Student Learning Outcomes (SLOs) Report for <u>Accredited Programs</u>

(**updated 9/19/23**)

Program Type: **Accredited Program**

Program Name: **Traditional Bachelor of Science in Nursing program**

Submitted By: Richard Clapp

Email: rmclapp2@eiu.edu

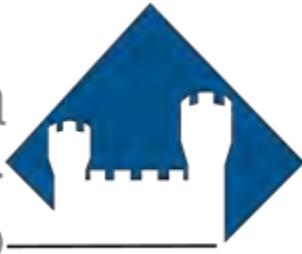Submission   Date:

10/01/2025

Review Cycle:

- o Even Year
- o <mark>Odd Year</mark>

Included in this document:

- • Cover memo from the Interim Chief Nursing Administrator
- • SLO report with Associate Dean's review
- • Accreditation documents

Memorandum

Richard Clapp, DNP, APRN, CEN
Associate Professor
Interim Chief Nursing Administrator
Director of Traditional Prelicensure BSN Program
Phone: 217-581-7166
Email: rmclapp2@eiu.edu

Date: 10/01/2025

To: Holly Farley, EdD, RN, Interim Provost

Re: Accreditation for the RN-BSN and Traditional Nursing programs

In September 2023, the School of Nursing (SON) submitted an accreditation report and hosted a visit from the Commission on Collegiate Nursing Education (CCNE). The SON received confirmation of continued accreditation for both programs on May 17, 2024. Accreditation is effective from September 20, 2023, to June 30, 2034.

Thank you.

Respectfully,

[signature]

Richard Clapp, DNP, APRN, CEN

Traditional Bachelor of Science in Nursing program

Student Learning Outcomes (SLOs) for Academic Programs

January 2023- December 2025

Please list all the student learning outcomes for your program as articulated in the assessment plan.

1. Use a broad knowledge base acquired through study of the arts and sciences to provide the cornerstone of nursing practice.
2. Apply fundamental principles of organizational leadership while providing high quality nursing care in a variety of environments.
3. Display a spirit of inquiry resulting in consistent focus on evidence- based practice.
4. Demonstrates familiarity with and safe use of client care technologies in various healthcare settings.
5. Be prepared to deliver nursing care within the context of continually changing healthcare policy, finance, and regulatory environments.
6. Function effectively as an interprofessional team member in the delivery of client care.
7. Contribute to population-based health promotion and disease prevention strategies for diverse populations in a variety of settings.
8. Act in accordance with professional nursing's inherent values of altruism, autonomy, human dignity, integrity, and social justice.
9. Deliver safe, evidence-based, holistic, and culturally appropriate client care across the lifespan in various healthcare environments.

Overview of Measures/Instruments

SLO(s) Note: Measures might be used for more than 1 SLO	ULG*	Measures/Instruments Please include a clear description of the instrument including when and where it is administered	How is the information Used? (include target score(s), results, and report if target(s) were met/not met/partially met for each instrument)

| Use a broad knowledge base acquired through study of Arts & Sciences. | RC | Pre-requisite courses build a broad arts & sciences knowledge base, while the nursing courses require students to apply that knowledge in real or simulated clinical settings.

Pre-requisite Nursing Courses
• Embedded exam questions applying biology, chemistry, microbiology
• Case study assignments requiring integration of anatomy/physiology and pathophysiology concepts

Nursing Courses
• Clinical paperwork and writing assignments integrate psychology, sociology, and science principles
• Simulation evaluations requiring math, science, and humanities application in patient care
• GOAL: >75% of students score 75% or greater in all NUR coursework and continue in the program. **(MET)** | • Faculty review exam item analysis to identify gaps in student application of science knowledge
• Results inform alignment of prerequisite content with nursing courses to strengthen student readiness

• Faculty assesses ability to synthesize arts & sciences into holistic nursing practice
• Findings guide curricular adjustments (e.g., dosage workshops, cultural competence scenarios)
• NUR 2612 (N = 87) – 84% met benchmark
• NUR 2712 (N = 87) – 86% met benchmark
• NUR 2822 (N = 87) – 83% met benchmark
• NUR 2823 (N = 87) – 80% met benchmark
• NUR 3413 (N = 62) – 100% met benchmark
• NUR 3612 (N = 41) – 93% met benchmark
• NUR 3712 (N = 41) – 95% met benchmark
• NUR 3835 (N = 41) – 90% met benchmark
• NUR 3513 (N = 30) – 100% met benchmark
• NUR 3813 (N = 30) – 100% met benchmark
• NUR 3833 (N = 30) – 100% met benchmark
• NUR 3836 (N = 30) – 90% met benchmark
• NUR 4413 (N = 25) – 100% met benchmark
• NUR 4636 (N = 25) – 94% met benchmark
• NUR 4535 (N = 32) – 100% met benchmark
• NUR 4412 (N = 25) – 100% met benchmark
• 28 students did not progress in the program
• 5 students left EIU |
| | | **Capstone/Final Nursing Courses** | |

		• Senior portfolio & comprehensive exams require integration of liberal arts and sciences • GOAL: >70% 1st time pass rate on NCLEX **(PARTIALLY MET)** • GOAL: >90% employment within 6 months of graduation **(MET)**	• Data aggregated for program-level assessment and shared with Dean • Results "close the loop" by showing how general education supports nursing competencies and informs curricular improvements • NUR 4513 (N = 32) – 100% met benchmark • NUR 4735 (N = 32) – 100% met benchmark • 57% 1st time NCLEX pass rate for MAY 2023 graduates • 100% 1st time NCLEX pass rate for MAY 2025 graduates • 100% 1st time pass rate for MAY 2025 graduates • 100% of graduates (N = 32) are employed with 6 months of graduation

Apply fundamental principles of organizational leadership while providing high quality nursing care in a variety of environments.	CT
	SL
	RC
		Leadership in Practice Evaluation
		• Faculty use standardized assessments to assess students' application of leadership principles in NUR 4413. Specific items measure delegation, teamwork, prioritization of care, communication with interdisciplinary teams, and quality/safety in patient care.
		• GOAL: >75% of students score 75% or greater in NUR 4413 and continue in the program. **(MET)**
		• GOAL: >75% of students will meet benchmark on Kaplan Integrated Test: Management and Professional Issues. **(NOT MET)**
			• NUR 4413 (N = 27) – 100% met benchmark
			• Kaplan Integrated Test was implemented in fall 2024
			    ○ N = 11
			    ○ 36% met the benchmark.

| Display a spirit of inquiry resulting in consistent focus on evidence-based practice. | SL QR WC | **Spirit of Inquiry**
• In NUR 3813, students complete an evidence-based practice project and literature review. Students formulate a clinical question using the PICOT framework, conduct a literature search, and synthesize findings in a scholarly paper. Rubric evaluates inquiry, quality of evidence integration, and translation to nursing practice.
• Goal: >75% of students score 75% or greater on the evidence based practice project in NUR 4413 and continue in the program. **(MET)**

Evidence Based Care
• Early in the program, in NUR 2823, students are introduced to the concept of evidence-based practice through engagement in various lab activities and via the development of a patient care plan.
• In subsequent clinical courses, (e.g., NUR 3835, NUR 3836, NUR 4636, and NUR 4735), students assess a patient in the clinical setting and develop a care plan for the patient.
• Goal: >75% of students score 75% or greater in NUR 2823 and continue in the program. **(MET)**
• Goal: >75% of students score 75% or greater on clinical paperwork / care plans in NUR 3835, NUR 3836, NUR 4636, and NUR 4735. **(MET)** | • NUR 3813 (N= 30) – 100% met benchmark

• NUR 2823 (N = 87) – 80% met benchmark
• NUR 3835/3836/4636/4735 (N=128) – 100% met benchmark |

Demonstrates familiarity with and safe use of client care technologies in various healthcare settings.	CT SL QR	**Client Care Technologies** • Students demonstrate hands-on checkoffs in the skills laboratory using various health care equipment such as IV pumps, automated medication dispensing systems, and patient monitoring devices. Faculty evaluate safe and accurate use through standardized skills rubric. • Clinical evaluations and simulation assessments are administered during clinical rotations in junior and senior year. Faculty evaluate student competency with client care technologies in direct patient care using a standardized tool. • Goal: 100% of students will pass clinical portion of courses with a clinical component. This includes: NUR 3835, NUR 3833, NUR 3836, NUR 4535, NUR 4636, and NUR 4735. The clinical component is pass/fail. **(MET)**	• NUR 3833/3835/3836/4535/4636/4735 (N=190) – 100% met benchmark
Be prepared to deliver nursing care within the context of continually changing healthcare policy, finance, and regulatory environments	RC WC	**Health Policy & Finance** **Policy & Regulation Preparedness** • Administered in the upper division NUR 4412 course. Students complete a Health Policy Paper and Project. Students analyze a current health related bill or policy at the state or national level and apply its impact to nursing practice. Competency is measured using a rubric. • Goal: >75% of students score 75% or greater on the health	• NUR 4412 (N = 25) – 100% met benchmark • Participation in SNPAD began in spring 2025 with 100% of students enrolled in the course attending. Plan to continue. *Note: NUR 4412 is being eliminated, and content is being moved into NUR 3513.*

