HLC Accreditation Evidence

- Nursing Program Example

URL:

Office of Origin:

- Vice President of Instruction

Contact(s):

- Associated Dean of Instruction

STANDARD 1: MISSION AND ADMINISTRATIVE CAPACITY

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

CRITERION 1.1 – The mission and philosophy of the nursing education unit are congruent with the core values, mission, and goals of the governing organization.					
PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement	Frequency of Assessment/ Responsibility	Assessment Method/s	Results of Data Collection and Analysis Including actual level/s of achievement	Actions For program development, Maintenance or Revision
BCC & Nursing Program Mission and Philosophy	100% of the BCC Nursing faculty agree that the mission and philosophy of the nursing program are in alignment and congruence with the mission and philosophy of the college.	Every 3 years or PRN Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team Due May 2023	Review BCC & Nursing mission & Philosophy Comparison of BCC and Nursing program mission, vision, and values. Philosophy statement reflects/supports mission, vision and values.	**May 2018:** ELA met; All faculty agree that mission and philosophy are in alignment and congruent with BCC mission and philosophy. **Dec 2018**: Mission statement updated. Unanimous vote to adopt updated mission statement for implementation in fall 2021. **May 2019:** Subcommittee has developed draft philosophy statement. Draft philosophy presented at spring faculty retreat for faculty comments. **November 2019:** Subcommittee completed framework. **December 2019:** Faculty voted and approved philosophy and framework.	**May 2018:** Faculty discussed consideration of updating mission and philosophy with update of organizing framework. **Dec 2018:** Actively work to update philosophy and organizing framework. Plan to implement for fall 2021. **May 2019:** In August, finalization of philosophy statement with faculty vote, and subcommittee will begin work on framework. **December 2019:** Submitted updated mission/philosophy/framework to KSBN.

| | | | | **May 2020**
KSBN approved updated mission/philosophy/framework in January 2020.

December 2021
Barton community college approved a new mission statement. Nursing dept reviewed our mission statement for congruency. | **May 2020**
Plan to implement updated mission/philosophy/framework for fall 2020-2021 school year.

December 2021
Nursing faculty voted that the Nursing mission statement is still congruent with the new Barton CC mission statement (Nov. faculty meeting) |

CRITERION 1.2 – The governing organization and nursing education unit ensure representation of the nurse administrator and

nursing faculty in governance activities; opportunities exist for student representation in governance activities.

PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement	Frequency of Assessment/ Responsibility	Assessment Method/s	Results of Data Collection and Analysis Including actual level/s of achievement	Actions For program development, Maintenance or Revision
1. The DONE will participate in governance of the college and nursing education unit by attending meetings.	1. DONE will serve on college-wide committee (Programs, Topics and Processes committee, WTCE Marketing, LICC)	Annually, in May Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team	1. Review meeting minutes for participation.	**May 2018** 1. ED: Programs, Topics & Processes, Deans Council, Title III-Academics, Outcomes Assessment, Program Review, Public Relations Advisory, BOL Audit, Leadership Institute (2017-18). ELA met **May 2019** 1.PTP, Instructional Council, Title III-Academics, Program Review, Public Relations Advisory, BOL Audit, Leadership Institute (2017-	**May 2018** 1. Continue with current assignments. **May 2019** 1. Continue with current assignments

				18), Honors Celebration, Academic Integrity, Professional Development Steering, Adult Healthcare Advisory, Dietary Advisory, EMS Advisory, Medical Lab Tech Advisory, Nursing Advisory, Pharmacy Advisory, Student Evaluation, LICC	
				May 2020 1. Executive Leadership Council President's Staff Dean's Council Instructional Council Programs, Topics & Processes Committee Public Relations Advisory Board Academic Integrity Council Professional Developmental Steering Council Honors Celebration Advisory Board Military Articulation Committee Faculty & Staff Evaluation Committee Academic Calendar & Scheduling Committee Concourse Implementation Workgroup Essdack Career Fair Committee Essential Skills Committee All WTCE advisory boards 2017-2018 graduate of the Barton Leadership Institute. **May 2021** With the departure of Dr. Kottas and the restructure of	

				the organization, these meetings are attended by the Executive Director Matt Connell.	
2. Nursing faculty will participate in governance by attending and participating on college wide committees.	2. 85% of Nursing Faculty will serve on college wide committee. (See Actions – 12/2015)		2. Review faculty log for participation. Review total campus committees to ensure representation of nursing faculty.	**May 2018** 2. KB-Faculty Council; BG-LICC; KJ-Essential Skills; JL-Professional Development; SS-Career Fair Committee; RS-Library Advisory Board; ELA met. **May 2019** 2. KB-Faculty Council; BG-LICC; KJ-Essential Skills; JL-Professional Development; SS-Career Fair Committee; RS-Library Advisory Board; ELA met. **May 2020** 2. KB-Faculty Council; BG-LICC; KJ-Essential Skills; JL-Professional Development; RS-Library Advisory Board; BF–GBHS Advisory Council; ELA met. **May 2021** 2.KB-Faculty Council; BG-LICC; KS-Essential Skills; JL-Professional Development; SS-Library Advisory Board; BF–GBHS Advisory Council; ELA met.	**May 2018** 2. Continue current assignments. **May 2019** 2. Continue current assignments. **May 2020** **2.** Continue current assignments. Plan to place KS and SS on committees for Fall 2020.
3. Students will participate in governance of the college by attending and participating in meetings, i.e. Nursing Club,	3. Nursing Student Reps will attend 80% of the Nursing Faculty Meetings.		3. Review faculty meeting notes for student rep attendance.	**May 2018** 3. Student reps are invited to all nursing faculty meetings that met during school time; Student rep attendance was 33.33%; Student concerns were addressed at all meetings as a standing	**May 2018** 3. Ensure that student reps are informed of meeting schedule and reinforce importance of their attendance; Maintain at least 2 reps per program (PN & ADN)

Student Government, Nursing Faculty meetings.				agenda item. 1 ADN class rep left the program in December '17. FT Nursing Secretary left in November. **May 2019** 3. Student reps are invited to all nursing faculty meetings that met during school time; Student rep attendance was 75%; Student concerns were addressed at all meetings as a standing agenda item. 1 ADN class rep left the Program in December '18. **May 2020** 3. Student reps are invited to all nursing faculty meetings that met during school time; Student rep attendance was 83%; Student concerns were addressed at all meetings as a standing agenda item. **May 2021** 3. Student reps are invited to all nursing faculty meetings that met during school time; Student rep attendance was 83% (5/6); Student concerns were addressed at all meetings as a standing agenda item. **May 2022** ==2. Note that KB is on faculty council. RS ?, BF ?==	**May 2019** 3. Ensure that student reps are informed of meeting schedule and reinforce importance of their attendance; Maintain at least 2 reps per program (PN & ADN); Explore options for additional methods of student input (including Zoom link for nursing faculty meetings) **May 2020** 3. Ensure that student reps are informed of meeting schedule and reinforce importance of their attendance; Maintain at least 2 reps per program (PN & ADN);In January, ADN class selected another class rep. In March, student reps attended via Zoom due to Covid 19. **May 2021** 3. Ensure that student reps are informed of meeting schedule and reinforce importance of their attendance; Maintain at least 2 reps.

CRITERION 1.3 – The assessment of end-of-program student learning outcomes and program outcomes is shared with communities of interest, and the communities of interest have input into program processes and decision-making.

PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement	Frequency of Assessment/ Responsibility	Assessment Method/s	Results of Data Collection and Analysis Including actual level/s of achievement	Actions For program development, Maintenance or Revision
1. Nursing Advisory Board 2. Students 3. Clinical sites 4. Board of Trustees through ENDS2 report; KSBN, Nursing Advisory Board 5. Barton Community College Website; Barton Nursing Program website	1. A. Advisory Board meets 2 times / year & will have input into program processes and decision making.	1. Annually, in May Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team	1. Evaluate that the Advisory Board minutes are on file and analyze for any suggestions into the program. Evaluate that Advisory Board Surveys are analyzed for any suggestions into the program.	**Fall 2017** 1. A. Advisory Board met on Nov. 17, 2017 **Spring 2018** 1. A. Advisory Board met on April 27, 2018. Surveys indicated no needed changes. Aggregated data located in documentation file cabinet. **Fall 2018** 1.A. Advisory Board met on Dec, 2018. Surveys indicated no needed changes. Dec. 2018: Tatoo policy and recruitment activities solicited from advisory board. Aggregated data located in	**Fall 2017** Continue current plan Minutes located in 3-ring binder in doc room **Spring 2018** Continue current plan Minutes located in 3-ring binder in doc room **Fall 2018** Create addendum to dress code policy in student handbook regarding tattoos. Share with students In January – beginning of Spring semester

				documentation file cabinet.	**Spring 2019** Continue with current scheduling of advisory board meetings twice per year.
				Spring 2019 1.A. Advisory Board met on March 29. Advisory Board unanimously approved curriculum.	
				Fall 2019 1.A. Advisory Board met on Nov. 15, 2019.	**Spring 2020** Plan continues to schedule meetings twice per year, face to face.
				Spring 2020 1.A. Spring Advisory Board meeting was not held face to face due to COVID-19. Information sent to Advisory Board members. 16/38 surveys returned 16/16 – 100% approved curriculum.	**Spring 2021** BG sent hard copy of survey to attendees that did not respond to electronic survey. Received 6 hard copies back. Plan to have face-to-face advisory board in the fall and return to hard copy survey completed during the meeting at spring meeting.
				Spring 2021 Spring Advisory Board meeting was 4/23/21 via Zoom. Survey provided by electronic link. Received 2 responses. Received 8/11 (72.7%) completed surveys.	

				8/8 (100%) of surveys were rated as Satisfactory (3) or above.

Advisory Board unanimously (11/11) approved ADN curriculum. | |
| | 1. B. Assessment of end of program SLO's and PO's are shared and advisory board will have input into program processes and decision-making. | | | **Fall 2017**
1.B. Pass rates for 2017 Cohort shared by Dr. Kottas.

Spring 2018
1.B. PO's were shared. Failed to share SLO data from 2017 Cohort with Advisory Board.

Fall 2018
1.B. Shared 2018 cohort pass rates with advisory board.

Spring 2019
1.B. Shared 2018 cohort PO's and SLO data. | **Fall 2017**
1B. Continue to share current PO's and SLO's with advisory board at scheduled meetings.
Spring 2018
1B. Remember to include SLO data at Spring Advisory Board meeting each year.

Fall 2018
1B. Continue to share current PO's and SLO's with advisory board at scheduled meetings.

Spring 2019
1B. Continue to share current PO's and SLO's with advisory board at scheduled meetings. |

				Fall 2019 1.B. Cohort 2019 NCLEX PN and RN pass rates shared with advisory board	
					Spring 2020 Plan to continue with face-to-face meeting in the future.
				Spring 2020 1.B. Information for end of program SLO's and PO's sent to Advisory Board due to no face to face meeting.	Spring 2021 Plan to continue with face-to-face meeting in the future. Fall 2021 Plan to meet Spring 2022.
				Spring 2021 1.B. Information for PO's shared with Advisory Board	
				Fall 2021 1.B. Information for POs shared with advisory board	
	2. 100% of students have opportunity to provide input thru end of semester/program evaluations.	2. End of each semester Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team	2. Review student surveys and analyze results.	Fall 2017 2. Student course/clinical surveys complete. Results reviewed by faculty. Aggregated data located in documentation file cabinet.	Fall 2017 2. Continue providing students with the opportunity to provide input and analyze results.
				Spring 2018 2. Student course/clinical surveys complete. Results reviewed by faculty. Aggregated	Spring 2018 2. Continue providing students with the opportunity to provide input and analyze results.

				data located in documentation file cabinet. **Fall 2018** 2. Student course/clinical surveys transitioned to online format through the course shells this semester. Faculty reviewed data. Aggregated data located in G Drive Nursing>Aggregated ADN data>Specific course and hard copy in documentation file cabinet. **Spring 2019** 2. Faculty reviewed data. Aggregated data located in G Drive Nursing>Aggregated ADN data>Specific course, and hard copy in documentation file cabinet. **Fall 2019** 2. Faculty reviewed data. Aggregated data located in G Drive Nursing>Aggregated ADN data>Specific	**Fall 2018** 2. Continue providing students with the opportunity to provide input and analyze results. **Spring 2019** 2. Continue to review student surveys at spring and fall faculty retreats. **Spring 2020** 2. Continue to review student surveys at spring

				course, and hard copy in documentation file cabinet.	and fall faculty retreats.
				Spring 2020 2. Faculty reviewed data. Aggregated data located in G Drive Nursing>Aggregated ADN data>Specific course, and hard copy in documentation file cabinet.	**Fall 2020** 2. Continue to review student surveys at spring and fall faculty retreats.
				Fall 2020 2. Faculty reviewed data. Aggregated data located in G Drive Nursing>Aggregated ADN data>Specific course, and hard copy in documentation file cabinet.	**Spring 2021** 2. Continue to provide students with opportunity to provide feedback. Continue to review student surveys at spring and fall faculty retreats.
				Spring 2021 2. Faculty reviewed data. Aggregated data located in G Drive Nursing>Aggregated ADN data>Specific course, and hard copy in documentation file cabinet.	**Fall 2021** Continue to survey students with course and clinical surveys. Continue to review results.

				Fall 2021 2. Faculty reviewed data. Aggregated data located in G Drive Nursing>Aggregated ADN data>Specific course, and hard copy in documentation file cabinet.	
	3. 100% of clinical site partners will have the opportunity to participate in evaluations for input into program process and decision making.	3. End of each semester Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team	3. Review point of contact meetings with clinical partners. (Located in G Drive>Nursing>Aggregated Data ADN>Facility Communications>Specific Semester) (Point of contact and communication log for instructor led clinical sites. Preceptor site data is located in 2.4)	**Fall 2017** 3. Faculty met with all clinical partners this semester for input. All clinical site partners were invited to November Advisory board meeting. **Spring 2018** 3. Faculty met with all clinical partners this semester for input. All clinical site partners were invited to April Advisory board meeting. **Fall 2018** 3. Faculty met with all clinical partners this semester for input. All clinical site partners were invited to November	**Fall 2017** Established method for Faculty to document point of contact with clinical partners in the G Drive. **Spring 2018** Faculty will continue documenting point of contact with clinical partners in the G Drive. **Fall 2018** 3. Faculty reminded to document communications in the G Drive. ED & Sec. reviewed and ensured that all clinical partners were represented on the membership list and

				Advisory board meeting.	all invited to advisory board.
				Spring 2019 3. Faculty met with all clinical partners this semester for input. All clinical site partners were invited to November Advisory board meeting. **Fall 2019** 3. Faculty met with all clinical partners this semester for input. All clinical site partners were invited to March Advisory board meeting. **Spring 2020** 3. Faculty met with all clinical partners this semester for input. Verified that communication is documented in the facility communication logs	**Spring 2019** 3. Continue to document point of contact meetings with clinical partners in logs. Continue to invite clinical partners to Advisory Board meetings. **Fall 2019** 3. Continue to document point of contact meetings with clinical partners in logs. Continue to invite clinical partners to Advisory Board meetings. **Spring 2020** 3. Continue to document point of contact meetings with clinical partners in logs. Resume advisory board meetings in Fall 2020. **Fall 2020** 3. Continue to document point of contact meetings with clinical partners

				for Fall and Spring semesters. Spring advisory meeting cancelled due to COVID-19 pandemic. **Fall 2020** 3. Faculty met with all clinical partners this semester for input. All clinical site partners were invited to November Advisory board meeting. **Spring 2021** 3. Faculty met with all clinical partners this semester for input. Verified that communication is documented in the facility communication logs for Fall and Spring semesters. All clinical site partners were invited to the April Advisory board meeting (Zoom). **Fall 2021** 3. Faculty met with all clinical partners this semester for input. All clinical site partners were invited	in logs. Continue to invite clinical partners to Advisory Board meetings. **Spring 2021** 3. Continue to document point of contact meetings with clinical partners in logs. Resume advisory board meetings in Fall 2021. **Fall 2021** 3. Continue to document point of contact meetings with clinical partners in logs. Continue to invite clinical partners to Advisory Board meetings.

			to November Advisory board meeting.	
4. 100% of Evaluation findings, which include: Graduate Surveys Employer Surveys and PO's are shared with identified communities of interest.	4. Annually in Spring (Graduate Survey), Spring (Employer Survey) Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team	Nursing Advisory Board minutes Annual Reports to KSBN	**Spring 2018** 4. BoT presentation made in March 2018 – Program update; Cohort 2017 annual KSBN reports completed; Shared P.O.'s with Nursing Advisory Board April 2018; **Spring 2019** 4. Cohort 2018 annual KSBN reports completed; Shared P.O's, SLO's, graduate and employer surveys with Nursing Advisory Board. **Spring 2020** 4.Presented ENDS 4 information to BoT in April 2020. PO, SLO and survey information shared with Nursing Advisory Board through mailing this spring due to COVID-19. **Spring 2021** 4.Presented ENDS 2 information to BoT in April 2021.	**Spring 2018** 4. Be sure to share Graduate/Employer survey data with Advisory Board. **Spring 2019** Continue to share graduate/employer survey data with Advisory Board. Continue to submit annual report to KSBN. **Spring 2020** Plan to return to face to face Advisory Board meetings. Continue to share updated ENDS information annually to BoT.

			Data on College webpage and Nursing department webpage.	**Spring 2018** Program webpage data updated.	**Spring 2018** Continue to update program webpage data.
5. Adhere to ACEN policy #29					
				Spring 2019 Program webpage data updated	**Spring 2019** Continue to update program webpage data.
				Spring 2020 Program webpage data updated	**Spring 2020** Continue to update program webpage data.
				Spring 2021 Identified need to update the completion rate for 2019-2020 year. Also identified need to include definitions of pass rates and completion rates.	BG will contact Samantha Steuder to update the webpage.

CRITERION 1.4 – Partnerships that exist promote excellence in nursing education, enhance the profession and benefit the community.					
PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement	Frequency of Assessment/ Responsibility	Assessment Method/s	Results of Data Collection and Analysis Including actual level/s of achievement	Actions For program development, Maintenance or Revision

| 1. Advisory Board | Evaluation survey results from partnerships will be rated as satisfactory (3) or above 90% of the time | 1. Annually in the Spring Annually in Fall (changed Dec 2018) Advisory Board meeting/Executive Director *Frequency changed to spring in Fall 2019*

Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team | 1. Advisory Board Eval/Survey | **Spring 2018**
1. 11/11 (100%) surveys were rated as Satisfactory (3) or above.

Fall 2018
Advisory board given survey at Fall advisory board meeting in November 2018.
(12/12 - 100% of surveys were rated as Satisfactory (3) or above)

Fall 2019
Survey has been changed to a Spring Advisory Board delivery.

Spring 2020
Due to COVID-19, Spring Advisory Board information mailed to members. 17/38 returned mailed surveys. 17/17 – 100% of surveys were rated as Satisfactory (3) or above.

Fall 2020
Advisory Board meeting was Nov 6th via Zoom. Survey will be distributed to | **Spring 2018**
1. Continue current plan.

Fall 2018
Frequency changed to Fall per preference of VP-Instruction.

Fall 2019
Continue current plan

Spring 2020
Continue to offer Spring Advisory Board face to face and deliver survey to members.

Fall 2020
Officially changed frequency for our review to Spring. See yellow highlighting in column 3.

Spring 2021 |

				advisory board members at the spring meeting. **Spring 2021** 9/11 (81.8%) surveys returned. 9/9 (100%) of surveys were rated as Satisfactory (3) or above.	Plan to have face-to-face advisory board in the fall and return to hard copy survey completed during the meeting at spring meeting.
2. Community Partners (guest speakers, field trips)		2. At the end of each semester Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team	2. Field trip and guest speaker surveys	**Fall 2017** At least 96% of students evaluated all field trip/guest speaker surveys at a 3 or higher.	**Fall 2017** Continue to provide field trip & guest speaker surveys to students and evaluate.
				Spring 2018 100% of students evaluated all field trip/guest speaker surveys at a 3 or higher **Fall 2018** 100% of students evaluated all field trip/guest speaker surveys at a 3 or higher **Spring 2019** 100% of students evaluated all field trip/guest speaker surveys at a 3 or higher	**Spring 2018** Continue to provide field trip & guest speaker surveys to students and evaluate. **Fall 2018** Continue to provide field trip & guest speaker surveys to students and evaluate. **Spring 2019** Continue to provide field trip & guest speaker surveys to students and evaluate. **Fall 2019**

				Fall 2019 100% of students evaluated all field trip/guest speaker surveys (1) at a 3 or higher **Spring 2020** 100% of students evaluated 4/5 field trip/guest speaker surveys at a 3 or higher 94.1% of students evaluated Dr. Stang's presentation at a 3 or higher **Fall 2020** 100% of students evaluated all field trip/guest speaker surveys (2) at a 3 or higher **Spring 2021** 100% of students evaluated all field trip/guest speaker surveys (3) at a 3 or higher **Fall 2021** No guest speakers or field trips were included in the Fall 2021 semester.	Continue to provide field trip & guest speaker surveys to students and evaluate. **Spring 2020** Continue to provide field trip & guest speaker surveys to students and evaluate. **Fall 2020** Perkins no longer requires field trip/guest speaker surveys. We are considering creating a simple Likert scale survey within the course shell to replace the paper Perkins form. **Spring 2021** Continue to survey guest speakers but may consider changing survey format. **Fall 2021** Plan to update field trip and guest speaker survey to align with other

					clinical and course type surveys.
3. Articulation Agreements with select universities	Students will utilize articulation agreements to advance their education.	May of each year/ Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team	3. Review student follow-up surveys to identify students attending these schools	**Spring 2018** 3. At this time no formal method is in place to follow-up with students utilizing the articulation agreements Informal communication indicates at least 2 students are utilizing the articulation with KU. **Spring 2019** 3.No formalized method of tracking students pursuing their BSN from articulation partners currently exists. **Spring 2020** 3. Question added to graduate survey form to track students pursuing their BSN from an articulation partner **December 2020** 3. Barton transitioned the graduate survey from paper to online. Response rate at the ADN level has dropped to about 25%. **February 2021**	**Spring 2018** 3. Explore methods of formalizing a process of follow-up (i.e. KK communicating with sites, student contact); Established new agreements with Columbia College, Columbia, MO and FHSU, Hays, KS **Spring 2019** 3. Explore adding tracking questions to graduate survey form. **Spring 2020** 3. Gather data when graduate survey is sent in Fall 2020 **December 2020** Brenda and Ashlie have sent out additional reminders to graduates requesting that they complete the survey. Response remains low so the plan is to

				Results of Data Collection and Analysis	Actions
				After sending paper survey in mail, had final return of 8/17 (47%) **Spring 2021** Maintained previous articulation agreements and conducted meetings with Grantham University and Bethel College. 2/17 (11.7%) students are currently enrolled in a BSN program.	also send a paper survey to graduates. **Spring 2021** Will continue to maintain articulation agreements and pursue completion of agreements with Grantham and Bethel.

CRITERION 1.5 – The nursing education unit is administered by a nurse who holds a graduate degree with a major in nursing.

PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement	Frequency of Assessment/ Responsibility	Assessment Method/s	Results of Data Collection and Analysis Including actual level/s of achievement	Actions For program development, Maintenance or Revision
1. KSBN & ACEN requirements for Director of Nursing Program 2. KSBN licensure verification	Nurse Administrator will meet the requirements/ qualifications of KSBN, ACEN. Executive Director holds a minimum of a Master's degree with a major in Nursing.	Upon hire of Director Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team	Review: * KSBN requirements * ACEN requirements * Credentials of current ED/Director HR will verify that the official transcript is on file documenting the degree.	**Spring 2018** No change **Spring 2019** No change **Spring 2020** No change **Spring 2021**	**Spring 2018** No change **Spring 2019** No change **Spring 2020** New DON will be coming on board June 1, 2020. All requirements met.

				The new director meets the KSBN & ACEN requirements and holds a valid Kansas license.	

CRITERION 1.6 – The nurse administrator is experientially qualified, meets governing organization and state requirements, and is oriented and mentored to the role.

PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement	Frequency of Assessment/ Responsibility	Assessment Method/s	Results of Data Collection and Analysis Including actual level/s of achievement	Actions For program development, Maintenance or Revision
BCC Requirements KSBN Requirements ACEN Requirements BCC Job Description	Nurse Administrator will meet the requirements/ qualifications of KSBN, ACEN. A newly appointed Nurse Administrator will be mentored and oriented to the role both at BCC and through KCADNE and KCPNE.	Annually in July review KSBN and ACEN requirements to identify changes. Upon hire Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team	Review criteria of: KSBN ACEN BCC BCC Job Description Documentation of Activities of Nurse Administrator	**Spring 2018** No change **Spring 2019** No change **Spring 2020** No change **Fall 2020** New director was assigned Deb Hackler from Hutchinson CC as mentor through KCADNE. Regular meetings with Dr.	**Spring 2018**Continue to review KSBN and ACEN requirements **Spring 2019** Continue to review KSBN and ACEN requirements **Spring 2020** Mentor assigned through KCADNE and KCPNE. Former DON still on campus for mentoring.

				Kottas for orientation to BCC director role.	

CRITERION 1.7 – When present, nursing program coordinators and/or faculty who assist with program administration are academically and experientially qualified.

PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement	Frequency of Assessment/ Responsibility	Assessment Method/s	Results of Data Collection and Analysis Including actual level/s of achievement	Actions For program development, Maintenance or Revision
BCC Job Description KSBN Requirements ACEN Requirements Coord/ADON Credentials	Nursing program coordinators will meet the qualifications of KSBN, ACEN and BCC	Upon hire and/or with change of position Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team	Review criteria of: KSBN ACEN BCC Employee Credentials	**Spring 2018** Part-time ADON currently in place. **Fall 2018** Full-time ADON/Simulation Coordinator hired – MN in nursing education and 29 year's experience in nursing education Attended Mountain Measurement **Spring 2019** No change **Spring 2020** No change **Spring 2021** BG submitted letter of retirement effective August 31, 2021.	**Spring 2018** Continue to review KSBN, ACEN and BCC criteria and credentials **Fall 2018** Continue to review KSBN, ACEN and BCC criteria and credentials **Spring 2019** Continue to review KSBN, ACEN and BCC criteria and credentials **Spring 2020** Continue current plan.

				Spring 2021 Will begin search for a new assistant director of nursing.

CRITERION 1.8 – The nurse administrator has authority and responsibility for the development and administration of the program and has sufficient time and resources to fulfill the role responsibilities.

PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement	Frequency of Assessment/ Responsibility	Assessment Method/s	Results of Data Collection and Analysis Including actual level/s of achievement	Actions For program development, Maintenance or Revision
Job Description	The nurse administrator will have the authority and responsibility for the development and administration of the program. The nurse administrator will agree there is adequate time and resources to fulfill the role responsibilities.	Annually in May/ Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team	Review calendar of activities; Review project list of nurse administrator Review of nurse administrator job description Review duties and responsibilities for the Nurse administrator	**May 2018** There have been many time constrictions during the 2017-18 school year due to vacant secretary position, and vacant Dean of WTCE positon. **May 2019** A department secretary was hired in July 2018. ADON position remains filled and very valuable asset to ED and nursing program. **May 2020** Nurse administrator has authority for program operations and with the addition of the program secretary has time for	**May 2018** Hire new department Secretary; Continue to utilize ADON position. **July 2018** New department secretary hired. **May 2019** All positions within the Nursing department are filled. College search continues for Dean of WTCE. **May 2020** With the change in the ED to DONE, now becomes a single program responsibility and manageable with

				program management.	resources and responsibility.
				May 2021 The nursing department secretary position is currently vacant. This vacancy has caused time constrictions during this time.	**May 2021** Search continues for an new department secretary.

CRITERION 1.9 – The nurse administrator has the authority to prepare and administer the program budget with faculty input.

PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement	Frequency of Assessment/ Responsibility	Assessment Method/s	Results of Data Collection and Analysis Including actual level/s of achievement	Actions For program development, Maintenance or Revision
Job Description Nursing program budget College budget process	The director of nursing job description supports that the nurse administrator prepares and administer the program budget.	Review upon job description updates and/or upon new hire Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team	Review faculty meeting minutes; Review faculty "Wish List"; Review ED budget records Review nurse administrator job description.	**May 2018** ELA changed 1. ED job description. 2. Faculty have input. **May 2019** Determined assessment of director of nursing job description was not needed annually and did not require faculty vote. **May 2020** Job description supports management of program budget.	**May 2018** Continue as established and with current plan. **May 2019** Adjusted job description ELA wording and frequency of assessment. 100% of faculty agree with current changes. **May 2020** Starting in Fall 2020, the job description

				May 2021 Job description supports management of the program budget.	has been changed to Director of Nursing and is a single program focus.

	100% of faculty agree that they have input in the program budget.	Annually in May/ Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team	Evidence of faculty input into budget, by review of faculty meeting minutes.	**May 2018** 100% (4/4) of faculty agree they have input in the program budget.	**May 2018** Continue to survey faculty regarding their opportunity for input in the program budget.
				May 2019 100% (4/4) of faculty agree they have input in the program budget	**May 2019** Continue to survey faculty regarding their opportunity for input in the program budget.
				May 2020 100% (3/3) of faculty agree they have input in the program budget	**May 2020** Continue to survey faculty regarding their opportunity for input in the program budget.
				May 2021 100% (2/2) of faculty agree they have input in the program budget	**May 2021** Continue to survey faculty regarding their opportunity for input in the program budget.

CRITERION 1.10 – Policies for nursing faculty and staff are comprehensive, provide for the welfare of faculty and staff, and are
consistent with those of the governing organization; differences are justified by the purpose and outcomes of the
nursing program.

PLAN	IMPLEMENTATION

Component	Expected Level of Achievement	Frequency of Assessment/ Responsibility	Assessment Method/s	Results of Data Collection and Analysis Including actual level/s of achievement	Actions For program development, Maintenance or Revision
Nursing department policies BCC policies and procedures Nursing faculty handbook

Nursing Simulation Lab Policies and Procedures Manual | 80% of the faculty agree that the policies of the nursing department will be consistent with the policies of the college, unless justified by the nature of the nursing department and reviewed/approved by the nursing faculty. | Annually in May & as needed with policy/procedure changes/ Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team

<mark>Bi-annually in December starting in 2022 or as needed.</mark> | Review of the following materials by faculty committee: *Faculty Handbook *Nursing Faculty Handbook *BCC Faculty Policies & Procedures Nursing Simulation Lab Policies and Procedures Manual

Faculty receive a copy of updated policies from HR regularly by email and can look for inconsistencies. | **May 2018** BCC Nursing Student Handbook reviewed and updated as needed. 100% agree that nursing student/program policies are consistent with college policies or are justified by nature of the nursing unit. ELA met (i.e. Background check, CPR, immunizations, etc.)

May 2019 BCC Nursing Student Handbook reviewed and updated as needed. 100% agree that nursing student/program policies are consistent with college policies or are justified by nature of the nursing unit. ELA met (i.e. Background check, CPR, immunizations, etc.)

May 2020 BCC Nursing Student Handbook reviewed | **May 2018** Continue with annual review of policies and procedures at May faculty retreat.

May 2019 Continue with annual review of policies and procedures at May faculty retreat.

May 2020 Continue with annual review of policies and procedures at May faculty retreat. |

				and updated as needed. 100% (3/3) agree that nursing student/program policies are consistent with college policies or are justified by nature of the nursing unit. ELA met (i.e. Background check, CPR, immunizations, etc.) **May 2021** BCC Nursing Student Handbook reviewed and updated as needed. 100% (2/2) agree that nursing student/program policies are consistent with college policies or are justified by nature of the nursing unit. ELA met (i.e. Background check, CPR, immunizations, blood borne pathogen training, etc.)	**May 2021** Continue with annual review of policies and procedures at May faculty retreat.

CRITERION 1.11 – Distance education, when utilized, is congruent with the mission of the governing organization and the mission/philosophy of the nursing education unit.	
PLAN	IMPLEMENTATION

Component	Expected Level of Achievement	Frequency of Assessment/ Responsibility	Assessment Method/s	Results of Data Collection and Analysis Including actual level/s of achievement	Actions For program development, Maintenance or Revision
		<mark>May 2022 will need to revise for Pratt location.</mark>			**May 2018** No nursing classes are taught online. Students do use the Learning management system to turn in assignments and view grades. The LMS utilized is one used by the entire BCC organization. The nursing program utilizes the mission and philosophy of BCC for online education. **May 2019** No nursing classes are taught online. Students do use the Learning management system to turn in assignments and view grades. The LMS utilized is one used by the entire BCC organization. The nursing program utilizes the mission and philosophy of

| | | | | | BCC for online education.

May 2020
No nursing classes are taught online. Students do use the Learning management system to turn in assignments and view grades. The LMS utilized is one used by the entire BCC organization. The nursing program utilizes the mission and philosophy of BCC for online education.

May 2021
Students use the LMS to turn in assignments and view grades. The LMS utilized is the one used by the entire BCC organization. During the fall semester, classes were delivered in a synchronous format to some students who were in COVID-19 quarantine. |

STANDARD 2: FACULTY AND STAFF
Qualified and credentialed faculty are sufficient in number to ensure the achievement of the end-of-program student

learning outcomes and program outcomes. Sufficient and qualified staff are available to support the nursing program.

Full- and part-time faculty include those individuals teaching and/or evaluating students in didactic, clinical, and/or laboratory settings.

CRITERION 2.1 - Full-time nursing faculty hold educational qualifications and experience as required by the governing organization, the state, and the governing organization's accrediting agency, and are qualified to teach the assigned nursing courses.					
PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement	Frequency of Assessment/ Responsibility	Assessment Method/s	Results of Data Collection and Analysis Including actual level/s of achievement	Actions For program development, Maintenance or Revision
Vitae of Faculty

Job Description

KSBN Nursing License Verification Database
Faculty Transcripts

FQR for KSBN

Faculty Degree Plans for KSBN | 100% of full-time nursing faculty at the ADN level will:
• Refer to Kansas Nurse Practice Act 60-2-103, 4B & 4C | At the time of hire (Upon credential appointment)
Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team | Review faculty file Review faculty transcripts Review faculty FQR and degree plans Nurse Administrator verifies that official transcripts with degree posted are on file in HR. | **May 2018** No new hires for 2017-18

2018-2019 One new nursing faculty hired. One faculty from PN program moved to ADN program. **2019-2020** No new hires for 2019-20. **2020-2021** No new hires for 2019-20.

Fall 2021 Kendra Barker hired in August - holds an MSN, a valid KS nursing license, and | **May 2018** Continue with current plan for any new faculty hires. **2018-2019** All faculty positions filled

2019-20 All faculty positions filled.

2020-2021 All faculty positions filled |

				the FQR was submitted to KSBN	

CRITERION 2.2 – Part-time nursing faculty hold educational qualifications and experience as required by the governing organization, the state, and the governing organization's accrediting agency, and are qualified to teach the assigned nursing courses.

PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement	Frequency of Assessment/ Responsibility	Assessment Method/s	Results of Data Collection and Analysis Including actual level/s of achievement	Actions For program development, Maintenance or Revision
Vitae of Faculty Job Description KSBN Nursing License Verification Database Faculty Transcripts FQR for KSBN Faculty Degree Plans for KSBN	100% of part-time nursing faculty at the ADN level will: • Refer to Kansas Nurse Practice Act 60-2-103, 4B & 4C	At the time of hire (Upon credential appointment) Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team	Review faculty file Review faculty transcripts Review faculty FQR and degree plans Nurse Administrator verifies that official transcripts with degree posted are on file in HR.	**May 2018** No new hires for 2017-18. **2018-2019** Susan Bauer transitioned from FT faculty to PT faculty. ELA met. SB holds a MSN. **2019-2020** No new hires for 2019-20 **2020-2021** Kayla hired and helped with a Mat Child. She will not be evaluating ADN students due to lack of MSN. Received resignation from Susan Bauer, RN.	**May 2018** Continue with current plan for any new faculty hires. **2018-2019** Continue with current plan for any new faculty hires. **2019-20** Continue with current plan for any new faculty hires. **2020-2021** Continue with current plan for any new faculty hires.

CRITERION 2.3 – Non-nurse faculty teaching nursing courses hold educational qualifications and experience as required by the governing organization, the state, and the governing organizations accrediting agency, and are qualified to teach the assigned nursing courses.

PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement	Frequency of Assessment/ Responsibility	Assessment Method/s	Results of Data Collection and Analysis Including actual level/s of achievement	Actions For program development, Maintenance or Revision
FQR Job Description – BCC KSBN Requirements – Nurse Practice Act	100% of non-nurse faculty met BCC & KSBN requirements for teaching nursing courses.	At the time of hire (Upon credential appointment) Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team	Completed FQR	**May 2018** No new hires in this area. **May 2019** No new hires in this area **2019-2020** No new hires in this area **2020-2021** No new hires in this area	**May 2018** Continue with current plan for any new faculty hires. **May 2019** Continue with current plan for any new faculty hires. **2019-20** Continue with current plan for any new faculty hires. **2020-2021** Continue with current plan for any new faculty hires.

CRITERION 2.4 – Preceptors, when utilized, are academically and experientially qualified, oriented, mentored and monitored, and have clearly documented roles and responsibilities.

PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement	Frequency of Assessment/ Responsibility	Assessment Method/s	Results of Data Collection and Analysis Including actual level/s of achievement	Actions For program development, Maintenance or Revision
Preceptor notebooks -Qualification sheet (PQR) -KSBN License Verification Communication/Contact Records -Preceptor roles and responsibilities sheet. - Preceptor Orientation -Student Preceptor Forms	1. 100% of preceptors will receive documentation of their roles and responsibilities.	Beginning of every semester – Faculty Team	PQR Orientation packet Communication/ Contact records Job Description/Roles & Responsibilities Review student evaluations from preceptors Clinical Preceptor Evaluation Form	**August 2017** 1.100% of preceptors received documentation of role. Documentation can be found in Preceptor notebooks in Nursing office. **January 2018** 1. 100% of preceptors received documentation of role. Documentation can be found in Preceptor notebooks in Nursing office. **August 2018** 1. 100% of preceptors received documentation of role. Documentation can be found in Preceptor notebooks in Nursing office. **January 2019** 1. 100% of preceptors received documentation of role. Documentation can be found in	Every semester, nursing faculty review preceptors and clinical plans and schedule an orientation session at each clinical facility utilizing preceptors. All preceptors are presented with roles, responsibilities, clinical expectations, qualification requirements and BCC program and instructor information. Documentation notebooks are kept in the nursing office with all documentation and updated materials.

				Preceptor notebooks in Nursing office. **August 2019** 1. 100% of preceptors received documentation of role. Documentation can be found in Preceptor notebooks in Nursing office. **January 2020** 1. 100% of preceptors received document-ation of the role. Documentation can be found in preceptor notebooks in the Nursing office. **August 2020** 1. 100% of preceptors received documentation of role. Documentation can be found in Preceptor notebooks in Nursing office. **January 2021** 1. 100% of preceptors received document-ation of the role & responsibilities. Documentation can be found in the preceptor notebooks in the Nursing office. **August/Sept 2021** 1. 100% of preceptors received	

				document-ation of the role & responsibilities. Documentation can be found in the preceptor notebooks in the Nursing office.	
	2. 100% of preceptors will be academically and experientially qualified commensurate with their roles and responsibilities.			**August 2017** 2. 100% of preceptors academic and experience (PQR) were reviewed and on file in Preceptor notebooks in Nursing office. **January 2018** 2. 100% of preceptors academic and experience (PQR) were reviewed and on file in Preceptor notebooks in Nursing office. **August 2018** 2. 100% of preceptors academic and experience (PQR) were reviewed and on file in Preceptor notebooks in Nursing office. **January 2019** 2. 100% of preceptors academic and experience (PQR) were reviewed and on file in	**August 2019** 2. PQRs will be completed for all preceptors in academic year of 2020-2021 (5-year rotation).

				Preceptor notebooks in Nursing office. **August 2019** 2. 100% of preceptors academic and experience (PQR) were reviewed and on file in Preceptor notebooks in Nursing office. **January 2020** 2. 100% of preceptors academic and experience (PQR) were reviewed and on file in Preceptor notebooks in Nursing office. **August 2020** 2. 100% of preceptors academic and experience (PQR) were updated and filed in Preceptor notebooks in Nursing office. **January 2021** 2. 100% of preceptors academic and experience (PQR) were reviewed and on file in Preceptor notebooks in Nursing office. All preceptors completed new PQRs this academic year (2020-2021) **August 2021**	**August 2020** 2. PQRs will be completed for all preceptors in academic year of 2020-2021 (5-year rotation). Faculty will continue to orient and mentor preceptors as per policy.

				2. 100% of preceptors academic and experience (PQR) were reviewed and on file in Preceptor notebooks in Nursing office.	
3. 100% of preceptors will be mentored and oriented by an assigned faculty member				**August 2017** 3. 100% of preceptors were oriented at the beginning of the rotation. Faculty make regular mentoring contact. (Team reviewed Faculty contact notes.) **January 2018** 3. 100% of preceptors were oriented at the beginning of the rotation. Faculty make regular mentoring contact. (Team reviewed Faculty contact notes.) **August 2018** 3. 100% of preceptors were oriented at the beginning of the rotation. Faculty make regular mentoring contact. (Team reviewed	

				Faculty contact notes.) **January 2019** 3. 100% of preceptors were oriented at the beginning of the rotation. Faculty make regular mentoring contact. (Team reviewed Faculty contact notes.) **August 2019** 3. 100% of preceptors were oriented at the beginning of the rotation. Faculty make regular mentoring contact. (Team reviewed Faculty contact notes.) **January 2020** (and April 2020 for Ellinwood make-up clinical site) 3. 100% of preceptors were oriented at the beginning of the rotation. Faculty make regular mentoring contact. (Team reviewed Faculty contact notes.) **August 2020** 3. 100% of preceptors were	Faculty will continue to monitor preceptors per policy.

				oriented at the beginning of the rotation. Faculty make regular mentoring contact. (Team reviewed Faculty contact notes.) **January 2021** 3. 100% of preceptors were oriented at the beginning of the rotation. Faculty make regular mentoring contact. (Team reviewed Faculty contact notes.) **August 2021** 3. 100% of preceptors were oriented at the beginning of the rotation. Faculty make regular mentoring contact. (Team reviewed Faculty contact notes.)	
	4. 100% of preceptors will be monitored by an assigned faculty member.			**August 2017** 4. All preceptors are monitored by faculty assigned to course. (Faculty contact notes) **January 2018** 4. All preceptors are monitored by faculty	

				assigned to course. (Faculty contact notes)
				August 2018 4. All preceptors are monitored by faculty assigned to course. (Faculty contact notes)
				January 2019 4. All preceptors are monitored by faculty assigned to course. (Faculty contact notes)
				August 2019 4. All preceptors are monitored by faculty assigned to course. (Faculty contact notes)
				January 2020 4. All preceptors are monitored by faculty assigned to course. (Faculty contact notes)
				August 2020 4. All preceptors are monitored by faculty assigned to course. (Faculty contact notes)
				January 2021 4. All preceptors are monitored by faculty

				assigned to course. (Faculty contact notes) **August 2021** 4. All preceptors are monitored by faculty assigned to course. (Faculty contact notes)	
	5. 75% of students will rate clinical preceptors at 3 or higher			**December 2017** 5. At least 75% of students rated clinical preceptor at 3 or higher. **May 2018** 5. At least 75% of students rated clinical preceptor at 3 or higher with the exception of: <75% - 4 preceptors at HMC <75% - 1 preceptor at GBRH **December 2018** 5. One SRHC preceptor received 0% satisfactory rating by the only student who went with the preceptor. Not enough data to address issues. **May 2019** 5. At least 75% of students rated clinical	**May 2018** Evaluate continued use of these preceptors. **May 2019** In January 2019, changed HMC from a preceptor experience to a BCC instructor on site with students.

				preceptor at 3 or higher with the exception of: <75% - 1 preceptor at RCDH **December 2019** 5. At least 75% of students rated clinical preceptor at 3 or higher. **May 2020** 5. At least 75% of students rated clinical preceptor at 3 or higher with the exception of: 66.6% - 1 preceptor at TUKHS-HS (Courtney Burger only precepted 3 students). **December 2020** 5. At least 75% of students rated clinical preceptors at 3 or higher. **May 2021** 5. At least 75% of students rated clinical preceptor at 3 or higher (UKHS-ER and St. Francis) **December 2021** 5. <mark>At least 75% of students rated clinical</mark>	**May 2020** Will monitor trended data at TUKHS-GB ER again in Spring 2021. **May 2021** Courtney did not precept this year in MSIV. **December 2021** Phylleicia Clawson, Rhonda Green and Lindsey Schartz both received poor or very poor scores at TUKHS OP Infusion experience. Faculty given paper copy of student comments.

				preceptors ==satisfactory (3) or better.==	

CRITERION 2.5 – The number of full-time faculty is sufficient to ensure that the end-of-program student learning outcomes and program outcomes are achieved

PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement	Frequency of Assessment/ Responsibility	Assessment Method/s	Results of Data Collection and Analysis Including actual level/s of achievement	Actions For program development, Maintenance or Revision
Kansas Nurse Practice Act (KNPA) Class & clinical schedule Contact hour sheets	BCC nursing program adheres to a maximum 1:10 student ratio for all clinical experiences to ensure faculty is sufficient for student achievement of SLO's and PO's. (Per KNPA)	Annually, in May at Spring Faculty Retreat Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team	Review Nurse Practice Act Review Schedule & Assignments Review Faculty/Student contact hours Review Contact hour Sheet Nursing faculty minutes	**May 2018** Per student/clinical schedule, BCC nursing program adhered to maximum 1:10 student to instructor ratio. ELA met. **May 2019** Per student/clinical schedule, BCC nursing program adhered to maximum 1:10 student to instructor ratio. ELA met. **May 2020** Per student/clinical schedule, BCC	**May 2018** Continue to monitor for compliance. **May 2019** Continue to monitor for compliance. **May 2020** Continue to monitor for compliance. **May 2021**

				nursing program adhered to maximum 1:10 student to instructor ratio. ELA met. **May 2021** Per student/clinical schedule, BCC nursing program adhered to maximum 1:10 student to instructor ratio. ELA met.	Continue to monitor for compliance.

