August 24, 2018

Attendance: C. Boutin, Tyler Waite, Terry Williams, Lisa Gray, Mary Heinzl

Topic	ACEN Standard and Criteria	Discussion and Relevant Data	Actions/Person Responsible	Evaluation
Program 2018- Used to be called strategic plan		Review 2017 plan with documentation toward progress of goals. Review and updated plan to be submitted for 18-19 AY Lab- need to discuss at a faculty meeting for what are the needs for simulation lab; rentals, new equipment, different simulators, etc.	Strategic Program Plan 2018- 2019 Updated and Approved by All faculty	
Documents		It is advised to book mark ACEN on your computer to have it available for reference. It is advised to have the following documents available at all times: Systematic Evaluation Plan ACEN glossary Timeline for standard/criteria review Assignments to evaluate SLO's for each course with ELA's Your assigned standard and criteria- keep current throughout the year ELA's not met from previous year with		

	documentation of how to correct it		
Timeline	Review timeline for standards/criteria that are due to be evaluated in Aug and complete that evaluation/ discussion and document results. One item that was due for evaluation in 2017 is the dept mission- the college updated it's mission in 2016. The nursing dept mission has not been updated since 2009. If we updated it, this may be a substantial change but DC would have to check.	DC to check with ACEN on whether or not updating our mission is a substantial change.	DC contacted Nell Ard at ACEN who said to just add the information to the substantive change for completion rates to inform them of the updated mission.
	Review rest of timeline for criteria due to be evaluated and complete them. Going forward, each faculty will be responsible for adding their standard/criteria to the program eval dept meeting agenda and be prepared for the evaluation and results.		
ELA's	Freshman- Which ELA's not met? What is the plan? Should ELA be changed? Why or Why not? At the freshman level all ELAs were all met except for NURS125N – Culture – 86% received an 90% or better. Issue with one group did not follow rubric; and due to small class size, one outlier effects the overall outcome of the class. The plan is to reinforce the importance of reading directions and the rubric. We will not change the ELA at this time.	After discussion of definition of ELA's, it was decided to defer discussion until further research can be done. Can ELA be the combination of all testing or does it have to be a specific exam or assignment within the course.	
	Final exam – 71% received an 80% or better NURS140N – Final 15.4 % received an 80% or better		

NURS230N – 28.6% of students achieved an 80% or	
higher on the final exam.	
Seniors-Which ELA's not met? What is the plan?	
Should ELA be changed? Why or Why not?	
At Senior level ELAs that were not met	
NURS220N final exam 29% received an 80% or better	
NURS240N final exam 35% received an 80% or better	
Writing and analysis of exams has become more	
consistent with level faculty; points not added to	
exams; anything below 50% of the # of students getting	
the question wrong, that question is re-evaluated.	
Analysis of account is many acceptant	
Analysis of exams is more consistent	
Describe is reflecting testing as gold standard for	
Research is reflecting testing as gold standard for	
understanding the material.	
Discussion re: possibly lowering ELA to 75% for final	
exam for all levels; need to have multiple assessments	
for each course for ELA's assessment; should "testing"	
(includes unit exams, mid-terms and finals) be	
considered an ELA?	

	Suggestion: ELA: 75 % of the class will have an 80% or better on the average of midterm, final and all unit exams. Should we separate out the final exam and have it as a separate ELA?		
	Can ELA reflect "testing" vs a particular assessment within the course. DC will explore further. Will Defer this topic at this time.		
	At senior level is not computer testing, however we will start with NURS220 with weekly quizzes with rationales and continue to review exam questions at level		
SEP	Review format and necessary information- any ideas to simplify?	Defer so faculty have time to read it more thoroughly.	
Standards	Brief review of the 6 standards and what faculty is responsible for which one? Standard 1: DC Standard 2: DC Standard 3: Tyler Standard 4: Lisa Standard 5: Terry Standard 6: Mary		

September 24, 2018

Attendance: C. Boutin, Tyler Waite, Terry Williams, Lisa Gray, Mary Heinzl, T Szugda