		policy paper in NUR 4412 and continue in the program. **(MET)** • Goal: 100% of students enrolled in 4412 will attend Student Nurse Political Action Day (SNPAD) sponsored by the Illinois chapter of American Nurses Association. **(IN PROGRESS)**	
Function effectively as an interprofessional team member in the delivery of client care.	SL CT	**Interprofessional Competence** • Administered during all clinical rotations. Faculty assess collaboration and communication with nurses, providers, and allied health professionals as part of the standardized clinical evaluation tool. • Interprofessional practice papers are required in NUR 3836 and NUR 4735 clinical experiences. • Goal: 100% of students will pass clinical portion of courses with a clinical component. This includes: NUR 3835, NUR 3833, NUR 3836, NUR 4535, NUR 4636, and NUR 4735. The clinical component is pass/fail. **(MET)** • Goal: >75% of students score 75% or greater on the Interprofessional Practice Paper in NUR 3836 and NUR 4735. **(MET)**	• NUR 3833/3835/3836/4535/4636/4735 (N=190) – 100% met benchmark • NUR 3836 & NUR 4735 (N = 62) – 100% met benchmark
Contribute to population-based health promotion and disease prevention strategies for	WC CT SL RC	**Population Health Preparedness** • Administered in the senior-level NUR 4535 Population-Based Health Care in Nursing. Students complete a Windshield Survey and a Community Health	• NUR 4535 (N=32) – 100% net benchmark • NUR 4535 Clinical (N = 32) – 100% met benchmark

diverse populations in a variety of settings.		Assessment Project and Presentation. Faculty evaluate competency using standardized rubric on planning, implementation, and collaboration. • In NUR 4535, students complete 90 of clinical practicum and simulation. • Goal: >75% of students score 75% or greater on the Windshield Survey and a Community Health Assessment Project in NUR 4535. **(MET)** • Goal: 100% of students will pass clinical portion of NUR 4535. The clinical component is pass/fail. **(MET)**	
Act in accordance with professional nursing's inherent values of altruism, autonomy, human dignity, integrity, and social justice.	RC	**Professionalism and Ethics** • Administered in the sophomore level Foundations course, NUR 2823, and the junior level professional development course, NUR 3513. Students complete a variety of activities and assessments on ethical scenarios and professional behavior. Competency is measured using rubric focused on alignment with nursing values. • Administered throughout all clinical rotations (junior and senior years). Faculty assess demonstration of altruism, integrity, and respect for patients and colleagues using a standardized clinical evaluation tool. • Goal: >75% of students score 75% or greater in NUR 2823	• NUR 2822 & NUR 2823 (N = 174) – 82% met benchmark • NUR 3833/3835/3836/4535/4636/4735 (N=190) – 100% met benchmark

		and NUR 3413 and continue in the program. **(MET)** • Goal: 100% of students will pass clinical portion of courses with a clinical component. This includes: NUR 3835, NUR 3833, NUR 3836, NUR 4535, NUR 4636, and NUR 4735. The clinical component is pass/fail. **(MET)**	
Deliver safe, evidence-based, holistic, and culturally appropriate client care across the lifespan in various healthcare environments.	CT WC SL QR RC	**Holistic & Culturally Appropriate Care** • Administered in the sophomore-level NUR 2822 and NUR 2823. Students demonstrate safe, culturally sensitive care and application of evidence-based procedures. Competency is measured using standardized skills rubric. • Administered during junior- and senior-level clinical rotations. Faculty evaluate holistic, evidence-based, and culturally appropriate care across different patient populations using a clinical evaluation tool. • Goal: >75% of students score 75% or greater in NUR 2822 and NUR 2823 and continue in the program. **(MET)** • Goal: 100% of students will pass clinical portion of courses with a clinical component. This includes: NUR 3835, NUR 3833, NUR 3836, NUR 4535, NUR 4636, and NUR 4735. The clinical component is pass/fail. **(MET)**	• NUR 2823 & NUR 3413 (N = 162) – 83% met benchmark • NUR 3833/3835/3836/4535/4636/4735 (N=190) – 100% met benchmark

Please reference any University Learning Goal(s) (ULG) that this SLO, if any, may address or assess. C=Critical Thinking, W=Writing & Critical Reading; S=Speaking and Listening; Q=Quantitative reasoning; R=Responsible Citizenship; NA=Not Applicable

Improvements and Changes Based on Assessment

1. Provide a short summary (1-2 paragraphs or bullets) of any curricular actions (revisions, additions, and so on) that were approved over the past four years as a result of reflecting on the student learning outcomes data. Are there any additional future changes, revisions, or interventions proposed or still pending?

The following curricular actions (revisions, additions, and so on) are in progress or have been approved over the past 4 years:

- NUR 2612 – Course is being revised to a single pathophysiology course.
- NUR 2712 – Course is being eliminated.
- NUR 2822 – Course remained at 4 credit hours, didactic/theory was increased from 2 to 3 and skills lab hours were decreased from 60 hours to 30 hours.
- NUR 2823 – Course content and lab was revised and is now Foundations of Nursing Practice I.
- NUR 3100 – Course was created/added to meet requirement for statistics course.
- NUR 3513 – Course is being revised to be Advocacy and Health Policy.
- NUR 3612 – Course is being eliminated.
- NUR 3712 – Course is being revised to a single pharmacology course.
- NUR 3835 – Course revised to be Foundations of Nursing Practice II.
- NUR 4535 – Course created to meet capstone/senior seminar requirement.
- NUR 4412 – Course is being eliminated.

2. Please provide a brief description or bulleted list of any improvements observed/measured in student learning over the past four years. Be sure to mention any intervention made that has not yet resulted in student improvement (if applicable).

Not applicable.

3. Using the form below, please document annual faculty and committee engagement with the assessment process (such as the review of outcomes data, revisions/updates to assessment plan, and reaffirmation of SLOs).

History of Annual Review		
Date of Annual Review	Individuals/Groups who Reviewed Plan	Results of the Review (i.e., reference proposed changes from #1 above, revised SLOs, etc..)

This review was completed in September 2025 by the Chair of the Quality Assurance and Improvement and Curriculum Committee (QIACC). Future review will be in August and January	Quality Assurance and Improvement and Curriculum Committee (QIACC).	• No changes proposed at this time. • End of course reflection form is used to gather assessment data. That form is currently in process of being reviewed and updated.

Dean Review & Feedback

The traditional BSN 2-year assessment report draws from multiple data points to measure nine student learning outcomes. The Quality Assurance and Improvement Director and Curriculum Committee worked together to gather the data and review the program for improvements. The committee utilized a variety of measurements to evaluate whether or not benchmarks were met, including exams, case studies, hands-on skills simulations, interdisciplinary writing assignments and simulation evaluations. They also included their NCLEX pass rates; the program had 100% pass rates on the NCLEX each year. In May 2025, all students passed on their first time taking the exam. The program met their benchmarks in all areas with the exception of the Kaplan integrated test in FA24. The faculty and program Director have worked to improve their curriculum; they revised, eliminated, or added 11 different courses in the past 2 years. Their work on quality assurance and improvement likely contributed to students' success on exams and hands-on clinical experiences. In addition to this, the program went through an accreditation review process in April of 2024 and was granted accreditation through 2034; the Commission on Collegiate Nursing Education stated that the program substantially complied with all four accreditation standards and there were no compliance concerns.

Jill R. Hutti
_____   11/14/25
_____

Dean or designee   Date

Academic Affairs – Review & Feedback

_____ _____

                                                                 Date

COMMISSION ON
COLLEGIATE NURSING
EDUCATION

655 K STREET NW
SUITE 750
WASHINGTON DC 20001

202-887-6791

CCNEACCREDITATION.ORG

May 16, 2024

Holly Farley, EdD, RN
Interim Chair
Nursing Program
Eastern Illinois University
600 Lincoln Ave, 95th Street Hall 1301
Charleston, IL 61920

Dear Dr. Farley:

On behalf of the Commission on Collegiate Nursing Education (CCNE), I am pleased to advise you that the CCNE Board of Commissioners acted at its meeting on April 16-18, 2024, to grant accreditation to the **baccalaureate degree program in nursing** at Eastern Illinois University for 10 years, extending to June 30, 2034. The accreditation action is effective as of September 20, 2023, which is the first day of the program's recent CCNE on-site evaluation. You should plan for the next on-site evaluation to take place in the fall of 2033.

The program was considered by the Board using the CCNE *Standards for Accreditation of Baccalaureate and Graduate Nursing Programs* (2018). Please note that CCNE recently revised its *Standards for Accreditation of Baccalaureate and Graduate Nursing Programs*. The 2024 *Standards* go into effect on January 1, 2025.

At its meeting, the Board determined that the program substantially complied with all four accreditation standards. The Board additionally determined that there are no compliance concerns with respect to the key elements.

As is required for all accredited programs, a continuous improvement progress report (CIPR) must be submitted at the midpoint of the accreditation term. Please note that the CIPR needs to demonstrate the program's substantial compliance with the CCNE standards and key elements that are in effect at the time of its submission. The deadline for submitting the CIPR to CCNE is June 1, 2029. For more information about CIPRs and the report review process, please refer to the CCNE procedures.

As you know, the team report and the program's response to the team report are available to the institution in the CCNE Online Community. We hope that the results of the self-study process and the team report will be useful to the continued growth and development of the nursing program. The certificate of accreditation will be mailed to you in the coming weeks.

In accordance with CCNE policy, if a program or institution elects to make a public disclosure of a program's accreditation status with CCNE, the program or institution must disclose that status accurately. The program or institution disclosing the information must identify the nursing program and its affiliation with CCNE. Please refer to CCNE's disclosure policy and the statements CCNE has approved for use, as well as information on use of the CCNE accreditation seal, at http://www.aacnnursing.org/CCNE/Seal-Policy/Baccalaureate-Graduate. Please ensure that the institution's website and other materials are updated to reflect this language, as appropriate.

All programs are expected to substantially comply with the CCNE standards and procedures that are in effect throughout the period of accreditation. These documents are available at https://www.aacnnursing.org/CCNE-Accreditation/Accreditation-Resources/Standards-Procedures-Guidelines. Information on advising CCNE in the event

of a substantive change affecting the nursing program is available at
https://www.aacnnursing.org/CCNE-Accreditation/What-We-Do/Bacc-Graduate-Change-Notifications. Substantive change notifications must be received by CCNE no earlier than 90 days prior to implementation or occurrence of the change, but no later than 90 days after implementation or occurrence of the change. These reporting requirements are described further in the CCNE procedures.

