



Nursing Department

**Policy #021**

**Systematic Program Evaluation Plan**

<b>Status:</b>	Originated 2014-05-20 Revised 2023-12-17, 2017-12-14
<b>Effective:</b>	2023-12-17
<b>Initiated by:</b>	Program Evaluation Committee
<b>WAC / CCNE:</b>	WAC 246-840-512 CCNE Standard IV-A

### **PURPOSE**

The purpose of this policy is to provide a written, comprehensive, systematic plan for ongoing evaluation that is based on program outcomes data and input from faculty, students, health care partners and consumers, and that incorporates continuing improvement goals and measures to include:

1. evaluative criteria,
2. methods used to evaluate,
3. frequency of evaluation,
4. assignment of responsibility, and
5. measurable indicators or benchmarks of effectiveness for the nursing education program and instruction.

### **AUDIENCE**

This policy applies to all Heritage University Nursing Department (HUND) students, instructors, and staff.

### **PLAN**

Program evaluation is a fluid and dynamic process intended to monitor the effectiveness of policies and processes as the Nursing Department aims to effectively meet student learning needs and faculty concerns within the limits of the Department and University resources available. Program evaluation is undergirded by the Nursing Department philosophy, professional nursing practice legal codes, professional accreditation standards, and societal needs. Changes wrought by public policy and the growth of scientific knowledge for nursing practice are expected to influence professional nursing and educational outcomes. Therefore, the Systematic Evaluation Plan is anticipated to be amended over time.

In 2014, Heritage University voluntarily closed the program leading to an associate degree in nursing, and in 2015 voluntarily indefinitely suspended the program leading to the practical nurse certificate.

In 2015, Heritage University was granted permission by the Nursing Care Quality Assurance Commission (NCQAC), now the Washington State Board of Nursing (WABON) to admit students to the BSN program.

The program evaluation plan replaces the preceding program evaluation plan. A formal review of the policy and plan shall occur every three years, but may be reviewed sooner if problem areas are noted or

changes in the Washington Administrative Code (WAC), accreditation standards, nursing practice standards or nursing education practice standards require consideration.

### **POLICIES AND PROCEDURES**

**Program Evaluation Committee will specifically address the following areas:**

- a. Program quality related to compliance with the mission, goals, and governance of the Nursing Department and of Heritage University, current WAC, and Commission on Collegiate Nursing Education (CCNE) (2024) accreditation standards.
- b. Curriculum
- c. Program effectiveness
- d. Institutional commitment and resources
- e. Program and student outcomes

Other areas of evaluation also will be conducted by various Nursing Department committees such as Curriculum; Bylaws, Policies, and Handbooks; Admissions, Progression, Retention, and Graduation; and program-specific Ad Hoc committees.

By June 15, at the conclusion of each academic year the Chair of the Program Evaluation Committee (PEC), in collaboration with the Nursing Director, will determine the work to be done by all committees regarding all areas for review for upcoming academic year.

The PEC will present a work plan by the start of the academic year, each academic year to the Nursing Faculty Assembly at the July Nursing Faculty assembly meeting. Various Nursing Department committees will work in conjunction with the PEC to annually review diverse aspects of the Nursing Department and complete the Systematic Evaluation Plan. The necessary student and faculty records, various forms of evaluations, surveys, and institutional research will also be collected and analyzed to provide trended data that reflect the mission, work, and outcomes of the Department of Nursing.

The Nursing Department committees will submit academic year-end reports that summarize evaluative work completed to the chair of the Program Evaluation Committee by May 15 of each academic year. Committees will summarize the scope of their work over the course of the year providing narrative descriptions and trended data pertinent to their purpose. These annual reports will become part of the record for the Department's annual evaluation.

