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ALLEN COLLEGE ASSESSMENT PLAN Report of College Goals Achievement

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Allen College Goals 2015-2019

1. Prepare outstanding healthcare practitioners who are committed to lifelong learning.

2. Develop and implement accessible academic programs of excellence that are responsive to the workforce needs of Iowa and the nation.

3. Recruit and retain highly qualified and engaged students, faculty, and staff who represent diverse populations and who embrace diversity, cultural and global awareness, and the inclusion of all its members.

4. Promote a commitment by all members of the Allen College community to lives of service.

5. Adopt management practices that demonstrate outstanding stewardship of all resources to our constituents.

College Goals Achievement Report



2017-2018 Reporting Year

College Goals 2015-2019

College Goal 1 - Prepare outstanding healthcare practitioners who are committed to lifelong learning.

Admin - Teaching & Learning Committee

AU Outcome: TLC 1.0

Allen College courses will reflect Quality Matters standards. Outcome Status: Active Start Date: 07/01/2015

Measures	Results	Actions
SL: Survey - Mean rating of all 8 items on course evaluation tool completed by students (1.0 = strongly disagree, 2.0 = disagree, 3.0 = agree, 4.0 = strongly agree). The mean rating of each item will be averaged for an overall mean rating for each course. Target: 100% of courses will have a mean rating for all 8 items of at least a 3.0 (agree) on a 4.0 (strongly agree) scale. Timeframe: Health Sciences courses based on evaluation cycle. Nursing courses based on curriculum course review schedule. Responsible Parties: TLC Chair and Committee Members Related Documents:		Action: Overall: Continue to assess annually and observe for patterns and trends in results. Undergraduate Nursing Courses: Due to the nursing curriculum review schedule having a year with no courses reviewed TLC will review this review schedule for future appropriateness. Undergrad and Grad HS: These courses trended toward improvement. Health Sciences Dean notified of improvement. (04/18/2019)

Admin - Teaching & Learning Committee

AU Outcome: TLC 1.0

Measures	Results	Actions
Allen College Course Evaluation Criteria.pdf		

AU Outcome: TLC 2.0

Allen College courses will reflect Chickering and Gamson's 7 principles of good teaching/education practice.

Outcome Status: Inactive

Start Date: 05/08/2017

Measures	Results	Actions
SL: Survey - Mean rating of 7 items on instructor evaluation tool (1.0 = strongly disagree, 2.0 = disagree, 3.0 = agree, 4.0 = strongly agree). The mean rating of each item will be averaged for an overall mean rating for each course. Target: 100% of courses will have an overall mean rating at least 3.0. Timeframe: Health Sciences courses based on evaluation cycle. Nursing courses based on curriculum course review schedule. Responsible Parties: TLC Chair and Committee Members Related Documents: <u>Allen College Instructor Evaluation</u> <u>Criteria.pdf</u>	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes The mean rating for instructor evaluations in this cycle averaged 3.53. (04/18/2019)	Action: Overall: Continue to assess annually and observe for patterns and trends in results. Undergraduate Nursing Courses: Due to the nursing curriculum review schedule having a year with no courses reviewed TLC will review this review schedule for future appropriateness. Undergrad and Grad HS: These courses trended toward improvement. Health Sciences Dean notified of improvement. (04/18/2019)

AU Outcome: TLC 3.0

Graduates will demonstrate commitment to lifelong learning **Outcome Status:** Active

Measures	Results	Actions

Admin - Teaching & Learning Committee

AU Outcome: TLC 3.0

Measures	Results	Actions
AD: Survey - Alumni survey lifelong learning items Target: 100% of alumni will report at least one lifelong learning activity in the previous 12 months Timeframe: Annually Responsible Parties: Evaluation and Study Committee/TLC Committee	 Reporting Year: 2017 - 2018 (Year 4) Target Met: No New lifelong learning data were available only from alumni surveys of ASR and MLS program graduates because surveys of 2015-2016 and 2016-2017 nursing program graduates and graduates of other health sciences programs were not available at the time of this report. Several alumni survey respondents did not report any lifelong learning activities (i.e., did not provide a response to this item). Of the 7 2016-2017 ASR graduates, 3 reported some type of lifelong learning activity. Of the 5 2016-2017 MLS graduates, 3 reported some type of lifelong learning activity. Graduates responses were consistent with those of the previous year's alumni surveys, and one new category emerged as a source of lifelong learning: Teaching students. (02/22/2019) 	Action: Lifelong learning data from nursing program graduates will be included in the analysis of lifelong learning data collected from Health Sciences program graduates during the 2018-2019 academic year. This data will be used to create new items with specific response options to be included on the alumni surveys. After collecting data with the new items, the appropriateness of the target for this measure will be evaluated. (02/22/2019)

Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 1.1

Students will practice proper radiation protection **Outcome Status:** Active

Measures	Results	Actions
SL: Clinical evaluation tool - RA: 135 Competency Testing/CCE Part II, numbers 5, 7, 9, 15, 17 Target: Average score of >= 3 (0-4 pt. scale) Timeframe: Level 1-Fall Semester Responsible Parties: Lab Instructor/ Program Faculty/ Health Sciences(HS) Faculty Org. Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 2017=3.97(n=14) Benchmark met 2016 = 3.89 (n=13) 2015 = 3.95 (n=16) 2014 = 3.97 (n=17) (06/25/2018)	Action: Students continue to demonstrate clinical competence and practice proper radiation protection. Students are provided with instruction in class and lab followed by opportunities in the clinical setting to apply this knowledge. (06/25/2018)
SL: Clinical evaluation tool - RA: 275	Reporting Year: 2017 - 2018 (Year 4)	

AU Outcome: ASR 1.1

Measures	Results	Actions
Final Clinical Competency Testing/ CCE Part II, numbers 5,7,9,15,17 Target: Average score of >= 3 (0-4 pt. scale) Timeframe: Level II-Spring Semester	Target Met: Yes 2018 = 3.96 (n=12) 2017 = 3.96 (n=15) 2016=3.96 (n=17) 2015=3.96 (n=15) 2014=3.99 (n=17) (2014=3.99 (n=17)	Action: The students demonstrated clinical proficiency and competency in providing radiation protection. The program's curriculum integrates radiation protection concepts every semester. Each
Responsible Parties: Clinical Instructors/Program Faculty/HS Curriculum Committee	(06/25/2018)	student's performance demonstrated clinical competence. The course instructors recommend continuing to assess this item. No changes recommended at this time. (06/25/2018)

AU Outcome: ASR 1.2

Students will apply correct positioning skills **Outcome Status:** Active

Measures	Results	Actions
SL: Didactic - RA: 145 Certification Testing/ Part I, numbers 3,12,14,15 Target: Average score of >= 3. (0-4 pt. scale) Timeframe: Level I-Spring Semester Responsible Parties: Clinical Instructors/ Program Faculty/ HS Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 2018 = 3.86 (n=14) 2017 = 4 (n=12) 2016 = 3.96 (n=16) 2015=3.79 (n=17) 2014=3.86 (n=15) (06/25/2018)	Action: Students continue to exceed benchmark. The students demonstrated the ability to apply correct positioning skills. The students demonstrated knowledge of positioning in relation to their level of placement in the program. Course instructors recommend assessing this item since certification testing is completed at various clinical sites and with different clinical instructors. No changes recommended. (06/25/2018)

AU Outcome: ASR 1.2

Measures	Results	Actions
SL: Didactic - RA: 265 Certification Testing/Part I, numbers 3,12,14,15 Target: Average score of >= 3. (0-4 pt. scale) Timeframe: Level II-Fall Semester Responsible Parties: Clinical Instructors/ Program Faculty/ HS Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 2017=3.90(n=12) 2016=3.97(n=15) 2015=3.99 (n=17) 2014= 3.96 (n=15) (06/25/2018)	Action: Average scores exceed benchmark. Students demonstrated clinical competence by applying correct positioning skills. This is the final semester that certifications are completed in the program. This was the first cohort to exclude procedures which were ankle, finger, foot, hand, and wrist. The program made this change to ensure the procedural exam difficulty correlated with the student's level in the program. This will benefit the outcome by ensuring students are demonstrating correct positioning skills on more advanced procedures appropriate to their level in the program. (06/25/2018)

AU Outcome: ASR 2.1

Students will demonstrate effective communication skills in the clinical setting **Outcome Status:** Active