Thank you for your participation in the CCNE accreditation process. The Commissioners join me in expressing our very best wishes as you continue to promote excellence in nursing education.

Sincerely,

Philip R. Martinez, Jr., EdD, MSN, APRN -BC, CCRN-CMC
Chair, CCNE Board of Commissioners

cc: President Jay D. Gatrell
        CCNE Board of Commissioners
        CCNE Accreditation Review Committee
        CCNE Evaluation Team

Evaluation Team Report on the Accreditation Review of the Baccalaureate Degree Program in Nursing at Eastern Illinois University

Table of Contents

Introduction

This report presents the findings of the evaluation team from the Commission on Collegiate Nursing Education (CCNE), the accrediting body responsible for the evaluation of baccalaureate and graduate nursing programs, regarding the Bachelor of Science in Nursing (BSN) program at Eastern Illinois University (EIU) and its compliance with CCNE's standards for accreditation. The BSN program was most recently granted continuing accreditation by CCNE in 2013 and is being reviewed for continuing accreditation.

The 320-acre EIU campus in Charleston, Illinois, is a public, comprehensive university serving undergraduate and master's students. EUI enrolls 8,608 students and employs more than 1,249 faculty and staff. Established in 1895 as the Eastern Illinois State Normal School to train teachers with a two-year degree, EIU now offers 107 programs, including 51 undergraduate degree programs, 32 graduate degree programs, and 10 postbaccalaureate certificate programs. Governed by a Board of Trustees, EIU is authorized by the Illinois General Assembly and the governor to offer baccalaureate and graduate degrees in the arts and sciences and in various professional fields. EIU was last accredited by the Higher Learning Commission in 2014 for a 10-year period.

According to the EIU website, "While remaining devoted to the residential college experience we are known for, we are currently working on developing and expanding programs that appeal to students who will be entering the job market in the future. Some of these include further offerings in health sciences related fields, computer sciences and criminology." University officials and other constituents who met with the team reported that EIU is known for providing student-centered education and development in a safe environment. EIU holds a Carnegie classification of Master's Colleges and Universities: Larger Programs.

EIU enrolled its first RN-BSN class in 2007 in the College of Sciences, later restructuring to a College of Health and Human Services (CHHS), including communication disorders and sciences, human services, kinesiology, sport and recreation, military science, public health, nutrition, and nursing. In 2019, the Lumpkin Family Foundation donated a $2.6 million gift to form an official School of Nursing (SON) in 2020, still within the CHHS. The traditional BSN track was added in 2021 and enrolled its first cohort. At present, 161 students are enrolled in the BSN program, including 92 in the RN-BSN track and 69 in the traditional BSN track. There are five full-time and five part-time faculty in the SON. The Illinois Department of Financial and Professional Regulation Board of Nursing (Illinois BON) approves the pre-licensure program. The Illinois Administrative Code stipulates that nursing programs are to submit annual reports and do not receive a site visit unless they have had a first-time pass rate of less than 75% for two calendar years. Thus, the SON has full approval with no scheduled visit from the Illinois BON.

The team was afforded full cooperation in its efforts to assess the program and to confirm the self-study document. The team would like to take this opportunity to thank the program for its hospitality and consideration during the on-site evaluation.

In accordance with CCNE procedures, the team confirmed that the program afforded the opportunity for constituents to submit third-party comments directly to CCNE. One letter was received by CCNE and was considered in the evaluation of the program.

Meeting of CCNE Standards

While visiting the campus in Charleston, Illinois, the team had an opportunity to interview school and university officials; administrators, program faculty, students, and alumni; and community representatives. The team reviewed information in the self-study document and in the virtual resource room as well as other materials provided at its request. In addition, the team observed classroom and clinical activities. The following assessments were made regarding compliance with the CCNE *Standards for Accreditation of Baccalaureate and Graduate Nursing Programs* by the baccalaureate degree program in nursing at the institution.

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.

This standard is met for the baccalaureate degree nursing program.

I-A. The mission, goals, and expected program outcomes are:
- **congruent with those of the parent institution; and**
- **reviewed periodically and revised as appropriate.**

Elaboration: The program's mission, goals, and expected program outcomes are written and accessible to current and prospective students, faculty, and other constituents. Program outcomes include student outcomes, faculty outcomes, and other outcomes identified by the program. The mission may relate to all nursing programs offered by the nursing unit, or specific programs may have separate missions. Program goals are clearly differentiated by level when multiple degree/certificate programs exist. Expected program outcomes may be expressed as competencies, objectives, benchmarks, or other terminology congruent with institutional and program norms.

There is a defined process for periodic review and revision of program mission, goals, and expected program outcomes that has been implemented, as appropriate.

Compliance Concern? Baccalaureate: No

Rationale:

There is no compliance concern for this key element because the team found congruence between the mission, goals, and expected program outcomes (MGOs) of EIU, the CHHS, and the SON. Further, the annual evaluation of the MGOs is part of the Assessment, Evaluation, and Development Plan (AEDP). Evidence included email communication related to reviewing revised mission statements from the CHHS on September 24, 2018 (virtual resource room). Additionally, the MGOs and the philosophy of the SON related to the new traditional BSN track were discussed in the Nursing Council (October 15, 2019 meeting minutes in the virtual resource room).

I-B. The mission, goals, and expected program outcomes are consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.

Elaboration: The program identifies the professional nursing standards and guidelines it uses. CCNE requires, as appropriate, the following professional nursing standards and guidelines:
- The Essentials of Baccalaureate Education for Professional Nursing Practice *[American Association of Colleges of Nursing (AACN), 2008];*
- The Essentials of Master's Education in Nursing *(AACN, 2011);*
- The Essentials of Doctoral Education for Advanced Nursing Practice *(AACN, 2006); and*
- Criteria for Evaluation of Nurse Practitioner Programs *[National Task Force on Quality Nurse Practitioner Education (NTF), 2016].*

A program may select additional standards and guidelines that are current and relevant to program offerings.

A program preparing students for certification incorporates professional standards and guidelines appropriate to the role/area of education.

An APRN education program (degree or certificate) prepares students for one of the four APRN roles and in at least one population focus, in accordance with the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education *(July 2008).*

4

Compliance Concern?   Baccalaureate: No

Rationale:

There is no compliance concern for this key element because the BSN program goals and intended learning outcomes (ILOs) are aligned with the American Association of Colleges of Nursing's (AACN) *The Essentials of Baccalaureate Education for Professional Nursing Practice* (*Baccalaureate Essentials*) (2008), the American Nurses Association's (ANA) *Code of Ethics for Nurses with Interpretive Statements* (2015), *Nursing: Scope and Standards of Practice* (ANA, 2015), and the Illinois Nurse Practice Act. This is also delineated in Table III-B Selected Evidence of Professional Nursing Guidelines (self-study document, p. 39). Evidence of evaluation of program alignment with the *Baccalaureate Essentials* was found (self-study document, Appendix A: Program Congruence between AACN Essentials, pp. 74-80). Faculty confirmed the use of these professional standards.

I-C. The mission, goals, and expected program outcomes reflect the needs and expectations of the community of interest.

> *Elaboration: The community of interest is defined by the nursing unit. The needs and expectations of the community of interest are considered in the periodic review of the mission, goals, and expected program outcomes.*

Compliance Concern?   Baccalaureate: No

Rationale:

There is no compliance concern for this key element because the SON defines the community of interest (COI), and there is evidence of their needs being considered in program development and revision. The COI was initially defined in 2008 after the RN-BSN track was established. It was revised in 2020 after receiving communication from CCNE's Report Review Committee that this definition was missing from a 2019 continuous improvement progress report. The SON's COI includes "clients, families, and communities receiving nursing care in the healthcare system, as well as interdisciplinary health care practitioners and the academics that support the profession" (self-study document, p. 10). This definition was discussed in a faculty meeting on August 18, 2020, and finalized in a faculty meeting on September 8, 2020 (meeting minutes, virtual resource room). Further, in the self-study document (p. 10), the program explains that "faculty, students, and alumni are used to provide input [into the MGOs and philosophy]." Partners in local hospitals shared that their feedback about the educational needs of program graduates was integrated into the curriculum.

Due to the COVID-19 pandemic and a succession of four deans of the CHHS since 2018, the SON has found it challenging to locate minutes from annual Advisory Board meetings. However, minutes were taken from the last meeting on March 21, 2022, providing evidence that nursing updates and needs were communicated (virtual resource room). The annual meeting was postponed until Fall 2023 due to low attendance. To gather more feedback, the SON chair holds individual meetings with key members of the COI, including the Sarah Bush Lincoln Health Center residency program director, inquiring about the needs of the hospital and identifying areas of focus for the SON (virtual resource room, Nursing Council meeting minutes, January 13, 2023). One example of the SON responding to the needs of the COI follows: "In 2018, the RN-BSN program faculty designed an accelerated course delivery plan … to improve flexibility for adult learners who were working as registered nurses as they completed their RN-BSN degree" (self-study document, p. 11).

I-D. The nursing unit's expectations for faculty are written and communicated to the faculty and are congruent with institutional expectations.

Elaboration: Expectations for faculty are congruent with those of the parent institution. The nursing unit's expectations for faculty, whether in teaching, scholarship, service, practice, or other areas, may vary for different groups of faculty (full-time, part-time, adjunct, tenured, non-tenured, or other).

Compliance Concern?   Baccalaureate: No

Rationale:

There is no compliance concern for this key element because faculty expectations are written, clear, and communicated to faculty through the "University Professionals of Illinois (UPI) agreement and provided to all faculty members upon hire" (self-study document, p. 11). Guidelines of this agreement are communicated to faculty by the academic provost through the Departmental Application of Criteria document. Faculty submit evidence of compliance with the UPI contract during annual reviews. All faculty, tenure-tracking, tenured, and annually contracted faculty, must demonstrate teaching performance. In addition, tenure-tracking and tenured faculty must demonstrate research/creative activity and service. Expectations are identified for faculty performance by rank (self-study document, Table 1-D DAC Evaluation Criteria, p. 12). In addition, "Part-time and adjunct faculty are not governed by the UPI contract … and are managed by the department chair" (selfstudy document, p. 12). They receive student evaluations at the end of each semester (self-study document, p.
12). Faculty performance expectations were confirmed by the SON chair and the faculty.

