# Commission on Collegiate Nursing Education Standards, National Task Force Criteria and MTSU Systematic Program Evaluation Plan

## (CCNE, NTF, MTSU SPEP Crosswalk)

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| **CCNE Standard I – Program Quality: Mission and Governance:** The mission, goals, and expected program outcomes are congruent with those of the parent institution, reflect professional nursing standards and guidelines, and consider the needs and expectations of the community of interest. Policies of the parent institution and nursing program clearly support the program's mission, goals, and expected outcomes. The faculty and students of the program are involved in the governance of the program and in the ongoing efforts to improve program quality. |
| **Key Element I-E**: Faculty and students participate in program governance. |

| ***Criteria*** | ***Expected Outcome (benchmark)*** | ***Evidence (Assessment Method) and Location of Evidence***  | ***Comments***  |
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| I-E. Roles of the faculty in the governance of the program, including those involved in distance education, are clearly defined and promote participation.Faculty are involved in development, review, and revision of academic program policies. Roles of students in governance of program, including those involved in distance education are clearly defined & promote participation.**NTF: II. A** **–** Any admission criteria specific to the NP program/track reflect input by NP faculty**NTF: II. B –** Any progression and completion criteria specific to the NP program/track reflect input by NP faculty.**NTF: III. A** – NP faculty provide input into the development, evaluation, and revision of the NP curriculum. | Roles of the faculty in governance are clearly defined in the University Faculty Handbook and SON BylawsFT faculty participate on SON standing committees as assigned by DirectorA simple majority of Faculty vote on all changes to curriculum & policies specific to SON operationsAll faculty can provide input into development, review, and revision of SON program policies. Students participate on SON standing committees r/t curriculum evaluation/development, alumni activities, student success initiatives as reflected in SON bylaws | Review of University Faculty Handbook and University Policy.Location of Evidence* University Provost website
* SON Bylaws
* Committee Assignment sheet

Review of the SON Bylaws and Student Handbooks reflect student participation on committeesFaculty Meeting minutesEmails to faculty soliciting input in advance of Faculty meeting – may send proxy voteLocation of Evidence* SON Bylaws
* Undergraduate Student Handbook
* Graduate Student Handbook
* Student Advisory Board minutes
 | Responsible Party: DirectorDocumentation – see NTF Worksheet  |

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| **Key Element I-H:** Documents and publications are accurate. A process is used to notify constituents about changes in documents and publications.  |

| ***Criteria*** | ***Expected Outcome (benchmark)*** | ***Evidence (Assessment Method) and Location of Evidence***  | ***Comments***  |
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| I-H. References to the program's offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, grading policies, degree/certificate completion requirements, tuition, and fees are accurate.A process is used to notify constituents about changes in documents and publications.Information regarding licensure and/or certification examinations for which graduates will be eligible is accurate.For APRN education programs, transcripts or other official documentation specify the APRN role and population focus of the graduate.**NTF: III.C.2** – Official documentation must state the NP role and population focus of educational preparation. | 100% of publications, including websites, are accurate, current, and accessible.Constituents are notified by email, website update, SON Newsletter, student handbook, Preview Days, Freshmen Orientation (Customs) of program information100% of publications indicate the licensure and/or certification exams for which the graduates are eligible.Official documentation (e.g., transcripts, official letters with institutional seal) states the NP role and population-focused area of educational preparation to include Family Nurse Practitioner. Official Graduate Diploma for MSN program reads "Master of Science in Nursing, Family Nurse Practitioner"Official Graduate Transcript for Post Master's Certificate reads: Post Master's Certificate, Family Nurse Practitioner | Location of Evidence:* Undergraduate Student Handbook
* Graduate Student Handbook
* SON website
* University Catalogs
* University website
* SON Newsletters
* Director Emails

Review of all publications and website for currency and accuracyDiploma and Transcript examples from the Registrar's office | Documentation – see NTF Worksheet . |