Measures	Results	Actions
SL: Clinical evaluation tool - RA:135 Clinical Instructor/ Preceptor Evaluations/ Numbers 3, 6, 10,11 Target: Average score >= 3.5 (0-4 pt. scale) Timeframe: Level I-Fall Semester	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 2017 3.68 (n=14) 2016 3.56 (n=13) 2015 3.81 (n=16) 2014 3.8 (n=17) (06/25/2018)	Action: The students' average scores increased in all four of the performance criteria areas, patient care, interpersonal relationships, multicultural diversity and age appropriate care. Beginning in the summer 2017, all student evaluations were completed on

AU Outcome: ASR 2.1

Measures	Results	Actions
Responsible Parties: Clinical Instructors/ Program Faculty/ HS Curriculum Committee		Trajecsys. Trajecsys permits the student to view and have access to all their completed evaluations while they are in the ASR program. Moving from the paper/pencil format to electronic completion of evaluations has been a very successful transition for students and clinical instructors. Students continue to demonstrate effective communication skills in the clinical setting. (06/25/2018)
SL: Clinical evaluation tool - RA:275 Clinical Instructor/ Preceptor Evaluations/Numbers 3, 6,10,11 Target: Average score >= 3 (0-4 pt. scale) Timeframe: Level II -Spring Semester Responsible Parties: Clinical Instructors/ Program Faculty/ HS Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 2018- 3.78 (n=12) Benchmark met. 2017- 3.95 (n=15) 2016-3.97 (n=17) 2015-3.95 (n=15) 2014-3.97 (n=17) (06/25/2018)	Action: The student average scores were lower in each area compared to last year's students. The performance criteria evaluated was patient care, interpersonal relationships, multicultural diversity and age appropriate care. The lower scores could be attributed to the smaller number of students in this class cohort as compared to the previous year. All student clinical evaluations are completed utilizing the online software program Trajecsys. Students continue to use effective communication skills in the clinical setting. (06/25/2018)
SL: Clinical evaluation tool - RA:135 Clinical Competency Evaluation/ Part I – Number 4 Part III- Numbers 1,3,6-	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 2017=3.98 (n=14)	Action: Students exceeded the benchmark. The students are demonstrating clinical

AU Outcome: ASR 2.1

Measures	Results	Actions
8 Target: Average score >= 3 (0-4 pt. scale) Timeframe: Level I-Fall Semester Responsible Parties: Clinical Instructor/Program Faculty/ HS Curriculum Committee	2016=3.92 (n=13) 2015=3.99 (n=16) 2014=3.98 (n=17) (06/25/2018)	communication skills reflective of their level in the program. No changes recommended at this time. (06/25/2018)
SL: Clinical evaluation tool - RA:275 Final Clinical Competency Evaluation/ Part I – Number 4 Part III- Numbers 1,3,6-8 Target: Average score >= 3.5 (0-4 pt. scale) Timeframe: Level II- Spring Semester Responsible Parties: Clinical Instructor/ Program Faculty/ HS Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 2018=3.98 (n= 12) 2017=4 (n=15) 2016=4 (n=17) 2015=3.99 (n=15) 2014=3.99 (n=17) (06/25/2018)	Action: Students continue to exceed the benchmark. Students have appropriate exam volume which helps prepare them for their final competencies. This includes evaluations of multiple procedures and a diverse patient population. No changes recommended. (06/25/2018)

AU Outcome: ASR 2.2

Students will practice written communication skills **Outcome Status:** Active

Measures	Results	Actions
	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes Fall 2017- 98% (n=14) FA 2016- 97% (n=13) FA 2015- 98.01% (n=16) FA 2014-98.2% (n=17)	Action: Five of the fourteen papers had deductions on the reference page which include; no hanging indent and proper spacing of references. The course instructor

AU Outcome: ASR 2.2

Measures	Results	Actions
Committee	(06/25/2018)	discusses the requirements of the paper the first day of the course. Since the reference page has continued to present problems for the student, this year the instructor demonstrated for the student how to go onto the Allen College website and select academic resources and then select APA resources link, which has a link APA review basic formatting rules. The instructor also displayed a correct reference page for the students. Students continue to demonstrate effective written communication skills. (06/25/2018)
SL: Didactic - RA:258 Pathology Systems Presentation Target: Average score of >= 85% Timeframe: Level II-Fall Semester Responsible Parties: RA: 258 Course Instructor/ HS Faculty Org. Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes Fall 2017-96% (n=12) FA 2016- 97% (15) FA 2015-97.5% (n=17) FA 2014-98.06% (n=15) (06/25/2018)	Action: Ten of the twenty-four papers written had deductions on the reference page and seven with the title page. Three students had deductions in the accuracy and substance format section of evaluation and were deducted in the depth of the paper adequately covering the subject of the paper. One student paper had deductions in the formatting of the paper for not double-spacing. The course instructor discusses the requirements of the papers the first day of the course. Since the reference page has continued to present problems for the student,