Note: The chief nurse administrator (SON chair) clarified that the nursing unit was formerly a *department* and is now a *school*. Thus, these words are often used interchangeably throughout the self-study document and sometimes still in conversations and are captured likewise in direct quotes in this report.

I-E. Faculty and students participate in program governance.

Elaboration: Roles of the faculty and students in the governance of the program, including those involved in distance education, are clearly defined and promote participation. Nursing faculty are involved in the development, review, and revision of academic program policies.

Compliance Concern?   Baccalaureate: No

Rationale:

There is no compliance concern with this key element because faculty and students participate in program governance. Faculty shared that they are a "small group who works very closely." They actively participate in SON meetings and believe that SON administration "gives [them] latitude to make decisions which fit with curriculum," such as shifting content from one class to another to even the student workload. A couple of nursing faculty have participated in university-level committees in the past, including an interprofessional education collaboration task force that developed a new course in health sciences. Students shared that they can be class ambassadors, attend meetings, and share student insights with faculty. One example of a curriculum change due to student participation in governance is the number of exams they had to take. After hearing the student feedback, the faculty decreased the number of exams for the subsequent cohort of students.

I-F. Academic policies of the parent institution and the nursing program are congruent and support achievement of the mission, goals, and expected program outcomes. These policies are:

 fair and equitable;

 published and accessible; and

 reviewed and revised as necessary to foster program improvement.

Elaboration: Academic policies include, but are not limited to, those related to student recruitment, admission, retention, and progression. Policies are written and communicated to relevant constituencies. Policies are implemented consistently. Differences between the nursing program policies and those of the parent institution are identified and support achievement of the program's mission, goals, and expected outcomes. A defined process exists by which policies are regularly reviewed. Policy review occurs, and revisions are made as needed.

Compliance Concern?   Baccalaureate: No

Rationale:

There is no compliance concern for this key element because there is congruence between the policies of EIU and the SON. These policies support the achievement of the MGOs. Initially, there was an inaccuracy in the grading scale published in the student handbook (p. 6) and the syllabi for NUR 2612: Pathophysiologic Concepts I, NUR 2822: Health Assessment Across the Lifespan, NUR 4412: Health Care Systems, and NUR 3833: Mental Health. It was accurately published in the faculty handbook (p. 34). When the team shared this finding with the SON chair, the student handbook and syllabi were revised to reflect the accurate grading scale; this was communicated to all students in the respective courses while the team was on site. Further, while the team was observing a class, the students shared that they received an email with a revised syllabus containing the corrected grading scale.

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

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

Compliance Concern?   Baccalaureate: No

Rationale:

There is no compliance concern for this key element because there is an identified policy for formal complaints at EIU (https://www.eiu.edu/complaints/) for "academic progress, admission policies, ADA complaints, discrimination, grade appeal, reinstatement, refunds, sexual harassment, and standards of student conduct" (self-study document, p. 15). If the student is not satisfied with the resolution, they may escalate their concerns to the Illinois Board of Education (https://complaints.ibhe.org/). There have been no formal complaints against the SON from 2020-2023 since the current SON chair has held the position (SON chair; AEDP, p. 6). Students shared that their faculty have resolved their concerns and that there has been no need for a formal complaint. They know where to go online to submit a formal complaint.

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

Elaboration: 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. 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.[1,2]

If a program chooses to publicly disclose its CCNE accreditation status, the program uses underline either of the following statements:

"The (baccalaureate degree program in nursing/master's degree program in nursing/Doctor of Nursing Practice program and/or post-graduate APRN certificate program) at (institution) is accredited by the Commission on Collegiate Nursing Education (http://www.ccneaccreditation.org)."

"The (baccalaureate degree program in nursing/master's degree program in nursing/Doctor of Nursing Practice program and/or post-graduate APRN certificate program) at (institution) is accredited by the Commission on Collegiate Nursing Education, 655 K Street NW, Suite 750, Washington, DC 20001, 202-887-6791."

[1] Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education *(July 2008).*

[2] Criteria for Evaluation of Nurse Practitioner Programs *(National Task Force on Quality Nurse Practitioner Education, 2016).*

Compliance Concern?   Baccalaureate: No

Rationale:

There is no compliance concern for this key element because documents and publications are accurate, and the program uses a process to communicate changes with constituents. As noted in the self-study document (p. 13), "The Quality Assurance and Improvement Committee and Curriculum Committee (QAICC) create, implement, and evaluate all SON academic policies, according to the Nursing Council By-laws." The QAICC last reviewed the nursing website, recruitment materials, nursing student handbook, and university catalog in 2023 and found all to be correct. The team confirmed document alignment by reviewing the virtual resource room and website materials. For example, the BSN program goals are identical online (https://www.eiu.edu/schoolofnursing/goals.php), in the student handbook (https://www.eiu.edu/schoolofnursing/docs/EIU%20SON%20StudentHandbook2022-23.pdf, p. 6), and in the faculty handbook (https://www.eiu.edu/schoolofnursing/docs/EIUSONfacultyhandbook2021-22.11.19.21.pdf, p. 1).

The EIU SON chooses to disclose the BSN program's CCNE accreditation status. Upon initial inspection and preon-site evaluation, the team found the accreditation statement incorrect. However, after sharing this information with the SON chair, the CCNE accreditation statement was revised immediately and is now correct.

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.

This standard is met for the baccalaureate degree nursing program.

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.

Elaboration: The budget enables achievement of the program's mission, goals, and expected outcomes. The budget supports the development, implementation, and evaluation of the program. Compensation of nursing unit personnel supports recruitment and retention of faculty and staff.

A defined process is used for regular review of the adequacy of the program's fiscal resources. Review of fiscal resources occurs, and modifications are made as appropriate.

Compliance Concern?   Baccalaureate: No

Rationale:

The team found no compliance concerns for the key element because fiscal resources are sufficient, reviewed periodically, and amended as needed to fulfill the MGOs. A strategic process drives university budget planning to reflect income (primarily from tuition revenues), the amount of appropriated state funds from the General Revenue Fund, and the Education Assistance Fund for the operation of public universities as determined by the Illinois General Assembly and the governor. EIU's operating budget cannot be finalized until the Illinois General Assembly approves the state appropriation and it is signed by the governor.

The SON chair obtains input from faculty, staff, college constituents, and Advisory Committee members and informs the CHHS dean of budget needs before the budget allocation and as needed. Upon approval of the university budget and disbursements, the CHHS dean considers the needs and develops the final budget for the SON, including budgetary restrictions posed by the university. The SON chair is responsible for managing the budget, except for salaries managed by EIU academic affairs/Office of the Provost. As faculty needs arise, the SON chair submits a request that includes justification. Budget lines allow considerable latitude on spending, are reviewed quarterly, and are sufficient for the program's development, implementation, and evaluation.

In addition to SON budget allocations, EIU was gifted $2.6 million from the Lumpkin Family Foundation, enabling the addition of a traditional BSN track with dedicated funds for personnel, facilities, operations, and third-party fees. Additionally, two grants (totaling $30,000) assist in developing and operating the simulation center and a white coat ceremony.

II-B. Physical resources and clinical sites enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of physical resources and clinical sites is reviewed periodically, and resources are modified as needed.

Elaboration: Physical space and facilities (e.g., faculty and staff work space, classrooms, meeting areas) are sufficient and configured in ways that enable the program to achieve its mission, goals, and expected outcomes. Equipment and supplies (e.g., computing, laboratory, and teaching-learning materials) are sufficient to achieve the program's mission, goals, and expected outcomes. The program is responsible

9

for ensuring adequate physical resources and clinical sites. Clinical sites are sufficient, appropriate, and available to achieve the program's mission, goals, and expected outcomes.

A defined process is used to determine currency, availability, accessibility, and adequacy of resources (e.g., clinical simulation, laboratory, computing, supplies, and clinical sites), and modifications are made as appropriate.

Compliance Concern?   Baccalaureate: No

Rationale:

The team found no compliance concerns for this key element because physical space, clinical sites, equipment, and supplies are sufficient and configured to enable the program to achieve its mission, goals, and expected outcomes. A defined process determines currency, availability, accessibility, and adequacy of resources (e.g., workspaces, clinical simulation, classrooms, laboratory, computing, supplies, clinical sites). Modifications are made based on need. Needs are identified by the SON chair and faculty and forwarded to the CHHS dean for consideration and approval.

The program has contracted with sufficient clinical sites for students based on defined criteria and faculty, student, and clinical site personnel input. The team reviewed the list provided in the virtual resource room. Clinical practice experiences are provided in courses that contain a component focusing on individuals, families, and communities from all socioeconomic groups, age ranges, and cultural and ethnic backgrounds. Sites are reviewed each semester and as needed, with modifications made.

II-C. Academic support services are sufficient to meet program and student needs and are evaluated on a regular basis.

Elaboration: Academic support services, which may include library, technology, distance education support, research support, and admission and advising services, foster achievement of program outcomes. A defined process is used for regular review of academic support services, and improvements are made as appropriate.

Compliance Concern?   Baccalaureate: No

Rationale:

The team found no compliance concerns for this key element because academic student support services are vast and support distance learning opportunities. Services are adequate to meet program requirements to achieve the MGOs. Evidence was provided in the self-study document and from discussions during the on-site evaluation. Each academic support service uses formal and informal student data as part of an annual evaluation process. The SON annual evaluation is specific to components of strategic alignment and responsiveness to student feedback and overall area performance, as provided in the self-study document. Improvements are made as needed, and evidence was provided in the self-study document, virtual resource room, committee minutes, and discussions with faculty/staff and students. For example, an academic advisor stated how she meets with students experiencing academic challenges and develops a plan to remediate issues. One student identified the value of having multiple support services and ease of access in the online RN-BSN track. Pre-licensure students stated the importance of library, IT, and writing center support.

