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.

IV-A. A systematic process is used to determine program effectiveness.

Elaboration: The program uses a systematic process to obtain relevant data to determine program effectiveness. The process:

- is written, ongoing, and exists to determine achievement of program outcomes;
- is comprehensive (i.e., includes completion, licensure, certification, and employment rates, as required by the U.S. Department of Education; and other program outcomes);
- identifies which quantitative and/or qualitative data are collected to assess achievement of the program outcomes;
- includes timelines for collection, review of expected and actual outcomes, and analysis; and
- is periodically reviewed and revised as appropriate.

Program Response:

Western’s RN-to-BSN Program has a systematic process of evaluation of program effectiveness. Placement in the Human Services and Rehabilitation Department within the Woodring College of Education offered a stable foundation upon which to build this systematic process for nursing.

Woodring College of Education Program Evaluation Expectations

The Woodring College of Education (WCE) mission statement affirms a commitment to continuous quality improvement of all WCE academic programs including this newest program in nursing (See Woodring Mission.) All programs are expected to develop and implement comprehensive assessment plans defining student learning outcomes, alignment of curriculum with the learning outcomes and adoption of multiple assessment measures to assess student performance relevant to the expected program outcomes. Student data are collected at four decision points in all programs: (1) program admission; (2) program continuation and retention; (3) qualification for practice experiences; and (4) program completion. Additional data for program improvement will be gathered from post-graduation alumni and employer surveys.

Data from assessment of student learning are entered into the Woodring Information System (WIS) for organization and management as well as generation of queries and data summaries. The WIS is a comprehensive data management system developed collaboratively by the College and WWU’s Administrative Computing Services. The WIS supports a web-based interface for creating a wide range of reports pertaining to student admissions, continuation, internships/fieldwork, and program completion as well as program and college operations. The WIS accesses dedicated relational databases that were built specifically for this system as well as various university databases such as those maintained through admissions, the registrar, and the graduate school. The system is accessed by support personnel throughout Woodring College of Education programs and provides real-time data in ready-to-use report formats. Some data from the WIS are used immediately by departments and programs for decisions regarding student admission, retention, and program completion. Other data are analyzed and interpreted by the Woodring Assessment Coordinator and then reported via formal reports to the university, accreditation agencies, state
and federal entities, partners in P-12 schools, nursing practice partners and the community. (See Woodring Assessment System website.)

Woodring College of Education employs a number of strategies to involve our professional community in the implementation of our assessment plans. Each academic program either has or is in the process of establishing an advisory committee comprised of faculty, students, practicing professionals, and representatives from across the university. Through our advisory committees, we regularly share assessment information to gain insights and discuss implications for program improvements. An essential aspect of Woodring College of Education outcomes assessment involves the use of data from outcomes assessment to continuously improve curriculum, instruction, assessments, and department and academic program operations.

At the time of writing this self-study, the WIS team is completing the programming and data entry for the outcome measures to be included in the RN-to-BSN database for measuring program effectiveness. The database will be made available for the site review. The following table shows the data to be collected throughout the program from each course of the program. (See Table 9 Data Entry Points for Program Evaluation).