Topic	ACEN Standard and Criteria	Discussion and Relevant Data	Actions/Person Responsible	Evaluation
Meeting Minutes from August 24, 2018		Need to approve Clarified Fast Team meeting dates and template approved with revision. If students do not present template one week prior to Fast Team scheduled meeting, they forfeit their meeting opportunity.	Level coordinators will review purpose and process of the fast team meeting including bringing solutions to their concerns and post template. Template updated per faculty suggestions Minutes Approved from 8/24/18	
Documents		Please bring the timeline, SEP, and dates of any meeting minutes where these standards/criteria were discussed if any of your standards/criteria are being evaluated at this meeting.		
Timeline		Standards and criteria due for review are: 1.1 Mission and Philosophy; Strategic Plan Tyler's Suggestion:	Faculty to review updated format of SEP and bring comments and suggestions to next meeting.	
		The Mission of the Department of Nursing at Nashua Community College is to provide students an academically rigorous, evidence-based education to	May need to update Mission of Department – DC will locate meeting minutes and review	

earn an Associate in Science Degree in Nursing, become Registered Nurses, obtain employment in entry-level positions in nursing, and promote professional development for the diverse needs of the community.

Suggestions from other colleges include:

Broward College-The mission of the Broward College Nursing Program is to prepare competent, compassionate, and culturally sensitive entry-level nursing graduates whose professional practice encompasses legal and ethical decision making. The Department of Nursing is committed to providing a nursing program that is accessible to a diverse community of learners. Delivered by a dedicated Faculty, the program provides a collaborative teaching-learning environment to promote critical thinking, lifelong learning, and positive role in a changing and global society across the lifespan. The program is committed to accomplishing this mission through the use of effective and diverse instructional methods that encompass both traditional as well as technology-based strategies.

MCC -The mission of the nursing program is to provide high-quality education and clinical evidence-based practice which enables students to achieve career and life goals through the application of knowledge, judgment and skills necessary to practice as a registered nurse.

- 1.1.2 Strategic Plan congruent with NCC
- 1.2 Governance: congruent with NCC (advisory board, Fast Team, college/system committees)

with faculty

Change in our mission and philosophy may constitute a "substantial" change – will need to research new ACEN guidelines for substantial changes.

DC will research mission statements of other schools for comparison with ours.

Tabled: Faculty to draft sample mission statement for next meeting

Faculty attending ACEN workshop will bring questions regarding substantial change policy to ACEN conference next week.

Т	T	T. 2. 10. 40. 4. 2. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.
	1.3 End of program SLO's	1.2 - edit Nightingale Society to
		"all students" (delete: students
		interested in nursing)
	1.4 Partnerships	
	1.5 Nursing education unit	Need to determine Advisory
	1.6 reviewed DC to be responsible	Board Meeting dates: 10/29 or
	1.7 reviewed DC responsible	11/5 7-9an or 3-5pm Doodle invite to be sent to advisory
	1.8 reviewed DC responsible	board by next Monday 10/1/18
	2.1 reviewed DC to update definitions with glossary from ACEN	
	HOIH ACEN	1.4 - Reach out to Kate Flanders
	2.1 reviewed DC responsible	from University of Rhode Island
	2.3 reviewed DC responsible	regarding partnerships (DC to do)
	2.5 reviewed DC responsible	Lisa to reach out to Fitchburg
	2.6 reviewed DC responsible	State regarding partnerships
	2.7 reviewed DC responsible	
	2.8 reviewed DC responsible and will update information	Administrative Assistant to follow up on policy changes/forms for students
	3.1 reviewed – Faculty responsible will locate charts to justify differences in policies	
	3.3 FASTeam – policy needs to be updated in student and faculty handbooks	
	3.8 Reviewed	
	4.10 Reviewed	

	5.1 Reviewed		
ACEN Policies	DC received an email from ACEN regarding possible changes in some of their policies. Please see ACEN website to review.		
SEP	DC needs to re-organize due to change in standards from 2017.	DC	Done
Standards	Brief review of the 6 standards and what faculty is responsible for which one. Standard 1: Mary Standard 2: DC Standard 3: Tyler Standard 4: Lisa/DC Standard 5: Terry Standard 6: Lisa/DC		
Other	Next Program Evaluation Meeting 10/22/18		