II-D. The chief nurse administrator of the nursing unit:

- is a registered nurse (RN);
- holds a graduate degree in nursing;
- holds a doctoral degree if the nursing unit offers a graduate program in nursing;
- is vested with the administrative authority to accomplish the mission, goals, and expected program outcomes; and
- provides effective leadership to the nursing unit in achieving its mission, goals, and expected program outcomes.

Elaboration: The administrative authority of the chief nurse administrator is comparable to that of chief administrators of similar units in the institution. He or she consults, as appropriate, with faculty and other communities of interest to make decisions to accomplish the mission, goals, and expected program outcomes. The chief nurse administrator is an effective leader of the nursing unit.

Compliance Concern?   Baccalaureate: No

Rationale:

The team found no compliance concerns because the SON chair meets the qualifications outlined in this key element. The team confirmed this through a review of the self-study document, documents in the virtual resource room, and discussions with the COI. The chair is academically and experientially qualified and is vested to accomplish the MGOs. She is licensed without incumbency, doctorally prepared, and remains an active contributor to the discipline of nursing, as confirmed by administration, faculty, alumni, and community leaders. The SON chair is dedicated to developing faculty within a diverse, inclusive, and socially just environment. She reports to the CHHS dean and sets annual goals as part of the evaluation process. As a participant in administrative-level discussions, her administrative authority is similar to that of her peers. The president, provost, and CHHS associate dean shared with the team that the chair is an engaging and dedicated leader who supports faculty and student advancement commensurate with the mission of the university and the SON.

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 they teach.

Elaboration: The faculty (full-time, part-time, adjunct, tenured, non-tenured, or other) for each degree and post-graduate APRN certificate program are sufficient in number and qualifications to achieve the mission, goals, and expected program outcomes. The program defines faculty workloads. Faculty-tostudent ratios provide adequate supervision and evaluation and meet or exceed the requirements of regulatory agencies and professional nursing standards and guidelines.

Faculty are academically prepared for the areas in which they teach. Academic preparation of faculty includes degree specialization, specialty coursework, or other preparation sufficient to address the major concepts included in courses they teach. Faculty teaching in the nursing program have a graduate degree. The program provides a justification for the use of any faculty who do not have a graduate degree.

Faculty who are nurses hold current RN licensure. Faculty teaching in clinical/practicum courses are experienced in the clinical area of the course and maintain clinical expertise. Clinical expertise may be maintained through clinical practice or other avenues. Faculty teaching in advanced practice clinical courses meet certification and practice requirements as specified by the relevant regulatory and specialty bodies. Advanced practice nursing tracks are directly overseen by faculty who are nationally certified in that same population-focused area of practice in roles for which national certification is available.

Compliance Concern?   Baccalaureate: No

Rationale:

The team found no compliance concerns for this key element because, given the current enrollment, faculty are sufficient to accomplish the mission, commitments, and learning outcomes. The team confirmed this in meetings with faculty, students, and a review of documents.

Currently, the faculty consist of six full-time positions, including the SON chair, and one faculty emeritus. All full-time, tenure-track faculty hold a terminal degree (PhD, DNP, or EdD) and are duly licensed. All full- and part-time, non-tenure-track faculty and adjuncts possess, at a minimum, a master's degree in nursing, maintain an active and unencumbered license, and are experientially and academically prepared commensurate with assigned responsibilities. One non-tenure-track faculty member is enrolled in a doctoral program with an expected completion date of December 2023.

Three faculty are full-time, 12-month, tenure-track and have various teaching roles and administrative responsibilities. Tenure-track faculty with administrative positions receive three credit units of release time to ensure adequate time for administrative duties. Two other faculty are full-time, 12-month, non-tenure-track faculty and complete the administrative team. One is the SON academic advisor for the RN-BSN track and the other is the simulation coordinator. The remaining faculty member is a full-time, 9-month, non-tenure-track faculty member. A sixth faculty member, a 9-month, full-time, tenure-track faculty member, was recently hired, totaling seven full-time faculty. An additional full-time, 9-month, tenure-track faculty member is projected to begin in Fall 2024. Full-time faculty are supplemented by five part-time adjunct faculty who are educationally and experientially prepared.

Based on the agreements for tenure and non-tenure-track faculty, information published in the faculty handbook, and data in the virtual resource room, the assigned teaching obligation for tenure-track faculty is 18-24 credit units for the academic year and 18-24 credit units for non-tenure, 9-month faculty. For each additional month of appointment beyond nine months, the assigned obligation of teaching faculty is three credit units outside the academic year and compensated as overload. The faculty-to-student ratio for baccalaureate nursing didactic courses varies according to course enrollment. Ratios for clinicals comply with the Illinois state requirements of 1 faculty member to 10 students; current ratios are 1:8 or less in the prelicensure track, based on enrollment.

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.

This key element is not applicable to a degree or certificate program that does not use preceptors.

Elaboration: 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.

Preceptors have the expertise to support student achievement of expected outcomes. The program ensures that preceptor performance meets expectations.

Compliance Concern?   Baccalaureate: No

Rationale:

The team found no compliance concerns for this key element because mentors (as opposed to the term preceptors) are used in the RN-BSN track. In a review of documents in the virtual resource room and discussions with faculty and mentors, the team confirmed that mentors are academically and experientially qualified commensurate with identified program criteria. The faculty member of record for the course is responsible for communicating expectations to the mentor, communicating throughout the course, and evaluating mentors based on the identified criteria. As criteria are changed, the course faculty re-evaluate mentors and expectations to align with the mission, goals, program goals, and learning outcomes. Mentors do not evaluate students; they provide opportunities supporting learning activities. A mentor change is optional as needed.

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.

Elaboration: Institutional support is available to promote faculty outcomes congruent with defined expectations of the faculty role (full-time, part-time, adjunct, tenured, non-tenured, or other) and in support of the mission, goals, and expected faculty outcomes. ⬚ Faculty have opportunities for ongoing development in teaching.
⬚ If scholarship is an expected faculty outcome, the institution provides resources to support faculty scholarship.
⬚ If service is an expected faculty outcome, expected service is clearly defined and supported.
⬚ If practice is an expected faculty outcome, 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.

Compliance Concern?   Baccalaureate: No

Rationale:

The team found no compliance concerns for this key element because the program provides a supportive environment consistent with established standards of academic preparation and practice experience. Through a review of documents in the virtual resource room, self-study document, and a meeting with faculty, the team confirmed that institutional support is provided that promotes faculty teaching, scholarship, service, and practice in keeping with the mission, goals, and expected faculty outcomes. The university and SON encourage all faculty to maintain currency in the discipline and pedagogy by supporting faculty through developing new teaching modalities, creative inquiry, continuing education, and service within the university, SON, and community. While SON faculty practice is not required, practice is encouraged and supported as identified in the separate agreements for tenure and clinical faculty.

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.

This standard is met for the baccalaureate degree nursing program.

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.**

Elaboration: Curricular objectives (e.g., course, unit, and/or level objectives or competencies as identified by the program) provide clear statements of expected learning that relate to student outcomes. Expected outcomes relate to the roles for which students are being prepared.

Compliance Concern?   Baccalaureate: No

Rationale:

There is no compliance concern for this key element because the RN-BSN and traditional BSN curricula are developed and implemented per the program's mission, goals, and expected student outcomes and are congruent with the roles for which the program is preparing its graduates. The program goals and ILOs are shared between the two tracks. Table III-A in the self-study document (pp. 34-37) demonstrates alignment among the mission, outcomes, and course outcomes. This was confirmed by the team's review of core nursing courses, the program website, and course syllabi. Interviews with students, faculty, the SON chair, and members of the COI provided additional confirmation.

The COI expressed that the program is responsive to the community's needs. For example, the traditional BSN track was developed in response to the lack of such a BSN program option in the local community and surrounding region. Further, the program is now the primary source of BSN-prepared nurses for a hospital planning to apply for Magnet recognition status. The COI also expressed that they regularly communicate with faculty about students and new graduates and any identified gaps in knowledge or skills. For example, a representative from the local hospital found that students were unprepared to deal with difficult or combative families. They shared that the program faculty were responsive and created a simulation to facilitate student learning in this area.

The curricula reflect clear statements of student expectations and outcomes at the course and program levels. The team reviewed the student handbook and course syllabi and confirmed clear expectations.

III-B. Baccalaureate curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate). Baccalaureate program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* **(AACN, 2008).**

This key element is not applicable if the baccalaureate degree program is not under review for accreditation.

Elaboration: The baccalaureate degree program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curriculum.

Compliance Concern?   Baccalaureate: No

Rationale:

This key element has no compliance concerns because the BSN curriculum is developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, evident within the curricula and the program goals and ILOs. The RN-BSN and traditional BSN curricula are based on the *Baccalaureate Essentials*, the *Code of Ethics for Nurses*, and the Illinois Nurse Practice Act (2017). Table III.B in the self-study document (p. 39) provides a crosswalk that maps selected course objectives from both tracks to the Nurse Practice Act, the *Baccalaureate Essentials*, and ANA's *Scope and Standards of Practice*. Appendix A (pp. 74-80) demonstrates congruence with the *Baccalaureate Essentials*, student learning outcomes, and BSN courses. The team reviewed syllabi from both tracks, confirming that the program meets this key element. For example, NUR 2822: Health Assessment Across the Lifespan maps to Baccalaureate Essential IV, as confirmed in a review of its syllabus in the virtual resource room. The team also reviewed a completed RN-BSN course (NUR 3303: Advanced Nursing Health Assessment) in the learning management system and confirmed that professional nursing standards and guidelines are evident in the syllabus, assignments, and outcomes; this course maps to Baccalaureate Essentials IV, VI, VII, and IX. Additionally, BSN faculty from both tracks confirmed that the *Baccalaureate Essentials* informs the curriculum.