### Table 9: Data Entry Points for Program Evaluation

<table>
<thead>
<tr>
<th>Course</th>
<th>Evaluation Measures</th>
<th>Data Entry</th>
<th>Grading Mode</th>
<th>Passing Level</th>
<th>Data Collection</th>
</tr>
</thead>
<tbody>
<tr>
<td>NURS 301: Information Literacy</td>
<td>Myers-Briggs</td>
<td>WEB4U</td>
<td>16 personality types</td>
<td>none</td>
<td>Fall</td>
</tr>
<tr>
<td>NURS 301: Information Literacy</td>
<td>Learning Style Profile</td>
<td>WEB4U</td>
<td>4 domains</td>
<td>none</td>
<td>Fall</td>
</tr>
<tr>
<td>NURS 301: Information Literacy</td>
<td>Source Evaluation Paper (Grade)</td>
<td>WEB4U</td>
<td>Percentage</td>
<td>72% is passing</td>
<td>Fall</td>
</tr>
<tr>
<td>NURS 305: Social Justice</td>
<td>Independent Learning Experiences (ILE) (Measured as Settings and Hours)</td>
<td>HSRN internship screen</td>
<td>HSRN internship screen</td>
<td>none</td>
<td></td>
</tr>
<tr>
<td>NURS 305: Social Justice</td>
<td>ILE: Children’s Teaching Experience (Grade)</td>
<td>HSRN internship screen</td>
<td>HSRN internship screen</td>
<td>72% is passing</td>
<td>Fall</td>
</tr>
<tr>
<td>NURS 305: Social Justice</td>
<td>Social Justice Reflection</td>
<td>WEB4U</td>
<td>Percentage</td>
<td>72% is passing</td>
<td>Fall</td>
</tr>
<tr>
<td>NURS: 402: Translational Research</td>
<td>ILE: Poster (ILE will also be stored on the internship/practicum screen)</td>
<td>WEB4U</td>
<td>Percentage</td>
<td>72% is passing</td>
<td>Winter</td>
</tr>
<tr>
<td>NURS: 402: Translational Research</td>
<td>Abstract</td>
<td>WEB4U</td>
<td>Percentage</td>
<td>72% is passing</td>
<td>Winter</td>
</tr>
<tr>
<td>NURS: 402: Translational Research</td>
<td>Final Paper</td>
<td>WEB4U</td>
<td>Percentage</td>
<td>72% is passing</td>
<td>Winter</td>
</tr>
<tr>
<td>NURS 412: Policy, Leadership &amp; US Healthcare</td>
<td>ILE: Policy Workshop</td>
<td>WEB4U</td>
<td>complete, not complete</td>
<td>complete</td>
<td>Winter</td>
</tr>
<tr>
<td>NURS 412: Policy, Leadership &amp; US Healthcare</td>
<td>Leadership Assessment</td>
<td>WEB4U</td>
<td>Percentage</td>
<td>72% is passing</td>
<td>Winter</td>
</tr>
<tr>
<td>NURS 412: Policy, Leadership &amp; US Healthcare</td>
<td>Health Policy Brief</td>
<td>WEB4U</td>
<td>Percentage</td>
<td>72% is passing</td>
<td>Winter</td>
</tr>
<tr>
<td>NURS 412: Policy, Leadership &amp; US Healthcare</td>
<td>Advocacy Assignment</td>
<td>WEB4U</td>
<td>Percentage</td>
<td>72% is passing</td>
<td>Winter</td>
</tr>
<tr>
<td>NURS 422: Organizational Change</td>
<td>Practice Change Project with Community-Practice Partner (Grade &amp; Clinical Hours)</td>
<td>HSRN internship screen</td>
<td>HSRN internship screen</td>
<td>none</td>
<td>Spring</td>
</tr>
<tr>
<td>NURS 422: Organizational Change</td>
<td>Organizational Readiness for Change</td>
<td>WEB4U</td>
<td>Percentage</td>
<td>72% is passing</td>
<td>Spring</td>
</tr>
<tr>
<td>NURS 422: Organizational Change</td>
<td>Logic Model</td>
<td>WEB4U</td>
<td>Percentage</td>
<td>72% is passing</td>
<td>Spring</td>
</tr>
</tbody>
</table>
IV-B. Program completion rates demonstrate program effectiveness.

Elaboration: The program demonstrates achievement of required program outcomes regarding completion. For each degree program (baccalaureate, master's, and DNP) and post-graduate APRN certificate program:

- The completion rate for each of the three most recent calendar years is provided.
- The program specifies the entry point and defines the time period to completion.
- The program describes the formula it uses to calculate the completion rate.
- The completion rate for the most recent calendar year is 70% or higher. However, if the completion rate for the most recent calendar year is less than 70%, (1) the completion rate is 70% or higher when the annual completion rates for the three most recent calendar years are averaged or (2) the completion rate is 70% or higher when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education.
A program with a completion rate less than 70% for the most recent calendar year provides a written explanation/analysis with documentation for the variance.

This key element is not applicable to a new degree or certificate program that does not yet have individuals who have completed the program.

Program Response:
This element is not applicable at this time. The program has enrolled 24 students, and all 24 are on track for graduation in December, 2014.

IV-C. Licensure and certification pass rates demonstrate program effectiveness.