CRITERION 2.6 – Faculty (full-and part-time) maintain expertise in their areas of responsibility, and their performance reflects

scholarship and evidence-based teaching and clinical practices.

PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement	Frequency of Assessment/ Responsibility	Assessment Method/s	Results of Data Collection and Analysis Including actual level/s of achievement	Actions For program development, Maintenance or Revision
Faculty Assignments Faculty Files Course Clinical Schedules	1. Each Faculty member will attend a National conference at least every other year	Annually in May at Nursing Faculty Retreat Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team	Review of Perkins funded meetings Review clinical schedule Review faculty continuing education records	**May 2018** 1.All BCC nursing faculty attended Nurse Educator Conference in Branson, MO, April 2018. ELA met. **May 2019** 1. JL to Iggy's Boot Camp for Nurse Educators in Summer	**May 2018** Continue faculty attendance at National conference every other year. **May 2019** Continue faculty attendance at

			Review of faculty files and licensure verification with KSBN.	2018; KB & SS to SUN conference in Fall 2018; JL to NSNA conference in Spring 2019	National conference every other year.
				May 2020 1. JL was scheduled to attend NSNA conference in Spring 2020 but conference was cancelled d/t COVID-19. BG attended the SUN conference in Oct. 2019. BF was scheduled to attend the SUN conference this spring but it was cancelled d/t COVID-19	**May 2020** SS and KB will need to attend a national conference in 2020-2021. Planning on hold d/t COVID-19.
				May 2021 All faculty participated by Zoom in NurseTim Next Gen national conference. JL participated in NSNA annual conference and some NISOD spring virtual conference.	
	2. Faculty will maintain current, unencumbered state RN license			**May 2018** 2. All faculty have current, unencumbered licenses. ELA met.	**May 2018** Continue to evaluate faculty RN license
				May 2019	**May 2019** Continue to evaluate faculty RN license.

				2. All faculty have current, unencumbered licenses. ELA met. **May 2020** **2.** All faculty have current, unencumbered licenses. ELA met. **May 2021** **2.** All faculty have current, unencumbered licenses. ELA met.	**May 2020** Continue to evaluate faculty RN license. **May 2021** Continue to evaluate faculty RN license.
	3. Faculty will participate in clinical component of assigned courses to stay current in clinical areas taught.			**May 2018** 3.All faculty participate in the clinical component of instruction for clinical courses taught. ELA met. **May 2019** 3.All faculty participate in the clinical component of instruction for clinical courses taught. ELA met. **May 2020** 3.All faculty participate in the clinical component of instruction for clinical courses taught. ELA met. **May 2021**	**May 2018** Continue to evaluate faculty participation in clinical component of assigned courses **May 2019** Continue to evaluate faculty participation in clinical component of assigned courses **May 2020** Continue to evaluate faculty participation in clinical component of assigned courses **May 2021**

				3. All faculty participate in the clinical component of instruction for clinical courses taught. ELA met.	Continue to evaluate faculty participation in clinical component of assigned courses

CRITERION 2.7 - The number and qualifications of staff within the nursing education unit are sufficient to support the nursing program.					
PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement	Frequency of Assessment/ Responsibility	Assessment Method/s	Results of Data Collection and Analysis Including actual level/s of achievement	Actions For program development, Maintenance or Revision
Nursing Secretary position IT Staff Division Support Staff Promotions Staff	90% of Nursing faculty agree that there is sufficient support staff to achieve program goals and outcomes.	Annually, in May Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team	Nursing faculty and staff verbal discussion	**May 2018** No secretary since November, 2017. Position has been posted and search continues. **August 2018** New secretary hired in July 2018. Brenda began role as sim lab coordinator. **May 2019** 100% (4/4) ADN faculty agree that there are sufficient support staff to support program goals and outcomes. **May 2020**	**May 2018** Review applications and interview and hire new Nursing Secretary position. **May 2019** Support staff positions filled. **May 2020**

| | | | | 100% (3/3) ADN faculty agree that there are sufficient support staff to support program goals and outcomes.

May 2021
Currently, secretary position is open. 100% (2/2) Faculty agree that it needs to be filled. | Support staff positions filled.

May 2021
Position has been posted and currently accepting applications. |

CRITERION 2.8 – Faculty (full- and part-time) are oriented and mentored in their areas of responsibility.					
PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement	Frequency of Assessment/ Responsibility	Assessment Method/s	Results of Data Collection and Analysis Including actual level/s of achievement	Actions For program development, Maintenance or Revision
Faculty Orientation notebook Schedule of events Nursing faculty minutes	All new full-time faculty will be oriented and mentored to their areas of responsibilities.	At time of hire and during first year Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team	Review calendar of weekly meetings. -Review orientation check lists -Review nursing faculty minutes	**May 2018** SB continued to be mentored throughout the 2017-18 school year (by JL & SS). **2018 – 2019** Brenda Glendenning & Jill Lawson will mentor Brittany Fanshier	**May 2018** Continue to mentor new FT and PT nursing faculty. **May 2019** Continue to mentor new FT and PT nursing faculty.
	All new part-time faculty will be oriented and mentored to their areas of responsibilities			**August 2017** BG met with D. Carr and T. Post to orient and mentor for upcoming semesters. ELA met. **2018-2019**	

				No new part-time faculty	
					2019-20 Continue to mentor new FT and PT nursing faculty.
				2019-2020 No new part-time faculty	
				2020-2021 Kayla Reeves hired to assist nursing faculty. She will not evaluate students. Orientation is being conducted by RS and BG, and she assisted BF during one simulation.	
				2021-2022 Kendra and Dianna were hired in the fall of 2021. Orientation by KS, RS and course mentor is ongoing. BCC has implemented new onboarding documents.	

CRITERION 2.9 – Faculty (full- and part-time) performance is regularly evaluated in accordance with the governing organization's policy/procedures, and demonstrates effectiveness in assigned area(s) of responsibility.

PLAN				IMPLEMENTATION	

Component	Expected Level of Achievement	Frequency of Assessment/ Responsibility	Assessment Method/s	Results of Data Collection and Analysis	Actions For program development, Maintenance or Revision

				Including actual level/s of achievement	
1. Faculty Performance Evaluation	1. 100% of nursing faculty will have a performance evaluation conducted in accordance with BCC policy.	Annually, or as indicated by BCC policy Nurse Administrator	Evaluation tool -Listing of course, activities and scholarship -Review of faculty files -Review of clinical schedule to show faculty clinical expertise	**May 2018** 1. KB, BG, SB received a performance evaluation, per BCC policy, completed by ED of Nursing. Final evaluation copies on file in HR. **May 2019** 1.KB, SS, BF received a performance evaluation, per BCC policy, completed by ED of Nursing. Final evaluation copies on file in HR	**May 2018** Continue to perform faculty evaluations per BCC policy. **May 2019** Continue to perform faculty evaluations per BCC policy.
				December 2019 1. BF, KS, JL received a performance evaluation, per BCC policy, completed by ED of Nursing. Final evaluation copies on file in HR. **May 2020** 1. BF, KS, SS received a performance evaluation, per BCC policy, completed by ED of Nursing. Final evaluation copies on file in HR.	**May 2020** Continue to perform faculty evaluations per BCC policy.

				May 2021 BF, KS, MS, DM received a performance evaluation, per BCC policy completed by DON. Final evaluations are in Agile.	
2. Faculty Professional Development Plan	2. 100% of Faculty Submit evidence of activities related to scholarship, service and professional activities annually.	At the end of fall and spring semester	Review file in G Drive>Nursing >Faculty Meeting Attendance and Faculty-Continuing Education	**December 2017** 2. All nursing faculty keep documentation of professional development, scholarship and activities on file in G: drive – Nursing.	**December 2017** Continue to have faculty update Vitae and professional development activities in G: drive – Nursing file.
				May 2018 2. All nursing faculty keep documentation of professional development, scholarship and activities on file in G: drive – Nursing.	**May 2018** Continue to have faculty update Vitae and professional development activities in G: drive – Nursing file.
				December 2018 2. All nursing faculty keep documentation of professional development, scholarship and activities on file in G: drive – Nursing.	**December 2018** Continue to have faculty update Vitae and professional development activities in G: drive – Nursing file.
				May 2019 2. All nursing faculty keep documentation	**May 2019** Continue to have faculty update Vitae

				of professional development, scholarship and activities on file in G: drive – Nursing.	and professional development activities in G: drive – Nursing file.
				December 2019 2. All nursing faculty keep documentation of professional development, scholarship and activities on file in G: drive – Nursing.	**December 2019** Continue to have faculty update Vitae and professional development activities in G: drive – Nursing file.
				May 2020 2. All nursing faculty keep documentation of professional development, scholarship and activities on file in G: drive – Nursing. Kara and Shannon have not updated this.	**May 2020** Kara and Shannon will update documentation before August 2020.
				December 2020 2. All nursing faculty have been reminded to update documentation related to professional development activities and curriculum vitae.	
				May 2021 2. All nursing faculty keep documentation	

				of professional development, scholarship and activities on file in G: drive – Nursing. **December 2021** 2. All nursing faculty keep documentation of professional development, scholarship and activities. The BCC Center provides professional development opportunities for all BCC faculty and provides funding options. The Center also has created a database for recording faculty completed professional development.	**December 2021** Beginning in Oct 2021, faculty will submit professional development report forms to the Center after attending workshops, CNE, etc.
	3. 75% of students will rate clinical faculty at 3 or higher.		Clinical Faculty Evaluation Form	**December 2017** 3. At least 75% of students evaluated clinical faculty at 3 or higher in MS III and MC II **May 2018** 3. At least 75% of students evaluated clinical faculty at 3 or higher in MS IV and MH II. **December 2018**	**December 2017** Continue to analyze student evaluation of clinical faculty **May 2018** Continue to analyze student evaluation of clinical faculty **December 2018**

				3. At least 75% of students evaluated clinical faculty at 3 or higher in MS III and MC II.	Continue to analyze student evaluation of clinical faculty
				May 2019 3. At least 75% of students evaluated clinical faculty at 3 or higher in MS IV and MH II.	**May 2019** Continue to analyze student evaluation of clinical faculty
				December 2019 3. At least 75% of students evaluated clinical faculty at 3 or higher in MSIII with the exception of 1 faculty member received 73% on criterion of "students felt comfortable asking clinical faculty questions and for help." At least 75% of students evaluated clinical faculty at 3 or higher in MCII.	**December 2019** No issue noted during previous academic year. Instructor rounds on students hourly to offer assistance and assess for student needs. Continue to offer students support and encourage questions. Continue to analyze student evaluation of clinical faculty.
				May 2020 3. At least 75% of students evaluated clinical faculty at 3 or higher in MS IV and MH II.	**May 2020** Continue to analyze student evaluation of clinical faculty
				December 2020 3. At least 75% of students evaluated clinical faculty at 3 or	

				higher in MS III and MC II.	
				May 2021 3. At least 75% of students evaluated clinical faculty at 3 or higher in MS IV and MH II.	**May 2021** Continue to analyze student evaluation of clinical faculty
				December 2021 3. At least 75% of students evaluated clinical faculty at 3 or higher in MS III and MC II.	

CRITERION 2.10 - Faculty (full- and part-time) engage in ongoing development and receive support for instructional and distance technologies.

PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement	Frequency of Assessment/ Responsibility	Assessment Method/s	Results of Data Collection and Analysis Including actual level/s of achievement	Actions For program development, Maintenance or Revision
Faculty Development File on G:drive CEU certificates	Faculty are expected to participate in 3 professional development activities each year	Annually Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team	Completion of yearly faculty professional development documentation Completion of NurseTim faculty development activities assigned by ED. Tracking in NurseTim system.	**May 2018** *KCADNE Fall Forum 10/26-27/17 *NurseTim- 8/28/17-INACSL 1 9/25/17-INACSL 2 11/20/17- Debrief/ Simulation *C-Map Development **May 2019** 8/30/18 NurseTimNext-Gen	**May 2018** Continue to document professional development activities and CEU's in G:drive. **May 2019**

				Learning on the Fly: Clinical Judgment for all Nursing Students. 9/3/18 Nurse Tim Debriefing in Simulation: The "Nuts and Bolts" 9/10/18 NurseTim Test Blueprints: A Formula for Success 10/25-26/18 KCADNE Fall Forum 12/6/18 NISOD CHEERS! Teaching Strategies 2/15/19 NurseTim NCLEX Update See individual faculty folder in G Drive>Nursing **May 2020** KCADNE Fall Forum October 2019. No NurseTim webinars were assigned this year. Nurse Educator conference in May, 2019: 3 ADN instructors attended. See individual faculty folder in G Drive>Nursing **May 2021** KCADNE Fall Forum October 2020. NurseTim NextGen conference February, 2021.	Continue to document professional development activities and CEU's in G:drive.

				Nurse Educator conference in July 2020: 1 ADN instructor attended. 2021: 1 ADN instructor attended NISOD. See individual faculty folder in G Drive>Nursing **May 2022** The BCC Center now offers technological and instructional support for all BCC faculty. Faculty also attended educator conferences. Matt met with faculty in November. ==Will update with more detail in may.==	

STANDARD 3: STUDENTS
Student policies and services support the achievement of the end-of-program student learning outcomes and program outcomes of the nursing program.

CRITERION 3.1 - Policies for nursing students are congruent with those of the governing organization as well as the state, when applicable, and are publicly accessible, non-discriminatory and consistently applied; differences are justified by the end-of-program student learning outcomes and program outcomes.	
PLAN	IMPLEMENTATION

Component	Expected Level of Achievement	Frequency of Assessment/ Responsibility	Assessment Method/s	Results of Data Collection and Analysis Including actual level/s of achievement	Actions For program development, Maintenance or Revision
Nursing Student Policies Nursing Student Handbook College Student Handbook Course Syllabi	100% of faculty agree that Nursing student policies will remain consistent and congruent with the governing organization policies and are publicly accessible, non-discriminatory and consistently applied. Differences are justified by student learning outcomes and program outcomes.	Annually at Spring Faculty Retreat Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team	Review of BCC student policies and BCC nursing student policies.	**May 2018** ED and faculty have reviewed BCC Student Handbook and Nursing Student Handbook and agree that policies are consistent and congruent. ELA met. **May 2019** ED and faculty have reviewed BCC Student Handbook and Nursing Student Handbook and agree that policies are consistent and congruent. ELA met. **May 2020** ED and faculty have reviewed BCC Student Handbook and Nursing Student Handbook and agree that policies are consistent and congruent. ELA met. **May 2021** ED and faculty have reviewed BCC Student Handbook and Nursing Student Handbook and agree	**May 2018** Continue to review BCC Student Handbook and Nursing Student Handbook for consistency. **May 2019** Continue to review BCC Student Handbook and Nursing Student Handbook for consistency. **May 2020** Continue to review BCC Student Handbook and Nursing Student Handbook for consistency.

				that policies are consistent and congruent. ELA met.	
	All students will receive copy of BCC Student Handbook and BCC Nursing Student Handbook	Annually at beginning of Fall semester Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team	Signed student acknowledgement of receipt and understanding of Nursing student handbook contents.	**August 2017** All students received copy of BCC Handbook and BCC Nursing Student Handbook.	**August 2017** Continue giving a copy of the BCC Handbook and BCC Nursing Student Handbook.
				August 2018 All students received copy of BCC Handbook and BCC Nursing Student Handbook.	**August 2018** Add acknowledgement of receipt of the BCC Handbook onto the BCC Nursing Student Handbook receipt form.
				August 2019 All students received copy of BCC Handbook and BCC Nursing Student Handbook. Students acknowledged receipt of both the BCC Handbook and the BCC Nursing Student Handbook.	**August 2019** Continue giving a copy of the BCC Handbook and BCC Nursing Student Handbook.
				August 2020 All students received copy of BCC Handbook and BCC Nursing Student Handbook.	**August 2020** Continue giving a copy of the BCC Handbook and BCC Nursing Student Handbook.

| | | | | Students acknowledged receipt of both the BCC Handbook and the BCC | |
| | | | | **August 2021** All students received copy of BCC Handbook and BCC Nursing Student Handbook. Students acknowledged receipt of both the BCC Handbook and the BCC | |

CRITERION 3.2 - – Public information is accurate, clear, consistent, and accessible, including the program's accreditation status and the ACEN contact information.

PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement	Frequency of Assessment/ Responsibility	Assessment Method/s	Results of Data Collection and Analysis Including actual level/s of achievement	Actions For program development, Maintenance or Revision
Program Page Website BCC & Nursing Student Handbook Bulletin Board Career Driven Brochure Curriculum Guides	All public information Website, Nursing page, Bulletin Boards, etc.) is accurate, correct and available to students.	Annually or as needed when information changes Nursing Secretary, BCC PR Department, Nurse Administrator, Nursing Program Coordinator,	Review all components for accuracy • Nursing Program Page • BCC Website • BCC Handbook • Nursing Handbook	**March 2018** When official pass rates are published by KSBN, program website information (P.O.'s) are published on website. **June 2018** Posted completion rates and employment rates. ELA met.	**May 2018** Continue current process paying attention to timing for reporting. (Pass rates- report in March (by graduating cohort) with KSBN; Completion rate (report by starting cohort) & Employment rate in

| | | | • Nursing Brochure
• Curriculum Guides. | **June 2019**
Website, Bulletin board, Nursing page reviewed for accuracy and currency.

May 2021
Nursing webpage updated to include application intent form, updated ACEN address, and TEAs test registration. <mark>Need to update student completion data</mark>. | June with graduating cohort)
June 2019
Continue review process in summer to ensure accuracy.
May 2021
BG will contact Samantha Stueder to update information |

CRITERION 3.3 – Changes in policies, procedures and program information are clearly and consistently communicated to students in a timely manner.					
PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement	Frequency of Assessment/ Responsibility	Assessment Method/s	Results of Data Collection and Analysis Including actual level/s of achievement	Actions For program development, Maintenance or Revision
Email receipts Addendum to student handbook Email communication of change through	100% of policy changes are communicated to the students at least one month prior to	Annually at Spring Faculty Retreat Nurse Administrator, Nursing Program Coordinator, and	Student signature page Review of addendums for handbook	**December 2017** updated Testing Policy and Clinical Attire in Lab Policy. Emailed to students	**May 2018** Continue to plan for minimal changes to student policies and

course shell Signature page/receipt	change begin implemented.	Nursing Faculty Team	changes made.	in December. Hard copy given to each student upon start of semester in January. ELA met.	continue to follow current practice.
				December 2018 Updated clinical dress code. Tattoos (inoffensive) on hands and wrists may be uncovered. Hard copy given to each student upon start of semester in January.	**May 2019** Continue to plan for minimal changes to student policies and continue to follow current practice.

January 2020 Hard copy of updated policies given to each student upon start of semester in January. Students acknowledged receipt of addendum. |
| | | | | **December 2019** Updated clinical dress code; Clinical cell phone/electronic device policy; and Assignments.

May 2021 No change was made to student policies during the 2020-2021 academic year. Faculty noted that there is no formal policy for informing students of change in the Nursing Faculty Handbook or Student Handbook. | **May 2021** RS will draft a policy/procedure for review at August Faculty meeting. |

CRITERION 3.4 – Student services are commensurate with the needs of nursing students, including those receiving instruction using alternative methods of delivery.

PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement	Frequency of Assessment/ Responsibility	Assessment Method/s	Results of Data Collection and Analysis Including actual level/s of achievement	Actions For program development, Maintenance or Revision
Follow-up student Survey	80% of students who return surveys will rate student services availability and offerings at a "3" (satisfactory) or higher on follow-up survey.	Annually in the Fall (Dec.) with follow-up student surveys Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team	Review follow-up student surveys from fall/6 months. (This is incorporated into our annual Perkins surveys)	**December 2018** 2018 cohort - 100% (15/15) of those who responded (15/26) rated student services availability and offerings at a "3" (satisfactory) or higher. **December 2019** 2019 cohort – 100% (8/8) of those who responded (8/13) rated student services availability and offerings at a "3" (satisfactory) or higher. Encouraged greater usage of student support services (Penny Zimmerman & Jakki Maser) this semester with	**December 2018** Continue to send follow-up survey to graduates. **December 2019** Continue to send follow-up survey to graduates. **December 2020**

				student reports of usage.	Continue to send follow-up survey to graduates. These surveys are now online and response rates have dropped. Ashlie is sending out email reminders to graduates in an attempt to increase response rates. BG also sent hard copies of the survey to increase response rate.
				December 2020 2020 cohort – 100% (8/8) of those who responded (8/17) rated student services availability and offerings at a "3" (satisfactory) or higher. Encouraged usage of student support services (Penny Zimmerman & Jakki Maser).	
				December 2021 ==2021 cohort – 84% (5/6) of those who responded (6/24) rated student services availability and offerings at a "3" (satisfactory) or higher. Encouraged usage of student support services (Penny Zimmerman & Jakki Maser).==	**December 2021** KS intends to call more students and attempt to obtain more survey results.

CRITERION 3.5 – Student educational records are in compliance with the policies of the governing organization and state and federal guidelines.

PLAN	IMPLEMENTATION

Component	Expected Level of Achievement	Frequency of Assessment/ Responsibility	Assessment Method/s	Results of Data Collection and Analysis Including actual level/s of achievement	Actions For program development, Maintenance or Revision
Federal and State guidelines Student records Governing organization records. FERPA KSBN/NPA guidelines	Student educational records are kept in compliance with BCC policies and state and federal guidelines. All files are in locking file cabinets and kept confidential	Annually Nurse Administrator	Review guidelines: Federal State Governing Organization Meet with Enrollment Services/Registrar	**May 2018** All records are in compliance with state and federal policies. **May 2019** All records are in compliance with state and federal policies. **May 2020** All records are in compliance with state and federal policies **May 2021** Meeting with registrar washeld on 4/28/21. All records are in compliance with state and federal policies.	**May 2018** Continue to evaluate for compliance with storage of student educational records. **May 2019** Continue to evaluate for compliance with storage of student educational records May 2020 Continue to evaluate for compliance with storage of student educational records

CRITERION 3.6 – Compliance with the Higher Education Reauthorization Act Title IV eligibility and certification requirements is maintained, including default rates and the results of financial or compliance audits.	
PLAN	IMPLEMENTATION

Component	Expected Level of Achievement	Frequency of Assessment/ Responsibility	Assessment Method/s	Results of Data Collection and Analysis Including actual level/s of achievement	Actions For program development, Maintenance or Revision
Communicate policy with Financial Aid

Financial Aid visit with Students

BCC Tutorial for Financial Aid | Meet with Director of Financial Aid for compliance on an annual basis. | Annually in the Spring Nurse Administrator | Review communication policy

Review default rates Meet with Director of Financial Aid | **September 2017** Met with Director of Financial Aid.

April 2019 Met with Director of Financial Aid.

March 2020 Met with Director of Financial Aid.