The traditional BSN track uses a concept-based model that guides instruction and gives students a more holistic and patient-centered perspective. A crosswalk of weekly concepts and nursing courses was provided in the virtual resource room.

III-C. Master's curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident 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.**

This key element is not applicable if the master's degree program is not under review for accreditation.

Elaboration: The master's degree program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curricula.

Master's degree APRN education programs (i.e., clinical nurse specialist, nurse anesthesia, nurse midwife, and nurse practitioner) incorporate separate comprehensive graduate-level courses to address the APRN core, defined as follows:
- *Advanced physiology/pathophysiology, including general principles that apply 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.

Additional APRN core content specific to the role and population is integrated throughout the other role and population-focused didactic and clinical courses.

Master's degree programs that have a direct care focus but are not APRN education programs (e.g., nurse educator and clinical nurse leader) incorporate graduate-level content addressing the APRN core. These programs are not required to offer this content as three separate courses.

Compliance Concern?   Master's: Not Applicable

Rationale:

This key element is not applicable, as a master's degree program is not under review.

III-D. DNP curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).

 DNP program curricula incorporate professional standards and guidelines as appropriate.
   a. **All DNP programs incorporate *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006) and additional relevant professional standards and guidelines if identified by the program.**
   b. **All DNP programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016).**

 Graduate-entry DNP program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and appropriate graduate program standards and guidelines.

This key element is not applicable if the DNP program is not under review for accreditation.

Elaboration: The DNP program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curricula.

DNP APRN education programs (i.e., clinical nurse specialist, nurse anesthesia, nurse midwife, and nurse practitioner) incorporate separate comprehensive graduate-level courses to address the APRN core, defined as follows:

 Advanced physiology/pathophysiology, including general principles that apply 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.

Additional APRN core content specific to the role and population is integrated throughout the other role and population-focused didactic and clinical courses.

Separate courses in advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology are not required for students enrolled in post-master's DNP programs who hold current national certification as advanced practice nurses, unless the program deems this necessary.

Compliance Concern?   DNP: Not Applicable

Rationale:

This key element is not applicable, as a DNP program is not under review.

III-E. Post-graduate APRN certificate program curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident 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).

This key element is not applicable if the post-graduate APRN certificate program is not under review for accreditation.

Elaboration: The post-graduate APRN certificate program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curricula.

APRN education programs (i.e., clinical nurse specialist, nurse anesthesia, nurse midwife, and nurse practitioner) incorporate separate comprehensive graduate-level courses to address the APRN core, defined as follows:
 Advanced physiology/pathophysiology, including general principles that apply 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.

Additional APRN core content specific to the role and population is integrated throughout the other role- and population-focused didactic and clinical courses.

Separate courses in advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology are not required for certificate students who have already completed such courses, unless the program deems this necessary.

Compliance Concern?   Post-graduate APRN certificate: Not Applicable

Rationale:

This key element is not applicable, as a post-graduate APRN certificate program is not under review.

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.

Elaboration: Baccalaureate degree programs demonstrate that knowledge from courses in the arts, sciences, and humanities is incorporated into nursing practice. Graduate-entry programs in nursing incorporate the generalist knowledge common to baccalaureate nursing education as delineated in The Essentials of Baccalaureate Education for Professional Nursing Practice *(AACN, 2008) as well as advanced nursing knowledge.*

Graduate programs are clearly based on a foundation comparable to a baccalaureate degree in nursing. Graduate programs delineate how students who do not have a baccalaureate degree in nursing acquire the knowledge and competencies comparable to baccalaureate education in nursing as a foundation for advanced nursing education. Programs that move students from basic nursing preparation (e.g., associate degree or diploma education) to a graduate degree demonstrate how these students acquire the baccalaureate-level knowledge and competencies delineated in The Essentials of Baccalaureate Education for Professional Nursing Practice *(AACN, 2008), even if they do not award a baccalaureate degree in nursing in addition to the graduate degree.*

DNP programs, whether post-baccalaureate or post-master's, demonstrate how students acquire the doctoral-level knowledge and competencies delineated in The Essentials of Doctoral Education for Advanced Nursing Practice *(AACN, 2006). If the program awards the master's degree as part of the DNP program, the program demonstrates how students acquire the master's-level knowledge and competencies delineated in* The Essentials of Master's Education in Nursing *(AACN, 2011) and, if applicable,* Criteria for Evaluation of Nurse Practitioner Programs *(NTF, 2016).*

The program provides a rationale for the sequence of the curriculum for each program.

Compliance Concern?   Baccalaureate: No

Rationale:

There is no compliance concern with this key element because the BSN curricula are logically structured to achieve expected student outcomes and build on a foundation of the arts, sciences, and humanities.

The traditional BSN track is five semesters long. Students complete general education and foundational prerequisite courses prior to admission. Examples of these classes include College Composition I, Microbiology, Intro to Psychology, Anatomy and Physiology I and II, and Mathematics. Table III-C (self-study document, p. 43) lists the traditional BSN curriculum with every required course for the degree.

The team directly observed a post-clinical conference with students in the Foundations of Nursing Practice course at a partner hospital. Students demonstrated an ability to build upon prior courses in Anatomy and Physiology, Medical Terminology, Pathophysiology, and Pharmacology in their patient case reports and responses to the instructor's Socratic questioning. The team also observed a live class session (NUR 2525: Transition to Nursing Student) where students confirmed with the faculty that they were applying what they learned about Maslow's Hierarchy in prerequisite classes (e.g., psychology) to patient scenarios. Lastly, the virtual resource room contained a document that described a scaffolded approach to care planning, and students expressed experiencing this in their senior-year clinical rotations.

In the RN-BSN track, students enter the program after completing an associate degree in nursing and fulfilling general education and prerequisite courses. Throughout the BSN program, students complete 32 hours of nursing courses. These courses include NUR 3103: Theoretical Foundations of Professional Nursing Practice, NUR 3703: Research in Professional Nursing, NUR 3303: Advanced Nursing Health Assessment, NUR 3608: Pharmacogenomics in Nursing Practice, NUR 4508: Public Health Nursing, NUR 4108: Leadership and Management in Nursing, NUR 4203: Nursing, Health Care, Policies & Politics, and NUR 4604: Issues & Practicum in Professional Nursing. Additionally, students must take two interdisciplinary courses in the curriculum: one in organizational development (ODL) and one in public health (PUBH). Table III-D (self-study document, p. 45) lists the RN-BSN curriculum. The team confirmed that the nursing curriculum builds upon a foundation of arts, humanities, and sciences in the example course assignments and syllabi in the virtual resource room. For example, students complete a mini nutrition assessment in NURS 3303: Advanced Nursing Health Assessment, deepening their learning in general education and prior nursing courses.

The team confirmed a logical course sequence in meetings with current BSN students, COI, and faculty. For example, traditional BSN students expressed that the course PUBH 2800: Health Education Research Methods prepared them for NUR 3813: Using Evidence to Guide Practice in Nursing, taken in a subsequent semester.

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.

Elaboration: Teaching-learning practices (e.g., simulation, lecture, flipped classroom, case studies) in all environments (e.g., virtual, classroom, clinical experiences, distance education, laboratory) support achievement of expected student outcomes identified in course, unit, and/or level objectives.

Teaching-learning practices are appropriate to the student population (e.g., adult learners, secondlanguage students, students in a post-graduate APRN certificate program), consider the needs of the program-identified community of interest, and broaden student perspectives.

Compliance Concern?   Baccalaureate: No

Rationale:

There is no compliance concern with this key element because teaching-learning practices support the achievement of expected student outcomes. Table III-E and Table III-F (self=study document, pp. 46, 47) map teaching-learning practices to the program goals and ILOs. For example, students in NUR 2712: Therapeutic Pharmacology are assigned to take a trip to the pharmacy and complete questions related to dosing for overthe-counter medications, supporting the achievement of program goals. Faculty value innovation and active learning strategies. Both tracks use various teaching-learning practices, including a flipped classroom, case studies, simulation, guest speakers, Shadow Health, discussion boards, live in-class polling, and think-pairshares. The team confirmed the use of these practices through reviewing syllabi and assignment instructions, touring the simulation and skills labs, observing a simulation and live class sessions, examining sample courses in the D2L Brightspace learning management system, and interviewing faculty and students. The team observed live class sessions where SON faculty used a mix of passive and active learning strategies: lecturing with PowerPoint slides, posing questions to students, and facilitating small group exercises (e.g., matching scenarios to Maslow's Hierarchy of Needs).

Students expressed appreciation for the teaching-learning strategies. Following observation of a home-health simulation, students stated that simulations provide "hands-on experience," and they feel better prepared at clinical sites. Traditional BSN students also described the effectiveness of the flipped classroom model. They expressed that faculty were responsive to suggestions for additional lectures during in-person classes to reinforce learning as needed.

The RN-BSN track is delivered entirely online, and faculty use a variety of teaching and learning practices based on evidence for online learning. Achievement of outcomes is assessed through discussion boards, group projects, video presentations, quizzes, and writing assignments. The teaching and learning strategies are developed in response to the needs of the student population, such as revising the RN-BSN courses to seven weeks and adopting a rolling admission model. The team confirmed that the SON also develops teaching and learning strategies in response to the needs of the COI through meetings with the COI, faculty, students, and clinical partners. One example is the strategic placement in the curriculum for two required public health courses to best prepare students for their nursing-focused courses.