AU Outcome: ASR 2.2

Measures	Results	Actions
		this year the instructor demonstrated for the student how to go onto the Allen College website and select academic resources and then select APA resources link, which has a link APA review basic formatting rules. The instructor displayed a correct reference page for the students. None of the students reviewed their first paper to receive feedback for their second paper presentation. Students continue to demonstrate effective written communication skills. (06/25/2018)

AU Outcome: ASR 2.3

Students will demonstrate oral communication skills **Outcome Status:** Active

Measures	Results	Actions
SL: Didactic - RA:258 Pathology Systems Presentation Target: Average score of >= 85% Timeframe: Level II-Fall Semester Responsible Parties: RA: 258 Course Instructor/ HS Faculty Org. Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes Fall 2017-97% (n=12) FA 2016- 95% (15) FA 2015= 98.82% (n=17) FA 2014= 99.13% (n=15) (06/25/2018)	Action: Ten papers received deductions in the oral presentation portion of the evaluation grade. Four papers did not meet the length of presentation requirement of eight minutes. Nine papers did not include all the information needed during the presentation of the paper. For example, the discussion of exposure factors/exposure to ionizing

AU Outcome: ASR 2.3

Measures	Results	Actions
		radiation for the exam and why the pathology was selected by the student. Each student completes two papers during this course. The paper requirements are explained in the syllabus and discussed with the students on the first day of class. Students continue to exhibit effective oral communication skills. (06/25/2018)
SL: Didactic - RA: 115 Patient Care Presentation Target: Average score of >= 85% Timeframe: Level I-Fall Semester Responsible Parties: RA: 115 Course Instructor/HS Faculty Org. Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes Fall 2017-99% (n=14) FA 2016- 99% (N=13) FA 2015=94.53% (n=16) FA 2014=100% (n=17) (06/25/2018)	Action: One student paper presentation had a deduction in the section of the evaluation "words were stated accurately." This was due to the student stumbling over some of the words during the presentation. The paper requirements are explained in the syllabus and discussed with the students on the first day of class. No changes recommended at this time. (06/25/2018)

AU Outcome: ASR 3.1

Students will appropriately critique radiographic images **Outcome Status:** Active

Measures	Results	Actions
SL: Didactic - RA: 255 Radiographic image analysis worksheetsTarget: Average score of >= 80%	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 2017=87.75% (n=12)	Action: A slight decline in the average percent score, but this could be attributed to a smaller

AU Outcome: ASR 3.1

Measures	Results	Actions
Timeframe: Level II-Summer	2016: 90.19% (n=16)	cohort this year. Two students
Semester	2015: 89.88% (n=17)	submitted 57% scores for Chapter 5
	2014: 89.13% (n= 15)	Shoulder. These worksheets are
Responsible Parties: RA: 255 Course	(06/25/2018)	open book, open note, and are not
Instructors/ Program Faculty/HS		timed. The worksheets allow two
Faculty Org. Committee		attempts with the scores averaged.
		Some students do not choose to
		take the time to read and closely
		evaluate the images and carefully
		answer each question. Overall,
		students continue to demonstrate
		an ability to critique radiographic
		images. No changes recommended.
		(06/25/2018)
SL: Didactic - RA: 265 Radiographic	Reporting Year: 2017 - 2018 (Year 4)	Action: The decrease in the average
image analysis worksheets	Target Met: Yes	score is primarily due to a smaller
	2017 = 88.83% (n=12)	cohort this year. In addition, two
Target: Average score of >= 80%	2016 = 91.66% (n=15)	students submitted below 75%
Timeframe: Level II- Fall Semester	2015= 90.71% (n=17)	scores for two of the worksheets.
	2014= 93.13% (n=15)	These are the same students who
Responsible Parties: RA: 265 Course	(06/25/2018)	submitted lower scores for a few of
Instructors/ Program Faculty/HS		the worksheets in the RA255
Faculty Org. Committee		course. These worksheets are open
		book, open note, and are not
		timed. The worksheets allow two
		attempts with the scores averaged.
		It appears that some students do
		not choose to carefully evaluate the
		images on a few of the worksheets.
		Overall, students continue to
		demonstrate an ability to critique
		radiographic images. (06/25/2018)