May 2021 Met with Director of Financial Aid 5/27/21. | **May 2018** Continue to meet with Director of FA and encourage FA counseling of nursing students.

May 2019 Continue to meet with Director of FA and encourage FA counseling of nursing students.

March 2020 Continue to meet with Director of FA and encourage FA counseling of nursing students. |
| | BCC will be at or below the national average for Financial Aid default rate. | | | **2017-2018** BCC Default rate is 11.6% (national 3-year average default rate for 2 year public institutions was 18.3%) | **May 2018** Continue to meet with Director of FA and encourage FA counseling of nursing students

May 2019 |

				2018-2019 BCC Default rate is 13.9% (national 3-year average default rate for 2 year public institutions was 16.7%)	Continue to meet with Director of FA and encourage FA counseling of nursing students.
					May 2020 Continue to meet with Director of FA and encourage FA counseling of nursing students.
				2019-2020 BCC Default rate is 12.9% (national 3-year average default rate for 2 year public institutions was 15.9%)	
				2020-2021 BCC Default rate is 15.8% (national 3-year average default for 2 year public institutions was 15.2%)	

CRITERION 3.6.1 – A written, comprehensive student loan repayment program addressing student loan information, counseling, monitoring and cooperation with lenders is available.					
PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement	Frequency of Assessment/ Responsibility	Assessment Method/s	Results of Data Collection and Analysis	Actions For program development, Maintenance or Revision

				Including actual level/s of achievement	
Student Loan Repayment Program FA policies	Students who have loans/FA through BCC will complete BCC counseling and complete paperwork with FA.	Annually in the Spring Nurse Administrator	Meet annually with Director of Financial Aid	**May 2018** This is required of all students before their FA can be dispersed. **May 2019** Verified with director of financial aid that this is required of all students before their FA can be dispersed. **May 2020** Verified with director of financial aid that this is required of all students before their FA can be dispersed. **May 2021** On 5/27/21 met with Financial aid director Myrna Perkins and verified that this is required of all students before their FA can be dispersed.	**May 2018** Continue meeting with Director of Financial Aid confirming students have completed counseling and paperwork. **May 2019** Continue meeting with Director of Financial Aid confirming students have completed counseling and paperwork. **May 2020** Continue meeting with Director of Financial Aid confirming students have completed counseling and paperwork.

CRITERION 3.6.2 – Students are informed of their ethical responsibilities regarding financial assistance.

PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement	Frequency of Assessment/ Responsibility	Assessment Method/s	Results of Data Collection and Analysis	Actions For program development,

Component	Expected Level of Achievement	Frequency of Assessment/ Responsibility	Assessment Method/s	Results of Data Collection and Analysis Including actual level/s of achievement	Actions Maintenance or Revision
Communication policy with Financial Aid

Financial Aid visit with students
BCC tuition for Financial Aid | All students that apply for financial aid at BCC will complete FA tutorial. | Annually in Spring Nurse Administrator | Meet with Director of Financial Aid.

Review BCC catalog, financial aid website and the office of student financial assistance | **May 2018** This is required of all students before their FA can be dispersed

May 2019 Verified with director of financial aid that this is required of all students before their FA can be dispersed.

May 2020 Verified with director of financial aid that this is required of all students before their FA can be dispersed. <mark>May 2021</mark> **Meeting was held on 5/27/21** Verified with director of financial aid that this is required of all students before their FA can be dispersed | **May 2018** Continue meeting with Director of Financial Aid confirming students have completed tutorial. **May 2019** Continue meeting with Director of Financial Aid confirming students have completed counseling and paperwork. **May 2020** Continue meeting with Director of Financial Aid confirming students have completed counseling and paperwork |

CRITERION 3.6.3 – Financial aid records are in compliance with the policies of the governing organization, state, and federal guidelines.					
PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement	Frequency of Assessment/ Responsibility	Assessment Method/s	Results of Data Collection and Analysis Including actual level/s of achievement	Actions For program development, Maintenance or Revision

Who has access to FA records / Who has keys to files / Electronic records are password protected	Financial Aid office adheres to federal and state and organization guidelines in safekeeping of student records.	Annually in Spring Nurse Administrator	Meet with Director of Financial Aid or Financial Aid officers	**May 2018** Reviewed process of records keeping policies of BCC FA office. They adhere to federal and state policies. **May 2019** Reviewed process of records keeping policies of BCC FA office. They adhere to federal and state policies. **May 2020** Reviewed process of records keeping policies of BCC FA office. They adhere to federal and state policies **May 2021** Reviewed process of records keeping policies of BCC FA office. They adhere to federal and state policies. Meeting held 5/27/21	**May 2018** Continue meeting with Director of Financial Aid confirming adherence to federal, state and organization guidelines in safe keeping of student records. **May 2019** Continue meeting with Director of Financial Aid confirming adherence to federal, state and organization guidelines in safe keeping of student records. May 2020 Continue meeting with Director of Financial Aid confirming adherence to federal, state and organization guidelines in safe keeping of student records.

CRITERION 3.7 – Records reflect that program complaints and grievances receive due process and include evidence of resolution.

PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement	Frequency of Assessment/ Responsibility	Assessment Method/s	Results of Data Collection and Analysis Including actual level/s of achievement	Actions For program development, Maintenance or Revision
Record of complaints or grievances in Vice Presidents office File for grievances BCC Nursing Student Handbook BCC Student Handbook	All student grievances or program complaints will receive due process with evidence of resolution either through the Nursing Department, WTCE Dean or the BCC VP office	Evaluated at time of incident Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team	Review of student complaints and grievances within the Vice President's office and Nurse Administrator's office. Review grievance policy and procedure for BCC	**May 2018** No grievances filed in the 2017-18 school year. **May 2019** No grievances were filed in the 2018-19 school year. **May 2020** One grievance was filed in May 2020. BCC Problem Resolution process followed. Paperwork filed in DON office and in VP of Instructions office. **May 2021** No grievances were filed in the 2020-21 school year.	**May 2018** Continue to monitor/review any grievances. **May 2019** Continue to monitor/review any grievances. **May 2020** Continue to monitor/review any grievances

CRITERION 3.8 – Orientation to technology is provided, and technological support is available to students.					
PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement	Frequency of Assessment/ Responsibility	Assessment Method/s	Results of Data Collection and Analysis	Actions For program development,

				Including actual level/s of achievement	Maintenance or Revision
Course orientation Clinical orientation Classroom orientation Online resources Orientation/Tutorial Course schedule LRC orientation	All students have the opportunity to receive orientation to technology needed for each course and clinical site.	Annually in August Nursing faculty team	Course schedule Return demonstrations Evaluation of students' ability to utilize electronic charting and to navigate EMR. (evaluation tool)	**August 2017** All students oriented to Paragon, Meditech, EHR Tutor, Canvas Course shells/LMS. **Dec 2018** Faculty identified low levels of students' technological competence which increased student stress levels and impacted successful submission of assignments early in the fall semester. **May 2019** Continued discussion of implementation of technological orientation for students. **August 2019** Implemented 1.5 hours of technological orientation. Survey was conducted with at least 75% rated as satisfactory or greater for all survey criteria. Limitations included not enough time to cover all topics for transitions students,	**August 2017** Continue current orientation practices. **Dec 2018** Plan to implement a 1.5 hour technology orientation during the first week of school in the fall. Include both levels. **May 2019** 1.5 hours of technological orientation has been scheduled for first week of fall courses. **December 2019** Schedule 2 hours for technological orientation in Fall 2020. Provide additional instruction to students during spring welcome and in summer packet regarding having resources available for use by 2nd day of class. Have a second faculty

				not all students had purchased required resources, and issues with student personal computers.	member available during orientation to help trouble shoot devices. Consider a second "refresher" orientation during 2nd or 3rd week of class.
				May 2020 Spring Welcome was cancelled this year d/t COVID-19. Therefore, students will receive a summer letter detailing requirement to have required textbooks and EHR tutor by 2nd day of class. The MS, Mental Health, and RN leadership course shells include a Canvas and Technical Help module with detailed instructions related to technology. **December 2020** Implemented a 2.5 hour technology orientation in the first week of fall semester. Survey results: At least 75% were rated as satisfactory or greater for all survey criteria. All students were orientated to each clinical sites' EHR system.	**May 2020** After further review, scheduled 2.5 hours for fall technology orientation.

				May 2020-2021 Students will receive a summer letter detailing requirement to have required textbooks and EHR tutor by 2nd day of class. The MS, Mental Health, and RN leadership course shells include a Canvas and Technical Help module with detailed instructions related to technology. December 2021 Continued technology orientation in the first week of fall semester. Survey results: 100% were rated as satisfactory or greater for all survey criteria. All students were orientated to each clinical sites' EHR system.	

CRITERION 3.9 – Information related to technology requirements and policies specific to distance education are accurate, clear, consistent and accessible.					
PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement	Frequency of Assessment/ Responsibility	Assessment Method/s	Results of Data Collection and Analysis	Actions For program development,

				Including actual level/s of achievement	Maintenance or Revision
LMS – Canvas	All students have the opportunity to receive orientation to the LMS technology needed for each course and clinical site.	Annually in August Nursing faculty team	Hold dedicated orientation sessions on LMS and technology (per student schedule)	**August 2017** Students are oriented to Canvas/LMS used for courses on BCC campus. **August 2018** Students are oriented to Canvas/LMS used for courses on BCC campus. **Dec 2018** faculty identified low levels of students' technological competence which increased student stress levels and impacted successful submission of assignments early in the fall semester. **May 2019** Continued discussion of implementation of technological orientation for students. **August 2019** Canvas LMS orientation completed during technological	**August 2017** Continue current practices to orient students. **Dec 2018** Plan to implement a 1.5 hour technology orientation during the first week of school in the fall. Include both levels. **May 2019** 1.5 hours of technological orientation has been scheduled for first week of fall courses. **December 2019** Refer to action plan in criterion 3.8.

				orientation. Refer to criterion 3.8. **December 2020** Canvas LMS orientation completed during technological orientation. Refer to criterion 3.8. **December 2021** Canvas LMS orientation completed during technological orientation. Refer to criterion 3.8. Anticipate changes and additions to policies related to Pratt location.	

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

CRITERION 4.1 – Consistent with contemporary practice, the curriculum incorporates established professional nursing standards, guidelines, and competencies and has clearly articulated end-of-program student learning outcomes.					
PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement	Frequency of Assessment/ Responsibility	Assessment Method/s	Results of Data Collection and Analysis Including actual level/s of achievement	Actions For program development, Maintenance or Revision

Student Learning Outcomes (SLO's)	100% of faculty agree that the curriculum incorporates professional guidelines and standards from:	Annually at the spring faculty retreat Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team	Examine curriculum for the incorporation of professional standards and guidelines (Table 4.1.A in self-study report)	**May 2018** 100% of faculty (3/3) agree that curriculum incorporates the professional standards and guidelines as identified in Table 4.1.A	**May 2018** KNPA needs to be added to Table 4.1.A: RN L&M
Professional standards and guidelines: • Kansas Nurse Practice Act (KNPA) • NCSBN test plan • QSEN • Joint Commission National Patient Safety Goals • OSHA • HIPAA • CDC • ANA Code of Ethics • ANA Scope & Standards of Practice	• Kansas Nurse Practice Act (KNPA) • NCSBN test plan • QSEN • Joint Commission National Patient Safety Goals • OSHA • HIPAA • CDC • ANA Code of Ethics • ANA Scope & Standards of Practice			KNPA is missing from RN L&M on table 4.1.A **May 2019** 100% of faculty (4/4) agree that curriculum incorporates the professional standards and guidelines as identified in Table 4.1.A **May 2020** 100% of faculty (3/3) agree that curriculum incorporates the professional standards and guidelines as identified in Table 4.1.A **May 2021** 100% of faculty (2/2) agree that curriculum incorporates the professional standards and guidelines as	**May 2019** Will add AWHONN and INS standards to Mat-Child II; Will add INS and AHA standards to MSIII and MSIV. **May 2020** No changes necessary.

Component	Expected Level of Achievement	Frequency of Assessment/ Responsibility	Assessment Method/s	Results of Data Collection and Analysis	Actions
				identified in Table 4.1.A (updated 5/2021 by SS, JL, and KB). Consider adding CMS as it relates to informatics and maybe informatics competencies	
	100% of faculty agree that the SLO's are current and no revision is needed. SLO-See 6.1		Review SLO's	**May 2018** 100% of faculty agree that SLOs are current and no revision needed. **May 2019** 100% of faculty agree that SLOs are current and no revision needed. **May 2020** 100% (3/3) of faculty agree that SLOs are current and no revision needed. **May 2021** 100% (2/2) of faculty agree that SLOs are current and no revision needed.	**May 2018** Continue to monitor for any updates by KBOR **May 2019** Continue to monitor for any updates by KBOR **May 2020** Continue to monitor for any updates by KBOR

CRITERION 4.2 - The end-of-program student learning outcomes are used to organize the curriculum, guide the delivery of instruction, and direct learning activities.

PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement	Frequency of Assessment/ Responsibility	Assessment Method/s	Results of Data Collection and Analysis	Actions For program development, Maintenance or Revision

				Including actual level/s of achievement	
Student Learning Outcomes	100% of faculty agree that student learning outcomes are used to organize the curriculum, guide the delivery of instruction, direct learning activities.	Review annually at Spring faculty retreat Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team	Faculty review and update of SLO Course curriculum tables (4.2.A-G). Nursing Program Curriculum Evaluation Guide form Faculty meeting minutes	**May 2018** 100% of faculty (3/3) agree that SLOs are used to organize the curriculum, guide delivery of instruction and direct learning activities. **May 2019** 100% of faculty (4/4) agree that SLOs are used to organize the curriculum, guide delivery of instruction and direct learning activities.	**May 2018** Continue to review and update Tables 4.2.A-G **May 2019** Identified teaching activities that were missing from table 4.2.A-G and removed activities that are no longer being utilized. Updated Tables 4.2.A-G
				May 2020 100% of faculty (3/3) agree that SLOs are used to organize the curriculum, guide delivery of instruction and direct learning activities.	**May 2020** Identified teaching activities that were missing from table 4.2.A-G and removed activities that are no longer being utilized. Updated Tables 4.2.A-G
				May 2018 Faculty completed the nursing program curriculum evaluation guide. Discussion regarding the MCII Teaching plan and its effectiveness in teaching/evaluating SLO 6.	**May 2018** Plan to review assignments in MC II. An assignment related to the SLO of collaboration and caring may replace the current teaching plan in MCII (Plan to

				May 2019 Faculty completed the nursing program curriculum evaluation guide. In fall 2018, identified gap in student knowledge regarding brachytherapy from Kaplan Integrated Testing. In fall 2018, identified gap in student knowledge regarding hypovolemic shock prior to MCII postpartum hemorrhage content. **May 2020** Faculty completed the nursing program curriculum evaluation guide. Faculty note that by incorporating each body system into only 1 course, students are presented with complex information during first semester. Faculty are concerned that first semester ADN students are not prepared for critical care information and believe that this is contributing to	keep the teaching plan in MS IV). **May 2019** Faculty decided to keep the MCII teaching plan assignment but modified the assignment to make it more appropriate for first semester ADN students. Faculty added an immune/cancer lecture to MSIV to address knowledge gap in cancer care/safety. Moved MSIII shock content into first exam content. **May 2020** Instructors currently working on reorganizing MSIII & MSIV course content to include systems at both courses, allowing for presentation of acute care content in MSIII and critical care content in MSIV.

| | | | | student attrition rates in December. | |
| | | | | **May 2021** Faculty completed the nursing program curriculum evaluation guide and Table 4.2 A-G. | |

CRITERION 4.3 – The curriculum is developed by the faculty and regularly reviewed to ensure integrity, rigor and currency.					
PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement	Frequency of Assessment/ Responsibility	Assessment Method/s	Results of Data Collection and Analysis Including actual level/s of achievement	Actions For program development, Maintenance or Revision
Curriculum	100% of BCC Nursing faculty will participate in Barton ADN curriculum development and review	Annually at Spring faculty retreat Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team	Analyze the completed Curriculum Evaluation Guide for curriculum integrity, rigor and currency. Addressing: Course outcomes Clinical objectives Course sequencing Subject matter sequencing SLOs Learning activities	**May 2018** Completed and analyzed the Curriculum Eval. Guide. - Outcomes and objectives support the program philosophy and mission. However, course outcomes are specific to the unit content. Discussed that we are missing the more general course outcomes/objectives. - Course sequencing: - Identified challenges in the current	**May 2018** Discussed revising course outcomes in the syllabi (section V) to be course specific SLOs, and move the current course outcomes to the course outline section (XI) of the syllabi **August 2018** MS III syllabus revised and approved by KSBN. Implemented in fall 2018 **December 2018** MS IV and MH II syllabus revised and approved by

				sequencing of MC II, RN L&M, and MH II. • Faculty agree there is congruency between course outcomes, course content, learning activities, and SLOs for each course. Reviewed Kaplan integrated test results to identify areas of content needing attention. List of areas needing attention are documented and saved in the G:drive for all faculty to review **May 2019** Completed and analyzed the Curriculum Eval. Guide. • Outcomes and objectives support the program philosophy and mission. • Course sequencing: o Continue to discuss current sequencing of	KSBN. Implement in spring 2019 MC II syllabus revised and approved by KSBN. Implement in fall 2019 Investigate the benefits and challenges to moving MCII and RN L&M to the spring, MHII to the fall. Utilizing ATI CMAP to evaluate curriculum for any gaps in content or SLO concepts. Individual course instructors will revise content in areas needing improvement. **May 2019** Individual course instructors will revise content in areas needing improvement.

				MC II, RN L&M, and MH II, but changes to sequencing are currently not feasible. • Faculty agree there is congruency between course outcomes, course content, learning activities, and SLOs for each course. **May 2020** Completed and analyzed the Curriculum Eval. Guide. • Outcomes and objectives support the program philosophy and mission. • Course sequencing: o Faculty are changing the sequence of content in MSIII and MSIV to improve leveling. • Faculty agree there is congruency between course outcomes, course content, learning activities, and SLOs for each course. Reviewed Kaplan integrated test results to identify areas of content needing attention. List of areas needing attention are documented and saved in	**May 2020** Individual course instructors will revise content in areas needing improvement. Plan to implement Medical Surgical sequencing changes in Fall 2020.

				the G:drive for all faculty to review	
				Reviewed Kaplan integrated test results to identify areas of content needing attention. List of areas needing attention are documented and saved in the G:drive for all faculty to review	**May 2021** Faculty evaluated 2020-2021 Med-Surg content sequencing. KB and SS believe the sequencing was beneficial and will continue another year.
				May 2021 Completed and analyzed the Curriculum Eval. Guide. • Outcomes and objectives support the program philosophy and mission. • Course sequencing: ○ Faculty changed the sequence of content in MSIII and MSIV to improve leveling. • Faculty agree there is congruency between course outcomes, course content, learning activities, and SLOs for each course (see 4.2 A-G). Reviewed Kaplan integrated test results to identify areas of content needing attention. List of areas needing attention are	

				documented and saved in the G:drive for all faculty to review Reviewed Kaplan integrated test results to identify areas of content needing attention. List of areas needing attention are documented and saved in the G:drive for all faculty to review	
Student end-of-course surveys	75% of students will rate all survey items at 3 (satisfactory) or greater on a 5 point Likert scale for each course.	Biannually (December & May) Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team	Analyze the completed student end-of-course surveys: Addressing: Syllabus Assignments Testing methods Teaching methods SLOs Textbooks	**ADN Transition** **2017-2018** All survey items were ranked at "3" or higher by at least 75% of students. Trended data for cohorts '16, '17, '18 – no trended concerns **2018-2019** All survey items were ranked at "3" or higher by at least 75% of students. Trended data for cohorts '17, '18, '19 – no trended concerns **2019-2020** All survey items were ranked at "3" or higher by at least 75% of students. Trended data for cohorts '18, '19, '20 – no trended concerns **2020-2021**	**2017-2018** Continue to aggregate and trend survey items. **Dec. 2018** faculty identified opportunity to include content on study habits, stress management, canvas training, and Kaplan orientation in ADN Transition **2019-2020** Continue to aggregate and trend survey items. **December 2020** Faculty will include SLOs 1, 2, 4, & 7 on the end course survey for student

				SLOs were not evaluated on the ADN transition final course survey. This course is an orientation course for students who are transitioning into the ADN program after either being out for more than a year or who obtained their PN education at another institution. The skills review portion of the course includes education related to SLOs 1, 2, 4, & 7. **2021-2022** SLOs 1, 2, 4 & 7 were included on survey. All survey items were ranked at "3" or higher by at least 75% of students except for Physical Facilities: Room Temperature = 70%	feedback beginning in 2021. **December 2021** JL plans to add unpredictable room temperatures to student welcome letter for 2022.
				Med-Surg III **2017-2018** All survey items were ranked at "3" or higher by at least 75% of students with the exception of: Research assign aided learning. Trended data for cohorts '16,'17, and '18 indicates the research assignment: 2/3 years < 75% of students rate at 3 or higher.	**2017-2018** For fall of 2018, KB plans to create a list of EBP research suggestions for students to select from. In prior years, students have spent much time trying to determine what research to do.

				2018-2019 All survey items were ranked at "3" or higher by at least 75% of students with the exception of the room temperature. 94% of Research assignment responses were >3. Trended data for cohorts '17, '18 and '19 indicates the research assignment: 1/3 years ('18) < 75% of students rate at 3 or higher.	**2018-2019** Students were presented with a list of EBP research suggestions. Plan to do the same next year.
				2019-2020 All survey items were ranked at "3" or higher by at least 75% of students with the exception of room temperature. Trended data for cohorts '18, '19, '20 – Identified room temperature concerns 2/3 years.	**2019-2020** Faculty have discussed room temperature issue with maintenance and have allowed coats and blankets in the classroom.
				2020-2021 All survey items were ranked at "3" or higher by at least 75% of students with the exception of room temperature. Trended data for cohorts '19, '20, '21 – Identified room temperature concerns 3/3 years. Facilities management are aware of the temperature issues and are not able to easily correct it due to the nature	**December 2020** Faculty have discussed room temperature with maintenance yearly. Students bring blankets and are encouraged to dress appropriately. Discussed benefit of surveying students about room temperature if the facility is unable to correct it.

				of the HVAC system in the building. ==2021-2022== All survey items were ranked at "3" or higher by at least 75% of students with the exception of room temperature. Trended data for cohorts '19, '20, '21 – Identified room temperature concerns 3/3 years. Facilities management are aware of the temperature issues and are not able to easily correct it due to the nature of the HVAC system in the building.	**December 2021** Faculty are able to cover air vents with blankets to reduce cold airflow. Students informed of unpredictable temperatures and allowed to wear coat in classroom on clinical days. Allowed to bring in blankets if needed.
				<u>RN Leadership/Management</u> **2017-2018** All survey items were ranked at "3" or higher by at least 75% of students with the exception of room temperature. Trended data for cohorts '16, '17, '18 indicates the room temperature: 2/3 years <75% of students rate at 3 or higher **2018-2019** All survey items were ranked at "3" or higher by at least 75% of students with the exception of room temperature. Trended data for cohorts '17, '18, '19 indicates the room temperature:	**Dec 2017** Continue to communicate with maintenance dept. regarding adjustment of room temp. **Dec. 2018** Faculty acknowledges this is a trended concern – communication is maintained with maintenance dept. Students are permitted to bring jackets and/or blankets into the classroom. Faculty do not believe room temp is

				2/3 years <75% of students rate at 3 or higher **2019-2020** All survey items were ranked at "3" or higher by at least 75% of students with exemption of room temperature, testing methods, and Kaplan Review Activities. Faculty implemented short answer testing questions this semester. Student verbalized dissatisfaction. Faculty have discussed that traditional testing methods may be inadequate for assessing student knowledge in this course. Kaplan Review activities are recommended but not mandatory. Faculty note that student utilization is 7/30 (23%) with minimal remediation times. Trended data for cohorts '18, '19, '20 – Identified room temperature concerns 3/3 yrs. **2020-2021** All survey items were ranked at "3" or higher by at least 75% of students. Trended data for cohorts '19, '20, '21 indicates the following criteria that did not meet the ELA at least one year:	negatively impacting students' ability to learn **2019-2020** Faculty discussed room temperature issue with maintenance, and faculty will continue to allow coats and blankets in the classroom. Any further short answer questions will be placed at the beginning of exams and will be identified on student test plans. Faculty will continue discussion regarding possible transition of course to more assignment-based assessment methods. Faculty question the value of Kaplan Focused Review Test and will continue to consider future use. **December 2020** See comment under MSIII above, related to room temperature. Will continue to monitor survey results and work to improve the testing methods within this class.