Elaboration: The pre-licensure program demonstrates achievement of required program outcomes regarding licensure.

- The NCLEX-RN® pass rate for each campus/site and track is provided for each of the three most recent calendar years.

- The NCLEX-RN® pass rate for each campus/site and track is 80% or higher for first-time takers for the most recent calendar year. However, if the NCLEX-RN® pass rate for any campus/site and track is less than 80% for first-time takers for the most recent calendar year, (1) the pass rate for that campus/site or track is 80% or higher for all takers (first-time and repeat) for the most recent calendar year, (2) the pass rate for that campus/site or track is 80% or higher for first-time takers when the annual pass rates for the three most recent calendar years are averaged, or (3) the pass rate for that campus/site or track is 80% or higher for all takers (first-time and repeat) when the annual pass rates for the three most recent calendar years are averaged.

A campus/site or track with an NCLEX-RN® pass rate of less than 80% for first-time takers for the most recent calendar year provides a written explanation/analysis with documentation for the variance and a plan to meet the 80% NCLEX-RN® pass rate for first-time takers. The explanation may include trend data, information about numbers of test takers, data relative to specific campuses/sites or tracks, and data on repeat takers.

The graduate program demonstrates achievement of required program outcomes regarding certification. Certification results are obtained and reported in the aggregate for those graduates taking each examination, even when national certification is not required to practice in a particular state.

- Data are provided regarding the number of graduates and the number of graduates taking each certification examination.

- The certification pass rate for each examination for which the program prepares graduates is provided for each of the three most recent calendar years.

- The certification pass rate for each examination is 80% or higher for first-time takers for the most recent calendar year. However, if the pass rate for any certification examination is less than 80% for first-time takers for the most recent calendar year, (1) the pass rate for that certification examination is 80% or higher for all takers (first-time and repeat) for the most recent calendar year, (2) the pass rate for that certification examination is 80% or higher for first-time takers when the annual pass rates for the three most recent calendar years are averaged, or (3) the pass rate for that certification examination is 80% or higher for all takers (first-time and repeat) when the annual pass rates for the three most recent calendar years are averaged.
A program with a pass rate of less than 80% for any certification examination for the most recent calendar year provides a written explanation/analysis for the variance and a plan to meet the 80% certification pass rate for first-time takers. The explanation may include trend data, information about numbers of test takers, and data on repeat takers.

This key element is not applicable to a new degree or certificate program that does not yet have individuals who have taken licensure or certification examinations.

Program Response:
This element is not applicable to Western Washington University’s RN-to-BSN program.

IV-D. Employment rates demonstrate program effectiveness.

Elaboration: The program demonstrates achievement of required outcomes regarding employment rates.
- The employment rate is collected separately for each degree program (baccalaureate, master’s, and DNP) and post-graduate APRN certificate program.
- Data are collected within 12 months of program completion. For example, employment data may be collected at the time of program completion or at any time within 12 months of program completion.
- The employment rate is 70% or higher. However, if the employment rate is less than 70%, the employment rate is 70% or higher when excluding graduates who have elected not to be employed.

Any program with an employment rate less than 70% provides a written explanation/analysis with documentation for the variance.

This key element is not applicable to a new degree or certificate program that does not yet have individuals who have completed the program.

Program Response:
This element is not applicable at this time.

IV-E. Program outcomes demonstrate program effectiveness.

Elaboration: The program demonstrates achievement of outcomes other than those related to completion rates (Key Element IV-B), licensure and certification pass rates (Key Element IV-C), and employment rates (Key Element IV-D); and those related to faculty (Key Element IV-F).

Program outcomes are defined by the program and incorporate expected levels of achievement. Program outcomes are appropriate and relevant to the degree and certificate programs offered and may include (but are not limited to) student learning outcomes; student and alumni achievement; and student, alumni, and employer satisfaction data.

Analysis of the data demonstrates that, in the aggregate, the program is achieving its outcomes. Any program with outcomes lower than expected provides a written explanation/analysis for the variance.