A variety of sources will be used to inform the evaluation process. The Nursing Department Systematic Evaluation Plan will provide an overall view of the standards pertinent to the NCQAC and standards pertinent to the CCNE. These standards will be used as the framework for all Nursing Department evaluation processes. Other standards and guidelines pertinent to professional nursing, higher education, and student outcomes will also be used to inform the evaluation processes such as *The Essentials* (American Association of Colleges of Nursing, 2021), *The Future of Nursing* (Institute of Medicine, 2010), and *The Future of Nursing 2020-2030* (National Academy of Medicine, 2021), and

### **The Program Evaluation Committee**

The PEC shall oversee the Systematic Evaluation Program Plan to assure effective educational processes and quality student outcomes. The PEC shall oversee the plan's completion annually using standards and criteria important to the nursing discipline and aligned with the department and university's mission, vision, goals, and philosophy. The PEC will meet at least six times annually, that is, three times in fall and three times in spring, and at other times throughout the academic year as needed.

### **Membership of Program Evaluation Committee**

As outlined in the Heritage University Nursing Bylaws (v.2025-01-31), the PEC shall be comprised of faculty members from all programs in the Nursing Department, the Heritage University VP of Accreditation, at least two student representatives, at least one administrator or faculty outside of the Nursing Department who is a program evaluation expert, and a member of the community external to Heritage University.

The PEC chair, who must be a voting member of the Nursing Faculty Assembly, is appointed by the Nursing Department Chair and will be considered for a course or workload reduction to guide the PEC work, coordinate efforts of others to collect and analyze data, and collaborate with others to complete an annual written report. The committee chair shall provide oversight of the evaluation plan to assure that various aspects of the plan are conducted according to structured timelines. The PEC chair shall collaborate with the Nursing Department Chair, the PEC, and other nursing faculty committees and individuals as needed to complete evaluations and provide support that assures appropriate data are collected, analysis is sound and timely, and findings reported correspond to the evaluation plan.

### **PROGRAM EVALUATION**

The work of the PEC consists of plans for annual data collection, reviews of substantive evaluative findings, analysis and trending of data, and the development of a written annual report that includes pertinent recommendations. The PEC has responsibility for data collection, analysis, maintaining records of analysis of trended data relevant to internal or external evaluation or credentialing bodies, and an annual report. Administrative staff, student workers, and faculty with special assignment may be appointed to assist in gathering or organizing data. Statisticians outside of the Nursing Department may be consulted as needed. Members of the PEC shall collaborate with the department chair, faculty, and staff to collect data relevant to the evaluation plan (i.e., demographic data, academic data, and faculty data). When needed, the PEC shall assist to determine the type(s) of databases that should be constructed and maintained by the Department of Nursing. Special task force groups that include faculty members representing other disciplines on the Heritage campus may be formed to assist with specific activities.

The PEC shall complete a systematic evaluation that assesses inputs, processes and outcomes from the perspectives of students, faculty, and department. The systematic program evaluation shall include:

- faculty, student and graduate satisfaction surveys,
- facility, resource and services surveys of faculty and students,
- faculty workload surveys and evaluations,
- standardized HESI test scores
- national council licensing examination (NCLEX®) pass rates,
- student attrition and completion rates,
- employment rates after graduation,
- employer satisfaction, and
- program and student learning outcomes.

The PEC shall review and analyze:

- didactic and clinical course effectiveness each time a course is taught.
- the evaluative methods and instruments used to measure program outcomes for appropriateness according to the timeline specified in the plan.

While progress reports including implementation of the plan for systematic program evaluation and ongoing quality improvements will be given monthly and documented in faculty or faculty-related minutes, other incremental special reports may be issued if needed. The PEC annually (no later than June 15 of each year) shall provide the Chair of the Nursing Department and the nursing faculty with an annual evaluation report derived from data retrieval, aggregation, and analysis of trended data. The PEC shall identify areas of concern supported by evidence to the Department Chair and faculty for discussion and may suggest changes for consideration by the Nursing Faculty Assembly. The PEC Annual Report findings should be used to inform Nursing Department policies, faculty and staff practices, resource use, strategic planning, program revisions, and on-going development. As a result of faculty review of the PEC Annual Report, action plans should be identified and noted in the Nursing Faculty Assembly minutes. Action plans resulting in major changes in the professional nursing education program must be evidence-based.