AU Outcome: ASR 3.1

Measures	Results	Actions

AU Outcome: ASR 3.2

Students will demonstrate ability to practice critical thinking **Outcome Status:** Active

Measures	Results	Actions
SL: Didactic - RA:145 Scientific Exhibit Evaluation Target: Average score of >= 80% Timeframe: Level I- Spring Semester Responsible Parties: RA: 145 Program Faculty/ HS Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 2018 = 91.5% N= 8 posters (14 students) 2017 = 92.14% N= 7 posters (12 students) 2016 = 92.6% N= 10 posters (16 students) 2015 = 96.5%, N= 11 posters (17 students) 2014= 94%, N = 11 posters (15 students) (06/25/2018)	Action: Scores for 2018 continue to demonstrate the student's ability to practice critical thinking skills when developing their scientific exhibits. Most grade reductions occurred in line item # 5 "evidence of research providing new information or expanding on existing knowledge, and line item #8 "grammar, spelling, and punctuation" on the evaluation form. Average scores continue to exceed the benchmark. (06/25/2018)
SL: Exam/Quiz - Standardized - RA: 203B Corectec exams Target: > 80% of the students will achieve a score of 70 or greater on one of the four exams. Timeframe: Level II- Spring Semester Responsible Parties: RA: 203B Course Instructor/HS Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 2018 (n=12)100% of the students achieved a passing score of 70 or greater on one of the four exams. 2017 (n=15) 93% 2016 (n=17) 100% 2015 (n=15) 93% 2014 (n=17) 76% (06/25/2018)	Action: This year's cohort achieved the highest overall class average for the four exams since 2011. This was the first cohort for implementation of the 2% reduction in the overall course grade for each percentage point below 70 on the four Corectec exam average score (2016-2017 action plan). This may have provided additional incentive for the students to put forth their best effort and may have resulted

AU Outcome: ASR 3.2

Measures	Results	Actions
		in the increase in the overall class average. The 2018 and 2017 cohorts were tested on the new ARRT content specs. The ASR Program curriculum continues to prepare the students for the new content specs on the mock board exams. Students continue to demonstrate their ability to practice critical thinking. No changes recommended. (06/25/2018)

AU Outcome: ASR 3.3

Students will be able to critically think in the clinical setting **Outcome Status:** Active

Measures	Results	Actions
SL: Clinical evaluation tool - RA:145 Clinical Instructor/ Preceptor Evaluations/Numbers 2,4,7,8 Target: Average score >= 3. (0-4 pt. scale) Timeframe: Level I-Spring Semester Responsible Parties: RA: 145 Course Instructor/HS Faculty Org. Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 2018: Students achieved an average score of 3.53 (N=14) Benchmark met. 2017- 3.63 (n=12) 2016- 3.63 (n=16) 2015- 3.67 (n=17) 2014-3.62 (n=15) (06/25/2018)	Action: The student scores were lower than the previous year in all areas of the performance criteria; application of knowledge, ability to follow directions, self-image for level in the ASR program and composure and adaptability. This class had all their preceptor/clinical instructor evaluations completed on Trajecsys, which gives them immediate feedback in all areas of the evaluation. The reduction in these performance criteria may be attributed to this class cohort compared to the previous year.

AU Outcome: ASR 3.3

Measures	Results	Actions
		Students used effective communication skills in the clinical setting. (06/25/2018)
SL: Clinical evaluation tool - RA:265 Clinical Instructor/ Preceptor Evaluations/Numbers 2,4,7,8 Target: Average score >= 3. (0-4 pt. scale) Timeframe: Level II- Fall Semester Responsible Parties: RA: 265 Course Instructors/HS Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 2017 3.79 (n=12) 2016 3.86 (n=15) 2015 3.81 (n=17) 2014 3.75 (n=15) (06/25/2018)	Action: The student's average scores declined in all performance criteria areas, application of knowledge, ability to follow directions, self-image for level in the program and composure and adaptability. This may be attributed to the lower number of students in this class to the previous class cohort. In the summer 2017, all student evaluations were completed on Trajecsys. This was a successful transition for students and clinical instructors. (06/25/2018)

AU Outcome: ASR 4.1

Students will integrate leadership skills and construct professional practices **Outcome Status:** Active