Program Response:
The Western Washington University RN-to-BSN Program will use multiple sources to assess the program and its graduates. (See Appendix 27 Program Quality Indicators.) Sources of information and analysis for ensuring continued quality improvement in the program include e-Portfolios that address meeting program outcomes, quarterly course evaluations, employment status of new pre-licensure graduates enrolled in the
Program Outcomes:

Some examples of the ways in which the first class of the Western RN-to-BSN Program has demonstrated program effectiveness:

1. Assimilate theories and concepts learned through the sciences and humanities into professional nursing practice.
   - Students will demonstrate competency in this program outcome through their practice experience in NURS 442 (Interdisciplinary Care Coordination) with a comprehensive scholarly paper, including the social and health implications for a patient case study.

2. Access, appraise and synthesize credibility of varied sources of evidence to inform clinical judgment and organizational decision-making for optimal healthcare delivery.
   - After collaborating with PHSJMC’s Nursing Research Council for the Evidence-Based Nursing course, students created posters of their findings and presented them at the hospital to the Nursing Research Council. (See Appendix 28 Research Utilization Project.) Papers, abstracts, and research posters will be made available during the accreditation site visit.
   - All students then submitted their abstracts to the Western Institute of Nursing Regional Nursing Research Conference and presented the posters at that conference.
   - As a result of these presentations, the Nursing Research Council adapted a number of their clinical practice guidelines and students were able to gain regional exposure for their work.

3. Promote a culture of evidence-based practice by integrating clinical expertise and diverse perspectives that support patient-centered care and optimal health outcomes.
   - Synthesized learning from NURS 301 (Information Literacy), NURS 305 (Social Justice), NURS 402 (Translational Research), and NURS 432 (Community-Based Care for Vulnerable Populations) to conduct population-level assessments and develop evidence-based recommendations to community agencies for improving patient-centered care and optimizing health outcomes for vulnerable residents in our community. (See Appendix 29 Executive Summary Assignment.) Examples of the assignment will be made available during the accreditation site visit.

4. Advocate for access to and delivery of equitable health care services with an understanding of the influences of individual, socio-cultural, legal and policy factors.
   - Produced a health policy brief and a health advocacy project through NURS 412 (Policy and Leadership) that pulled from theoretical concepts of ecological and systems models, health care policy frameworks, and leadership development theories to attain knowledge, skills, and abilities for influencing health care policy and advocacy for vulnerable populations. (See Appendix 30 Health Policy Project Assignments.) Examples of the assignment will be made available during the accreditation site visit.

5. Apply principles of leadership, systems theory, quality improvement, and interdisciplinary communication to promote patient safety and quality care in a variety of settings.
   - All students conducted a community assessment, identified a specific agency deliverable, and engaged in an organizational change project for their spring, 2014, practice experiences. They presented these findings in a community-wide symposium with the community agencies and
provided a written report of the assessment findings and recommendations. (See Appendix 31 Community Partnerships Symposium Agenda.)

6. Advocate for and practice health promotion and disease prevention strategies to enhance the well-being of individuals, families, communities and populations.
   - Students presented their Community Health Assessment findings and recommendations to the community practice partners and interested community members at a symposium titled “Community Partnerships: Improving Health in Whatcom County”. (See Appendix 31 Community Partnerships Symposium Agenda.)

7. Coordinate the delivery of healthcare services through effective professional communication, patient care technology, and interdisciplinary collaboration.
   - Students will demonstrate competency in this program outcome through their practice experience in NURS 442 (Interdisciplinary Care Coordination) with a comprehensive scholarly paper, including the social and health implications for a patient case study.

8. Provide BSN generalist care within the context of evolving professional standards and a commitment to life-long learning.
   - All students have identified 1-year, 3-year, and 5-year professional development goals;
   - Four students are writing applications to graduate school and six others have indicated they will apply next fall; and
   - All students have identified two specific, measurable ways in which they will support or mentor colleagues in their practice environment to make a commitment to life-long learning.

Throughout the program, students are required to take a one-credit e-Portfolio course for five quarters, during which they build and maintain an electronic professional portfolio. There is a standardized grading rubric for evaluating the e-Portfolio on the basis of “Below” “Meets” or “Exceeds” Expectations. Ongoing evaluation of the e-Portfolio occurs in each quarter. Access to the Canvas modules for the course will be made available during the accreditation site visit. To ensure that each graduate of the program will be able to articulate how they have achieved the Western RN-to-BSN Program Outcomes, the benchmark for program effectiveness is set at 100% of graduates will achieve “Meets Expectations” upon the final e-Portfolio evaluation.