### **TIMELINE FOR ANNUAL PEC ACTIVITIES**

- 1. Initial and on-going PEC decisions to be made**
  - a. Specific databases to be constructed pertinent to various evaluative areas of the Program Evaluation Plan.
  - b. Distribution of committee evaluation workload relevant to program type that needs to include additional faculty members.
  - c. Formation of special task force groups to assist with special project areas.
- 2. Spring of prior academic year**
  - a. Review evaluation plan and determine what data need to be collected for each program type during the current academic year.
  - b. Review response to evaluation report from the previous academic year.
- 3. July of each new academic year**
  - a. Present work plan to the Nursing Faculty Assembly.
  - b. Make specific work assignments to PEC members.
  - c. Appointment of a faculty PEC member to oversee the data collection for each program type.
  - d. Formation of work groups for annual projects (these may include members other than the PEC members).
  - e. Develop a timeline for the year's activities.
- 4. Fall of each academic year**
  - a. Faculty report about needs relevant to annual data collection.
  - b. Outline for things to be included in annual report.
- 5. Throughout the academic year**
  - a. Continuous collection of data for evaluative processes.
  - b. Ongoing analysis of data as it is collected.
  - c. Consultation with statistician if needed.
  - d. Summary of data findings as they are analyzed.
  - e. Identification of data to be trended.
  - f. Work on annual evaluation report.
- 6. Spring of each academic year**
  - a. Summarize trended data into an annual report.

- b. Provide faculty with a written evaluation report by June of each year.
- c. Make recommendations to the Nursing Department faculty.
- d. Obtain input about the evaluation data and process from the Nursing Department Faculty Assembly and the Chair of the Nursing Department.
- e. Monitor the student admissions process.

**Annual Systematic Evaluation Calendar**

Tasks	Responsible Parties	Due Date
Determine areas for review	Nursing Director in Collaboration with Chair of PEC	June 15
Present work plan	Chair of PEC presents to Nursing Faculty Assembly	July Faculty Assembly Meeting
Assign Evaluation Tasks to Committee Chairs	Nursing Director Assigns to Committee Chairs	July Faculty Assembly Meeting
Progress Reports*	From Committee Chairs to Chair of PEC and Whole Nursing Faculty Assembly	October 15 November 15 December 15 January 15 February 15 March 15 April 15
Year End Report	From Committee Chairs to Chair of PEC	May 15

\*Attachment 1 – “Annual Systematic Evaluation Plan Calendar, Tasks, and Responsibilities” includes a list of progress reports needed on an ongoing basis to maintain program effectiveness.

**CITED AND RELATED POLICIES**

**Cited**

- NA

**Related**

- Nursing Policy #001 Selection and Admission to the BSN Program
- Nursing Policy #008 Progression
- Nursing Policy #014 Curriculum Changes
- Nursing Policy #018 Grading and Evaluation of Student Performance
- Nursing Policy #019 Standardized Testing and Remediation
- Nursing Policy #036 Evaluation and Grading of Clinical Competencies

**WAC**

Washington State Legislature. (2016). WAC 246-840-512. *Standards and evaluation of nursing education programs.*

<https://app.leg.wa.gov/WAC/default.aspx?cite=246-840-512>

**REFERENCES**

American Association of Colleges of Nursing. (2021). *The Essentials: Core Competencies for Professional Nursing Education.* <https://www.aacnnursing.org/Portals/42/AcademicNursing/pdf/Essentials-2021.pdf>

Commission on Collegiate Nursing Education. (2024). *Standards for Accreditation of Baccalaureate and Graduate Nursing Programs*. <https://www.aacnnursing.org/Portals/0/PDFs/CCNE/CCNE-Education-Standards-2024.pdf>

Institute of Medicine. (2011). *The Future of Nursing: Leading Change, Advancing Health*. National Academies Press. <https://nap.nationalacademies.org/catalog/12956/the-future-of-nursing-leading-change-advancing-health>

National Academy of Medicine. (2021). *Summary: The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity*. National Academies Press. <https://www.ncbi.nlm.nih.gov/books/NBK573919/>

### **FORMS**

No forms are associated with this policy.