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| **CCNE Standard II – Program Quality: Institutional Commitment and Resources:** The parent institution demonstrates ongoing commitment to and support for the nursing program. The institution makes resources available to enable the program to achieve its mission, goals, and expected outcomes. The faculty and staff, as resources of the program, enable the achievement of the mission, goals, and expected program outcomes. |
| **Key Element II-A:** Fiscal resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of fiscal resources is reviewed periodically, and resources are modified as needed. |

| ***Criteria*** | ***Expected Outcome (benchmark)*** | ***Evidence (Assessment Method) and Location of Evidence*** | ***Frequency/Time of Assessment*** |
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| II-A. Fiscal resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. 1. Adequate fiscal resources are reviewed periodically, and resources are modified as needed.
2. Budget enables achievement of the program's mission, goals, expected outcomes & supports development, implementation, & evaluation of the program.
3. defined process is used for regular review of adequacy of fiscal resources
4. review of fiscal resources occurs & modifications are made as appropriate
5. compensation of nursing unit personnel supports recruitment & retention of qualified faculty & staff.

**NTF: IV. A** – Institutional resources, facilities, and services support the development, management, and evaluation of the NP program/track. | Fiscal resources are sufficient to enable the program to fulfill mission, goals, & expected outcomes.Fiscal resources are reviewed/ revised as appropriate.Compensation of nursing personnel is reviewed according to Human Resources and national standards for nursing faculty to recruit & retain qualified faculty & staff. | Location of Evidence:* University office of Finance
* SON executive Aide documents
* University budget hearings document

Location of Evidence:* Human Resources
* AACN salary data
 | Annual - springResponsible party: Director |

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| **Key Element II-B:** Physical resources & clinical sites enable program to fulfill its mission, goals, & expected outcomes. Adequacy of physical resources & clinical sites are reviewed periodically & resources are modified as needed. |

| ***Criteria*** | ***Expected Outcome (benchmark)*** | ***Evidence (Assessment Method) and Location of Evidence*** | ***Comments*** |
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| II- B. Physical resources & clinical sites enable program to fulfill its mission, goals & expected outcomes.1. Physical space & facilities (faculty/staff workspace, classrooms, meeting areas) are sufficient & configured in ways that enable program to achieve mission, goals, & expected outcomes.
2. Equipment & supplies (computing, lab, teaching/learning materials) are sufficient to achieve mission, goals, and expected outcomes
3. Clinical sites are sufficient, appropriate, and available to achieve the program mission, goals and expected outcomes.
4. A defined process is used to determine currency, availability, accessibility, and adequacy of resources (clinical simulation, laboratory, computing, supplies, and clinical sites), and modifications are made as appropriate.

**NTF: IV. A** – Institutional resources, facilities, and services support the development, management, and evaluation of the NP program/track. | Physical resources/facilities are sufficient & configured appropriatelyEquipment & supplies are sufficient.Clinical sites are sufficient to support student learningA defined process is used for the regular review to determine currency, availability, accessibility, and adequacy of resources and to determine modifications if needed. | Location of Evidence:* SON class schedules
* SON lab calendars

Location of Evidence:* TAF funding requests
* SON repair/ purchase receipts

Location of Evidence:* Medatrax contract list
* Individual clinical site contracts
* University contract log
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| **Key Element II-C:** Academic support services are sufficient to meet the program and student needs and are evaluated on a regular basis. |

| ***Criteria*** | ***Expected Outcome (benchmark)*** | ***Evidence (Assessment Method) and Location of Evidence***  | ***Comments***  |
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| II-C. Academic support services are sufficient to meet the program and student needs and are evaluated on a regular basis including:1. library Services
2. technology
3. distance education support
4. research support
5. admission services
6. advising services

A defined process is used for regular review of academic support services, and improvements are made as appropriate.**NTF: IV. A** – Institutional resources, facilities, and services support the development, management, and evaluation of the NP program/track. | Academic support services are adequate to meet the needs of students in the BSN and MSN programs | Location of Evidence:* University website
* Library website
* SON website
* IT website
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| **Key Element II-E:** Faculty are sufficient in number to accomplish the mission, goals, and expected program outcomes; academically prepared for the areas in which they teach; and experientially prepared for the areas in which theyteach.  |

| ***Criteria*** | ***Expected Outcome (benchmark)*** | ***Evidence (Assessment Method) and Location of Evidence***  | ***Comments***  |
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| II-E. Faculty (full time, part-time, adjunct, other) are sufficient in number to accomplish the mission, goals, and expected program outcomes; academically prepared for the areas in which they teach; experientially prepared for the areas in which they teach; and hold an active RN license.1. Faculty workloads are defined, and faculty-to-student ratios provide adequate supervision and evaluation and meet or exceed the requirements of regulatory agencies and professional nursing standards and guidelines.
2. Faculty are academically prepared for the areas in which they teach including clinical expertise, degree specialization, coursework, or other preparation sufficient to address the major concepts in the course.
3. Justification is provided for those faculty without a graduate degree.
4. Advanced practice nursing tracks are directly overseen by faculty who are nationally certified in the same population-focused area of practice in roles for which national certification is available.