Respectfully Submitted, T. Williams

Department of Nursing Program Evaluation Dept Meeting

Oct 22, 2018

Attendance: C. Boutin, Tyler Waite, Terry Williams, Lisa Gray, Mary Heinzl, T Szugda

Topic	ACEN Standard and Criteria	Discussion and Relevant Data	Actions/Person Responsible	Evaluation
Meeting Minutes from September 24, 2018		Need to approve	All Faculty Approved Minutes	
Advisory Meeting		 Advisory Board Meeting dates: 10/29 7-9am Doodle invite sent to advisory board members, minimal response. Brainstormed ways to make better use of meeting time: table nametags with college association 	 Lisa to bring table nametags 	
Documents		Please bring the timeline, and dates of any meeting minutes where these standards/criteria were discussed if any of your standards/criteria are being evaluated at this meeting.		
Standard 6 ELA's		DC would like to discuss the ELA's for standard 6 regarding completing rates, employment rates and pass rates as they have not been reviewed recently and we need to decide whether a change is needed. My thoughts are that we should reword the NCLEX pass rate ELA to be current with ACEN requirements and lower the completion rate ELA based on previous	Mary will be reassigned to standard 1 (Mission and Governance), rather than 6. Defer ELA's until next meeting	

Mission	scores. We can also look at the employment rate ELA to see if that needs adjustment, although most, if not all, of our graduates get jobs. Can we finalize?	All faculty discussed this today,	Complete
Statement	Tyler's Suggestion: The Mission of the Nursing Program is to challenge students with an academically rigorous, evidence-based education, which promotes critical thinking and enables the provision of safe, comprehensive, competent nursing care to diverse individuals, families, groups, and communities. Carole- I really like this. Does it encompass all that we want to include? It is congruent with the college mission. One suggestion- it's not just a clinical education- how can we word this to include both clinical and theory? Mary's thoughts: The School of Nursing mission is to cultivate a learning environment that develops a skill set for critical thinking and to educate students in the development of knowledge, skills, and attitudes needed to provide safe and competent nursing care in the communities we serve.	finalized, and approved the mission as stated below: The Mission of the Nursing Program is to challenge students with an academically rigorous, evidence-based education, which promotes critical thinking and enables the provision of safe, comprehensive, competent nursing care to diverse individuals, families, groups, and communities.	
Timeline	Need to set up a timeline for prepping for the ACEN visit in early 2020.	All Faculty to develop timeline for prepping. Individual faculty will be	

Delegated Outlines Due: 1/16/2019

First Draft Due: 3/25/2019

Final Draft Due: 4/22/2019

Faculty Final Reading: 8/2019

The self-study must be submitted 6 weeks prior to the visit. After all standards are written, everyone will review for accuracy and clarity. The DC will then put it in one voice and then ask the administrative assistant to review for spelling, grammar, clarity etc. Then a faculty member from the English department to review for spelling, grammar, clarity etc. The DC will probably ask the VPAA to read the self-study as well.

Standards and criteria will be sent to college staff and faculty who will be asked to participate in meetings with the visitors. The DC will make a list of who will be asked to participate in a meeting and make sure they are informed with plenty of time to prepare for the visit. There will also be a meeting with faculty without the chair, so it's important for all faculty to really know and understand what is in the self—study, the curriculum, policies, budget, etc. I.e. understanding all the standards and criteria. There will also be a meeting with current students, so we will want to make sure they are knowledgeable about where to find policies that apply to them. They will also be asked if we are using our policies consistently. Students will be

assigned standards to write

DC will put self- study in one voice

Administrative assistant will review for clarity, spelling, grammar etc.

Faculty from English Dept will be asked to review for clarity, spelling, grammar etc.