				2/3 years <75% of students rate at 3 or higher for room temperature. 1/3 years <75% of students rate at 3 or higher for "testing methods measured my knowledge" and "Kaplan review activities". Testing methods were adjusted to avoid essay questions or students were warned prior to the exam to anticipate an alternative testing method. This adjustment was made in response to feedback from cohort '20 about testing methods.	
				MC II **2017-2018** All survey items were ranked at "3" or higher by at least 75% of students with the exception of: - Lecture/Discussion - Textbooks – Ward/Hisley, Curren - Testing/Group Testing - Room temp. Trended data for '16, '17, '18 indicates the room temperature: 2/3 years <75% of students rate at 3 or higher **2018-2019** All survey items were ranked at "3" or higher by at	**2017-2018** - Implemented "Tickets to Class" for the majority of theory classes. - Added instruction on use of Ward/Hisley to facilitate learning. - Changed from Curren to Horntvedt for Dosage Calculations. - Implement "Q & A" review before each test. - Continue to communicate with maintenance dept. regarding adjustment of room temp. **2018-2019** In December 2018, discussed the use of the textbook *Diseases* and

				least 75% of students with the exception of: - Textbooks – Diseases & Disorders Trended data for cohorts '17, '18, '19 indicates the room temp: 1/3 ('18) years <75% of students rate at 3 or higher	Disorders and believe it is still a beneficial required text within the program as a whole. Temperature met ELA for cohort 2019. **March 2019** Due to limited use in MCII, faculty agreed to make the Diseases and Disorders textbook an optional reference for the course.
				2019-2020 All survey items were ranked at "3" or higher by at least 75% of students with the exception of room temperature. Faculty note that textbook has 75.8% student rating at 3 or higher. Textbook is due for edition update prior to fall 2020. Trended data for cohorts '18, '19, '20 – Identified room temperature concerns 2/3 years.	**2019-2020** Faculty discussed room temperature issue with maintenance, and faculty will continue to allow coats and blankets in the classroom. Faculty will continue to evaluate textbook for relevancy.
				2020-2021 All survey items were ranked at "3" or higher by at least 75% of students Fall 2020. Trended data for cohorts '19, '20, '21 indicates the following criteria that did	**December 2020** Faculty note that survey results for Kaplan review activities improved this year. Kaplan review activities are used as tickets to class.

				not meet the ELA at least one year: 1/3 years <75% of the students rate at 3 or higher for room temperature.	
				MS IV <u>**2017-2018**</u> All survey items were ranked at "3" or higher by at least 75% of students with the exception of: - EHR tutor Trended data for '16, '17, '18 – no trended concerns	**May 2018** See below "EHR & ShadowHealth" – For fall 2018
				2018-2019 All survey items were ranked at "3" or higher by at least 75% of students. Trended data for '17, '18, '19 -no trended concerns	**May 2019** Continue to seek feedback from students through course evaluations.
				2019-2020 All survey items were ranked at "3" or higher by at least 75% of students with the exception of 2 textbooks: -Diseases and Disorders -Comprehensive Handbook or Lab and Diagnostic Tests Trended data for cohorts '18, '19, '20 – no trended concerns	**May 2020** Diseases and Disorders textbook is an optional resource for students. Will consider removing from optional resource list if next year's survey indicates downward trend. Will continue to evaluate trended data for the Comprehensive Handbook of Lab and Diagnostic Test Handbook. Will require again in 2020-2021
				2020-2021 All survey items were ranked at "3" or higher by at least 75% of students.	

				MH II **2017-2018** All survey items were ranked at "3" or higher by at least 75% of students Trended data for '16, '17, '18 – no trended concerns **2018-2019** All survey items were ranked at "3" or higher by at least 75% of students with the exception of, "Expectations, directions, and feedback were clear and increased student's learning" (69%) Trended data for '17, '18, '19 -no trended concerns **2019-2020** All survey items were ranked at "3" or higher by at least 75% of students. Trended data for cohorts '18, '19, '20 – no trended concerns **2020-2021** All survey items were ranked at "3" or higher by at least 75% of students. Trended data for cohorts '18, '19, '20 – no trended concerns	**May 2018** Continue to seek feedback from students through course evaluations. **May 2019** Continue to seek feedback from students through course evaluations. Continue to trend data for a pattern of concern on survey items. **May 2020** Continue to seek feedback from students through course evaluations. Continue to trend data for a pattern of concern on survey items.

| Kaplan Integrated Tests | Cohort score will be within 20% of the normed score for each question on the '*Test result by question*' report for each course. | Biannually (December & May) Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team | Analyze the '*Test result by question*' report for each Integrated Test. | Documentation of aggregation/trending data for '*Test result by question*' reports can be found G:Drive>Nursing>Kaplan Information>Aggregated-Trended data>ADN> Specific Test | **Cohort 2017** The faculty identified content areas of concern for each test, based on the 20% disparity between cohort score and normed score by analyzing the '*Test result by question*' report. Faculty identified in the curriculum where to reinforce areas of content weakness.

Cohort 2018 The faculty identified content areas of concern for each test, based on the 20% disparity between cohort score and normed score by analyzing the '*Test result by question*' report. Faculty identified in the curriculum where to reinforce areas of content weakness. Documentation of aggregation/trending data for '*Test result by question*' reports can be found G:Drive>Nursing>Kaplan Information>Aggregated-Trended data>ADN> Specific Test Will resume administering Nursing Assessment Test A for normed data

Summer 2018 Enhanced Kaplan subscription to include the |
|---|---|---|---|---|---|

					3 CAT Kaplan Exams. Plan to schedule 1 proctored CAT Kaplan Exam in spring 2019. **March 2019** Faculty voted (8/8) to establish the benchmark for % student score to be at +/- 3% from the % normed score on integrated tests for each course. Faculty voted (8/8) to establish the benchmark for % student score to be at or above the normed % score for the end of program tests (PN - Readiness Exam; ADN – Assessment Exam) **Cohort 2021** The faculty identified content areas of concern for each test, based on the 20% disparity between cohort score and normed score by analyzing the '*Test result by question*' report. Faculty identified in the curriculum where to reinforce areas of content weakness. Documentation of aggregation/trending data for *'Test result by question'* reports can be found G:Drive>Nursing>Kaplan Information>Aggregated-Trended data>ADN>

				Specific Test

Cohort by Test score will be +/- 3% of the normed % score for each integrated test.	Biannually (December & May) Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team	Analyze the '*Cohort by Test*' report for each Integrated Test.	Documentation of aggregation/trending data for *'Cohort by Test'* reports can be found G:Drive>Nursing>Kaplan Information>Aggregated-Trended data>ADN> Specific Test
			
			Cohort 2019 by test
			Medical Surgical 2A
			   Student % correct – 59.7%
			   Normed % correct – 49%
			Management/Prof Issues
			   Student % correct – 70.7%
			   Normed % correct – 73%
			OB A
			   Student % correct – <mark>71.3%</mark>
			   Normed % correct – 75%
			Pediatric A
			   Student % correct – 67.9%
			   Normed % correct – 68%
			Psychosocial A
			   Student % correct – 69.2%
			   Normed % correct – 66%
			Med-Surg Comprehensive A
			   Student % correct – <mark>66.9%</mark>
			   Normed % correct – 72%
				March 2019
				Faculty voted (8/8) to establish the benchmark for % student score to be at +/- 3% from the % normed score on integrated tests for each course.
				
				Cohort 2019
				All student cohort scores for integrated tests were within the benchmark of +/- 3% of the normed % with the exception of OB A and Med-Surg Comprehensive. Student score for end of program test (Nursing Assessement) was above the Normed % score. The faculty identified content areas of concern for each test, based on the 20% disparity between cohort score and normed score by analyzing the '*Test result by question*' report. Faculty identified in the curriculum where to reinforce areas of content weakness. Documentation of aggregation/trending data for *'Test result by question'* reports can be found G:Drive>Nursing>Kaplan

					Information>Aggregated-Trended data>ADN> Specific Test
					May 2019 Faculty will plan to contact Kaplan representative to discuss content areas that trended low on integrated testing. Based upon feedback from the Kaplan representative, lecture and/or simulation content will be adjusted accordingly. Refer to documentation in G:Drive>Nursing> KaplanInformation>Kaplan SPE 6.1
				Dec. 2019 BF was in contact with Kaplan Rep regarding Kaplan Pediatric A Integrated Test content. BF utilized information gained from contact to plan pediatric lecture content. **Cohort 2020 by test Medical Surgical 2A**	**Cohort 2020** All student cohort scores for integrated tests were within the benchmark of +/- 3% of the normed % with the exception of OB

				Student % correct – 60.6% Normed % correct – 49.0% **Management/Prof Issues** Student % correct – 71.7% Normed % correct – 73% **OB A** Student % correct – <mark>69.8%</mark> Normed % correct – 75% **Pediatric A** Student % correct – 70.6% Normed % correct – 68% **Psychosocial A** Student % correct – 69.6% Normed % correct – 66% **Med-Surg Comprehensive A** Student % correct – 69.3% Normed % correct – 72% **Cohort 2021 by test** **Medical Surgical 1A** Student % correct – 61.2% Normed % correct – 49.0% **Management/Prof Issues** Student % correct – <mark>69.1%</mark> Normed % correct – 73% **OB A** Student % correct – <mark>66.9%</mark> Normed % correct – 75% **Pediatric A**	A. Plan to review Kaplan item results and adjust content in course as needed. Faculty considering additional learning activities (vSim) for the future. Student performance on the Medical Surgical Comprehensive exam improved to within 3% of the normed score. **Dec. 2020** Administered the Medical Surgical 1A Integrated test this year due to the change in sequencing of medical surgical content between MSIII and MSIV. **Management/Prof Issues** Students perform below the norm on the management of care integrated test for the past 5 years. SS and KB plan to arrange a faculty preview of the Management of Care Integrated test. **OB A** Plan to review Kaplan item results and adjust content in course as needed. Faculty added v-Sim to the MCII course. OB content is provided to students during the first 9 weeks of the MCII course. The OB A is administered at the

				Student % correct – 74.9%
				  Normed % correct – 68%
				
				Psychosocial A
				  Student % correct – 68%
				  Normed % correct – 66%
				Med-Surg
				Comprehensive A
				  Student % correct – <mark>68%</mark>
				  Normed % correct – 72%
					end of the course. Will consider administering the OB A around week 9 in the course before beginning pediatric content.
					May 2021
					It is apparent that a CPR question and Chronic Kidney failure continue to score low. KB will take the Kaplan Comprehensive exam.
					
					<mark>**May 2022**</mark>

				Cohort 2022 by test
				Medical Surgical 1A
				  Student % correct – 63%
				  Normed % correct – 49.0%
				Management/Prof Issues
				  Student % correct – 71%
				  Normed % correct – 73%
				OB A
				  Student % correct – 75%
				  Normed % correct – 75%
				Pediatric A	

			Student % correct – 72%
			Normed % correct – 68%
			
			Psychosocial A
			  Student % correct – 70%
			  Normed % correct – 66%
			Med-Surg
			Comprehensive A
			  Student % correct – 69%
			  Normed % correct – 73%
			
			Cohort 2023 by test
			Medical Surgical 1A
			  Student % correct –
			  Normed % correct –
			Management/Prof Issues
			  Student % correct –
			  Normed % correct –
			OB A
			  Student % correct –
			  Normed % correct –
			Pediatric A
			  Student % correct –
			  Normed % correct –
			
			Psychosocial A
			  Student % correct –
			  Normed % correct –
			Med-Surg
			Comprehensive A
			  Student % correct –
			  Normed % correct –	

	Cohort % score will be at or above the normed % score for the end-of-program test.	Annually - May Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team	Analyze results of *'Nursing Assessment Test'*	Documentation of aggregation/trending data for *'Nursing Assessment Test'* report can be found G:Drive>Nursing>Kaplan	**March 2019** Faculty voted (8/8) to establish the benchmark for % student score to be at or above the normed % score for the end of

			Information>Aggregated-Trended data>ADN> Specific Test	program tests (PN - Readiness Exam; ADN – Nursing Assessment Test)
			Cohort 2019 **Nursing Assessment Test A** Student % correct – 71.2% Normed % correct – 68%	**May 2019** Student % cohort score for Nursing Assessment Test was higher than the normed % score. Continue with current plan.
			Cohort 2020 **Nursing Assessment Test A** Student % correct – 70.9% Normed % correct – 68%	**May 2020** Student % cohort score for Nursing Assessment Test was higher than the normed % score. Continue with current plan. **May 2021** Student % cohort score for Nursing Assessment Test was higher than the normed % score. Continue with current plan.
			Cohort 2021 **Nursing Assessment Test A** Student % correct – 70% Normed % correct – 68%	
	==**Cohort 2023** Kaplan update end-of-program tests to include NGN test questions. The new format is ADN-D.==		**Cohort 2022** **Nursing Assessment Test A (end of program test)** Student % correct – 69% Normed % correct – 68% **ELA met – at or above normed score** ==**Cohort 2023** **ADN-D**== == Student % correct –== == Normed % correct –==	==**MAY 2022 – continue to administer Nursing Assessment Test A and analyze cohort scores.**== ==**MAY 2023** Kaplan ADN-D exam is analyzed.==

Mountain Measurement Reports	Cohort % median score will be at least 40% or higher compared to the national % median score for each NCLEX-RN Client Needs Categories, and Health Alterations Categories	Annually - May Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team	Analyze results of Mountain Measurement Reports: *'Client Needs Categories'* *'Health Alterations Categories'*	**March 2019** ADON aggregated and trended data for cohorts '15, '16, and '17. The cohort's % median score was compared to the national median score in the Clients Needs Categories and the Health Alterations Categories. Graphs were developed and shared with the faculty. Can be found in G Drive>Nursing>Aggregated Data for Standard 6>Mountain Measurement	
				May 2019 ADON updated and included statistics from the 2018 cohort and distributed results to faculty for review. Identified physiological adaptation, management of care, immune, respiratory, cardiovascular, renal, and endocrine as areas of continued weakness.	**May 2019** Faculty will meet to determine possible content enhancements for areas of weakness.
				May 2020 ADON updated and included statistics from the 2019 cohort and distributed results to faculty for review. NCLEX-RN states that achieving a minimum of cohort % median score of 40% is required for passing a client need category. Therefore, faculty plan to use the 40% threshold to	**May 2020** Faculty are reviewing the Med Surg course content. The plan is to teach acute care content in the fall and more complex, critical care content in the spring semester. Faculty are also creating a program wide test blueprint template to map test items to NCLEX-RN client need categories.

				determine areas for improvement. The NCLEX Program Report for April 2019-March 2020 shows the 2019 Cohort scores significantly higher in the Management of Care, Basic Care and Comfort, and Reduction of Risk Potential. The 2019 Cohort scores showed moderate improvement in Physiological Adaptation. The 2019 Cohort scored lower than 2018 Cohort in Health Promotion & Maintenance. Identified Health Alteration Categories of endocrine, reproductive, and immune are areas of continued weakness. Our candidates did not receive a sufficient number of questions to be included in analysis of the Renal and Respiratory categories. **May 2021** 2020 cohort had 100% pass rate. All Health Alterations areas met the 40% threshold with the exception of Immune. All Client Need Categories met the 40% threshold. Note that our students are barely above the threshold for the past 4 years in Safety and Infection Control.	**May 2021** Faculty will review the NCLEX-RN test plan and the content for areas to make improvements. Will especially review Safety and Infection control.

CRITERION 4.4 – The curriculum includes general education courses that enhance professional nursing knowledge and practice.

Component	PLAN			IMPLEMENTATION	
	Expected Level of Achievement	Frequency of Assessment/ Responsibility	Assessment Method/s	Results of Data Collection and Analysis Including actual level/s of achievement	Actions For program development, Maintenance or Revision
General education courses	100% of faculty agree that required general education courses provide foundation for nursing knowledge, practice.	Every four years or as needed Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team	Review and analyze faculty response to course sequencing on Curriculum Evaluation Guide	**May 2019** Upon request from psychology faculty, reviewed General Psychology and Developmental Psychology outcomes and competencies for areas of special importance for pre-nursing students. 100% (4/4) agree that prerequisite courses are appropriate for foundational preparation, but concern exists regarding student's writing skills upon entering the nursing program. <mark>Not due until May 2023</mark>	**May 2019** Due to positive experience in collaboration with Psychology faculty, consider further collaboration with faculty of other prerequisite courses, including English Comp I.
	100% of required general education courses meet KBOR requirements for ADN nursing education programs.		Review and evaluate nursing program general education courses in the curriculum plan and academic catalog for consistency with KBOR requirements.	**May 2019** KBOR requirements reviewed. General education courses continue to meet requirements. <mark>Not due until May 2023</mark> **December 2021**	**May 2019** Continue to review and evaluate that general education courses meet KBOR requirements.

				This fall, KBOR approved IPC or Public Speaking to fulfill the communication requirement.	

CRITERION 4.5 - The curriculum includes cultural, ethnic and socially diverse concepts and may also include experiences from regional, national or global perspectives.

PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement	Frequency of Assessment/ Responsibility	Assessment Method/s	Results of Data Collection and Analysis Including actual level/s of achievement	Actions For program development, Maintenance or Revision
Curriculum Diversity concepts	100% of ADN nursing courses (excluding ADN Transition) will incorporate concepts related to cultural, ethnic and social diversity	Annually at Spring faculty retreat Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team	Review and analysis of Cultural, Ethnic, and Socially Diverse Concepts and Experiences per Nursing Course (Table 4.5 in SSR).	**May 2018** Reviewed Table 4.5 for accuracy. No errors identified. **May 2019** Updated Table 4.5 with all ADN faculty. Cultural, ethnic, and socially diverse concepts are currently included in all courses. MC II implemented a new discussion board assignment that had students identify how different cultural norms might affect patient care. No obvious gaps or needs noted. **May 2020** Updated Table 4.5 with all ADN faculty. Cultural, ethnic, and socially diverse concepts are currently included in all	**May 2018** Considering if an assignment in MCII could be created to enhance teaching of diversity in that course and the program **May 2019** Continue to address cultural, ethnic, and socially diverse concepts in all courses. **May 2020** Continue to address cultural, ethnic, and socially diverse concepts in all courses.

| | | | | courses. MC II has continued the discussion board assignment that had students identify how different cultural norms might affect patient care.
No obvious gaps or needs noted.
May 2021
Updated Table 4.5 with all ADN faculty. Cultural, ethnic, and socially diverse concepts are currently included in all courses. No obvious gaps or needs noted. | |

CRITERION 4.6 – The curriculum and instructional processes reflect educational theory, interprofessional collaboration, research and current standards of practice.

PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement	Frequency of Assessment/ Responsibility	Assessment Method/s	Results of Data Collection and Analysis Including actual level/s of achievement	Actions For program development, Maintenance or Revision
Educational theory	100% of nursing faculty agree that course outcomes and clinical objectives utilize Bloom's taxonomy.	Annually at Spring Faculty Retreat Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team	Review of completed Curriculum evaluation guide completed by faculty.	**May 2018** 100% of nursing faculty (3/3) agree that course outcomes and clinical objectives utilize Bloom's taxonomy. **May 2019** 100% of nursing faculty (4/4) agree that course outcomes and clinical objectives utilize Bloom's taxonomy. Theory courses do not reflect increasing complexity between MSIII & MSIV due to systems based lectures.	**May 2018** Continue completion of Curriculum evaluation guide **May 2019** Continue to complete and evaluate Curriculum Evaluation Guide.

				Clinical rubrics do reflect increasing complexity between MSIII & MSIV.	**May 2020** Continue to complete and evaluate Curriculum Evaluation Guide.
				May 2020 100% of nursing faculty (3/3) agree that course outcomes and clinical objectives utilize Bloom's taxonomy. Course outcomes and clinical objectives between MSIII and MSIV demonstrate increasing complexity. **May 2021** 100% of nursing faculty (2/2) agree that course outcomes and clinical objectives utilize Bloom's taxonomy. Course outcomes and clinical objectives between MSIII and MSIV demonstrate increasing complexity.	
Interprofessional collaboration	100% of faculty and nursing students will have the opportunity for interprofessional collaboration during the nursing program.			Review and analysis of Field Op's day activity.	**May 2018** All faculty and nursing students attended field ops and collaborated with patients, other health team members, and mentors/faculty. **May 2019** 50% (2/4) of faculty and 100% (14/14) of nursing students attended field ops and	**May 2018** Continue participation in Field Ops Day as an opportunity for interprofessional collaboration. **May 2019** Continue participation in Field Ops Day as an opportunity for interprofessional collaboration.

				collaborated with patients, other health team members, and mentors/faculty **May 2020** Field Ops Day was cancelled d/t COVID-19 pandemic. Students have the opportunity to observe and participate in inter-professional collaboration at clinical sites. **May 2021** Field Ops Day did not occur again this year. Note that students participate in treatment team meetings at LSH. Students participate in care for clients closely with PT at UKHS- GB.	**May 2020** Resume Field Ops Day in Spring 2021.
Research	100% of faculty will have access to educational and practice based nursing journals		Review Nursing department journal subscriptions	**May 2018** 100% of faculty have access to department journal subscriptions such as Legal Eagle Eye, NurseTim, AORN, Nurse Educator, etc. **May 2019** 100% of faculty have access to department journal subscriptions such as Legal Eagle Eye, NurseTim, AORN, Nurse Educator, etc. **May 2020**	**May 2018** Continue journal subscriptions and place in general location. **May 2019** Continue journal subscriptions and place in general location. **May 2020** Continue journal subscriptions and available to all faculty.