### **POLICY REVIEWERS**

Proposed revisions of this policy should be reviewed by:

- 1) Program Evaluation Committee
- 2) Curriculum Committee
- 3) Admissions, Retention, Progression, and Graduation Committee
- 4) Bylaws, Policies, and Handbooks Committee
- 5) Nursing Faculty Assembly

Nursing Director Signature:



**ATTACHMENT I: ANNUAL SYSTEMATIC EVALUATION PLAN CALENDAR, TASKS AND RESPONSIBILITIES**

CCNE Standard	Task	Date Due	Responsible Parties
I-A. <b>The mission, goals, and expected program outcomes (MGOs) are congruent with those of the parent institution and consistent with professional nursing standards and guidelines for the preparation of nursing professionals, goals, and expected outcomes.</b>	Evaluate congruency, consistency and accessibility.	Oct. 15	Program Evaluation Committee (PEC)
I-B. The mission, goals, and expected student outcomes are reviewed periodically and revised as appropriate to reflect the needs and expectations of the community of interest (COI).	Review and revise if necessary.	Nov. 15	PEC and COI
I-C. Expected faculty outcomes are clearly identified by the Department of Nursing, are written and communicated to the faculty, and are congruent with Heritage University expectations.	Evaluate clarity, communication and congruency and revise if necessary.	Oct. 15	PEC evaluates; Nursing Department Chair revises.
I-D. Faculty and students participate in program governance.	Evaluate participation and clarity of roles and revise if necessary.	Oct. 15	PEC evaluates; Nursing Department Chair revises.
I-E. Documents and publications are accurate.	Evaluate accuracy and revise if inaccurate.	Oct. 15 and throughout year	PEC
I-F. Academic policies of the parent institution and the nursing program are congruent and support achievement of the mission, goals, and expected student outcomes. These policies are: fair and equitable; published and accessible; and reviewed and revised as necessary to foster program improvement.	Evaluate congruency and support; fairness and equity; and accessibility and revise as necessary.	Nov. 15 and throughout year	PEC evaluates and revises with Nursing Department Chair

CCNE Standard	Task	Date Due	Responsible Parties
II-A. Fiscal and physical resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes.	Evaluate sufficiency.	Dec. 15	Nursing Department Chair, with faculty and staff
II.B. Academic support services are sufficient to ensure quality and are evaluated on a regular basis to meet program and student needs.	Evaluate sufficiency.	Nov. 15	Nursing Department Chair, with faculty, staff and students.
II.C. The chief administrator is a registered nurse (RN); holds a graduate degree in nursing; is academically and experientially qualified to accomplish the MGOs; is vested with the administrative authority to accomplish the MGOs; and provides effective leadership to the nursing unit in achieving its MGOs.	Evaluate effectiveness.	Feb. 15	Program Evaluation Committee
II.D. Faculty are: sufficient in number to accomplish the MGOs; academically prepared for the areas in which they teach; and experientially prepared for the areas in which they teach.	Evaluate sufficiency and preparation.	Jan. 15 and ongoing	Nursing Department Chair
II.E. Preceptors, when used by the program as an extension of faculty, are academically and experientially qualified for their role in assisting in the MGOs.	Evaluate qualifications.	Oct. 15	Nursing Department Chair
II.F. The parent institution and program provide and support an environment that encourages faculty teaching, scholarship, service, and practice in keeping with the MGOs (evaluation of institutional support, resources and opportunities)	Evaluate institutional support, resources and opportunities.	Dec. 15	Program Evaluation Committee