More actions/ persons responsible will be documented as we get closer to the time of preparing for the actual visit.

	asked about their participation in governance in the program and college. There will be a meeting with the public that will be advertised-sometimes the public shows up and sometimes not. There will be a visit to a clinical site and a classroom visit as well. The visitors are here for three days. They arrive on Monday to Nashua and start their site visit Tues Morning. They are here Tuesday, and Wednesday and then Thursday morning there is a meeting with the DC and others invited by the DC such as the president, VPAA, VPCSS, etc. for them to discuss their findings and recommendations.		
Nursing Student Policies	Med Math- DC revised and brought to the faculty. Faculty discussed the revised version and revised further. Revised policy will go to Teri for revision in the handbook. The students will receive the revision after the holiday break and sign the policy change form but will be notified prior to the holiday break about the policy change.	DC still to complete testing policy and the pinning policy. Lisa to complete the ATI remediation policy. Clinical evaluation tool needs further development for revision. DC to help Lisa and Mary.	
ACEN Policies	Some policies may be changing and are out for public comment- See ACEN website for more details.	Deferred because they have not been finalized. Referred until final policies are available from ACEN	
SPE	Only Standard 6 needs SPE with ELA's and assessments appropriate for each end of program SLO. It's really the		

assessments in 240 that will support achievement of each student meeting each SLO. The assessments in the earlier courses are helping to meet course competencies moving toward final SLO's, but students can't meet the SLO's until they have almost completed the program. So, we need to evaluate each SLO for each student. Assessment methods must measure what it is you are trying to assess. Each SLO will have an ELA for each assessment method needed to support meeting that outcome. We need to look at the SLO's and look at how many concepts and competencies we have in each SLO and make sure we are assessing each part of the SLO with at least 2 preferable direct assessment methods. We have a great start- we just need to relate the part of the assessment method to the concept and competency we are evaluating. For instance, if you use a final exam for assessing SLO one, we must state which questions on the final assess that SLO and decide on an ELA that is specific, such as some of the ELA's we already have. For example, 80% of the class will receive satisfactory on 90 % of the clinical evaluation tool. Except we must be more specific about which part of the clinical eval tool is measuring the concepts and competencies in the SLO we are using it for. Not all SLO's have to be analyzed every year. The suggestion was to perhaps evaluate 2 a year. We will still collect data every year, but wouldn't necessarily have to evaluate, analyze, and decide whether changes need to be made or not.

3 years of data are only needed for 6.2, 6.3, and 6.4.

Standards/Criteria	No ELA's are needed for any other standard except	
	standard 6. We do have to decide on a process to	
	maintain data on the other 5 standards but it just has	
	to be reviewed and documented specifically that they	
	were reviewed, then when it comes time to write the	
	self-study, we have the information, but we will be	
	writing about what is happening at that time in the	
	program I.e. telling our story of how we meet all the	
	standards and criteria. It is a shot in time, as changes	
	can happen after the self-study is written. In that case,	
	we can write up the change and send it to the site visit	
	team or hand it to them when they arrive. All faculty	
	have to have a part in writing the self-study as you will	
	be asked questions about it during the visit and the	
	chair is not part of that meeting. so you will really need	
	to know the curriculum, our processes etc. In writing	
	the self-study, the resources they gave us give essential	
	questions that should be answered for each standard.	
	As a result of attending the conference, and learning	
	about all the changes in the process, the DC has re-	
	thought who should write which standard. It makes	
	sense for those more experienced to be writing	
	standard 4 and 6 and at the ACEN conference they	
	stated that the faculty that write those standards	
	should work closely together as standard 4 and 6 are	
	really tied together in many ways. Making some	
	changes of who will write which standards will still help	
	everyone learn a lot about the school, the program, and	
	how our program is congruent with the governing	
	organization as well as learning the requirements of the	
	governing organization and the accrediting agency of	
	the governing organization for specific standards. The	

	will also include the NHBON.	
Criteria due for review:		
1.10	All faculty reviewed to become familiar with standards and criteria	
3.2	All faculty reviewed to become familiar with standards and criteria	
3.4	All faculty reviewed to become familiar with standards and criteria	
3.5	All faculty reviewed to become familiar with standards and criteria	
3.6	All faculty reviewed to become familiar with standards and criteria	
3.6.1	All faculty reviewed to become familiar with standards and criteria	
3.6.2	All faculty reviewed to become familiar with standards and criteria	

3.6.3	All faculty reviewed to become familiar with standards and criteria	
4.4	All faculty reviewed to become familiar with standards and criteria	
Other		

