primary Care of Geriatrics Patients (Summer II, 2014)	observations Use TYPHON in this course	
APRN 705 Internship I (Fall 2014)	Introduce sim earlier	
APRN 706 Internship II (Fall 2014)	Case study changed from presented to written per student request	
APRN 707 Clinical Decision-Making and Ethics (Fall 2014)	Re-evaluate portfolio assignment – did in another course Decrease amount of readings per students	
APRN 708 Academic Practicum (Spring 2014)	More consistent guidance in developing student presentations More specific instruction in calculating preceptor time Need preceptors bios early	
APRN 709 Clinical Practicum (Fall 2014)	Decrease paper work due to the fact that it is a clinical capstone	1) Will focus on clinical and reduce to one project
APRN 710 Education Capstone (Fall 2014)	Need additional resources Review other books	1) Changed for fall

Evaluation of Aggregate data

During the May 2015 Workshop the BSN curriculum matrix was reviewed and it was verified that veterans' health and Ebola content was added. The Nursing Curriculum Committee (CC) will verify the medical-surgical content from level to level in August. Medical-surgical content came under question because the cardiac system is taught in all three adult health courses at different levels and the CC would like to verify that there is not repetition of content. Aggregate data for the MSN courses was inconclusive at this time for curricula changes but course changes were noted by the teaching faculty.

Plan

Faculty voted to:

- Add study skills to professionals
- Add content on workplace violence
- Review cardiac content in matrix
- MSN change several assignments and textbooks and continue to aggregate data for three years
- Continue to assess evaluation methods of student learning outcomes.
- Monitor course content to decrease replication and promote thoroughness.
- Include cultural sensitivity and interprofessional collaboration in course reports.

- Use workshop in May 2016 to aggregate data for 2013-14-15 to inform curriculum changes.
- CC to review curriculum map to assess cardiac content in all three medical-surgical courses.

PROGRAM OUTCOMES

The Department of Nursing continuously assesses program outcomes in order to maintain standards and implement change where needed. The departmental strategic plan is updated on a monthly basis. The Accreditation Commission for Education in Nursing (ACEN) evaluates four program outcome measures, which are consistent with our departmental standards. These four indicators include:

1. NCLEX-RN first-time pass rates/ FNP certification or CNE certification pass rate
2. Graduation rates
3. Program satisfaction
 - a. Graduate
 - b. Employer
4. Job placement rates

NCLEX-RN First-time Pass Rates

Benchmark - Expected Level of achievement (LOA)

- i. Accreditation Commission for Education in Nursing (ACEN): 80%
- ii. South Carolina State Board of Nursing: No lower than 5% below state average
- iii. Program Outcome Data for 2014:
 1. FMU 89.62
 2. National 85.06
 3. SC 89.10
- iv. FNP Certification – Benchmark at 85% (Achieved)
 1. 17 graduated in December of 2014 and 15 passes
- v. CNE – Benchmark at 65% (Not achieved)
 1. 4 graduates – no one has opted to take examination

Plan

- Standardized testing companies were changed.
- Continue to monitor the rigor and testing procedures of courses.
- Keep stable faculty in courses.
- Continue professional development for faculty.
- Increase question level of difficulty in all classes.
- Encourage MSN students to take review courses
- Encourage NE to take the CNE test

2. Graduation Rates

Evaluation BSN

- i. Benchmark at 75% as defined as completing the program of study in 150% of the time or three (3) academic years.

ii. Maintaining benchmark

Pre-licensure Attrition Rate

BSN Start Date	Expected Graduation Date	Total Accepted	Total # Graduated within 150% of time	Attrition Rate
Fall 2010	May 2012	58	45	22.4%
Spring 2011	December 2012	36	30	16.7%
Fall 2011	May 2013	69	56	18.8%
Spring 2012	December 2013	26	19	26.9%
Fall 2012	May 2014	66	48	27.2%
Spring 2013	December 2014	45	27 expected	
Fall 2013	May 2015	69	40 expected	
Spring 2014	December 2015	40	32 expected	
Fall 2014	May 2016	89	67 expected	

Aggregated attrition rate is 22.4% Graduation rate = 77.6%

RN to BSN Attrition Rate

RN to BSN Start Date	Expected Graduation Date	Total Accepted	Total # Graduated within 150% of time	Attrition Rate (%)
Fall 2012	Summer 2013	11	11	0
Spring 2013	Fall 2013	11	11	0
Summer 2013	Spring 2013	2	2	0
Fall 2013	Summer 2014	13	11	15.4
Spring 2014	Fall 2014	12	11	8.3
Summer 2014	Spring 2015	4	4	0
Fall 2014	Summer 2015	15	13	13.3
Spring 2015	Fall 2015	25	18	28

Aggregated attrition rate for RN to BSN = 8.12% Graduation rate = 91.88%

MSN Graduation Rate**FNP**

Of the original 34 FNP students starting in January 2013 17 graduated in December of 2014, one in May of 2015, and there is an expected three (3) graduates in December of 2015 bringing the **graduation rate to 66%**.