Measures	Results	Actions
SL: Service - RA:135 Community	Reporting Year: 2017 - 2018 (Year 4)	Action: All students performed
Service/Service Learning Evaluation	Target Met: Yes	service learning through a variety
Target: Average score of >= 80%	2017: 94.78 (n=14)	of organizations. Students
Timeframe: Level I-Fall Semester	2016: 72% (n=13)	demonstrated leadership skills and
Responsible Parties: RA: 135 Course	2015: 92.56% (n=16)	professionalism through their
Instructors/HS Curriculum	2014: 97.94% (n=17)	involvement in service learning
Committee	(06/25/2018)	activities. (06/25/2018)

AU Outcome: ASR 4.1

Measures	Results	Actions
SL: Service - RA: 265 Community	Reporting Year: 2017 - 2018 (Year 4)	Action: All students performed
Service/Service Learning Evaluation	Target Met: Yes	service learning through a variety
Target: Average score of >= 80%	2017: 93.33% (n=12)	of organizations. Students have
Timeframe: Level II-Fall Semester	2016: 93.4% (n=15)	demonstrated leadership skills and
Responsible Parties: RA: 265 Course	2015: 82.47% (n=17)	professionalism through their
Instructors/HS Curriculum	2014: 99.13% (n=15)	contributions to the service
Committee	(06/25/2018)	learning activities. (06/25/2018)

AU Outcome: ASR 4.2

Students will practice professionalism **Outcome Status:** Active

Measures	Results	Actions
SL: Clinical evaluation tool - RA:135 Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13 Target: Average score >= 3 (0-4 pt. scale) Timeframe: Level I- Fall Semester Responsible Parties: Clinical Instructors/ Program Faculty/HS Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 2017- 3.68 (n=14) 2016- 3.6 (n=13) 2015- 3.83 (n=16) 2014- 3.80 (n=17) (06/25/2018)	Action: The student's average scores increased in four areas with a slight decrease in the area of initiative for the fall 2017. Beginning in the summer 2017, all student evaluations were completed on Trajecsys. Trajecsys permits the student to view and have continual access to all their completed evaluations while they are in the program. The inclusion of the electronic format for the completion of evaluations was a successful transition for students and clinical instructors. Students continue to practice professionalism in the clinical environment. (06/25/2018)
SL: Clinical evaluation tool - RA:275	Reporting Year: 2017 - 2018 (Year 4)	Action: The student average scores

AU Outcome: ASR 4.2

Measures	Results	Actions
Clinical Instructor/Preceptor	Target Met: Yes	were lower in each area compared
Evaluations Numbers 1,5,9,12,13	3.76 (n=12) 2016-2017	to last year's students. The
	3.96 (n=15) 2015-2016	performance criteria evaluated was
Target: Average score >= 3 (0-4 pt.	3.98 (n=17) 2014-2015	organization of assignments,
scale)	3.91 (n=15) 2013-2014	initiative, appearance, policies and
Timeframe: Level II-Spring Semester	(06/25/2018)	procedures, and ethical and
Responsible Parties: Clinical		professional behaviors. The lower
Instructors/ Program Faculty/HS		scores may be attributed to the
Curriculum Committee		smaller number of students in this
		class cohort as compared to the
		previous year. All student clinical
		evaluations are completed utilizing
		the online software program
		Trajecsys. Students continue to
		integrate leadership skills and
		practice professionalism in the
		clinical setting. (06/25/2018)

Program (HS) - Doctor of Education (Ed.D.)

AU Outcome: EdD 1.2

Students will assume leadership roles in interprofessional collaboration to improve the health outcomes of individuals, families, and populations through the educational preparation and graduation of health science and nursing professionals.

Outcome Status: Active

Measures	Results	Actions
SL: Didactic - EdD 710: Leading a Health Sciences Learning Organization – Case Study: Making Changes in Higher Education Target: 100% of students will receive a score of >=85%	 Reporting Year: 2017 - 2018 (Year 4) Target Met: No Five of six students earned above 85%, with a course average of 92%. Target not met. This assignment was changed from a 70 point to a 30 point assignment as part of a minor course revamp and the target changed to be more challenging. The previous 	Action: Will maintain this new target for the next time the course is taught. The assignment will be continued as written to see if there is a trend in some students not scoring at least 85%. (08/17/2018)