The program exposes students to individuals with diverse life experiences, perspectives, and backgrounds. Social determinants of health are threaded throughout the BSN courses, as evidenced by course objectives addressing diversity (e.g., Apply the principles of culturally informed population-based nursing care for diverse groups, including vulnerable populations). Further, the team confirmed the concept of "Culture and Diversity: Identifying Implicit Bias" is included at multiple points in the concept crosswalk. Faculty stated that students are exposed to diversity through case studies, simulation, and clinical experiences. The team observed a homehealth simulation focused on a case of an unhoused veteran with Type II diabetes mellitus and alcohol use disorder in transitional housing. Faculty provided another example from clinical about a student caring for a patient from the Amish community, which led to post-clinical conference discussion focused on related cultural considerations. The team also visited a clinical site: a hospital serving the region's vulnerable populations. The team noted that the university is firmly committed to supporting a culture of diversity and inclusion across campus, such as planning to hire a director of diversity, equity, and inclusion. The university president expressed an intent for the program to prepare experiential learning opportunities in diverse healthcare settings reflective of rural America.

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.**

Elaboration: To prepare students for a practice profession, each track in each degree program and each track in the post-graduate APRN certificate program affords students the opportunity to develop professional competencies and to integrate new knowledge in practice settings aligned to the educational preparation. Clinical practice experiences include opportunities for interprofessional collaboration. Clinical practice experiences are provided for students in all programs, including those with distance education offerings. Clinical practice experiences align with student and program outcomes. These 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.

Programs that have a direct care focus (including, but not limited to, post-licensure baccalaureate and nurse educator tracks) provide direct care experiences designed to advance the knowledge and expertise of students in a clinical area of practice.

Compliance Concern?   Baccalaureate: No

Rationale:

There is no compliance concern for this key element because the traditional BSN curriculum includes planned direct-care clinical experiences in multiple courses, and RN-BSN students complete both indirect and direct clinical practice experiences. Traditional BSN students complete 771 hours of skills lab, simulation, and direct clinical experiences at multiple healthcare organizations and agencies. Table III-G (self-study document, pp. 50-51) lists where clinical practice occurs in the program, the required hours, and the clinical site, all aligned with program goals and ILOs. The team reviewed agreements with clinical sites, toured the skills lab and simulation rooms, observed a post-clinical conference and recorded clinical conferences in the virtual resource room, and observed a home-health simulation.

RN-BSN students complete indirect and direct clinical experiences in four courses as described in Table III-H (self-study document, pp. 51-52). Students implement a planned project with a mentor in NUR 4604 and submit

20

documentation of 40 hours of clinical practice experience. In interviews with faculty, the team confirmed that mentors are knowledgeable about the course learning outcomes and identify how students will achieve them.

Students expressed that clinical experiences enable them to integrate new knowledge and are effective in meeting program outcomes. Traditional BSN students stated that they can apply concepts learned in class to real-world scenarios, exposing them to "things that they wouldn't be able to see" in the classroom. Clinical experiences become increasingly more complex as students progress through the program (e.g., increasing the number of patients cared for and having to delegate and prioritize). Students expressed that this was challenging but necessary for their formation as a nurse. RN-BSN students stated that the planned clinical activities in the program allowed them to "see the other side of nursing," get hands-on experience with leadership and evidence-based practice, and open up new perspectives.

Faculty confirmed that clinical experiences foster interprofessional collaborative experiences and are intentional. Examples provided included shadowing physical therapists, pairing with a respiratory therapist, inviting another discipline as a guest speaker, and designing simulation experiences that require interaction with another discipline (e.g., calling the pharmacist because a medication is missing from the cart). The care plans require students to identify examples of collaborative practice during a clinical shift, as confirmed by the team in a blank SBAR care plan and during observation of a post-clinical conference. The team noted that during the post-clinical conference, students described collaborating with an echocardiogram tech for a patient with heart failure. Examples of interprofessional collaboration for both tracks are provided in Table III-I (selfstudy document, p. 53) and Table III-J (self-study document, p. 54).

Students in both tracks are evaluated by faculty on their achievement of outcomes. Students expressed that clinical instructors grade them, and this was confirmed through a review of blank and completed clinical evaluation tools in the virtual resource room.

Faculty evaluate clinical sites through feedback from clinical faculty, student feedback, employer feedback, and Advisory Committee feedback. The team confirmed this in interviews with faculty, program directors, the SON chair, and the COI and in a review of completed evaluations of clinical sites by students in the virtual resource room. Two examples of changing clinical sites for mental health and community health rotations in response to student feedback were found in the virtual resource room; the reasons for the revisions centered on improving student learning to meet program outcomes.

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.

Elaboration: Evaluation of student performance is consistent with expected student outcomes. 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. In instances where preceptors facilitate students' clinical learning experiences, 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 clinical performance by qualified faculty applies to all students in all programs. Faculty evaluation of student clinical performance may be accomplished through a variety of mechanisms.

Compliance Concern?   Baccalaureate: No

21

Rationale:

There is no compliance concern with this key element because individual student performance reflects achievement of expected student outcomes and is evaluated by faculty. In interviews with the team, students confirmed that they clearly understand expected student outcomes and that their performance evaluation is consistent with what is documented in their course syllabi. For example, students expressed that the faculty review expectations at the beginning of each clinical day. Students reported that faculty are fair and prompt in providing feedback regarding their performance. According to students, faculty are consistently accessible to answer questions in person or by email (even on the weekends), help them understand course content, and review missed exam questions. Faculty use the Creighton Competency Evaluation Instrument to assess simulation. Faculty expressed that there is a process for a student identified as not meeting outcomes or expectations to complete a student concern report form found on the website. This form is placed in the student's file and discussed with their advisor. Interviews with faculty and students confirmed that faculty are responsible for evaluating the student's clinical performance and assigning the grade with input from mentors.

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

> *Elaboration: 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. The curriculum is regularly evaluated by faculty and revised as appropriate.*

Compliance Concern?   Baccalaureate: No

Rationale:

There is no compliance concern for this key element because the team confirmed that the AEDP guides regular evaluation of the curriculum and teaching-learning practices (virtual resource room). The program collects student feedback about courses and instruction delivery using an electronic survey sent to students at the end of each class. Faculty receive student evaluation results after final grades are submitted and use these data to assess their performance and course improvement directions. The team reviewed student evaluations of faculty and courses in the virtual resource room. Faculty provided examples of changes they made in response to student feedback for continuous improvement, such as reallocating content about skills to two classes rather than one because students expressed feeling overwhelmed with the content to learn.

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.

This standard is met for the baccalaureate degree nursing program.

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

> *Elaboration: The program (baccalaureate, master's, DNP, and/or post-graduate APRN certificate) uses a systematic process to obtain relevant data to determine program effectiveness. The process:*
> *⬚ is written, is ongoing, and exists to determine achievement of program outcomes;*

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

Compliance Concern?   Baccalaureate: No

Rationale:

There is no compliance concern for this key element because the EIU SON uses a systematic process to determine program effectiveness. The AEDP includes headings for the key element, responsibility, materials for assessment, timing frequency of assessment, expected level of achievement, documentation/location, and summary of major actions (virtual resource room). The AEDP is aligned with the CCNE standards for accreditation. The column for summary of major actions is populated throughout the document, indicating that there has been assessment activity and resulting action around all four standards.

IV-B. Program completion rates demonstrate program effectiveness.

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

Elaboration: The program (baccalaureate, master's, DNP, and/or post-graduate APRN certificate) demonstrates achievement of required program outcomes regarding completion in <u>any one</u> of the following ways:

- *the completion rate for the most recent calendar year (January 1 through December 31) is 70% or higher;*
- *the completion rate is 70% or higher over the three most recent calendar years;*
- *the completion rate is 70% or higher for the most recent calendar year when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education; or*
- *the completion rate is 70% or higher over the three most recent calendar years when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education.*

The program identifies the cohort(s), specifies the entry point, and defines the time period to completion, each of which may vary by track; however, the program provides the completion rate for the overall degree/certificate program. The program describes the formula it uses to calculate the completion rate. The program identifies the factors used and the number of students excluded if some students are excluded from the calculation.

Compliance Concern?   Baccalaureate: No

Rationale:

The team found no compliance concerns for this key element because reported completion rates for the BSN program are above the expected level of achievement for both tracks. The traditional BSN track graduated its first cohort of seven students in May 2023. The RN-BSN track has had continuous graduates since its inception and takes approximately three years to complete, which is the benchmark for determining calendar year (January 1 to December 31) completion rates. Completion rates for the most recent three years (2017-2019) ranged from 68%-80%, averaging 71%. Reasons for failure to complete or completing in greater than three years and exclusions were provided (self-study document, p. 60).

IV-C. Licensure pass rates demonstrate program effectiveness.

This key element is not applicable to a program that does not prepare individuals for licensure examinations or does not yet have individuals who have taken licensure examinations.

Elaboration: Programs with a pre-licensure track demonstrate achievement of required program outcomes regarding licensure. The program demonstrates that it meets the licensure pass rate of 80% in <u>any one</u> of the following ways:

 the NCLEX-RN® pass rate for each campus/site and track is 80% or higher for first-time takers for the most recent calendar year (January 1 through December 31);
 the pass rate for each campus/site and track is 80% or higher for all takers (first-time and repeaters who pass) for the most recent calendar year;
 the pass rate for each campus/site and track is 80% or higher for all first-time takers over the three most recent calendar years; or
 the pass rate for each campus/site and track is 80% or higher for all takers (first-time and repeaters who pass) over the three most recent calendar years.

For each campus/site and track, identify which of the above options was used to calculate the pass rate.

Compliance Concern?   Baccalaureate: No

Rationale:

There is no compliance concern for this key element because the NCLEX-RN® pass rate for the first cohort who graduated in Spring 2023 was 100% for all takers (first-time and repeaters who passed). There were seven graduates. Four passed the first time (57%), and three repeaters passed (100%).

IV-D. Certification pass rates demonstrate program effectiveness.

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

Elaboration: The master's, DNP, and post-graduate APRN certificate programs demonstrate achievement of required program outcomes regarding certification. For programs that prepare students for certification, certification pass rates are obtained and reported for those completers taking each examination, even when national certification is not required to practice in a particular state.