November 26, 2018

Attendance: C. Boutin, Tyler Waite, Terry Williams, Lisa Gray, Mary Heinzl9 Excused Absence)

Topic	ACEN Standard and Criteria	Discussion and Relevant Data	Actions/Person Responsible	Evaluation
Meeting Minutes from Oct 22, 2018		Need to be approved	Approve	
Admissions Criteria	?4	The faculty have discussed the admission criteria since we are not getting the numbers of qualified students to be able to fill our class with the best possible candidates. There is a shortage of nurses which will increase in the years to come as well as a shortage of nursing faculty. It was discussed that we lower the admission science grades from a b- to a c+, while keeping the nursing courses at a b We also discussed using a more holistic approach as discussed in the literature for making decisions on candidates rather than putting so much focus on the TEAS entrance exam. The holistic admissions approach looks at the whole candidate I.e., GPA, TEAS, academic history success, interview, transcripts etc. We are not lowering our standards, we are coming more in line with the other CCSNH nursing programs to try and increase enrollment for our program. In separate conversations the faculty had all agreed to make this change. We need to approve as a	I will not be present for this meeting, but I do approve of this change. MH Agree to Change - TMW	

		group.	
		A meeting with the science dept, the VPAA, and the VPSCS resulted in a discussion about how to best prepare students for the A&P I course. Currently the catalogue states the requirement is high school biology and chemistry within 5 years with a grade of C or C+ or better. We discussed dropping the five-year requirement as the students are tested at the beginning of the class to see where they are at. It was discussed that this exam be administered within a week or two of the class and students would test either 1 test into A&P directly, test into A&P with a co-req required (co-reqs have been very successful for math and English students), or they would need to complete biology and/or chemistry either at NCC or at Nashua High South and then retest for entry into A&P. This way, more students may be able to take and be successful in A&P 1, rather than automatically having to take biology and/or chemistry because it's been longer than 5 years since they had taken it. The other CCSNH colleges require a c or c+ for their science classes for admission to the nursing program. Due to decreased enrollment it was discussed that this may help	
Program Outcome ELA's	6	enrollment. Completion rates: ELA->85% of all students who begin the program of nursing courses complete within 150% of the time (7 semesters). This was from the 2013-2014 SEP.	e

I then found a 2014-2015 SEP that had the following ELA- >70% of all students who begin the program of nursing courses will complete within 100% of the allotted time (4 semesters) ≥80% of all students who begin the program of nursing courses complete within 150% of the time (7 semesters). This should be 6 semesters rather than 7 semesters. Looking at our completion rates and the newer ELA (do not know when or why it was changedno documentation of a discussion at a meeting that could be located), we have one year that is quite low-61% and this past year which is at 74% but may increase to 78% when the current class graduates. Faculty had discussed this at the Nov 5th department meeting and agreed to change the completion rate to 70%. **NCLEX Pass Rates:** Current ELA: Graduates demonstrate success on the NCLEX-RN. The first-time pass rate is equal to or better than the national and state average, as monitored by faculty and reported in NH BON statistics. **Job Placement Rates:** current ELA >75% of graduates will be employed within 6 months of graduation DC will continue to research NCSBN and NHBON rules and >85% of graduates will be employed in nursing within 1

		year of graduation	reqs for more information
		≥85% of graduates will be employed in New Hampshire	
			Lisa will f/u with the one student this week.
			DC to change the ELA to: >85% of graduates will be employed within one year of graduation.
End of Program Student Learning Outcomes	6	See SEP for Standard 6. We need to decide on the assessments in 240 that will support meeting each individual student learning outcome, decide on an ELA, and make sure the data we collect supports meeting each final student learning outcome. We should review the assessments chosen by the faculty document that states what we are using for each course the ELA's for those assessments. For NURS 240 however, we need to be very specific. Even though we show what assessments throughout the program support the course competencies, we may want to be more specific regarding this as well for clarify, but definitely need it for the final course.	DC and Team leads to meet and appropriate what part of the assessments specifically (I.e. which questions) will evaluate satisfactory completion of each outcome.
		Outcome 1: Plan and deliver safe individualized care to patients by integrating the nursing process and pertinent nursing knowledge, principles of teaching / learning, and preferences of patients or legal designees	DC & Senior lead to review assessments in 240 related to SLO and delineate specific ELAs and specific items to be