AU Outcome: EdD 1.2

Measures	Results	Actions
Timeframe: When course is taught (e.g., 2015, 2018, etc.) Responsible Parties: Program Chair/ HS Grad Curriculum Committee	target would have been met. (08/17/2018) Related Documents: EdD 710 Module 5 Assignment.pdf	
SL: Didactic - EdD 730: Professional, Ethical and Legal Issues and Trends in Health Professions Education – Literature Review Target: Each student will receive an average score of >80% Timeframe: When course is taught Responsible Parties: Program Chair/ HS Grad Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Course not offered. (08/17/2018)	
SL: Service - EdD 740: Today's Health Sciences Student: Trends, Issues and Challenges – Service Learning Project Target: Students will receive an average score of >80% Timeframe: When course is taught (e.g., Fall 2016) Responsible Parties: Program Chair/ HS Grad Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Course not offered. (08/17/2018)	
SL: Service - EdD 740: Today's Health Sciences Student: Trends, Issues and Challenges – Service Learning Project Target: 100% of students will receive a score of >= 85% Timeframe: When course is taught (e.g., Fall 2016) Responsible Parties: Program Chair/ HS Grad Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Course not offered. (03/05/2019)	

AU Outcome: EdD 2.1

Students will facilitate curriculum design, development, and evaluation of program and learner outcomes using evidence-based strategies. **Outcome Status:** Active

Measures	Results	Actions
SL: Didactic - EdD 790: Practicum in Health Professions Education – Project Conferences Target: Students will receive an average score of >80% Timeframe: When course is taught (e.g., Spring 2017) Responsible Parties: Program Chair/HS Graduate APG Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Course not offered. (08/17/2018)	
SL: Didactic - EdD 750: Curriculum Theory and Design in the Health Professions – Progressive Project Target: 100% of students will receive an average score of >=85% Timeframe: When course is taught Responsible Parties: Program Chair/HS Graduate APG Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 100% of students received a score of >85% This was a new measurement tool put in place since the last time this course was taught due to a new instructor and course revision. Target met. The progressive assignment was a step by step process of what was needed to develop, implement, and evaluate a new curriculum. Curriculum development, delivery, and evaluation is a very involved, conceptual process that goes far beyond putting together a schedule of courses for a program. Each step in the progressive assignment addressed a different aspect of the process of developing a curriculum and the courses within a curriculum, of implementing (delivering) the courses in the new curriculum, and of evaluating the curriculum. Students met the outcome by learning what it takes to lead a curriculum development process. The process is not complete unless it is delivered (so they learned some very specific and detailed information on delivery) and evaluated. (08/17/2018) Related Documents: Assignment overview for EdD 750 Fall 2017.docx	Action: A new instructor will be teaching the course next time it is offered. This measurement tool will be retired and a new one will be put in place for this course. (08/17/2018)
SL: Didactic - EdD 760: Pedagogy in Health Professions Education – Student Choice Activities Target: 100% of students will receive an average score of at least 90% across the three student choice	Reporting Year: 2017 - 2018 (Year 4) Target Met: No Two students earned an average of better than 90% (93%; 98%). One student earned an average of 73%.	Action: Continue to monitor, with consideration given to requiring at least one of the three assignments to be done as a collaborative learning assignment. Additionally,

AU Outcome: EdD 2.1

Measures	Results	Actions
activities Timeframe: When course is taught (e.g., 2014, 2017, etc.) Responsible Parties: Program Chair/HS Graduate Curriculum Committee	 This course was last taught in 2014, and the target was revised since then. The previous action plan of creating a collaborative assignment was not implemented in the current course offering. Students explored diverse teaching learning pedagogies, presented in a diversity of formats based on self-identified learning objectives. This learning strategy was very well-received by students and they performed well. (08/17/2018) Related Documents: EdD 760 Discussion Leader Scoring Rubric.pdf 	this course will be taught by a different instructor the next time it is offered, so a new measurement tool will be put in place for this course. (08/17/2018)

AU Outcome: EdD 4.1

Students will apply analytical methods and research to develop best practices and practice guidelines. **Outcome Status:** Active