NE

Of the original six (6) NE students/ NE Certificate Students, three (3) graduated in December of 2014, and two will graduate December 2015, therefore **graduation rate will be 83%**.

Evaluation**Plan**

1. Monitor attrition rates
2. Increase faculty tutoring hours when possible
3. Encourage students to join a student activity (Student Nurses Association, Minority Nurses Association, HOSA)
4. Provide in-depth orientation material so students know what to expect in the MSN program options

Program Satisfaction

The Department of Nursing used a *Nursing Exit Assessment* brought from an evaluation company Educational Benchmarking Inc. (EBI), owned by AACN (Association of American Colleges of Nursing) to determine program satisfaction from graduates and employers. Graduate and employer surveys must be completed six to twelve months after graduation (ACEN, Standard 6, Criteria 6.4.3. & 6.4.4).

Graduate Satisfaction Results

2013-2014 (Includes May 2014 BSN Graduating Class)

Reviewed Graduate Exit Survey results. Response rate was 64.9%. Overall Program Effectiveness increased by 1.44, which is statistically higher than 2012 results (survey was open in January 2013); this factor is now above benchmark at 5.88. It is also the highest it has ever been since administering exit surveys through EBI. Other factors were also noted to improve, but not statistically significant. Only Satisfaction with Quality of Nursing Instruction was below benchmark at 5.34; however, this factor has shown a 0.29 improvement. This is identified by EBI as a low impact factor. No factors were identified as a top priority requiring improvement.

2014-2015 (December 2014 BSN Graduating Class)

Of the 34 students' email contacts, only 18 (52.9%) responded. Overall there was a positive response in all of the 106 questions. This is the last time EBI will be used. A change has been made in response to the advice of the advisory board members and decreasing return rates. Anecdotal feedback is that there are too many questions.

2014-2015 May BSN Class

Total 40 Pre-licensure and 6 post-licensure surveys will be sent November 2015.

FNP and NE graduate satisfaction surveys will be sent out in June 2015.

Evaluation

- Graduate satisfaction rates have been consistently high and reach benchmarks
- Better return rates are needed

Plan

- Make a usable, practical survey with less items
- Mail the survey with self-addressed envelop
- Evaluate new plan and benchmark against self using year to year aggregate data
- Ask graduates to identify their direct supervisor

BSN Employer Satisfaction

2013-2014 Employer survey had less than 3 respondents; therefore, EBI did not set up a questionnaire for review. A minimum of 6 respondents are required for a survey results to be available.

2014-2015

No results- 6 surveys sent out per the response from the alumni; no employers responded to their 16 question survey

MSN Employer Satisfaction

Will be completed after the June graduate surveys indicate where the graduate is working and who their immediate supervisor is. The surveys will be sent before December.

Evaluation

- Employers of FMU graduates are not adequately being assessed for satisfaction with our graduates

Plan

- Make a usable, practical survey with less items
- Mail the survey with self-addressed envelop
- Evaluate new plan and benchmark against self using year to year aggregate data

4. Job Placement Rates

Job placement is a self-reported measure

Pre-licensure:

Over the past six (6) semesters 57% of graduates have reported having jobs by graduation or shortly after. There have been no reports of pre-licensure graduates who were not able to find jobs within six (6) months in the Pee Dee.

Post-licensure:Fall 2014

0-changed job

0-unknown

17- No change in job

Summer 2014

1-changed job

2-Unknown

5- No change in job

Spring 2014

2- changed jobs

4-Unknown

2- No change in job

Fall 2013

7-Unknown

3-No change in job

Summer 2013

1-changed job
2- Unknown
4-No change in job
Spring 2013
2-changed job
4-Unknown
1-No change in job


Evaluation

- FMU Department of Nursing's graduate job placement rate has been 90+% but evidence is difficult to collect

Plan

- Continue to monitor using surveys, Facebook, and email.

Respectfully submitted,

Handwritten signature of Ruth A. Wittmann-Price, PhD, RN, CNS, CNE, CHSE, ANEF.

Ruth A. Wittmann-Price, PhD, RN, CNS, CNE, CHSE, ANEF

5-13-2015