**NTF IV-B.1 –** A sufficient number of faculty is available to ensure quality clinical experiences for NP students. NP faculty have academic responsibility for the supervision and evaluation of NP students and for oversight of the clinical learning experience. The faculty/student ratio is sufficient to ensure adequate supervision and evaluation.**NTF: I. A** – The director/coordinator of the NP program is nationally certified as a NP and has the responsibility of overall leadership for the NP program.**NTF: I. B** – The faculty member who provides direct oversight for the NP educational component or track is nationally certified in the same population-focused area of practice.**NTF: V.A.1** **–** NP programs/tracks have sufficient faculty with the preparation and current expertise to adequately support the professional role development andclinical management courses for NP practice.**NTF: V.A.2** – NP program faculty who teach the clinical components of the program/track maintain current licensure and national certification.**NTF: V-B** – Non-NP faculty have expertise in the area in which they are teaching | There are enough faculty to accomplish the mission, goals and expected program outcomes 100% of the time.Faculty workloads and faculty/student ratios meet Tennessee Board of Nursing requirements and advanced practice authorities. All faculty are academically and clinically prepared to teach assigned coursesAll faculty in the SON have at least a graduate degree in nursingAll faculty that oversees specialized tracks in the graduate program hold population focused national certifications. | Location of Evidence:* University workload policy
* SON workload data sheets
* SON faculty qualifications table
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| **Key Element II-F:** Preceptors (e.g., mentors, guides, coaches), if used by the program as an extension of faculty, are academically and experientially qualified for their role. |

| ***Criteria*** | ***Expected Outcome (benchmark)*** | ***Evidence (Assessment Method) and Location of Evidence***  | ***Comments***  |
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| II-F. Preceptors (e.g., mentors, guides, coaches), if used by the program as an extension of faculty, are academically and experientially qualified for their role and:1. clearly defined and communicated to preceptors
2. congruent with the mission, goals and expected student outcomes
3. congruent with relevant professional standards
4. reviewed periodically and revised as appropriate

Preceptors have the expertise to support student achievement of expected outcomes. The program ensures that preceptor performance meets expectations **NTF: IV.B.3 –** NP faculty may share the clinical teaching of students with qualified preceptors.**NTF: IV.B.3.a** – A preceptor must have authorization by the appropriate state licensing entity to practice in his/her population-focused and/or specialty area.**NTF: IV.B.3.b** – A preceptor has educational preparation appropriate to his/her area(s) of supervisory responsibility and at least one year of clinical experience.**NTF: IV.B.3.c** – Preceptors are oriented to program/track requirements and expectations for oversight and evaluation of NP students.  | Preceptors are academically and experientially qualified for their role in assisting in the achievement of the mission, goals, and expected student outcomes 100% of the time. | Location of Evidence:* Medatrax storage system
* Undergraduate preceptor contracts
* SON website
* Graduate preceptor request form
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| II-F.2 The roles and performance expectations for preceptors with respect to teaching, supervision, and student evaluation are clearly defined and communicated to preceptors, congruent with the mission, goals, and expected student outcomes, congruent with relevant professional nursing standards and guidelines, and reviewed periodically and revised as appropriate.  | 100% of BSN and MSN preceptors receive orientation to the preceptor role.  | 100% of preceptors receive the BSN and or MSN handbooks |  |