across the lifespan, diversity of culture, and the levels of prevention Assessment: Midterm, final, CET, capstone project ELA: >80% of students will meet outcome 1, proven by associated assessment pieces listed below: • Midterm (associated questions) • Final (associated questions) • CET (associated evaluation categories) • Capstone project Frequency: Are the assessments listed actually what is written in the current document we revised in 2017? Exams will have to be explicit as to which question in which exam are supportive of this student learning outcome. It can say an exam in general. Outcome 2: Practice collaboratively on the multiprofessional health care team using principles of	 		
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CET (associated evaluation categories) Capstone project Frequency: Are the assessments listed actually what is written in the current document we revised in 2017? Exams will have to be explicit as to which question in which exam are supportive of this student learning outcome. It can say an exam in general. Outcome 2: Practice collaboratively on the multi-	Midterm (associated questions)		
• Capstone project Frequency: Are the assessments listed actually what is written in the current document we revised in 2017? Exams will have to be explicit as to which question in which exam are supportive of this student learning outcome. It can say an exam in general. Outcome 2: Practice collaboratively on the multi-	 Final (associated questions) 		
Frequency: Are the assessments listed actually what is written in the current document we revised in 2017? Exams will have to be explicit as to which question in which exam are supportive of this student learning outcome. It can say an exam in general. Outcome 2: Practice collaboratively on the multi-	 CET (associated evaluation categories) 		
Frequency: Are the assessments listed actually what is written in the current document we revised in 2017? Exams will have to be explicit as to which question in which exam are supportive of this student learning outcome. It can say an exam in general. Outcome 2: Practice collaboratively on the multi-	Capstone project		
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h. a. aaa. a. aa. aa. aa. aa. aa. aa. aa	professional health care team using principles of		
leadership across the disciplines and throughout the	1.		
health care system to influence and facilitate conflict			
resolution and the establishment and achievement of			
shared goals.			
Siturca goais.	Situica goals.		
Assessment: ELA:	Assassment: FLA:		
ASSESSITIETIC. ELA.	ASSESSITETIL. ELA.		

Frequency	
What specific parts of the clinical evaluations and final	
project support this student learning outcome?	
Outcome 3: Support a culture of continuous quality	
improvement by using data to monitor outcomes;	
identifying and reporting actual or potential problems;	
collaborating with the multi-professional team	
throughout the health care system; and developing	
evidence-based strategies for optimal practice.	
Assessment: ELA:	
Frequency:	
What part of this project supports this specific student	
learning outcome?	
Outcome 4. Use health care system resources and	
Outcome 4: Use health care system resources and technology; including information technology, time,	
policies and procedures, materials, and equipment, to	
coordinate and deliver individual and / or population-	
focused care that is safe, cost- effective, and efficient.	
Tocused care that is safe, cost-effective, and efficient.	
Assessment:	
ELA:	
Frequency:	
What parts of these assignments are specific to this	

	student learning outcome?		
	Outcome 5: Communicate clearly in goal-oriented, culturally sensitive, caring, concise, and timely ways using written, verbal, non-verbal, and electronic modalities.		
	Assessment: ELA: Frequency:		
	Outcome 6: Demonstrate accountability for professional practice using legal, ethical, and regulatory guidelines and participate in activities that contribute to life-long learning		
	Assessment: ELA: Frequency:		
Nursing Student Policies	DC still to complete testing policy and the pinning policy. Lisa to complete the ATI remediation policy. Clinical evaluation tool needs further development for revision. DC to help Lisa and Mary.	Defer final evaluation to next week	Ongoing

Standards and Criteria to be reviewed:		
1.3	In the past the Spring advisory board meeting will discuss individual end of program learning outcomes	
3.7	Complaint to NHBON 2017	
6.2	NCLEX 2018 100% pass rate	

Dec 17, 2018

Attendance: C. Boutin, Tyler Waite, Terry Williams, Lisa Gray, Mary Heinzl, Teri Szugda