				100% of faculty have access to department journal subscriptions such as Legal Eagle Eye, NurseTim, Nurse Educator, Clinical Simulation in Nursing, etc. **May 2021** 100% of faculty have access to department journal subscriptions such as Legal Eagle Eye, NurseTim, Nurse Educator, Clinical Simulation in Nursing, etc. Faculty and students have access to library resources.	
Current standards of practice	100% of instructional processes will utilize current standards of practice.		Review course outcomes and clinical objectives for inclusion of current standards of practice.	**May 2018** MS III, MS IV, MC II course outcomes and clinical objectives include standards of practice. The latest edition of each textbook is used. NPSG, CDC, ANA, QSEN standards guide theory and clinical. MCII – NICHD fetal monitoring standards, AWHONN maternal and neonatal care; Healthy People 2020. MH II – Legal and Ethical issues are discussed (involuntary	**May 2018** Continue to review course outcomes and clinical objectives for inclusion of current standards of practice. **May 2019**

				commitment and restraint, Etc.). Reputable online organizations are used as resources (SAHMSA & NIMH) **May 2019** MS III, MS IV, MC II course outcomes and clinical objectives include standards of practice. The latest edition of each textbook is used. NPSG, CDC, ANA, QSEN standards guide theory and clinical. MCII – NICHD fetal monitoring standards, AWHONN maternal and neonatal care; Healthy People 2020. MH II – Legal and Ethical issues are discussed (involuntary commitment and restraint, Etc.). Reputable online organizations are used as resources (SAHMSA & NIMH) **May 2020** MS III, MS IV, MC II course outcomes and clinical objectives include standards of practice.	Continue to review course outcomes and clinical objectives for inclusion of current standards of practice. **May 2020** Continue to review course outcomes and clinical objectives for inclusion of current standards of practice.

				The latest edition of each textbook is used. NPSG, CDC, ANA, QSEN standards guide theory and clinical. MCII – NICHD fetal monitoring standards, AWHONN maternal and neonatal care; Healthy People 2020. MH II – Legal and Ethical issues are discussed (involuntary commitment and restraint, Etc.). Reputable online organizations are used as resources (SAHMSA & NIMH) **May 2021** Standards table was updated. MS III, MS IV, MC II course outcomes and clinical objectives include standards of practice. The latest edition of each textbook is used. NPSG, CDC, ANA, QSEN standards guide theory and clinical. MCII – NICHD fetal monitoring standards, AWHONN maternal and neonatal care; Healthy People 2020. MH II – Legal and Ethical issues are discussed (involuntary	

| | | | | commitment and restraint, Etc.). Reputable online organizations are used as resources (SAHMSA & NIMH) MS III, MS IV, MC II course outcomes and clinical objectives include standards of practice. The latest edition of each textbook is used. NPSG, CDC, ANA, QSEN standards guide theory and clinical. MCII – NICHD fetal monitoring standards, AWHONN maternal and neonatal care; Healthy People 2020. MH II – Legal and Ethical issues are discussed (involuntary commitment and restraint, Etc.). Reputable online organizations are used as resources (SAHMSA & NIMH) | |

CRITERION 4.7 - Evaluation methodologies are varied, reflect established professional and practice competencies and measure the achievement of the end-of-program student learning outcomes.

PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement	Frequency of Assessment/ Responsibility	Assessment Method/s	Results of Data Collection and Analysis	Actions For program development,

				Including actual level/s of achievement	Maintenance or Revision
Evaluation methodologies SLOs	1. 100% of nursing courses will utilize at least 3 different evaluation methodologies to assess the achievement of SLOs	Annually at Spring Faculty retreat Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team	Review and analysis of course syllabi for the inclusion of varied evaluation methodologies that measure the achievement of SLOs.	**May 2018** 1. Reviewed each course – all include a minimum of 3 evaluation methodologies (unit tests, clinical evaluation, assignments, Kaplan). **May 2019** 1. Reviewed each course – all include a minimum of 3 evaluation methodologies (unit tests, clinical evaluation, assignments, Kaplan). **May 2020** 1. Reviewed each course – all include a minimum of 3 evaluation methodologies (unit tests, clinical evaluation, assignments, Kaplan). Upon further evaluation of Davis Advantage and Davis Edge, faculty have determined this is not an effective evaluation tool. **May 2020** 1. Reviewed each course – all include a minimum of 3 evaluation methodologies (unit tests, clinical evaluation,	**May 2018** Continue to evaluate for the utilization of 3 different evaluation methodologies. **May 2019** Explore the use of Davis Advantage and Davis Edge as a tool to evaluate achievement of SLOs. **May 2020** Continue to evaluate for the utilization of 3 different evaluation methodologies.

				assignments, Kaplan).	
	100% of unit tests and final exam will have a test blueprint that maps SLO's to questions		Review and analysis of unit tests and final exam test blueprints	**May 2018** All 2017-2018 unit tests and final exams are blueprinted to the SLOs **May 2019** Currently not 100% of 2018-2019 unit tests and final exams blueprinted to SLOs. Faculty will continue to work on this over the summer. **December 2019** All test blue print data addressing NCLEX-RN Test Plan categories for the 2018-2019 program year aggregated and compared with the National NCLEX-RN Test Plan. Test blueprint data also evaluated by individual course and exam. Findings are available on the AND Aggregated Test Analysis documents. Results shared with the faculty electronically. **Findings:** **Within recommended %** Management of Care Health Promotion & Maintenance Pharmacological & Parenteral Therapies Physiological Adaptation	**May 2018** Continue to blueprint unit tests and final exams to the SLOs **May 2019** ADON will aggregate 2018-2019 test blueprints in Fall 2019. **December 2019** Faculty plan to form subcommittee to explore development of a test plan template by course with the goal of aligning with NCLEX test plan. Special attention will be given to aligning with Safety & Infection Control, Basic Care & Comfort, Psychosocial Integrity, and Reduction of Risk Potential NCLEX content areas.

				Below recommended %
				Safety & Infection control
				Basic Care & Comfort
				Above recommended %
				Psychosocial Integrity
				Reduction of Risk Potential
				
				May 2020
				ADON has completed aggregation and trending of 2019-2020 test blueprints. All test blue print data addressing NCLEX-RN Test Plan categories for the 2019-2020 program year aggregated and compared with the National NCLEX-RN Test Plan. Test blueprint data also evaluated by individual course and exam. Findings are available on the AND Aggregated Test Analysis documents. Results shared with the faculty.
				Findings:
				Within recommended %
				Management of Care
				Health Promotion &
				  Maintenance
				Pharmacological &
				Parenteral
				  Therapies
				Reduction of Risk Potential
				Below recommended %
				Safety & Infection control
				Basic Care & Comfort
				Above recommended %
				Psychosocial Integrity
				Physiological Adaptation
					May 2020
					Faculty have begun to develop a test plan template by course with the goal of aligning with NCLEX test plan. Special attention given to client need areas that are outside the parameters for the NCLEX-RN test plan. Faculty have noted that the Psychosocial Integrity client need category will need to remain >12% (NCLEX-RN test plan is 6-12%) due to the 4 credit hour Mental Health course.
					
					May 2021

				May 2021	Faculty gave up on
				ADON has completed aggregation and trending of 2020-2021 test blueprints. All test blue print data addressing NCLEX-RN Test Plan categories for the 2020-2021 program year aggregated and compared with the National NCLEX-RN Test Plan. Test blueprint data also evaluated by individual course and exam. Findings are available on the ADN Aggregated Test Analysis documents. Results shared with the faculty. **Findings:** **Within recommended %** Management of Care Health Promotion & Maintenance Pharmacological & Parenteral Therapies **Below recommended %** Safety & Infection control Basic Care & Comfort **Above recommended %** Psychosocial Integrity Reduction of Risk Potential Physiological Adaptation <mark>Should this be listed under Mountain Measurement and Kaplan stats listed instead? KSt</mark>	creating a program wide blueprint. Will continue to look for ways to create a course blueprint goal. And continue to review questions to determine if we have identified questions correctly. Need to focus on Safety and Infection Control.
	100% of clinical evaluation tools will reflect professional		Review and analysis of clinical evaluation tools.	**May 2018** MS III, MSIV, MCII, and MH II	**May 2018** Continue to include QSEN

and practice competencies			clinical evaluation tools reflect QSEN ADN graduate level competencies including patient-centered care, Communication, teamwork and collaboration, evidence-based practice, and safety.	ADN graduate level Competencies in the Clinical evaluation tools.
			May 2019 MS III, MSIV, MCII, and MH II clinical evaluation tools reflect QSEN ADN graduate level competencies including patient-centered care, Communication, teamwork and collaboration, evidence-based practice, and safety.	**May 2019** Continue to include QSEN ADN graduate level Competencies in the Clinical evaluation tools.
			May 2020 MS III, MSIV, MCII, and MH II clinical evaluation tools reflect QSEN ADN graduate level competencies including patient-centered care, Communication, teamwork and collaboration, evidence-based practice, and safety.	**May 2020** Continue to include QSEN ADN graduate level Competencies in the Clinical evaluation tools. Need to update clinical evaluation tools with QSEN identification.
			May 2021 MS III, MSIV, MCII, and MH II clinical evaluation tools reflect	

				QSEN ADN graduate level competencies including patient-centered care, Communication, teamwork and collaboration, evidence-based practice, and safety.	

CRITERION 4.8 - The total number of credit/quarter hours required to complete the defined nursing program of study is congruent with the attainment of the identified end-of-program student learning outcomes and program outcomes, and is consistent with the policies of the governing organization, the state, and the governing organization's accrediting agency.					
PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement	Frequency of Assessment/ Responsibility	Assessment Method/s	Results of Data Collection and Analysis Including actual level/s of achievement	Actions For program development, Maintenance or Revision
Program length Program credit hours (cr. hrs) BCC Rules and Regulations for the Associate of Applied Science Degree KSBN Rules & Regulations for Nursing Education Programs	ADN program requirements are consistent with policies of BCC, KSBN, KBOR, and ACEN.	Annually at Spring Retreat Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team	Review and evaluation of program of study Review and evaluation of program requirements of BCC, KSBN, KBOR, and ACEN rules and regulations	**May 2018** The program credit hours (70 hours) is in compliance with governing and regulatory bodies. We have transitioned to the 2017 ACEN guidelines. (ACEN reaccreditation in 2022) **May 2019** The program credit hours (70 hours) is in compliance with governing and regulatory bodies.	**May 2018** Continue to evaluate Program credit hours for Compliance with Requirements of BCC, KSBN, KBOR and ACEN **May 2019** Continue to evaluate Program credit hours for Compliance with Requirements of BCC,

				May 2020 The program credit hours (70 hours) is in compliance with governing and regulatory bodies.	KSBN, KBOR and ACEN
KBOR Rules and Regulations for Nursing Education Programs ACEN Rules & Regulations for Nursing Education Programs					**May 2020** Continue to evaluate Program credit hours for Compliance with Requirements of BCC, KSBN, KBOR and ACEN
				May 2021 The program credit hours (70 hours) is in compliance with governing and regulatory bodies.	

CRITERION 4.9 - Student clinical experiences and practice learning environments are evidence-based; reflect contemporary practice and nationally established patient health and safety goals; and support the achievement of the end-of-program student learning outcomes.

PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement	Frequency of Assessment/ Responsibility	Assessment Method/s	Results of Data Collection and Analysis Including actual level/s of achievement	Actions For program development, Maintenance or Revision
Student clinical experiences	At least 75% of students will rate their clinical experiences as providing opportunity to meet SLOs at 3 or higher on the Barton Nursing Course evaluations for each clinical site	At the end of each semester Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team	Review and analyze data from Barton Nursing Clinical Survey for each course and clinical site. Faculty meeting minutes	**Fall 2017** HMC - >75% at 3 or > BCHD - >75% at 3 or > SRHC – 100% at 3 or > GBRH - >75% at 3 or > RCDH – 100% at 3 or > **Spring 2018** HMC- >75% at 3 or > GBRH- 100% at 3 or > GBRH-ER- >75% at 3 or > Via Christi- 100% at 3 or > LSH- 100% at 3 or > New Chance- 100% at 3 or >	**Dec. 2017** Continue to review and analyze data from student clinical surveys from each course and clinical site for achievement of end-of-program SLOs **May 2018** Continue to review and analyze data from student clinical surveys from each course and clinical site for achievement of end-of-program SLOs

				Fall 2018 HMC - 100% at 3 or > BHD - 100% at 3 or > SRHC – 100% at 3 or > GBRH - 100% at 3 or > RCDH – 100% at 3 or > **Spring 2019** HMC- 100% at 3 or > GBRH- 100% at 3 or > GBRH-ER- 100% at 3 or > Via Christi- 100% at 3 or > Fresenius Dialysis – 100% at 3 or > LSH- 100% at 3 or > New Chance- 100% at 3 or > **Fall 2019** HMC - 100% at 3 or > BHD - 100% at 3 or > Fresenius – 100% at 3 or > TUKHS GB campus acute care - 100% at 3 or > TUKHS GB campus PACU – 100% at 3 or > TUKHS GB campus HS/Infusion – 100% at 3 or > RCDH – 100% at 3 or > **Spring 2020** HMC- 100% at 3 or > TUKHS GB- 100% at 3 or > TUKHS GB-ER- 100% at 3 or > LSH- 100% at 3 or >	**Dec. 2018** Continue to review and analyze data from student clinical surveys from each course and clinical site for achievement of end-of-program SLOs **May 2019** Continue to review and analyze data from student clinical surveys from each course and clinical site for achievement of end-of-program SLOs **Dec. 2019** Continue to review and analyze data from student clinical surveys from each course and clinical site for achievement of end-of-program SLOs **May 2020** Continue to review and analyze data from student clinical surveys from each course and clinical site for achievement of end-of-program SLOs

				New Chance- 100% at 3 or >	
				Fall 2020 HMC - 100% at 3 or > PCHD - 100% at 3 or > PVCH – 100% at 3 or > TUKHS GB campus acute care - 100% at 3 or > CBH acute care – 100% at 3 or > TUKHS GB campus PACU – 100% at 3 or > TUKHS GB campus HS/Infusion – 100% at 3 or > RCDH – 100% at 3 or > RCMH – 100% at 3 or >	
				Spring 2021 HMC- >75% at 3 or > TUKHS GB- >75% at 3 or > TUKHS GB-ER- >75% at 3 or > Via Christi- >75% at 3 or > LSH- >75% at 3 or > St. Francis- >75% at 3 or >	
				Fall 2021 HMC - >75% at 3 or > PCHD - >75% at 3 or > BCHD – 100% at 3 or > TUKHS GB campus acute care - 100% at 3 or > CBH acute care – 100% at 3 or > TUKHS GB campus PACU – >75% at 3 or > TUKHS GB Infusion – >75% at 3 or > ECMC – 100% at 3 or >	

				RCDH – 100% at 3 or > PVCH – 100% at 3 or >	
Student skills/ simulation experiences SLOs	At least 75% of students will rate their skills/ simulation experience as providing opportunity to meet SLOs at a 3 or higher on the Barton Nursing Course evaluations for simulations.	At the end of each semester Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team		**Fall 2017** MS III – > 75% of students rated all skills/sims at 3 or > MC II – > 75% of students rated all skills/sim's at 3 or > **Spring 2018** MS IV - > 75% of students rated all skills/sims at 3 or > MH II - >75% of students rated all skills/communication labs at 3 or > **Fall 2018** MS III – > 94% of students rated all skills/sims at 3 or > MC II – > 94% of students rated all skills/sim's at 3 or > **Spring 2019** MS IV - 100% of students rated all skills/sims at 3 or > MH II - 100% of students rated all skills/communication labs at 3 or > **Fall 2019** MS III – > 75% of students rated all skills/sims at 3 or > MC II – > 75% of students rated all skills/sim's at 3 or >	**Dec. 2017** Continue to review and analyze data from student skills/simulation surveys from each course for achievement of end-of-program SLOs **May 2018** Continue to review and analyze data from student skills/simulation surveys from each course for achievement of end-of-program SLOs **Dec. 2018** Continue to review and analyze data from student skills/simulation surveys from each course for achievement of end-of-program SLOs **May 2019** Continue to review and analyze data from student skills/simulation surveys from each course for achievement of end-of-program SLOs **Dec. 2019**

				Spring 2020 MS IV - 100% of students rated all skills/sims at 3 or > MH II - 100% of students rated all skills/communication labs at 3 or > **Fall 2020** MS III – > 75% of students rated all skills/sims at 3 or > MC II – > 75% of students rated all skills/sim's at 3 or > **Spring 2021** MS IV - > 75% of students rated all skills/sims at 3 or > MH II - > 75% of students rated all skills/communication labs at 3 or >	Continue to review and analyze data from student skills/simulation surveys from each course for achievement of end-of-program SLOs **May 2020** Continue to review and analyze data from student skills/simulation surveys from each course for achievement of end-of-program SLOs
Simulated learning experiences	100% of simulated learning experiences will include national patient health and safety goals (NPHSG) and/or best practices.	At the end of each semester Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team	Review and analysis of simulation scenarios for integration/application of NPHSG and EBP guidelines.	**Fall 2017** 100% of skills/sims included elements of NPHSG standards **Spring 2018** 100% of skills/sims included elements of NPHSG standards **Fall 2018** 100% of skills/sims included elements of NPHSG standards	**Dec. 2017** Continue to assess **May 2018** Continue to assess **Dec. 2018** Evidence can be found on CCEI tools from Sim or lesson plans Implemented INACSL Standards in August 2018. **May 2019** Continue use of INASCL standards and CCEI tool. Explore

				Spring 2019 100% of skills/sims included elements of NPHSG standards and/or best practices. Faculty have determined that INASCL Standards have standardized simulation development. All simulations utilize the CCEI tool for evaluation of student performance. Simulations are mapped to avoid duplicative content and to ensure increasing level of complexity. **Fall 2019** 100% of skills/sims included elements of NPHSG standards and/or best practices. **Spring 2020** 100% of skills/sims included elements of NPHSG standards and/or best practices. Simulation policy and procedure manual completed and approved by all faculty.	methods of formal evaluation of simulation and facilitator effectiveness. Will need to add additional ELA specific to simulation evaluation. **December 2019** Looking towards developing a policy and procedure manual addressing simulation. Exploring methods of evaluating simulation and simulation facilitators, including formalized tools from NLN and Center for Medical Simulation. Planned implementation of policy and procedure manual in Fall 2020. **May 2020** Implement the simulation policies and procedures in fall. **December 2020** The evidence-based tool, the SET-M© survey, was

				Spring 2021 100% of skills/sims included elements of NPHSG standards and/or best practices. Simulation policy and procedure manual completed and approved by all faculty. Used the SET-M© survey during fall and spring simulations. Implemented the DASH tool to provide feedback about debriefing to simulation instructors. **Fall 2021** 100% of skills/sims included elements of NPHSG standards and/or best practices. Used the SET-M© survey during simulations. Implemented the DASH tool to provide feedback about debriefing to simulation instructors.	administered to students during the fall semester to evaluate the simulation. **May 2021** Continue to utilize evidence based evaluation tools in simulation.
Clinical sites and experiences	100% of clinical sites will be certified or accredited.	At time of accreditation or reaccreditation	ED and ADON evaluate clinical sites for certification or accreditation.	**Spring 2018** No recent data (sites were fully accredited or certified in 2016) **Spring 2019** TUKHS transitioning ownership and partnerships with clinical sites. **Spring 2020** No recent data **Spring 2021**	**May 2018** ADON plans to reevaluate all sites. **May 2019** Awaiting for finalization of TUKHS. **May 2020** ADON plans to identify accrediting or certification body of clinical sites.

| | | | | ADON confirmed accreditation/certification of all clinical sites. | |

CRITERION 4.10 - Written agreements for clinical practice agencies are current, specify expectations for all parties and ensure the protection of students.

PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement	Frequency of Assessment/ Responsibility	Assessment Method/s	Results of Data Collection and Analysis Including actual level/s of achievement	Actions For program development, Maintenance or Revision
Clinical agreements	100% of clinical practice agency agreements are current, with specific expectations for all parties and will ensure the protection of students.	Annually in July/ Nurse Administrator	Review and evaluation of all clinical agency agreements.	**August 2017** 100% of clinical practice agency agreements are current. **August 2018** 100% of clinical practice agency agreements are current. **August 2019** 100% of clinical practice agency agreements are current. **August 2020** 100% of clinical practice agency agreements are current. **July 2021** 100% of clinical practice agency agreements are current.	**August 2017** Continue review and evaluation of all clinical agency agreements. **August 2018** Continue review and evaluation of all clinical agency agreements. **August 2019** Continue review and evaluation of all clinical agency agreements. **December 2020** Established clinical practice agreements with Pawnee County Health department (September, 2020) and Rush County Memorial Hospital (August 2020).

CRITERION 4.11 - Learning activities, instructional materials, and evaluation methods are appropriate for all delivery formats and consistent with the end-of-program student learning outcomes.					
PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement	Frequency of Assessment/ Responsibility	Assessment Method/s	Results of Data Collection and Analysis Including actual level/s of achievement	Actions For program development, Maintenance or Revision
Learning activities Instructional materials Evaluation methods Delivery formats		Annually during the Spring Retreat Nursing Faculty Team		**May 2018** Learning activities are described in Criterion 4.2, Evaluation methods are described in criterion 4.7. Tests are delivered through Canvas LMS. Course assignments are available through Canvas LMS. Some assignments are submitted through LMS. Grades are posted in the LMS. All lectures are face to face on Great Bend campus. All simulation and clinical experiences are delivered face to face either through preceptor or instructor. **May2019** Learning activities are described in Criterion 4.2, Evaluation methods are described in criterion 4.7. Tests are delivered through Canvas LMS. Course assignments are available through Canvas LMS. Some assignments are submitted through LMS. Grades are posted in the LMS. All lectures are face to face on	**May 2018** No changes **May 2019** No changes

				Great Bend campus. All simulation and clinical experiences are delivered face to face either through preceptor or instructor. **May 2020** Learning activities are described in Criterion 4.2, Evaluation methods are described in criterion 4.7. Tests are delivered through Canvas LMS. Course assignments are available through Canvas LMS. Some assignments are submitted through LMS. Grades are posted in the LMS. All lectures are face to face on Great Bend campus. (This year some lectures were delivered via synchronous Zoom meetings. All simulation and clinical experiences are delivered face to face either through preceptor or instructor. **May 2021** Changed the way the research assignment was implemented. Revised the quality assignment including the use of a discussion board. Added Laerdal V-sim learning activity in MCII.	

STANDARD 5: RESOURCES
Fiscal, physical and learning resources are sustainable and sufficient to ensure the achievement of the end-of-program student learning outcomes and program outcomes of the nursing education.