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| **Key Element II-G:** The parent institution and program provide and support an environment that encourages faculty teaching, scholarship, service and practice in keeping with the mission, goals and expected faculty outcomes. |

| ***Criteria*** | ***Expected Outcome (benchmark)*** | ***Evidence (Assessment Method) and Location of Evidence***  | ***Comments***  |
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| II-G. The parent institution and program provide and support an environment that encourages faculty teaching, scholarship, service and practice in keeping with the mission, goals and expected faculty outcomes:1. Faculty have opportunities for ongoing development in teaching
2. The institution provides resources to support faculty scholarship
3. Expected service is clearly defined and supported
4. Opportunities are provided for faculty to maintain practice competence

Institutional support ensures that currency in clinical practice is maintained for faculty in roles that require it. **NTF: I. C** – Institutional support ensures that NP faculty teaching in clinical courses maintain currency in clinical practice.**NTF: V. A. 3** – NP faculty demonstrate competence in clinical practice and teaching through a planned, ongoing faculty development program designed to meet the needs of new and continuing faculty members | Institutional support is available to faculty in pursuit of professional development activities, faculty support services, and release time if applicable, 100% of the time.  | Location of Evidence:* Faculty Services minutes
* SON budget spreadsheet
* Distance Education faculty service website
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| **CCNE Standard III – Program Quality: Curriculum and Teaching-Learning Practices:** The curriculum is developed in accordance with the program's mission, goals, and expected student outcomes. The curriculum reflects professional nursing standards and guidelines and the needs and expectations of the community of interest. Teaching-learning practices are congruent with expected student outcomes. The environment for teaching-learning fosters achievement of expected student outcomes.  |
| **Key Element 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; are congruent with the roles for which the program is preparing its graduates; and consider the needs of the program–identified community of interest. |

| ***Criteria***  | ***Expected Outcome (benchmark)*** | ***Evidence (Assessment Method) and Location of Evidence***  | ***Comments***  |
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| III-A.2 Expected outcomes are congruent with the roles for which students are being prepared. **NTF: III.C.1** – The NP program prepares graduates to meet educational eligibility requirements to sit for a national NP certification examination that corresponds with the role and population focus of the NP program.**NTF: III. F** – Post-graduate students successfully complete graduate didactic and clinical requirements of an academic graduate NP program through a formal graduate-level certificate or degree granting graduate-level NP program in the desired area of practice. Post-graduate students are expected to master the same outcome criteria as graduate degree granting program NP students. Post-graduate certificate students who are not already NPs are required to complete a minimum of 500 supervised direct patient care clinical hours. | Program outcomes reflect the roles for which students are being prepared 100% of the time. | Provide a description of the roles for which students are being prepared and their relationship to program outcomes. **DATA SOURCES:**BSN and MSN orientation documentsUniversity websiteSON website (Presentations in both program orientations contain program outcomes) |  |

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| **Key Element III-C: Master's** curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clear within the curriculum and within the expected student outcomes (individual and aggregate). ▪ Master's program curricula incorporate professional standards and guidelines as appropriate. a. All master's degree programs incorporate The Essentials of Master's Education in Nursing (AACN, 2011) and additional relevant professional standards and guidelines as identified by the program. b. All master's degree programs that prepare nurse practitioners incorporate Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2016). Graduate-entry master's program curricula incorporate The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008) and appropriate graduate program standards and guidelines. |

| ***Criteria***  | ***Expected Outcome (benchmark)*** | ***Evidence (Assessment Method) and Location of Evidence***  | ***Comments***  |
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| III-C.1 The master's degree program incorporates professional nursing standards and guidelines relevant to the program and each track offered. (Essentials, NTF guidelines) | The Master's program is 100% consistent with *The Essentials of Master's Education in Nursing*. The master's degree programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016). | **DATA SOURCES:**MSN Crosswalk- N-DriveSON website |  |
| III-C.2 The master's degree program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curriculum. | The MSN program(s) clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curriculum 100% of the time. | **DATA SOURCES:**MSN Crosswalk- N-DriveSON Website |  |
| III-C.3 Master's degree APRN education programs incorporate separate comprehensive graduate-level courses to address the APRN core: Advanced physiology/ pathophysiology, including principles across the lifespan; Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents.**NTF: III. B** – The curriculum is congruent with national standards for graduate-level, advanced practice registered nursing (APRN) education and is consistent with nationally recognized core role and population-focused NP educational standards and competencies (Also see III-C.1). | 100% of the time, the curriculum plan (both didactic and clinical) is consistent with NONPF NP Core Competencies and Population-Focused Competencies (FNP & PMHNP) and the AACN Essentials for Master's Education in Nursing and TN BON requirements. | **DATA SOURCES:**MSN Crosswalk- N- DriveCourse Syllabi- N-Drive |  |
| III-C.4 Additional APRN core content specific to the role and population is integrated throughout the other role and population-focused didactic and clinical courses. | 100% of time NP curriculum reflects the essential elements of a graduate nursing and advanced practice registered nursing (APRN) core curriculum and is consistent with MSN Program Outcomes, *AACN Essentials for Master's Education in Nursing* and the *Criteria for Evaluation of Nurse Practitioner Programs.*   | **DATA SOURCES:**MSN Crosswalk- N- DriveCourse Syllabi- N-Drive |  |