Topic	ACEN Standard and Criteria	Discussion and Relevant Data	Actions/Person Responsible	Evaluation
Meeting Minutes from Nov 26		Need to be approved	All faculty	Approve
Students		Freshman-15 Retention - 15 Seniors-13 Retention-11- one student was on probation at the beginning of the course and did not meet probation requirements. One student was not meeting clinical competencies despite extra help and support.		
End of course evaluations		NURS 125N • 9 Responses • Strengths • Well Organized with clear expectations Great textbook resources for learning • Liked different reaching techniques • Liked rationale quizzes • Accessible faculty committed to students	These evaluations were discussed at level meetings – final level meeting minutes for 2018 for more detail. Brought to program eval for all faculty to be informed.	

Weaknesses	
 Conflicting information between assigned textbooks Inconsistent skill teaching by different faculty Discussed how to do a skill, so try to use the text as the true reference Students should learn the process needed as opposed to exactly how to do a skill Canvas difficult to navigate at first 	
NURS 220N	
8/11 Responses	
Strengths	
 Well organized, topics compound on one another, good resources for learning were given 	
 Course covered a great deal of material and did it well, with the lectures helped students focus what was important. 	
 Students and teachers made a big contribute to the class. Katie helping with clinical and post-conference. Pam with her knowledge of cardiac 	
 Having an exam every two weeks and the quizzes every week. 	
Weaknesses	
O Unit outline difficult to follow, does not	

	always represent of what is expected to know or what would be on the exam. deeper understanding of the material. O Quizzes could highlight the subject matter in the book and should not like taking an exam.		
Clinical Site Evals	Hillsborough County Only 1 Response Strengths No comment Weaknesses No comment Bedford Nursing and Rehab Center Only 2 Responses Strengths Learned a lot from the staff as well as peers. staff was very approachable. Overall, the facility is really well ru Weaknesses much of the staff did not seem to want us there. We would offer to help and they would decline. This atmosphere was uncomfortable	These evaluations were discussed at level meetings – final level meeting minutes for 2018 for more detail. Brought to program eval for all faculty to be informed.	N/A

Southern NH Medical Center

3 East

- 4 Responses
- Strengths
 - o Great staff that were supportive
- Weaknesses
 - See more variety of nursing skills to practice

4 West

- 6 Responses
- Strengths
 - o Great staff that were supportive
- Weaknesses
 - One disagrees with the orientation to documentation on the unit.

Observations In – hospital (OR, Wound, Endo)

- 10 Responses
- Strengths
 - All observation was great, staff supportive and encouraged questioning.
- Weaknesses
 - One issue in endo when a hectic case and the nurse did not have time for a

	student. The student went to a different nurse Davita- 10 Responses Strengths None Weaknesses None
Assessments for course competencies and student learning outcomes	NURS 125N- Final Exam- ELA- • 75% of class will receive 80% or higher on final exam: Met – 100%
	 Final Clinical Eval Tool- ELA 85% of the class will receive satisfactory on 90% of the clinical evaluation too: Met – 100%
	Nursing Process Project-ELA • 75% of class will receive satisfactory on 80% of the nursing process project rubric: Met – 100%

NURS 220N-
Final Exam- ELA
 75% of class will obtain 80% or higher on the final exam: Not Met – 45% Some students went into the exam after calculating their grades and determined that they only needed a minimal grade to pass, therefore one student did not study and therefore scored his lowest grade of the semester. This affected the ELA. Should we identify specific questions on the final exam that identify course competencies and those should be calculated as the ELA? We blue printed our final exams for 125 and 220.
Diversity Project-ELA
80& of the class will obtain a 90% or higher: Met – 100%
Final Clinical Eval Tool-ELA
95% of the class will obtain satisfaction or better on the final clinical Evaluation tool: Not Met – 92% - One student failed clinical