CRITERION 5.1 – Fiscal resources are sustainable, sufficient to ensure the achievement of the end-of-program student learning outcomes and program outcomes, and commensurate with the resources of the governing organization.					
PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement	Frequency of Assessment/ Responsibility	Assessment Method/s	Results of Data Collection and Analysis Including actual level/s of achievement	Actions For program development, Maintenance or Revision
Fiscal resources BCC Audited fiscal Budget Nursing Program budget	1. 100% of faculty and staff positions are budgeted for annually.	Annually in May Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team	Review of annual Nursing program budget to requests Faculty satisfaction survey or indication at evaluation meeting. Student satisfaction survey Review of annual Perkins acquisitions and requests.	**May 2018** 1. All current nursing faculty positions are budgeted through the BCC fiscal budget. **May 2019** 1. All current nursing faculty positions are budgeted through the BCC fiscal budget. Simulation coordinator position was implemented August 2018. This was a grant funded position. Per College strategic plan, would like to move this to 50% college funded for 2019-2020, 75% for 2021, & 100% thereafter. **May 2020** 1.All Nursing faculty and ADON/Simulation Coordinator positions are fully college funded.	**May 2018** 1. Continue to plan and have input in budgeting and BCC Strategic Plan. **May 2019** 1. Continue to plan and have input in budgeting and BCC Strategic Plan. Grant covering sim coordinator position was not renewed by KBOR. Alternate funding sources are being evaluated. **May 2020** 1. Continue to plan and have input in budgeting

				May 2021 1. All Nursing faculty and ADON/Simulation Coordinator positions are fully college funded.	and BCC Strategic Plan.
	2. 80% of faculty agree that fiscal resources provided by the college are adequate to facilitate continued student learning.			**May 2018** 2. 100% of faculty agree that fiscal resources are adequate. **May 2019** 2. 100% of faculty agree that fiscal resources are adequate. **May 2020** 2. 100% of faculty agree that fiscal resources are adequate. **May 2021** 2. 100% of faculty agree that fiscal resources are adequate.	**May 2018** 2. Continue to review resources and make request as needed. **May 2019** 2. Continue to review resources and make request as needed. **May 2020** 2. Continue to review resources and make requests as needed.
	3. 80% of students who return surveys will agree that available supplies were available in the learning setting to meet their needs.			**Cohort 2018** 3. 100% (15/15) of cohort 2018 students who returned surveys (15/26) rated the availability of supplies at 3 or higher. **Cohort 2019** 3. 100% (8/8) of cohort 2019 students who returned surveys (8/13) rated the availability of supplies at 3 or higher. **Cohort 2020** 3. 87.5% (7/8) of cohort 2020 students who returned surveys (8/17) rated the	**May 2019** 3. Continue to survey students for their input. **May 2020** 3. Continue to survey students for their input. **May 2021** Continue to send follow-up survey to graduates. These surveys are now online and response rates have dropped. Ashlie is

				availability of supplies at 3 or higher.	sending out email reminders to graduates in an attempt to increase response rates.
	4. 80% of faculty agree that resources and equipment are available and in good repair			**May 2018** 4. Resources are available. Have manikins in need of repair. One Sim Pad needs updated. **May 2019** 4. 100% (4/4) of faculty agree that resources are available and equipment are in good repair with exception of laptops and SimMan. Have manikins in need of repair. Due to age, testing laptops are in need of replacement. **May 2020** 4. 100% (3/3) of faculty agree that resources are available and equipment are in good repair. Received all new laptops in August. SimMan functioned appropriately throughout this school year. Faculty would like to update older model birthing manikin. **May 2021**	**May 2018** 4.Purchasing skins and veins for IV arms. SimMan – replace lung bladder. Update Sim Pad. Repairs to be completed summer 2018. **May 2019** 4. Will replace SimMan lung bladder, again. Request for laptop replacement has been submitted through the FY'20 BCC strategic plan. **May 2020** 4. Dr. Kottas has the money secured to buy the Victoria manikin. **May 2021**

| | | | | 4. Obtained the following equipment during the fall.
* Victoria
* Patient care all-in-one monitor
* Nursing Anne
* Transfer boards (2)
* Zoll defibrillator
* Suture models
* White board in T-97
* Updates to Ladybug, and TV to replace the smart board.
* Rhythm generators (2)
Approved, processed:
* IV arms (3)
* IV replacement veins/skins (3)
* Sim pad plus (4)
* A+ Plum (4)
*AccuVein finder | 4. Anticipate approval for Kansas Nursing Initiative Grant. Plan to purchase Susie Simulator (Gaumard). |

CRITERION 5.2 – Physical resources are sufficient to ensure the achievement of the end-of-program student learning outcomes and program outcomes, and meet the needs of the faculty, staff and students.

PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement	Frequency of Assessment/ Responsibility	Assessment Method/s	Results of Data Collection and Analysis Including actual level/s	Actions For program development, Maintenance or Revision

				of achievement	
Physical resources	1. 80% of students who return surveys will rate the physical resources at a level of 3 or higher on student satisfaction survey.	Annually in May Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team	Review of student satisfaction surveys	**Cohort 2018** 1. 100% (15/15) of 2018 cohort students who returned surveys (15/26) rated the availability of supplies at 3 or higher.	**May 2019** 1. Continue to survey students for their input.
				Cohort 2019 1. 100% (8/8) of 2019 cohort students who returned surveys (8/13) rated the availability of supplies at 3 or higher.	**May 2020** 1. Continue to survey students for their input.
				Cohort 2020 1. 100% (8/8) of 2020 cohort students who returned surveys (8/17) rated the availability of supplies at 3 or higher.	**May 2021** Continue to send follow-up survey to graduates. These surveys are now online and response rates have dropped. Ashlie is sending out email reminders to graduates in an attempt to increase response rates.
	2. 80% of faculty agree that the physical resources are sufficient to meet their needs and ensure the achievement of student learning and program outcomes.		Review of faculty satisfaction at annual evaluation.	**May 2018** 2. 100% (3/3) agree that physical resources are sufficient. **May 2019** 2. 100% (4/4) agree that physical resources are sufficient. **May 2020**	**May 2018** 2. Continue to review as a faculty to ensure that resources are sufficient. **May 2019** 2. Continue to review as a faculty to ensure that resources are sufficient. **May 2020** 2. Continue to review as a faculty to ensure

| | | | | 2. 100% (3/3) agree that physical resources are sufficient. | that resources are sufficient. |
| | | | | **May 2021** 2. 100% (2/2) agree that physical resources are sufficient. | |

CRITERION 5.3 - Learning resources and technology are selected with faculty input and are comprehensive, current and accessible to faculty and students.

PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement	Frequency of Assessment/ Responsibility	Assessment Method/s	Results of Data Collection and Analysis Including actual level/s of achievement	Actions For program development, Maintenance or Revision
Instructional resources	1. 100% of nursing faculty will have the opportunity for input into nursing department budget recommendations	Annually at Nursing Fall Faculty Retreat Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team	Review of nursing faculty minutes Review of LRC Advisory Council membership	**Dec. 2017** 1. 100% of faculty have opportunity to give input into budget. (See nursing faculty meeting minutes) **Dec. 2018** 1. 100% of faculty have opportunity to give input into budget. (See nursing faculty meeting minutes) **Dec. 2019** 1. 100% of faculty have opportunity to give input into budget. (See nursing	**Dec. 2017** 1. Continue to review faculty input into nursing dept. budget recommendations. **Dec. 2018** 1. Continue to review faculty input into nursing dept. budget recommendations. **Dec. 2019** 1. Continue to review faculty input into nursing dept. budget recommendations.

				faculty meeting minutes) **Dec. 2020** 1. 100% of faculty have opportunity to give input into budget. (See nursing faculty meeting minutes) **Dec. 2021** 1. 100% of faculty have opportunity to give input into budget. Budget is a line item at every monthly faculty meeting.	
	2. Nursing faculty vote to approve all new learning resources and technology.			**Dec. 2017** 2. No new learning resources or technology. **Dec. 2018** 2. Faculty identified in April 2017 (see 4-21-17 minutes) that the pediatric manikin would need to be replaced in the near future. In Spring of 2018 a donor through the Foundation donated Sim Junior. **May 2019** College does not allow personal devices (iPads) be	**Dec. 2017** 2. Faculty will continue to give input in new learning resources and technology. **Dec. 2018** 2. Faculty will continue to give input in new learning resources and technology. **May 2019** KK will visit with IT about purchasing an iPad for each

				connected to college computers for security concerns.	classroom for faculty use.
					August 2019 One iPad was provided by IT for instructional use by the ADN faculty.
				December 2019 iPad currently utilized by majority of instructors for lecture presentation. During fall retreat, faculty input was sought regarding possible technology needs that could be met with IT monies.	**December 2019** KK will further explore options with the assistance of Michelle Kaiser.
				May 2020 Faculty reviewed the Peer-to-Peer software and faculty believe it will be beneficial to student learning. Current SimPads will be outdated this June and service may be limited. Current SimPads do not have the LLEAP license. SimMan and SimBaby are currently connected to a computer with Windows XP software.	**May 2020** Faculty voted to acquire Laerdal Peer-to-Peer software, one SimPad + with LLEAP license, Victoria manikin. Plan to replace computer to facilitate update to Windows 10.
				December 2020 Purchased new equipment using	**December 2020** BG is working with Barton IT to get the updated Windows 10

				mini-grant funds. Anne was also purchased. Faculty discussed whether to purchase each item during faculty meetings. A formal vote was not done for each item. All faculty contributed to the discussion about what to purchase. **May 2021** IT updated the simulation computer with Windows 10 and recalibrated the monitor. **December 2021** Purchased Susie from Gaumard to replace SimMan. Purchased Obstetric MR from Gaumard with 1 Hololens. Purchased another nursing Anne for PN lab (has not yet arrived). Faculty consensus was to purchase the above products.	computer so that we can update Sim Man
	3. Nursing faculty will have input into library holdings/resources for nursing and healthcare			**Dec. 2017** 3. Regina requested input into resources for nursing from Renae **Dec. 2018**	**Dec. 2017** 3. KB plans to request access to OVID database **Dec. 2018**

				3. Regina requested input into resources for nursing from Renae **December 2019** 3. No new library needs were identified. **December 2020** 3. No new library needs were identified. **May 2021** 3. Discussed requesting that the Library make more laptops available for rental. **December 2021** 3. RS met with Darren Ivey to discuss library holdings. KB and KS communicated with Darren about creation of libguides for nursing students. Darren requested feedback.	3. Nursing faculty will continue to have input into library holdings/resources. **Dec. 2019** 3. Nursing faculty will continue to have input into library holdings/resources. **May 2021** RS will talk with Regina.
	4. At least one nursing faculty will serve on the LRC Advisory Council				**Dec. 2017** 4. RS is a member on the LRC Advisory Council. **Dec. 2018**	**Dec. 2017** 4. Continue with current faculty assignment **Dec. 2018**

| | | | | 4. RS is a member on the LRC Advisory Council.
Dec. 2019
4. RS is a member on the LRC Advisory Council.

Dec. 2020
4. SS is the new member on the LRC Advisory Council.
Dec. 2021
4. DM is the new member on the LRC Advisory Council. | 4. Continue with current faculty assignment.
Dec. 2019
4. Continue with current faculty assignment. |

CRITERION 5.4 - Fiscal, physical, technological and learning resources are sufficient to meet the needs of the faculty and students engaged in alternative methods of delivery.

PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement	Frequency of Assessment/ Responsibility	Assessment Method/s	Results of Data Collection and Analysis Including actual level/s of achievement	Actions For program development, Maintenance or Revision
N/A				**May 2020** Due to COVID-19 instruction shifted to Zoom presentation for didactic and face-to-face in small groups for clinical/lab/simulation. This was done with ACEN and KSBN support. **December 2020** Due to COVID-19, Barton CCC supplied all faculty with technological resources so that they can work from home if needed.	

				May 2021 Allowed students to participate in lecture by Zoom if they were in quarantine. This was done with ACEN and KSBN support. **December 2021** Discussions are ongoing related to needs for the Pratt location. Continue to use Zoom on occasion for students in quarantine.	

STANDARD 6: OUTCOMES

 Program evaluation demonstrates that students have achieved each end-of-program student learning outcome and each program outcome.

The nursing program has a current systematic plan of evaluation. The systematic plan of evaluation contains:

   a. **Specific, measurable expected levels of achievement for each end-of-program student learning outcome and each program outcome.**

b. **Appropriate assessment method(s) for each end-of-program student learning outcome and each program program.**

c. **Regular intervals for the assessment of each end-of-program student learning outcome and each program outcome.**

d. **Sufficient data to inform program decision-making for the maintenance and improvement of each end-of-program student learning outcome and each program outcome.**

e. **Analysis of assessment data to inform program decision-making for the maintenance and improvement of each end-of-program student learning outcome and each program outcome.**

f. **Documentation demonstrating the use of assessment data in program decision-making for the maintenance and improvement of each end-of-program student learning outcome and each program outcome.**

CRITERION 6.1 –
The program demonstrates evidence of students' achievement of each end-of-program student learning outcome.

There is ongoing assessment of the extent to which students attain each end-of-program student learning outcome.

There is analysis of assessment data and documentation that the analysis of assessment data is used in program decision-making for the maintenance and improvement of students' attainment of each end-of-program student learning outcome.

PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement	Frequency of Assessment/ Responsibility	Assessment Method/s	Results of Data Collection and Analysis Including actual level/s of achievement	Actions For program development, Maintenance or Revision

				(All data available electronically)	
SLO 1: Integrate caring behaviors in practicing the art and science of nursing within a diverse population.	90% of graduates and employers who return surveys will rate the achievement of this SLO at 3 (satisfactory) or greater on a 5 point Likert scale. (Include only students who complete the course – theory grade of 80% or better and pass clinical component)	Annually at Spring Faculty retreat/ Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team	Graduate and Employer Survey response to SLO #1	**2017- 2018** Graduates – 26/26 (100%) Rated at 3 or greater Employers – 10/10 (100%) Rated at 3 or greater 10/15 employer surveys returned ELA met	**2017-2018** Faculty believe this is a valid method of evaluating SLO 1. Continue with current plan
				2018- 2019 Graduates – 14/14 (100%) Rated at 3 or greater Employers – 6/6 (100%) Rated at 3 or greater 6/7 employer surveys returned ELA met	**2018-2019** Faculty believe this is a valid method of evaluating SLO 1. Continue with current plan.
				2019- 2020 Graduates –17/17 (100%) Rated at 3 or greater Employers – 4/4 (100%) Rated at 3 or greater 4/8 employer surveys returned ELA met	**2019-2020** Faculty believe this is a valid method of evaluating SLO 1. Continue with current plan.
				2020- 2021 **Pending:** Graduates – ____ Rated at 3 or greater Employers – ____ Rated at 3 or greater	

	90% of students will receive a satisfactory in each course (with a clinical component) on the final clinical evaluation tool under the "caring" component. (Include all students who receive a final clinical evaluation)	Annually at Spring Faculty retreat/ Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team	Final Clinical evaluation tools: Med-Surg III Mat-Child II Med-Surg IV Mental-Health II	**2017-2018** Med-Surg III 26/26 (100%) Mat-Child II 26/26 (100%) Med-Surg IV 26/26 (100%) Mental Health II 26/26 (100%) ELA met **2018-2019** Med-Surg III 17/17 (100%) Mat-Child II 17/17 (100%) Med-Surg IV 14/14 (100%) Mental Health II 14/14 (100%) ELA met **2019-2020** Med-Surg III 30/30 (100%) Mat-Child II 30/30 (100%) Med-Surg IV 19/19 (100%) Mental Health II 19/19 (100%) ELA met **2020-2021** Med-Surg III 27/27 Mat-Child II 25/25 (100%) Med-Surg IV 28/28 (100%)	**2017-2018** Faculty believe this is a valid method of evaluating SLO 1 in the clinical setting. Continue with current plan **2018-2019** Faculty believe this is a valid method of evaluating SLO 1 in the clinical setting. Continue with current plan **2019-2020** Faculty believe this is a valid method of evaluating SLO 1 in the clinical setting. Continue with current plan **2020-2021** Faculty believe this is a valid method of evaluating SLO 1. Continue with current plan.

				Mental Health II 28/28 (100%) **2021-2022** Med-Surg III 34/34 (100%) Mat-Child II 32/32 (100%) Med-Surg IV (%) Mental Health II (%)	
SLO 2: Implement professional standards and scope of practice within legal, ethical, and regulatory frameworks.	90% of graduates and employers who return surveys will rate the achievement of this SLO at 3 (satisfactory) or greater on a 5 point Likert scale. (Include only students who complete the course – theory grade of 80% or better and pass clinical component)	Annually at Spring Faculty retreat/ Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team	Graduate and Employer Survey response to SLO 2	**2017- 2018** Graduates – 26/26 (100%) Rated at 3 or greater Employers – 10/10 (100%) Rated at 3 or greater 10/15 employer surveys returned ELA met **2018- 2019** Graduates – 14/14 (100%) Rated at 3 or greater Employers – 6/6 (100%) Rated at 3 or greater 6/7 employer surveys returned ELA met **2019- 2020** Graduates – 17/17 (100%) Rated at 3 or greater Employers – 4/4 (100%) Rated at 3 or greater 4/8 employer surveys returned	**2017-2018** Faculty believe this is a valid method of evaluating SLO 2. Continue with current plan. **2018-2019** Faculty believe this is a valid method of evaluating SLO 2. Continue with current plan. **2019-2020** Faculty believe this is a valid method of evaluating SLO 2. Continue with current plan.

			ELA met Graduates – _____ Rated at 3 or greater Employers – _____ Rated at 3 or greater	
	90% of students will receive a satisfactory in each course (with a clinical component) on the final clinical evaluation tool under the "professional" component. (Include all students who receive a final clinical evaluation)	Annually at Spring Faculty retreat/ Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team	Final Clinical evaluation tools: Med-Surg III Mat-Child II Med-Surg IV Mental-Health II	**2017-2018** Med-Surg III 26/26 (100%) Mat-Child II 26/26 (100%) Med-Surg IV 26/26 (100%) Mental Health II 26/26 (100%) ELA met **2018-2019** Med-Surg III 17/17 (100%) Mat-Child II 17/17 (100%) Med-Surg IV 14/14 (100%) Mental Health II 14/14 (100%) ELA met **2019-2020** Med-Surg III 29/30 (97%) Mat-Child II 30/30 (100%) Med-Surg IV 19/19 (100%) Mental Health II 19/19 (100%)	**2017-2018** Faculty believe this is a valid method of evaluating SLO 2 in the clinical setting. Continue with current plan **2018-2019** Faculty believe this is a valid method of evaluating SLO 2 in the clinical setting. Continue with current plan. **2019-2020** Faculty believe this is a valid method of evaluating SLO 2 in the clinical setting. Continue with current plan.

				ELA met	
				2020-2021 Med-Surg III 26/27 (96.2%) Mat-Child II 25/25 (100%) Med-Surg IV 28/28 (100%) Mental Health II 28/28 (100%) ELA met **2021-2022** Med-Surg III 33/34 (97%) Mat-Child II 32/32 (100%) Med-Surg IV (%) Mental Health II (%)	**2020-2021** Faculty believe this is a valid method of evaluating SLO 2. Continue with current plan.

SLO 3:
Collaborate with clients and members of the interprofessional health care team to optimize client outcomes.
	90% of graduates and employers who return surveys will rate the achievement of this SLO at 3 (satisfactory) or greater on a 5 point Likert scale.
	(Include only students who complete the course – theory grade of 80% or better and pass clinical component)
		Annually at Spring Faculty retreat/ Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team	Graduate and Employer Survey response to SLO 3	**2017- 2018**
				Graduates – 26/26 (100%)
				Rated at 3 or greater
				Employers – 10/10 (100%)
				Rated at 3 or greater
				   10/15 employer
				   surveys returned
				ELA met
				2018- 2019
				Graduates – 14/14 (100%)
				Rated at 3 or greater
				Employers – 5/6 (83.3%)
				Rated at 3 or greater
				   6/7 employer
				surveys
				   returned
				ELA not met
					2017-2018
					Faculty believe this is a valid method of evaluating SLO 3. Continue with current plan.
					
					2018-2019
					Faculty believe this is a valid method of evaluating SLO 3. Continue with current plan
					
					2019-2020

				2019- 2020 Graduates –17/17 (100%) Rated at 3 or greater Employers – 4/4 (100%) Rated at 3 or greater 4/8 employer surveys returned ELA met ==2020- 2021== ==Pending:== Graduates – ____ Rated at 3 or greater Employers – ____ Rated at 3 or greater	Faculty believe this is a valid method of evaluating SLO 3. Continue with current plan.
	90% of students will rate the field ops (Interprofessional) learning activity at 3 (satisfactory) or greater on a 5 point Likert scale.	Annually at Spring Faculty retreat/ Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team	Field-Ops Clinical Rubric – Med-Surg IV	**2017-2018** 26/26 (100%) students rated 4.c (SLO 3) on the rubric at 3 or greater. ELA met **2018-2019** 14/14 (100%) students rated 4. c (SLO 3) on the rubric at 3 or greater. ELA met **2019-2020** Field-ops learning activity cancelled due to COVID-19 **2020-2021** Field-ops learning activity cancelled.	**2017-2018** Faculty believe this is a valid method of evaluating SLO 3 in the clinical setting. Continue with current plan. **2018-2019** Faculty believe this is a valid method of evaluating SLO 3 in the clinical setting. Continue with current plan. **2019-2020** Plan to resume Field-ops activity in 2021. **2020-2021** Plan to use the final clinical evaluation tool in each course (with a clinical component) under the "collaboration/communicatio

					n" component to evaluate SLO #3 in the future.
SLO 4: Formulate safe and effective clinical judgments guided by nursing process, clinical reasoning, and evidence-based practice.	90% of graduates and employers who return surveys will rate the achievement of this SLO at 3 (satisfactory) or greater on a 5 point Likert scale. (Include only students who complete the course – theory grade of 80% or better and pass clinical component)	Annually at Spring Faculty retreat/ Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team	Graduate and Employer Survey response to SLO 4	**2017- 2018** Graduates – 26/26 (100%) Rated at 3 or greater Employers – 10/10 (100%) Rated at 3 or greater 10/15 employer surveys returned ELA met	**2017-2018** Faculty believe this is a valid method of evaluating SLO 4. Continue with current plan.
				2018- 2019 Graduates – 14/14 (100%) Rated at 3 or greater Employers – 6/6 (100%) Rated at 3 or greater 6/7 employer surveys returned ELA met	**2018-2019** Faculty believe this is a valid method of evaluating SLO 4. Continue with current plan.
				2019- 2020 Graduates –17/17 (100%) Rated at 3 or greater Employers – 4/4 (100%) Rated at 3 or greater 4/8 employer surveys returned ELA met	**2019-2020** Faculty believe this is a valid method of evaluating SLO 4. Continue with current plan.
				==**2020- 2021** **Pending:**== Graduates – ____	

				Rated at 3 or greater Employers – ____ Rated at 3 or greater	
	90% of students will receive a satisfactory in each course (with a clinical component) on the final clinical evaluation tool under the "clinical judgments/critical thinking" component. (Include all students who receive a final clinical evaluation)	Annually at Spring Faculty retreat/ Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team	Final Clinical evaluation tools: Med-Surg III Mat-Child II Med-Surg IV Mental-Health II	**2017-2018** Med-Surg III 26/26 (100%) Mat-Child II 26/26 (100%) Med-Surg IV 26/26 (100%) Mental Health II 26/26 (100%) ELA met	**2017-2018** Faculty believe this is a valid method of evaluating SLO 4 in the clinical setting. Continue with current plan.
				2018-2019 Med-Surg III 17/17 (100%) Mat-Child II 17/17 (100%) Med-Surg IV 14/14 (100%) Mental Health II 14/14 (100%) ELA met	**2018-2019** Faculty believe this is a valid method of evaluating SLO 4. Continue with current plan.
				2019-2020 Med-Surg III 30/30 (100%) Mat-Child II 30/30 (100%) Med-Surg IV 19/19 (100%) Mental Health II 19/19 (100%) ELA met	**2019-2020** Faculty believe this is a valid method of evaluating SLO 4. Continue current plan.
				2020-2021 Med-Surg III 27/27 (100%)	**2020-2021** Faculty believe this is a valid method of evaluating SLO 4. Continue with current plan.