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| **Key Element III-E:** Post-graduate APRN certificate program curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clear within the curriculum and within the expected student outcomes (individual and aggregate). Post-graduate APRN certificate programs that prepare nurse practitioners incorporate Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2016). |

| ***Criteria***  | ***Expected Outcome (benchmark)*** | ***Evidence (Assessment Method) and Location of Evidence***  | ***Comments***  |
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| III-E.1 The post-graduate APRN certificate program incorporates professional nursing standards and guidelines relevant to the program and each track offered.  | The post-graduate APRN certificate program is 100% consistent with The Essentials of Master's Education in Nursing.*The master's degree programs that prepare nurse practitioners incorporate Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2016).* | **DATA SOURCES:**MSN Crosswalk- N-DriveSON website |  |
| III-E.2 The post-graduate APRN certificate program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curriculum.  | The post-graduate APRN certificate program(s) clearly demonstrate where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curriculum 100% of the time. | **DATA SOURCES:**MSN Crosswalk- N-Drive |  |
| III-E.3 Post-graduate APRN certificate programs incorporate separate comprehensive graduate-level courses to address the APRN core: Advanced physiology/ pathophysiology, including principles across the lifespan; Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics and pharmacotherapeutics of all broad categories of agents.**NTF: III. B** – The curriculum is congruent with national standards for graduate-level, advanced practice registered nursing (APRN) education and is consistent with nationally recognized core role and population-focused NP educational standards and competencies (Also see III-C.1). | 100% of the time, the curriculum plan (both didactic and clinical) is consistent with NONPF NP Core Competencies and Population-Focused Competencies (FNP/PMHNP) and the AACN Essentials for Master's Education in Nursing and TN BON requirements.  | **DATA SOURCES:**MSN Crosswalk- N- DriveCourse Syllabi- N-Drive |  |
| III-E.4 Additional APRN core content specific to the role and population is integrated throughout the other role and population-focused didactic and clinical courses. | 100% of time NP curriculum reflects the essential elements of a graduate nursing and advanced practice registered nursing (APRN) core curriculum and is consistent with MSN Program Outcomes, *AACN Essentials for Master's Education in Nursing* and the *Criteria for Evaluation of Nurse Practitioner Programs.*   | **DATA SOURCES:**MSN Crosswalk- N- DriveCourse Syllabi- N-Drive |  |

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| **Key Element III-F: The** curriculum is logically structured to achieve expected student outcomes. Baccalaureate curricula build on a foundation of the arts, sciences, and humanities. Master's curricula build on a foundation comparable to baccalaureate-level nursing knowledge. DNP curricula build on a baccalaureate and/or master's foundation, depending on the level of entry of the student. Post-graduate APRN certificate programs build on graduate-level nursing competencies and knowledge base. |

| ***Criteria***  | ***Expected Outcome (benchmark)*** | ***Evidence (Assessment Method) and Location of Evidence***  | ***Comments***  |
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| III-F.2 Graduate programs are clearly based on a foundation comparable to a baccalaureate degree in nursing. **NTF: III. D** – The curriculum plan demonstrates appropriate course sequencing. | The Master's curricula build on the Baccalaureate generalist knowledge as delineated in The Essentials of Master's Education for Professional Nursing 100% of the time. | **DATA SOURCES:**Graduate admissions policyMSN program page (university website) |  |
| III-F.3 Post-graduate APRN certificate programs build on graduate-level nursing competencies and knowledge base. **NTF: III. D** – The curriculum plan demonstrates appropriate course sequencing. | The post-graduate APRN certificate program is built on graduate-level nursing competencies and knowledge base 100% of the time.  | **DATA SOURCES:**Graduate admissions policyMSN program page (university website) |  |