For programs that prepare students for certification, data are provided regarding the number of completers taking each certification examination and the number that passed. A program is required to provide these data regardless of the number of test takers.

A program that prepares students for certification demonstrates that it meets the certification pass rate of 80%, for each examination, in <u>any one</u> of the following ways:

 the pass rate for each certification examination is 80% or higher for first-time takers for the most recent calendar year (January 1 through December 31);
 the pass rate for each certification examination is 80% or higher for all takers (first-time and repeaters who pass) for the most recent calendar year;
 the pass rate for each certification examination is 80% or higher for all first-time takers over the three most recent calendar years; or
 the pass rate for each certification examination is 80% or higher for all takers (first-time and repeaters who pass) over the three most recent calendar years.

The program identifies which of the above options was used to calculate the pass rate. The program provides certification pass rate data for each examination but, when calculating the pass rate described above, may combine certification pass rate data for multiple examinations relating to the same role and population.

Compliance Concern?   Baccalaureate: Not Applicable

Rationale:

This key element is not applicable, as the BSN program does not prepare individuals for certification exams.

IV-E. Employment rates demonstrate program effectiveness.

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

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

Compliance Concern?   Baccalaureate: No

Rationale:

The team found no compliance concerns for this key element because the employment rates exceeded the expected level of achievement. Employment data are extracted from the post-graduation survey. Surveys for the May 2023 graduating class will be sent in January 2024. However, during the on-site evaluation, faculty identified that all seven of the May 2023 cohort were employed. Surveys are sent to RN-BSN students upon graduation, and the team reviewed these in the virtual resource room. Historically, response rates have remained low; in 2023, students were asked to complete a data information sheet that resulted in increased responses. The rates for the past 12 months (May 2022 and December 2022 graduates for full- and part-time) totaled 75%, based on 44 surveys sent (24 responses with 18 employed at the time of the survey).

IV-F. Data regarding completion, licensure, certification, and employment rates are used, as appropriate, to foster ongoing program improvement.

This key element is applicable if one or more of the following key elements is applicable: Key Element IV-B (completion), Key Element IV-C (licensure), Key Element IV-D (certification), and Key Element IV-E (employment).

Elaboration: The program uses outcome data (completion, licensure, certification, and employment) for improvement.
* Discrepancies between actual and CCNE expected outcomes (program completion rates 70%, licensure pass rates 80%, certification pass rates 80%, employment rates 70%) inform areas for improvement.*
* Changes to the program to foster improvement and achievement of program outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.*
* Faculty are engaged in the program improvement process.*

Compliance Concern?   Baccalaureate: No

Rationale:

The team found no compliance concerns for this key element because the team found evidence that data regarding completion, licensure, and employment rates are used to foster continuous improvement. The 2018 completion data and 2021 program evaluations were analyzed by faculty, resulting in RN-BSN course changes. Specifically, seven-week courses were developed and offered each semester, providing opportunities for more rapid program completion. The university policy requiring graduates to complete a seminar course inclusive of a program-specific capstone project was replaced with a new nursing course that allowed more time to complete the capstone project over a 16-week semester. More in-depth and quality projects followed without incomplete course grades that delayed graduation. Course sequencing was required based on a mutually agreed upon plan of study to decrease issues with writing and use of APA format. As a result, improved writing skills and mastery of APA format followed, as evidenced in the self-study document, virtual resource room, and discussions with faculty and students.

IV-G. Aggregate faculty outcomes demonstrate program effectiveness.

> *Elaboration: The program demonstrates achievement of expected faculty outcomes. In order to demonstrate program effectiveness, outcomes are consistent with and contribute to achievement of the program's mission and goals and are congruent with institution and program expectations. Expected faculty outcomes:*
> *▢ are identified for the faculty as a group;*
> *▢ specify expected levels of achievement for the faculty as a group; and ▢ reflect expectations of faculty in their roles.*
>
> *Actual faculty outcomes are compared to expected levels of achievement. Actual faculty outcomes are presented in the aggregate. If expected faculty outcomes vary for different groups of faculty (full-time, part-time, adjunct, tenured, non-tenured, or other), actual faculty outcomes may be presented separately for each different group of faculty.*

Compliance Concern?   Baccalaureate: No

Rationale:

There is no compliance concern for this key element because faculty have collectively reached their expected levels of achievement for performance, including publications, presentations, teaching initiatives/continuing education, grants submitted/funded, service roles in the SON and CHHS, service roles in the university, and service leader roles. Effective teaching is the primary outcome for faculty evaluations. The team confirmed the program has defined aggregate faculty outcomes, a timeframe for data collection, expected levels of achievement, and actual outcomes, and the team noted consistent information in the Department Application Criteria and Performance Assessment Plan in the virtual resource room.

The expectation is that 100% of the faculty body will present at workshops, apply for grants, progress toward a terminal degree, or participate in research projects. Further, they set a goal that 100% of the faculty will participate in department, college, and university committees and maintain membership in professional organizations. All of the goals were met for the past four calendar years (self-study document, p. 68). Expectations vary among full-time tenure and non-tenured faculty and adjunct faculty; however, faculty confirmed that outcomes reflect expectations of their role. Faculty CVs and faculty evaluation forms were reviewed by the team in the virtual resource room, showing an array of professional development activities and how goals were met.

IV-H. Aggregate faculty outcome data are analyzed and used, as appropriate, to foster ongoing program improvement.

Elaboration: The program uses faculty outcome data for improvement.
* *Faculty outcome data are used to promote ongoing program improvement.*
* *Discrepancies between actual and expected outcomes inform areas for improvement.*
* *Changes to foster achievement of faculty outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.*
* *Faculty are engaged in the program improvement process.*

Compliance Concern?   Baccalaureate: No

Rationale:

There is no compliance concern with this key element because the team found evidence that aggregate faculty outcome data are analyzed and used to foster ongoing program improvement for the BSN program. Although faculty exceeded expected levels of achievement for scholarship, they identified publications as an area of improvement. To address this area for growth, an outside speaker was brought in to provide faculty strategic guidance on writing. The program also maintains subscriptions to NurseTim and KeithRN to meet professional development and teaching expectations. Faculty expressed that they are engaged in the program improvement processes and supported by the school to attend conferences to improve teaching practices. The simulation coordinator expressed that she received funding to attend a simulation conference and could incorporate new ideas into the program. Documents in the virtual resource room, faculty portfolios, and discussions with the faculty and administrators confirmed that nursing faculty are active on departmental, college, and university committees and in service leader roles in the community.

IV-I. Program outcomes demonstrate program effectiveness.

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

Program outcomes are defined by the program and incorporate expected levels of achievement. The program describes how outcomes are measured. Actual levels of achievement, when compared to expected levels of achievement, demonstrate that the program, overall, is achieving its outcomes. Program outcomes are appropriate and relevant to the degree and certificate programs offered.

Compliance Concern?   Baccalaureate: No

Rationale:

The preponderance of evidence for the three outcomes demonstrating program effectiveness (teaching effectiveness, employer feedback, and student success) indicates no compliance concerns for this key element. For teaching effectiveness, students evaluate every course every semester on a Likert-style scale of 1-5. The expectation for faculty is that 100% will achieve a minimum aggregate course evaluation of 3.5 for every course every time, representing teaching effectiveness. For the RN-BSN courses, there were 40 data points with eight courses tracked over five years, with one mean score of less than 3.5 (2.5%) during 2018-2019 (self-study document, p. 67). For the traditional BSN track, there are also 40 data points for eight courses tracked, with two mean scores less than 3.5 (5%) during 2022 (virtual resource room).

Multiple methods are used to obtain feedback from local employers, including formal methods through the

CHHS Advisory Board and SON Advisory Board and informally using anecdotal feedback. There is evidence in the CHHS Advisory Board meeting minutes from March 31, 2022, that there was a nursing program presentation and a tour of the nursing building in Ninth Street Hall. SON Advisory Board members discussed SON enrollment updates, clinical sites, student issues related to clinical, and a health fair/career fair (virtual resource room, meeting minutes of March 30, 2023). Further, the SON chair, faculty, and COI shared that local employers seek to hire EIU SON graduates.

The university requires a biannual assessment of programs called student learning outcomes. A SON student learning outcomes assessment (2021) of the RN-BSN track included a detailed report with data from 2019-2021 linking program-level outcomes to key course assignments indicating student success. For all outcomes, aggregate grade benchmarks were met at identified target levels except for four instances. When this occurred, a brief reflection was completed by the Nursing Council Assessment Committee to determine if any improvements or changes needed to be made based on the assessment. No changes were made (self-study document, pp. 90-97). The same student learning outcomes report was completed for the traditional BSN track. For all outcomes, aggregate grade benchmarks were met at identified target levels except for four instances. Again, a brief reflection was written by the Nursing Council Assessment Committee. No changes were made (self-study document, pp. 97-105).

IV-J. Program outcome data are used, as appropriate, to foster ongoing program improvement.

Elaboration: For program outcomes defined by the program:
⬚ Actual program outcomes are used to promote program improvement.
⬚ Discrepancies between actual and expected outcomes inform areas for improvement.
⬚ Changes to the program to foster improvement and achievement of program outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness. ⬚ Faculty are engaged in the program improvement process.

Compliance Concern?   Baccalaureate: No

Rationale:

There is no compliance concern for this key element because sufficient evidence demonstrates that program outcome data are used to foster ongoing program improvement. One example is the attrition of two students from the first cohort due to medication math challenges/math deficiencies and failing the dosage calculation exam three times. This resulted in continuous quality improvement, including discussions with other administrators on campus to determine other healthcare major options for these students and an investigation of admission standards to prevent admitting students into nursing who could not be successful (per the team's meeting with the COI). The discussion about the appropriateness of admission criteria is deliberate, ongoing, and unresolved.