				Mat-Child II 25/25 (100%) Med-Surg IV 28/28 (100%) Mental Health II 28/28 (100%) ELA met **2021-2022** Med-Surg III 34/34 (100%) Mat-Child II 32/32 (100%) Med-Surg IV (%) Mental Health II (%)	

	Internally trend end-of-program Kaplan Integrated Test, *Nursing Assessment Test* data for "clinical judgment, evidence based practice, and safety" under the Accreditation category.
	Barton student cohort % score will be equal to or above the normed % score.
		Annually at Spring Faculty retreat/ Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team	Trend the data from the Kaplan *Nursing Assessment Test* for three years.	**2017-2018**
				Administered Kaplan Readiness Test.
				
				2018-2019
				Clinical judgment
				    Student % correct – 69.2%
				    Normed % correct – 49%
				Evidence-based practice
				    Student % correct – 74.3%
				    Normed % correct – 67%
				Safety
				    Student % correct – 68.6%
				    Normed % correct – 60%
				
				2019-2020
				Clinical judgment
				    Student % correct –
					2017-2018
					Plan to administer Nursing Assessment Test in 2018-2019
					
					2018-2019
					Administered the Nursing Assessment Test in May 2019. Continue to administer the Nursing Assessment Test yearly after the Kaplan Review Session. Continue to trend data to evaluate the effectiveness as an evaluation method for SLO 4.
					
					2019-2020

| | | | | 75%
Normed % correct – 49%
Evidence-based practice
  Student % correct – 72.4%
  Normed % correct – 67%
Safety
  Student % correct – 68.5%
  Normed % correct – 60%

This is the second cohort to take the *Kaplan Assessment Test.* Barton nursing students scored above the normed % score in clinical judgment, evidence-based practice, and safety both years.

2020-2021
Clinical judgment
  Student % correct – 67%
  Normed % correct – 49%
Evidence-based practice
  Student % correct – 71%
  Normed % correct – 67%
Safety
  Student % correct – 70% | Administered the Nursing Assessment Test in May 2019 and May 2020. Continue to administer the Nursing Assessment Test yearly after the Kaplan Review Session. Continue to trend data to evaluate the effectiveness as an evaluation method for SLO 4.

2020-2021
Administered the Nursing Assessment Test in May 2019, May 2020, and May 2021. Continue to administer the Nursing Assessment Test yearly after the Kaplan Review Session. Continue to trend data to evaluate the effectiveness as an evaluation method for SLO 4. |

				Normed % correct – 60% This is the third cohort to take the *Kaplan Assessment Test.* Barton nursing students scored above the normed % score in the categories of 'clinical judgment', 'evidence-based practice', and 'safety' for 3 consecutive years. ELA met	

SLO 5: Manage care and provide leadership to meet client needs using available resources and current technology.	90% of graduates and employers who return surveys will rate the achievement of this SLO at 3 (satisfactory) or greater on a 5 point Likert scale. (Include all students who complete the course – theory grade of 80% or better and pass clinical component)	Annually at Spring Faculty retreat/ Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team	Graduate and Employer Survey response to SLO 5	**2017- 2018**
				Graduates – 26/26 (100%)
				Rated at 3 or greater
				Employers – 10/10 (100%)
				Rated at 3 or greater
				  10/15 employer surveys returned
				ELA met
				2018- 2019
				Graduates – 14/14 (100%)
				Rated at 3 or greater
				Employers – 5/6 (83.3%)
				Rated at 3 or greater
				  6/7 employer surveys
				  returned
				ELA not met
				
				2019- 2020
					2017-2018
					Faculty believe this is a valid method of evaluating SLO 5. Continue with current plan.
					
					2018-2019
					Faculty believe this is a valid method of evaluating SLO 5. Continue with current plan.
					
					2019-2020
					Faculty believe this is a valid method of evaluating SLO 5. Continue with current plan.

			Graduates –17/17 (100%) Rated at 3 or greater Employers – 4/4 (100%) Rated at 3 or greater 4/8 employer surveys returned ELA met <mark>2020- 2021 Pending:</mark> Graduates – ____ Rated at 3 or greater Employers – ____ Rated at 3 or greater	
	90% of students will receive a satisfactory in each course (with a clinical component) on the final clinical evaluation tool under the "manager/leader" component. (Include all students who receive a final clinical evaluation)	Annually at Spring Faculty retreat/ Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team	Final Clinical evaluation tools: Med-Surg III Mat-Child II Med-Surg IV Mental Health II	**2017-2018** Med-Surg III 26/26 (100%) Mat-Child II 26/26 (100%) Med-Surg IV 26/26 (100%) Mental Health II 26/26 (100%) ELA met **2018-2019** Med-Surg III 17/17 (100%) Mat-Child II 17/17 (100%) Med-Surg IV 14/14 (100%) Mental Health II 14/14 (100%) ELA met **2019-2020**	**2017-2018** Faculty believe this is a valid method of evaluating SLO 5 in the clinical setting. Continue with current plan. **2018-2019** Faculty believe this is a valid method of evaluating SLO 5 in the clinical setting. Continue with current plan. **2019-2020** Faculty believe this is a valid method of evaluating SLO5

				Med-Surg III 30/30 (100%) Mat-Child II 30/30 (100%) Med-Surg IV 19/19 (100%) Mental Health II 19/19 (100%) ELA met **2020-2021** Med-Surg III 27/27 (100%) Mat-Child II 25/25 (100%) Med-Surg IV 28/28 (100%) Mental Health II 28/28 (100%) ELA met **2021-2022** Med-Surg III 34/34 (100%) Mat-Child II 32/32 (100%) Med-Surg IV (%) Mental Health II (%)	in the clinical setting. Continue with current plan. **2020-2021** Faculty believe this is a valid method of evaluating SLO 5. Continue with current plan.

	Internally trend Kaplan *Nursing Assessment Test* data for "Management of Care" under the Client Need Category. Barton student cohort % score will be equal to or above the normed % score.	Annually at Spring Faculty retreat/ Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team	Trend the data from the Kaplan *Nursing Assessment Test* for three years.	**2017-2018**
				Administered Kaplan Readiness Test
				
				2018-2019
				Management of Care
				  Student % correct – 80.8%
				  Normed % correct – 76%
					2017-2018
					Plan to administer Nursing Assessment Test in 2018-2019
					2018-2019
					Administered the Nursing Assessment Test in May 2019. Continue to administer the Nursing Assessment Test yearly after the Kaplan Review Session. Continue to trend data to

					evaluate the effectiveness as an evaluation method for SLO 5.

				2019-2020
				Management of Care
				  Student % correct – 83.8%
				  Normed % correct – 76%
				
				This is second cohort to take the Kaplan Assessment Test. Barton nursing students scored above the norm in Management of Care both years.
					2019-2020
					Administered the Nursing Assessment Test in May 2019 and May 2020. Continue to administer the Nursing Assessment Test yearly after the Kaplan Review Session. Continue to trend data to evaluate the effectiveness as an evaluation method for SLO 5.

				2020-2021
				Management of Care
				  Student % correct – 81%
				  Normed % correct – 76%
				
				This is the third cohort to take the *Kaplan Assessment Test.* Barton nursing students scored above the normed % score in the category 'Management of Care' for 3 consecutive years.
				ELA met
					2020-2021
					Administered the Nursing Assessment Test in May 2019, May 2020, and May 2021. Continue to administer the Nursing Assessment Test yearly after the Kaplan Review Session. Continue to trend data to evaluate the effectiveness as an evaluation method for SLO 5.

| SLO 6: Generate teaching and learning processes to promote and maintain health and to reduce risks for a global population. | 90% of graduates and employers who return surveys will rate the achievement of this SLO at 3 (satisfactory) or greater on a 5 point Likert scale. (Include all students who complete the course – theory grade of 80% or better and pass clinical component) | Annually at Spring Faculty retreat/ Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team | Graduate and Employer Survey response to SLO 6 | **2017- 2018** Graduates – 26/26 (100%) Rated at 3 or greater Employers – 10/10 (100%) Rated at 3 or greater 10/15 employer surveys returned ELA met **2018- 2019** Graduates – 14/14 (100%) Rated at 3 or greater Employers – 5/6 (83.3%) Rated at 3 or greater 6/7 employer surveys returned **ELA not met** **2019- 2020** Graduates –17/17 (100%) Rated at 3 or greater Employers – 4/4 (100%) Rated at 3 or greater 4/8 employer surveys returned ELA met ==**2020- 2021** **Pending:**== Graduates – ____ Rated at 3 or greater Employers – ____ Rated at 3 or greater | **2017-2018** Faculty believe this is a valid method of evaluating SLO 6. Continue with current plan. **2018-2019** Faculty believe this is a valid method of evaluating SLO 6. Continue with current plan. **2019-2020** Faculty believe this is a valid method of evaluating SLO 6. Continue with current plan. |

	==75% of students will earn 75% (75/100 points) on the grading rubric for the teaching project in Med-Surg IV==	Annually at Spring Faculty retreat/ Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team	Teaching Project Rubric in Med-Surg IV	**2017-2018** 26/26 (100%) students earned at least 75/100 points. ELA met	**2017-2018** Faculty believe this assignment is a valid method of evaluating SLO 6. Continue with current plan.
				2018-2019 92% (13/14) students earned at least 80%. ELA assignment grade (75%) did not align with current grading requirement. ELA met	**2018-2019** Passing course grade was changed from 75% to 80% in 2016-2017. In May 2019, adjusted ELA to align with current grading requirement. Faculty believe this assignment is a valid method of evaluating SLO 6. Continue with adjusted changes.
	New ELA established May 2019: 75% of students will earn a minimum score of 80% on the grading rubric for the teaching project in Med-Surg IV			**2019-2020** 95% (18/19) students earned at least 80% on the teaching plan assignment. ELA met	**2019-2020** Faculty believe this assignment is a valid method of evaluating SLO 6. Continue with current plan.
				2020-2021 89% (25/28) students earned at least 80% on the teaching plan assignment. ELA met	**2020-2021** Faculty believe this is a valid method of evaluating SLO 6. Continue with current plan.
SLO 7: Demonstrate effective communication methods to manage client needs and to	90% of graduates and employers who return surveys will rate the achievement of this SLO at 3 (satisfactory) or greater on a 5 point Likert scale.	Annually at Spring Faculty retreat/ Nurse Administrator, Nursing Program Coordinator, and	Graduate and Employer Survey response to SLO 7	**2017- 2018** Graduates – 26/26 (100%) Rated at 3 or greater Employers – 10/10 (100%) Rated at 3 or greater	**2017-2018** Faculty believe this is a valid method of evaluating SLO 7. Continue with current plan.

| interact with other health care team members. | (Include all students who complete the course – theory grade of 80% or better and pass clinical component) | Nursing Faculty Team | | 10/15 employer surveys returned ELA met
2018- 2019
Graduates – 14/14 (100%)
Rated at 3 or greater
Employers – 5/6 (83.3%)
Rated at 3 or greater
6/7 surveys returned
ELA not met
2019- 2020
Graduates –17/17 (100%)
Rated at 3 or greater
Employers – 4/4 (100%)
Rated at 3 or greater
4/8 employer surveys returned
ELA met

==2020- 2021==
==Pending:==
Graduates – ____
Rated at 3 or greater
Employers – ____
Rated at 3 or greater | **2018-2019**
Faculty believe this is a valid method of evaluating SLO 7. Continue with current plan.

2019-2020
Faculty believe this is a valid method of evaluating SLO 7. Continue with current plan. |
| | 90% of students will receive a satisfactory in each course (with a clinical component) on the final clinical evaluation tool under the "collaboration/ communication" component. (Include all students who receive a final clinical evaluation) | Annually at Spring Faculty retreat/ Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team | Final Clinical evaluation tools:
Med-Surg III
Mat-Child II
Med-Surg IV
Mental-Health II | **2017-2018**
Med-Surg III 26/26 (100%)
Mat-Child II 26/26 (100%)
Med-Surg IV 26/26 (100%)
Mental Health II 26/26 (100%)
ELA met | **2017-2018**
Faculty believe this is a valid method of evaluating SLO 7 in the clinical setting. Continue with current plan. |

				2018-2019 Med-Surg III 17/17 (100%) Mat-Child II 17/17 (100%) Med-Surg IV 14/14 (100%) Mental Health II 14/14 (100%) ELA met	**2018-2019** Faculty believe this is a valid method of evaluating SLO 7 in the clinical setting. Continue with current plan.
				2019-2020 Med-Surg III 30/30 (100%) Mat-Child II 30/30 (100%) Med-Surg IV 19/19 (100%) Mental Health II 19/19 (100%) ELA met	**2019-2020** Faculty believe this is a valid method of evaluating SLO 7 in the clinical setting. Continue with current plan.
				2020-2021 Med-Surg III 27/27 (100%) Mat-Child II 25/25 (100%) Med-Surg IV 28/28 (100%) Mental Health II 28/28 (100%) ELA met	**2020-2021** Faculty believe this is a valid method of evaluating SLO 7. Continue with current plan.
				2021-2022 Med-Surg III 34/34 (100%) Mat-Child II 32/32 (100%) Med-Surg IV (%) Mental Health II (%)	

| | Internally trend Kaplan *Nursing Assessment Test* data for "Communication" under the Accreditation category. Barton student cohort % score will be equal to or above the normed % score. | Annually at Spring Faculty retreat/ Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team | Trend the data from the Kaplan *Nursing Assessment Test* for three years | **2017-2018** Administered Kaplan Readiness Test **2018-2019** Communication Student % correct – 73% Normed % correct – 60% **2019-2020** Communication Student % correct – 71% Normed % correct – 60% This is second cohort to take the Kaplan Assessment Test. Barton nursing students scored above the norm in Communication both years. **2020-2021** Communication Student % correct – 71% Normed % correct – 60% This is the third cohort to take the *Kaplan Assessment Test.* Barton nursing | **2017-2018** Plan to administer Nursing Assessment Test in 2018-2019 **2018-2019** Administered the Nursing Assessment Test in May 2019. Continue to administer the Nursing Assessment Test yearly after the Kaplan Review Session. Continue to trend data to evaluate the effectiveness as an evaluation method for SLO 7. **2019-2020** Administered the Nursing Assessment Test in May 2019, and May 2020. Continue to administer the Nursing Assessment Test yearly after the Kaplan Review Session. Continue to trend data to evaluate the effectiveness as an evaluation method for SLO 7. **2020-2021** Administered the Nursing Assessment Test in May 2019, May 2020, and May 2021. Continue to administer the Nursing Assessment Test yearly after the Kaplan Review Session. Continue to trend data to evaluate the effectiveness as an |

				students scored above the normed % score in the category 'Communication' for 3 consecutive years. ELA met	evaluation method for SLO 7.
	<mark>75% of students will earn 75% (75/100 points) on the grading rubric for Interaction Study in Mental Health II.</mark> **New ELA established May 2019:** 75% of students will earn 80% (80/100 points) on the grading rubric for Interaction Study in Mental Health II.	Annually at Spring Faculty retreat/ Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team	Interaction Study Rubric in Mental Health II.	**2017-2018** 24/26 (92.3%) students earned at least 75 points. ELA met **2018-2019** 78% (11/14) students earned at least 80%. ELA assignment grade (75%) did not align with current grading requirement. **2019-2020** 95% (18/19) students earned at least 80%. ELA met **2020-2021** 92.8% (26/28) students earned at least 80%. ELA met	**2017-2018** Faculty believe this assignment is a valid method of evaluating SLO 7. Continue with current plan. **2018-2019** Passing course grade was changed from 75% to 80% in 2016-2017. In May 2019, adjusted ELA to align with current grading requirement. Faculty believe this assignment is a valid method of evaluating SLO 7. Continue with adjusted changes. **2019-2020** Faculty believe this assignment is a valid method of evaluating SLO 7. Continue with adjusted changes. **2020-2021** Faculty believe this is a valid method of evaluating SLO 7. Continue with current plan.

CRITERION 6.2 –
The program demonstrates evidence of graduates' achievement on the licensure examination.

The program's most recent annual licensure examination pass rate will be at least 80% for **all first**-time test takers during the same 12-month period.

There is ongoing assessment of the extent to which graduates succeed on the licensure examination.

There is analysis of assessment data and documentation that the analysis of assessment data is used in program decision-making for the maintenance and improvement of graduates' success on the licensure examination.

There is a minimum of the three (3) most recent years of available licensure examination pass rate data, and data are aggregated for the nursing program as a whole as well as disaggregated by program option, location, and date of program completion.

PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement	Frequency of Assessment/ Responsibility	Assessment Method/s	Results of Data Collection and Analysis Including actual level/s of achievement	Actions For program development, Maintenance or Revision
Licensure pass rate	The program's most recent annual licensure examination pass rate will be at least 80% for all first-time test takers from January 1 to December 31 every year.	Annually in August (will have to wait for students to complete NCLEX)/ Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team	Comparative analysis of annual pass rates	**August 2018** 21/26 = 80.77% ELA met 3/5 passed on 2nd attempt. 1/2 passed on 3rd attempt.	**August 2018** Continue with current strategies of test review/remediation. Meet early with students at risk to identify strategies for success. Implement Kaplan's CAT (pkg of 3) **May 2019** Administered Kaplan CAT exam as a

					proctored exam. Encouraged students to take final 2 CAT exams after Kaplan Review course to self-monitor progress towards NCLEX preparation. Administered Kaplan Nursing Assessment Test. Counseled students individually on their NCLEX study plan based upon their Nursing Assessment Test scores.
				August 2019 12/13 = 92.3% ELA met 1/1 passed on 2nd attempt	**August 2019** Continue with current strategies of test review/remediation. Meet early with students at risk to identify strategies for success.
				August 2020 17/17 = 100% ELA met	**August 2020** Continue with current strategies of test review/remediation. Meet early with students at risk to identify strategies for success.
				August 2021 20/24=83.33% 4/4 passed on second attempt	**August 2021** Continue with current strategies of test review/remediation. Meet early with students at risk to identify strategies for success.

CRITERION 6.3 –
The program demonstrates evidence of students' achievement in completing the nursing program.

The expected level of achievement for program completion is determined by the faculty and reflects student demographics.

There is ongoing assessment of the extent to which students complete the nursing program.

There is analysis of assessment data and documentation that the analysis of assessment data is used in program decision-making for the maintenance and improvement of students' completion of the nursing program.

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

PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement	Frequency of Assessment/ Responsibility	Assessment Method/s	Results of Data Collection and Analysis Including actual level/s of achievement	Actions For program development, Maintenance or Revision
ADN Program Completion	Minimum of 75% of all students who began the first nursing course in the program will complete the <mark>program within 3 academic terms, which is 150% of the usual timeframe for the program.</mark> Review May 2022	Annually / Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team	Review student data and calculate program completion rate.	**Cohort 2018** 26/34 – 76.47% ELA met	**May 2018 Revision** Weighted the three categories of selection criteria (Academic 65%, Professionalism 25%, Experience/Endorsements 10%) for the 2019-2020 academic year. See faculty and student handbook for policy. **Maintenance** Continue to evaluate selection criteria for admission and trend data

					for possible correlation to completion rate. Continue to require remediation for students at risk for failure due to low-test scores.
				Cohort 2019 13/19 – 68.4% **ELA not met**	**May 2019** Continue to evaluate selection criteria for admission, including minimum TEAS score, and trend data for possible correlation to completion rate. Continue to conduct pretest reviews and instructor led study sessions and to highly recommend remediation for students with low-test scores. Continue to complete performance alerts with students who are below the passing threshold on individual exams. Continue to reinforce theory content by aligning simulation experiences with theory content.
				Dec. 2019 After MSIII exam 2, identified a significant number of students below passing threshold for course.	**Dec. 2019** After MSIII exam 2, faculty initiated scheduled faculty-led study halls to review muddy content areas as identified by the attending students. Faculty currently discussing rearranging Fall content to provide basic oxygenation,

					perfusion, and fluid balance concepts prior to systems content.
				Cohort 2020 22/34 - 64.7% **ELA not met**	**May 2020** Continue study halls and pretest reviews in the Spring semester. Plan to continue study halls or other reinforcement strategies in Fall 2020. Will rearrange content to include acute care concepts in MS III and critical care concepts in MS IV with planned implementation Fall 2020.
				Cohort 2021 19/26 – 73% (5 returning 2021-2022) (4/5 completed 2022) 23/26 = 88% (150%) **ELA Met** when adjusted with 150% completion allowance	**May 2021** 73% completion rate has increased significantly from previous 2 years. Faculty changed the sequence of content for this cohort (basic and common disease processes in the fall and complex and critical concepts in the spring). Plan that next year faculty will continue to deliver content in the same sequence as was done for the 2021 cohort. All other strategies implemented over the past 4 years to improve retention and NCLEX-RN pass rates will be continued.
				Cohort 2022 25/31 = 80% (2 returning 2022-23) **ELA MET**	
May 2022 KSBN no longer acknowledging the 150% completion rates. Completion rates based on first attempt at program only.					**May 2022** Completion rates continue to increase.

| | | | | | Completion rates will be figured for first time program completers only, to align with KSBN standards. |

CRITERION 6.4 –
The program demonstrates evidence of graduates' achievement in job placement.

The expected level of achievement for job placement is determined by the faculty and reflects program demographics.

There is ongoing assessment of the extent to which graduates are employed.

There is analysis of assessment data and documentation that the analysis of assessment data is used in program decision-making for the maintenance and improvement of graduates being employed.

There is a minimum of the three (3) most recent years of available job placement data, and data are aggregated for the nursing program as a whole.

PLAN				IMPLEMENTATION	
Component	Expected Level of Achievement	Frequency of Assessment/ Responsibility	Assessment Method/s	Results of Data Collection and Analysis Including actual level/s of achievement	Actions For program development, Maintenance or Revision
Job placement rates	80% of ADN graduates will report employment as an RN within 12 months of graduation.	Annually / Nurse Administrator, Nursing Program Coordinator, and Nursing Faculty Team	Review and analysis of returned Nursing Graduate surveys, Personal communication between nursing program staff and graduates, Social Media	**Cohort 2018** 24/26 = 92.3% ELA met **Cohort 2019** 13/13 = 100% ELA met **Cohort 2020** 17/17 = 100% ELA met	**May 2019** Continue evaluating rate of graduate employment within 12 months of graduation **May 2020** Continue evaluating rate of graduate employment within 12 months of graduation **May 2021** Continue evaluating rate of graduate employment

| | | | | | within 12 months of graduation |