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| **Key Element III-G:** Teaching-learning practices: support the achievement of expected student outcomes; consider the needs and expectations of the identified community of interest; and expose students to individuals with diverse life experiences, perspectives, and backgrounds. |

| ***Criteria***  | ***Expected Outcome (benchmark)*** | ***Evidence (Assessment Method) and Location of Evidence***  | ***Comments***  |
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| III-G.1 Teaching-learning practices (simulation, lecture, flipped classroom, case studies) and in all environments (virtual, classroom, clinical experiences, distance education, laboratory) support achievement of expected student outcomes identified in course, unit, and/or level objectives. | An average score of 4.0 for SON on question regarding "**Teaching and learning practices and environments support the achievement of expected student outcomes"** From course evaluations – on a scale of 1 – 5 (1 = strongly disagree and 5 = strongly agree).  | **DATA SOURCES:**Student/Faculty Course Evaluations CC Minutes  |  |
| III-G.2 Teaching-learning practices are appropriate to the student population.  | Teaching-learning practices are appropriate to the student population 100% of the time.  | **DATA SOURCES:**Course EvaluationsExit SurveysStudent Advisory Board minutes |  |
| III-G.3 Teaching-learning practices expose students to individuals with diverse life experiences, perspectives, and backgrounds, consider the needs of the program identified communities of interest, and broaden student perspectives. **NTF: IV. B** – Clinical resources support NP educational experiences.**NTF: IV.B.2** – Clinical settings used are diverse and sufficient in number to ensure that the student will meet core curriculum guidelines and program/track goals. | Teaching-learning practices expose students to individuals with diverse life experiences, perspectives, and backgrounds, consider the needs of the program identified communities of interest and broaden student perspectives 100% of the time.  | **DATA SOURCES:**BSN Topical outlines – N-Drive Medatrax clinical site demographicsCourse evaluation data (BSN & MSN) Clinical Course Assignments  |  |

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| **Key Element III-H:** The curriculum includes planned clinical practice experiences that: enable students to integrate new knowledge and demonstrate attainment of program outcomes; foster interprofessional collaborative practice; and are evaluated by faculty. |

| ***Criteria*** | ***Expected Outcome (benchmark)*** | ***Evidence (Assessment Method) and Location of Evidence***  | ***Comments***  |
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| III-H.1 To prepare students for a practice profession, each track in each degree program and post-graduate APRN certificate program affords students the opportunity to develop professional competencies, including interprofessional collaboration, in practice settings aligned to the educational preparation. | Clinical practice experiences and activities for each degree program allow students to develop professional competencies, including interprofessional collaboration, that are aligned with the program outcomes 100% of the time. | Clinical Course Syllabi -located in D2L and N-DriveStudent Evaluations of Preceptors/Clinical sites (MSN) – Medatrax Faculty Evaluations of Preceptors/Clinical sites (MSN) – Medatrax BSN Faculty Clinical Evaluation – location varies BSN clinical evaluation tool |  |
| III.-H.2 Clinical practice experiences are provided to students in all programs including those with distance education offerings and are aligned with student and program outcomes. All clinical experiences are planned, implemented and evaluated to ensure students are competent to function as members of interprofessional teams at the level for which they are being prepared.**NTF: III. E** – The NP program/track has a minimum of 500 supervised direct patient care clinical hours overall. Clinical hours are distributed to support competency development and interprofessional collaborative practice that represents the population needs**NTF: III. F** – Post-graduate students successfully complete graduate didactic and clinical requirements of an academic graduate NP program through a formal graduate-level certificate or degree granting graduate-level NP program in the desired area of practice. Post-graduate students are expected to master the same outcome criteria as graduate degree granting program NP students. Post-graduate certificate students who are not already NPs are required to complete a minimum of 500 supervised direct patient care clinical hours. | Provide examples of direct care clinical practice experiences that advance the knowledge and clinical expertise of students for each degree and/or certificate program. BSN and MSN students rate their preceptor and clinical site on items 1 – 5 at the level of agree or strongly agree 75% of the time upon completion of their evaluation. Item 6 will be reported at the level of "About Right" 75% of the time upon completion of the evaluation. Items 7A and 8A will be reported as yes 75% of the time upon completion of the evaluation. MSN faculty rate preceptors and clinical site on items 1. A – 1.D and 1.F, at the level of agree or strongly agree 75% of the time upon completion of the evaluation. Items 2.A and 3.A will be reported as yes 75% of the time upon completion of the evaluation.  | **DATA SOURCES:**Clinical Course Syllabi – D2L & N-Drive BSN Faculty Site Evaluation – MedatraxBSN Student Evaluations of Clinical Sites – Medatrax Student Evaluations of Preceptors/Clinical sites (MSN) – Medatrax Faculty Evaluations of Preceptors/Clinical sites –(MSN) – Medatrax  |  |