Students will also take three Practice Experience courses, in which they will be evaluated on their clinical practice. These evaluations will occur at the end of the course and provide an evaluation of their ability to meet course objectives on the same basis of “Below” “Meets” or “Exceeds” Expectations. The benchmark for program effectiveness is set at 80% of students will pass these practice experience courses by completing 90 hours of practice experience and achieving “Meets Expectations” upon the final Practice Experience Student Evaluation measures.

Quarterly Course Evaluations:

Course evaluations are provided by students at mid-term and at the end of the quarter. With the implementation of a new program, the benchmark for return rate on course evaluations is currently set at 70%. This benchmark will be adjusted once the process for administration of evaluations is established and best-practices for this university, program, and student population are identified. Course and instructor evaluations are provided on a 0–5 scale, with zero representing a response of “very poor” and five representing a response of “excellent.” The benchmark for evaluations is set to an average of 4.0 and above for evaluation of both course components and instructor evaluations. Any course receiving a score of less than 4.0 will be evaluated by the lead faculty and the program director to identify areas for improvement and develop a plan for implementation the next time the course is offered in the program. Any instructor receiving a score of less than 4.0 will meet with the program director to develop a plan for personal
improvement that links to the course objective and outcomes and incorporates students’ comments for improvements.

**Admission Standards and Graduation Rates:**

Several unique characteristic of the population of RN-to-BSN students are taken into account when offering admission. Students may be granted admission into the RN-to-BSN Program without meeting the requirements of a valid Registered Nursing license or a 2.75 GPA on a case-by-case basis. The admissions committee will review each case individually to determine appropriateness for offering admission into the program.

Provisional admission may be awarded to those completing the Associate Degree program who may not yet have taken the National Council Licensure Examination for Registered Nurses (NCLEX-RN). This provision stipulates that the student must successfully pass the NCLEX-RN and attain licensure before the end of winter quarter of the year of admission. Failure to pass the NCLEX-RN will result in dismissal from the program. Conditional admission may be awarded to those not meeting the admission requirement of a cumulative 2.75 GPA. This condition stipulates that the student must maintain a 2.75 GPA the first two quarters of the program. Failure to attain this GPA will require that the student to leave the full-time program of study and enter into the part-time program of study.

With the enrollment of the first cohort of the Western RN-to-BSN program, the current retention rate from fall quarter, 2013, to fall quarter, 2014, is 100%, with all 24 students currently expected to graduate in December, 2014. Long-term retention and graduation rates will likely not maintain at 100%, but the program is establishing high benchmarks to ensure strength in the mentorship and support of returning students to continue their education and attain a BSN. New graduates from Associate Degree programs will also be tracked to monitor employment status in attaining their first position as a registered nurse. At the time of this report, all students in the program have secured positions as registered nurses. Since the spring, 2014, 6 of the 24 students have been hired by PHSJMC, whose Chief Nurse Officer has indicated that the unusually large number of hires is a direct result of the high quality of professionalism, leadership, and dedication to quality and safety in healthcare the students have demonstrated in their practice experiences at the hospital.

Additionally, accommodations for new graduates are being measured as another quality indicator for program success. As such, the following student benchmarks have been established:

1. At least 80% of admissions will have met all requirements for admissions including having a valid Registered Nursing license and a GPA of 2.75;
2. At least 90% of admissions who are new RN graduates will pass NCLEX by the end of their 2nd quarter of study;
3. At least 90% of new RN graduates will attain employment a registered nursing position by the third quarter of study in the RN-to-BSN program; and
4. At least 85% of students will graduate within 5 quarters of study.

**Graduation Exit Interviews:**

During the final quarter of the Western RN-to-BSN program, students will take NURS 442 (Interdisciplinary Care Coordination). As a component of this course, they will engage with their class to present a Comprehensive Oral Presentation to demonstrate competency in achieving the program outcomes and complete a written evaluation of the program. The grading rubric for evaluating the Comprehensive Oral Presentation mirrors that of the e-Portfolio rubric on the basis of “Below” “Meets” or “Exceeds” Expectations. The benchmark for student success is set at 100% of graduates achieving at “Meets Expectations” to be eligible for graduation. The comprehensive program evaluation will also be provided on a 0–5 scale, with zero representing a response of “very poor” and five representing a response of “excellent” evaluating student satisfaction with:

- the program overall;
- practice experiences;
- development of leadership skills;
- competency in the program outcomes; and
- connections and networking with community agencies and practice partners.