	Faculty discussed -now we have to be more precise with which parts of exams and projects support each of the course competencies in each course and work toward the final student learning outcomes.		
Faculty Evals	To be downloaded and emailed to faculty.		
Program Outcome ELAs	NCLEX Pass Rates:	DC will continue to research NCSBN and NHBON rules and reqs for more information	Ongoing
	Job Placement Rates	Lisa will f/u with the one student this week.	Ongoing
		DC to change the ELA to: >85% of graduates will be employed within one year of graduation.	Ongoing
End of Program Student Learning Outcomes	Outcome 1: Plan and deliver safe individualized care to patients by integrating the nursing process and pertinent nursing knowledge, principles of teaching / learning, and preferences of patients or legal designees across the lifespan, diversity of culture, and the levels of prevention	DC & Senior lead to review assessments in 240 related to SLO and delineate specific ELAs and specific items to be assessed to support each final SLO.	Ongoing
	Assessment: Midterm, final, CET, capstone project		
	ELA: >80% of students will meet outcome 1, proven by		

accognited accomment pieces listed helevy		
associated assessment pieces listed below:		
Midterm (associated questions)		
Final (associated questions)		
 CET (associated evaluation categories) 		
Capstone project		
Frequency:		
Are the assessments listed actually what is written in the		
current document we revised in 2017? Exams will have		
to be explicit as to which question in which exam are		
supportive of this student learning outcome. It can say		
an exam in general.		
Outcome 2: Practice collaboratively on the multi-		
professional health care team using principles of		
leadership across the disciplines and throughout the		
health care system to influence and facilitate conflict		
resolution and the establishment and achievement of		
shared goals.		
Assessment: ELA:		
Frequency		
What specific parts of the clinical evaluations and final		
project support this student learning outcome?		
Outcome 3: Support a culture of continuous quality		
improvement by using data to monitor outcomes;		
identifying and reporting actual or potential problems;		
	<u> </u>	

collaborating with the multi-professional team throughout the health care system; and developing evidence-based strategies for optimal practice.
Assessment: ELA: Frequency:
What part of this project supports this specific student learning outcome?
Outcome 4: Use health care system resources and technology; including information technology, time, policies and procedures, materials, and equipment, to coordinate and deliver individual and / or population-focused care that is safe, cost- effective, and efficient.
Assessment: ELA:
Frequency: What parts of these assignments are specific to this student learning outcome?
Outcome 5: Communicate clearly in goal-oriented, culturally sensitive, caring, concise, and timely ways using written, verbal, non-verbal, and electronic modalities.

	Assessment:		
	ELA:		
	Frequency:		
	Outcome 6: Demonstrate accountability for professional practice using legal, ethical, and regulatory guidelines and participate in activities that contribute to life-long learning		
	Assessment:		
	ELA:		
	Frequency:		
Nursing Student Policies	DC sent faculty the testing policy- reviewed at dept meeting, but not finished	Faculty need to finish reviewing and vote on testing policy	Ongoing
	Lisa to complete the ATI remediation policy.		
	Clinical evaluation tool needs further development for	ATI policy reviewed and approved by faculty at last dept meeting. Terri has the policy for what needs to be changed- DC	Ongoing
	revision.	to review and send for final approval	
	A math remediation form was developed. Policy being reviewed. Discussion of do we really need this? The		
	faculty discussion says we do not need this policy.	Clinical eval tool still needs to	

		Reviewed med math policy for final approval.	be reviewed then voted on by faculty. Mary needs to complete NURS240N	Complete
			Approved	Complete
Pinning Policy			Approval complete	Complete
Standards and Criteria to be reviewed:				
	3.3	When a policy gets changed and gets faculty approval it gets placed in the student handbook, a copy the policy is given to all current to all students with a signature page to get signed and put in their folders		
	4.2	Coordinators develop their report, indicate any changes.		
	4.3	We have regular meeting for program evaluation. End of course evaluations are discussed at each level and as a faculty as a whole.	Ongoing	
	4.7	All courses prior to 240 are working toward accomplishing the course competencies at the end of	Ongoing	

	the program.	
4.9	We use evidence-based teaching in clinical. National patient health and safety goals are utilized and reviewed yearly	Ongoing
4.10	See affiliation files. Reviewed yearly and as new affiliation agreements are implemented	Ongoing
4.11	Activities, evaluation methods are reviewed to be congruent to delivery method.	Ongoing
6.1	Yes. Meeting minutes submitted support end of program learning objectives.	Ongoing