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| **Key Element III-I: 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. |

| ***Criteria*** | ***Expected Outcome (benchmark)*** | ***Evidence (Assessment Method) and Location of Evidence***  | ***Comments***  |
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| III-I.1 Evaluation of student performance is consistent with the expected student outcomes. | The grading criteria and measurements of didactic and clinical student performance are clearly defined in each course 100% of the time. | **DATA SOURCES:**Course syllabi Individual assignment grading rubricsCC Minutes  |  |
| III-I.2 Grading criteria are clearly defined for each course, communicated to students, and applied consistently. Processes exist by which the evaluation of individual student performance is communicated to students.  |  Grading criteria are communicated to the students 100% of the time. | **DATA SOURCES:**Course SyllabiIndividual assignment grading rubricsMSN Clinical evaluations BSN Clinical evaluations  |  |
| III-I.3 Faculty may seek input from preceptors regarding student performance, but ultimately faculty are responsible for evaluation of individual student outcomes. The requirement for evaluation of student performance by qualified faculty applies to all students in all programs and may be accomplished through a variety of mechanisms.**NTF: VI.A.3** – Evaluate student progress through didactic and clinical components of NP program/track each semester/quarter/term.**NTF: VI.A.4** – Evaluate students' attainment of competencies throughout that program.**NTF: VI.A.5** – Evaluate students cumulatively based on clinical observation of student competence and performance by NP faculty and/or preceptor assessment. | Qualified faculty evaluate student performance in all programs 100% of the time.  | **DATA SOURCES:**MSN Clinical evaluations BSN Clinical evaluations Individual assignment feedback (D2L) |  |

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| **Key Element III-J:** The curriculum and teaching-learning practices are evaluated at regularly scheduled intervals, and evaluation data are used to foster ongoing improvement. |

| ***Criteria***  | ***Expected Outcome (benchmark)*** | ***Evidence (Assessment Method) and Location of Evidence***  | ***Comments***  |
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| III-J.1 Faculty use data from faculty and student evaluation of teaching-learning practices to inform decisions that facilitate the achievement of student outcomes. Such evaluation activities may be formal or informal, formative or summative.  | Evaluation of teaching-learning practice assessment data is utilized to inform decisions and facilitate the achievement of student learning outcomes. | Student course evaluations – N-Drive and University Survey SystemExit surveys – N-Drive. Course Analysis for Ongoing Improvement Forms – N-Drive CC Minutes |  |
| III-J.2 The curriculum is regularly evaluated by faculty and revised as appropriate.**NTF: VI.A.1** – Evaluate courses at regularly scheduled intervals**.****NTF: VI.A.6** – Evaluate clinical sites at regularly scheduled intervals (III-H.2).**NTF: VI.A.7** – Evaluate preceptors at regularly scheduled intervals (see III-H.2).**NTF: VI. B** **–** Formal NP curriculum evaluation occurs every five (5) years or sooner. | Curricular assessment is regularly evaluated by faculty through review of program outcomes and program effectiveness data to foster program improvement and to support revisions as needed. | FNP Standardized Exit ExamNCLEX pass ratesNP Certification pass ratesExit surveys – University Survey System Alumni surveys – University Survey SystemEmployer surveys – University Survey System Course Analysis for Ongoing Improvement FormsCurricular Review/Survey (every 5 years/sooner if needed)Faculty Organization Minutes |  |