The benchmark for evaluations in each of these areas individually and comprehensively is set to an average of 4.0 and above.

**Post-graduation Surveys:**

The Western Washington University Alumni Association conducts annual online surveys of alumni for all programs. The Western Alumni Association will tailor this evaluation specifically to meet the evaluation needs of the Western RN-to-BSN Program to collect information in the following areas to meet the stated benchmarks:

**Table 10: Alumni Evaluation Benchmarks**

<table>
<thead>
<tr>
<th>Information Gathered</th>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional engagement measured as:</td>
<td>Within 3 years, 80% of graduates will report attaining at least one measure of professional engagement.</td>
</tr>
<tr>
<td>• Specialty board certification.</td>
<td></td>
</tr>
<tr>
<td>• Professional conference attendance.</td>
<td></td>
</tr>
<tr>
<td>• Transition into leadership positions or changes in employment as a result of BSN.</td>
<td></td>
</tr>
<tr>
<td>Engagement with the Western RN-to-BSN Program:</td>
<td>Within 3 years, 50% of graduates will demonstrate at least one measure of engagement with the program.</td>
</tr>
<tr>
<td>• Mentoring students.</td>
<td></td>
</tr>
<tr>
<td>• Precepting students.</td>
<td></td>
</tr>
<tr>
<td>• Providing guest lectures.</td>
<td></td>
</tr>
<tr>
<td>• Financial donations.</td>
<td></td>
</tr>
<tr>
<td>Graduate education:</td>
<td>Within 5 years, 30% of graduates will report one of these three steps toward pursuit of graduate education.</td>
</tr>
<tr>
<td>• Plans to apply to graduate program.</td>
<td></td>
</tr>
<tr>
<td>• In-process.</td>
<td></td>
</tr>
<tr>
<td>• Degree completion.</td>
<td></td>
</tr>
<tr>
<td>Program evaluation that re-evaluates the competency in the program outcomes</td>
<td>The benchmark for evaluations is set to an average of 4.0 and above.</td>
</tr>
<tr>
<td>with re-administration of the exit interview written evaluation.</td>
<td></td>
</tr>
</tbody>
</table>

**Employer Satisfaction Surveys:**

The healthcare systems in the area do not currently track the institutions from which nurses graduate. The Western RN-to-BSN Program Director is a member of the Northwest Nursing Clinical Placement Consortium (NNCPC), working with the directors of the technical and community college ADN Programs and the local health agencies to create a system for local employers to provide this information accurately and effectively. While in the process of establishing formal measures, informal sources of employer satisfaction will be discussed as a standing agenda item during the monthly NNCPC meetings.

**Aggregate Outcome Data and Evaluation:**

Aggregate data collected and used for continued program evaluation and quality improvement will consist of final e-Portfolio evaluation, grade distributions by course, comprehensive program exit evaluations, graduation rates, and post-graduation survey data. The Woodring College of Education has a dedicated Assessment and Evaluation Team for establishing the WIS system for data collection and evaluation. A formal and standardized plan is currently being established for automatic retrieval of information as it becomes available, and will continue throughout the launch year of the program. The program will also
continue to establish steps for both formative and summative evaluation through the tracking of the e-Portfolio and the Practice Experience Student Reflections and Student Evaluations.

IV-F. Faculty outcomes, individually and in the aggregate, demonstrate program effectiveness.

*Elaboration: The program demonstrates achievement of expected faculty outcomes.*

**Expected faculty outcomes:**

- are identified for the faculty as a group;
- incorporate expected levels of achievement;
- reflect expectations of faculty in their roles and evaluation of faculty performance;
- are consistent with and contribute to achievement of the program’s mission and goals; and
- are congruent with institution and program expectations.