CCNE Standard	Task	Date Due	Responsible Parties
III.A. The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that are congruent with the program’s mission and goals, and with the roles for which the program is preparing its graduates.	Ensure curricula includes clear outcomes congruent with MGOs and roles	10 <sup>th</sup> day of each term; report Oct. 15 and March 15	Curriculum Committee
III.B. Curricula are developed, implemented, and revised to reflect relevant Professional Nursing Standards and Guidelines (PNSGs), which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate). Curricula incorporate The Essentials of Baccalaureate Education for Professional Nursing Practice (2008).	Evaluate and ensure requirements are met.	10 <sup>th</sup> day of each term; report Oct 15 and March 15	Curriculum Committee
III.C. The curriculum is logically structured to achieve expected student outcomes. Baccalaureate curricula build upon a foundation of the arts, sciences, and humanities.	Evaluate and ensure requirements are met.	10 <sup>th</sup> day of each term; report Oct 15 and March 15	Curriculum Committee
III.D. Teaching-learning practices and environments support the achievement of expected student outcomes.	Evaluate and ensure requirements are met.	10 <sup>th</sup> day of each term; report Oct 15 and March 15	Curriculum Committee
III.E. The curriculum includes planned clinical practice experiences that: enable students to integrate new knowledge and demonstrate attainment of program outcomes; and are evaluated by faculty.	Evaluate and ensure requirements are met.	10 <sup>th</sup> day of each term; report Oct 15 and March 15	Curriculum Committee
III.F. The curriculum and teaching-learning practices consider the needs and expectations of the identified community of interest.	Evaluate and ensure requirements are met.	10 <sup>th</sup> day of each term; report Oct 15 and March 15	Curriculum Committee and COI
III.G. Individual student performance is evaluated by the faculty and reflects achievement of expected student outcomes. Evaluation policies and procedures for individual student performance are defined and consistently applied.	Evaluate and ensure requirements are met	Jan. 15 and May 15	Curriculum Committee and Program Evaluation Committee
III.H. Curriculum and teaching-learning practices are evaluated at regularly scheduled intervals to foster ongoing improvement.	Evaluate and ensure requirements are met.	10 <sup>th</sup> day of each term; report Oct. 15 and March 15 – revise if necessary after evaluation of other standards.	Curriculum Committee, Program Evaluation Committee, and Faculty

CCNE Standard	Task	Date Due	Responsible Parties
IV.A. A systematic process is used to determine program effectiveness	Review evaluation plan for comprehensiveness and effectiveness and revise as necessary.	April 15	Program Evaluation Committee
IV. B. Program completion rates demonstrate program effectiveness	Report on rates using required formula. Explain variances or underperformance as required. Recommend changes to program as appropriate.	Jan. 15 for the previous year.	Program Evaluation Committee.
IV.C. Licensure and certification pass rates demonstrate program effectiveness	Report on rates using required formula. Explain variances or underperformance as required. Recommend changes to program as appropriate.	Jan. 15 for the previous year.	Program Evaluation Committee.
IV.D. Employment rates demonstrate program effectiveness	Develop alumni survey and report on rates, using required formula. Explain variances or underperformance as required. Recommend changes to program as appropriate.	Alumni must be surveyed the sixth month after graduation. Report Jan. 15 for the previous year.	Program Evaluation Committee

<p>IV.E. Program outcomes demonstrate program effectiveness</p>	<p>Develop reporting tools and report on student satisfaction, HESI pass rates, and employer satisfaction.</p>	<p>Develop tools by Nov. 15; report by Feb. 15</p>	<p>Program Evaluation Committee</p>
<p>IV.F. Faculty outcomes, individually and in the aggregate, demonstrate program effectiveness</p>	<p>Review outcomes, collect data, and report.</p>	<p>Review outcomes and collect data by Nov. 15; report by Feb. 15</p>	<p>Program Evaluation Committee</p>
<p>IV-G. The program defines and reviews formal complaints according to established policies.</p>	<p>Review defined process; report complaints using complaint log</p>	<p>February 15</p>	<p>Nursing Department Chair</p>
<p>IV.H. Data analysis is used to foster ongoing program improvement</p>	<p>Use variances between actual and expected outcomes to foster improvement; ensure faculty are involved in process of data analysis and ongoing program improvement.</p>	<p>Report by March 15; ongoing throughout year as necessary</p>	<p>All Committees, COI and Chair</p>