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| **CCNE Standard IV – Program Effectiveness: Assessment and Achievement of Program Outcomes:** The program is effective in fulfilling its mission and goals as evidenced by achieving expected program outcomes. Program outcomes include student outcomes, faculty outcomes, and other outcomes identified by the program. Data on program effectiveness are used to foster ongoing program improvement. |

| ***Criteria*** | ***Expected Outcome (benchmark)*** | ***Evidence (Assessment Method) and Location of Evidence***  | ***Comments*** |
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| IV-A. A systematic process is used to determine program effectiveness. **NTF: VI. A** – There is an evaluation plan for the NP program/track.**NTF: VI. C** – There is an evaluation plan to measure outcomes of graduates. | The MTSU school of nursing (SON) will maintain a written and ongoing systematic program evaluation plan (SPEP) that identifies data to be collected, evidence of data collected, location of data that is collected, the frequency of assessment, outcome of data analysis, and plan for improvement.  | SPEP documentSON N-Drive |  |
| IV-B. Program completion rates demonstrate program effectiveness. | 2. MSN program completion for students entering their first MSN course and graduating within 6 years of the entry point at MTSU is a minimum of 70% or higher for the three most recent calendar years. | Calculate program completion rates to determine the set benchmark of 70% completion.Banner Database (Health Systems Manager)IOP Forms |  |
| IV-D. Certification pass rates demonstrate program effectiveness. | MSN FNP first-time attempt Certification pass rates 80% or above. | MSN pass rates - provided by AANP and ANCCSON N Drive/SON  |  |
| IV-E. Employment rates demonstrate program effectiveness. | Goal: Employment rate for MSN program is 70%  | MSN: Alumni Surveys |  |
| IV-F. Data regarding completion, licensure, certification, and employment rates are used, as appropriate,to foster ongoing program improvement. | Program improvement includes certification, licensure, and employment rates. These data are taken into consideration making changes in the program. | SPEP documentNarrative questions on employment survey |  |
| IV-G. Aggregate faculty outcomes demonstrate program effectiveness. **NTF: VI.A.2 – Evaluate NP program faculty competence at regularly scheduled intervals.** | Goal (1): Teaching Benchmark: Aggregate mean of 4.0 Goal (2): 20% of SON Tenured and/or Tenure-Track Faculty will have demonstrated achievement in research, scholarship, or creative activities. Goal (3): Service Benchmark: 20% of SON Tenured and/or Tenure-Track Faculty will have participated in service to the profession. | Course/Faculty EvaluationsSON Annual Report | Although not a stated goal, six faculty are currently practicing in a clinical setting in addition to academic teaching. These are NP faculty. |
| IV-H. Aggregate faculty outcome data are analyzed and used, as appropriate, to foster ongoing program improvement.**NTF: VI.A.2** – Evaluate NP program faculty competence at regularly scheduled intervals. | Faculty outcomes including teaching, scholarship and service will be used to foster faculty development and excellence in faculty.The benchmark for teaching is a mean of 4 on student evaluations of teaching. | SPEP documentSON Annual ReportIndividual Faculty teaching reports |  |
| IV-I. Program outcomes demonstrate program effectiveness. | 1. Data collected for MSN Exit survey program Question 23 and/or 24 meets the benchmark of an average response of 4 or > | MSN exit survey question # 23 and/or 24Survey Platform Software  |  |
|  | 3. University-level student learning outcomes (SLOs) | See the document titled: SLOs-Revised-Data  |  |
| IV-J. Program outcome data are used, as appropriate, to foster ongoing program improvement.  | The School of Nursing Program Effectiveness Committee develops, reviews, and revises the SPEP based on accreditation criteria and the School's strategic plan. The Plan includes specific benchmarks for each criteria, the data sources used to measure the achievement of the benchmark, and the frequency with which the benchmarks are measured. Each year the benchmarks identified for that year are evaluated using the identified data sources. In addition, the NOT MET benchmarks of the SPEP are analyzed for ongoing program improvement. Committees, the director, coordinators, or faculty initiate additional quality improvement initiatives based on identified needs or interests. Examples of areas identified as above are available upon request. | Systematic Program Evaluation Plan – items due for review. |  |