*Actual faculty outcomes are presented in the aggregate for the faculty as a group, analyzed, and compared to expected outcomes.*

**Program Response:**

**Faculty Outcomes**

Aggregate faculty outcomes in teaching, scholarship, and service will be consistent with and contribute directly to the mission, goals, and student outcomes for the RN-to-BSN Program, the Woodring College of Education, and Western Washington University.

**Teaching**

All faculty teaching courses in the Western RN-to-BSN Program possess the appropriate degree and expertise to teach assigned courses. Each quarter, all course assignments include verification of faculty credentials by the Program Coordinator. All faculty, full-time and part-time, are evaluated annually on their teaching capacity to identify strengths and areas for improvement. Annual evaluation identifies two target goals by each faculty for advancement in knowledge or skill, and a plan for achieving these goals is agreed upon collaboratively with the Program Director. Faculty members are expected to achieve an average of 4.0 on course evaluations based on the 0–5 scale, with zero representing a response of “very poor” and five representing a response of “excellent” in both the course content and the individual instructor evaluations. Course evaluations for the first year of the program range from 3.20–4.95 for the first three quarters of the program.

Faculty are provided the opportunity in annual reviews to provide a self-evaluation and discuss their course evaluations. If for any reason they do not achieve an average of 4.0 on evaluations, they are able to provide a rationale or explanation in this self-evaluation and will provide a plan for improving their evaluations to meet the benchmark.

**Scholarship**

Tenured and tenure-track faculty are expected to engage in scholarly activities as part of their faculty assignment. Parameters for determination of scholarship are still being developed in collaboration with the Promotion and Tenure Committee to ensure consistency with college and university requirements. An update can be provided to CCNE and NCQAC upon determination of the specific parameters of the benchmarks for scholarship for Nursing Program faculty. Currently, preliminary benchmarks include:

- At least 90% of faculty, over a two-year period, publish, and/or present in national forums.
- At least 95% of faculty are reviewed as meritorious through annual performance reviews and/or five year post-tenure reviews.
During the first year of the program, the two full-time tenured and tenure-track faculty have made three local presentations, two regional presentations, one national presentation, and two international presentations. Additionally, one article has been published in a peer-reviewed journal, one manuscript has been accepted for publication, three manuscripts have been submitted and are currently under review, and two manuscripts are in process.

Students have also been engaged in the research activities of faculty. During the Palliative Care Initiative Summer Institute, three nursing students participated in the community-based participatory research and contributed directly to data collection and analysis. An abstract has been submitted for presentation at a national conference and the students will be participating in writing the manuscripts. One student has also collaborated with nursing faculty and has a manuscript under review with a peer-reviewed journal based on an assignment in the program.

**Service**

As with scholarship described above, the specific parameters for establishing benchmarks for service for Nursing Program faculty are being negotiated with the Promotion and Tenure Committee, the Department Chair, and the Dean of the college. An update of these benchmarks can be provided. Expected timeline for completion of these two benchmarks is the end of spring quarter, 2014. Currently, preliminary benchmarks include:

- At least 95% of faculty are involved in service at the department, college, and university levels.
- At least 90% of faculty will have an active membership in at least one regional, state or national professional nursing organization.
- At least 90% of faculty will maintain active participation in at least one of the following organizations with which the Nursing Program maintains institutional affiliation:
  - Council for Nursing Education in WA State (CNEWS)
  - Washington Nursing Action Coalition (WNAC)
  - Northwest Organization of Nurse Executives (NWONE)
  - Western Institute for Nursing (WIN)

**IV-G. The program defines and reviews formal complaints according to established policies.**

*Elaboration: The program defines what constitutes a formal complaint and maintains a record of formal complaints received. The program’s definition of formal complaints includes, at a minimum, student complaints. The program’s definition of formal complaints and the procedures for filing a complaint are communicated to relevant constituencies.*

**Program Response:**

The Western Washington University Grievance Procedure is available to students in the university catalog (See Academic Grievance and Appeal Policy and Procedure website) and on the Dean of Students’ Office of Student Life website (Academic Grievances). According to this policy, a student’s first step is to seek resolution with their instructor and if that is not successful, the next step would be to inform the “academic unit head or designee”.

In addition to the information contained in the Western Catalog, the following is clarification on how the steps addressing student grievance are followed in the Department of Human Services and Rehabilitation:

1. The student works with the faculty member involved within ten days of the action, decision, or posting of grades that leads to the grievance. If the faculty member is on extended leave or has resigned from the University, the Academic Program Director or the Department Chair will act for the instructor.
2. If an informal resolution is not achieved within five days of the first meeting, the student has five
days to request that the Academic Program Director (as Chair designee) attempt to informally resolve
the issue. Responsibility is designated to the Nursing Program Director. The Chair will act in this
capacity if the grievance is against the Academic Program Director.

3. If an agreement cannot be reached within a five-day review period and the student still wishes to
pursue the grievance, the Chair and the Academic Program Director will present the case to the
Dean. The Academic Program Director will not attend this meeting if the grievance is against him or
her.

IV-H. Data analysis is used to foster ongoing program improvement.

   Elaboration: The program uses outcome data for improvement. Data regarding
   completion, licensure, certification, and employment rates; other program outcomes;
   and formal complaints are used as indicated to foster program improvement.
   ▪ Data regarding actual outcomes are compared to expected outcomes.
   ▪ Discrepancies between actual and expected outcomes inform areas for improvement.
   ▪ Changes to the program to foster improvement and achievement of program
     outcomes are deliberate, ongoing, and analyzed for effectiveness.
   ▪ Faculty are engaged in the program improvement process.

Program Response:

As described throughout Standard IV, the processes for ongoing program improvement have taken place
using a continuous quality improvement method to ensure that courses are evaluated throughout the delivery
of the inaugural program. At the conclusion of the first cohort, all data described in this standard will be
downloaded from WIS and compiled into a comprehensive report. The data will be reviewed by nursing
program faculty, staff, and select members of the advisory committee representing practice partnership in the
community of interest to review and determine next steps for program improvement. This review will occur
in January, 2015, after the graduation of the first class of the RN-to-BSN program. As there are no
comprehensive baseline data to present to the CCNE and NCQAC at this time, it is not possible to
determine areas for improvement in the consistent delivery courses across the curriculum.

That being noted, one example of an area of improvement using the CQI methodology is seen in the mid-
program evaluation conducted by Dr. Mary Baroni. (See Appendix 26: RN-to-BSN 2013-2014 Student Mid-
Program Assessment Summary.) During this assessment, students identified the incredible challenges faced in
not having the face-to-face contact on which they depended for their successful
completion of assignments
and for collegial support. The practice experience schedule for the next practice course, NURS 442
(Interdisciplinary Care Coordination), has been developed to ensure that students have considerably more
face-to-face classroom time. Additionally, students identified an overwhelming workload in the spring quarter
with learning content for community health and organizational change competencies while also attempting to
put that content into practice. As a result, faculty have identified a number of areas in the first two quarters in
which they can place content that introduces the concept and reduces the amount of reading and learning of
new concepts during practice experience courses.

As examples, the Family Heritage Assignment (See Appendix 32 Family Heritage Assignment) and the Family
Assessment Case Study Assignment (See Appendix 33 Family Assessment Case Study Assignment) help
students attain necessary knowledge and perspectives for conducting a community-based assessment. To
lessen the workload of that practice experience quarter, the Family Heritage Assignment has been moved into
NURS 301 (Information Literacy) to help students understand the personal lens through which they interpret
information and develop conclusion about information. And the Family Assessment Case Study Assignment
has been moved into NURS 305 (Social Justice) in the context of providing understanding of family influence
on issues of social justice in healthcare.
Summary of Standard IV Strengths and Areas for Improvement

**Strengths:**
- Thorough strategy for program evaluation and willingness to make changes to maximize effectiveness of learning-teaching strategies throughout the inaugural delivery of courses;
- Strong dedication of faculty support of student involvement in research and publications;
- Commitment by faculty, staff, and students to develop a strong and effective nursing program.

**Challenges and Areas for Improvement:**
- Refine and establish policies for program evaluation at the conclusion of the first cohort;
- Establish a systematic method for collection of post-graduation data, employment;
- Continued evaluation of the courses as they’ve been conceptualized to maintain the intent of meeting practice partners and community of interest’s needs while striving to meet best pedagogical practices for nursing education.