Measures	Results	Actions
SL: Didactic - EdD 800: Evidence Based Practice in the Health Professions – Final Written Report Target: 100% of students will receive a score of >=85% Timeframe: When course is taught (e.g., 2015, 2018, etc.) Responsible Parties: Program Chair/ HS Grad Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4)Target Met: No75% of students received a score of >85%Overall average score = 85.3% (47.75/56)The target changed since the last time this course was taught in summer 2016. During that section, the target was met (students will achieve a score of >=85%). The final paper in this course was a culmination of several smaller assignments that required students to complete a literature review on a topic of their choice. The intent of this assignment was for student to explore the viability of a potential dissertation topic. The standardized EdD Writing Rubric served as the grading basis for this assignment. One student with less writing experience struggled with this assignment despite the feedback assignments incorporated into the course. (08/17/2018)Related Documents: EdD 800 Final Paper Overview.pdf	Action: Despite not meeting this target, no changes are suggested to this measurement tool. A residency will be added next time the course is offered. We will continue to monitor this measurement tool to determine the effect of the residency. (08/17/2018)
SL: Didactic - EdD 820: Methods of Inquiry - Quantitative Research –	Reporting Year: 2017 - 2018 (Year 4)	

AU Outcome: EdD 4.1

Measures	Results	Actions
Research Proposal Target: Students will receive an average score of at least 80% Timeframe: When course is taught (e.g., 2016, 2019, etc.) Responsible Parties: Program Chair/HS Graduate APG Committee	Target Met: NA Course was not offered. (08/17/2018)	
SL: Didactic - EdD 830: Dissertation Seminar – Prospectus Target: Students will receive an average score of >80% Timeframe: When course is taught (e.g., summer 2016, summer 2017) Responsible Parties: Program Chair/HS Graduate APG Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 100% of students received a score of >85% Overall average score = 100% (20/20) The target was revised since this course was last offered. The goal of this course is for students to examine potential dissertation topics as well as explore the dissertation process – establish a research question, work on a literature review, and consider methodology. The student in this section was within two semesters of starting the dissertation and completed a prospectus that will feed into her Chapter 1 and served as a pilot for planned course revisions. (08/17/2018) Related Documents: Dissertation Prospectus_apr2016.docx	Action: The goal for students going forward will be the completion of a draft of Chapter 1. Continue to monitor with a new measurement tool. (08/17/2018)
SL: Didactic - EdD 760: Pedagogy in Health Professions Education – Student Choice Activities Target: 100% of students will receive an average score of >90% across the three student choice activities Timeframe: When course taught (e.g., spring, Year 1) Responsible Parties: Program Chair/HS Graduate APG Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 3 students All students earned an average of better than 90%. This target was revised since the last time the course was offered. Students explored diverse teaching learning pedagogies, presented in a diversity of formats based on self-identified learning objectives. This learning strategy was very well-received by students and they performed well. (08/17/2018) Related Documents: EdD 760 Student Choice Assignments Guidelines.pdf	Action: Continue to monitor, with consideration given to requiring at least one of the three assignments to be done as a collaborative learning assignment. In addition, the course will be taught by a different instructor the next time the course is offered, so a new target will be put in place. (08/17/2018)

AU Outcome: EdD 4.1

Measures	Results	Actions
	EdD760 Student Choice Assignment Rubric.pdf	
SL: Didactic - EdD 810: Methods of Inquiry – Qualitative Research – Final Project Paper Target: Students will receive an average score of at least 80% Timeframe: When course is taught (e.g., 2015, 2018, etc.) Responsible Parties: Program Chair/HS Graduate APG Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Course was not offered. (08/17/2018)	
SL: Didactic - EdD 810: Methods of Inquiry – Qualitative Research Plan Paper Target: 100% of students will receive a score of >= 85% Timeframe: When course is taught (e.g., 2015, 2018, etc.) Responsible Parties: Program Chair/HS Graduate APG Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Course not offered. (03/05/2019)	

AU Outcome: EdD 5.1

Students will advance the scholarship of education in a variety of health science and nursing professions. **Outcome Status:** Active

Measures	Results	Actions
SL: Didactic - EdD 780: Integrating Evolving Technology in Health Professions Education –Tech Topic Assignment Target: 100% of students will receive a score of >= 85%	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Course not offered. (03/05/2019)	

AU Outcome: EdD 5.1

Measures	Results	Actions
Timeframe: When course is taught (e.g., 2015, 2018, etc.) Responsible Parties: Program Chair/ HS Grad Curriculum Committee		
SL: Didactic - EdD 790: Practicum in Health Professions Education – Course Discussions Target: Students will receive an average score of >80% Timeframe: When course is taught (e.g., spring 2017) Responsible Parties: Program Chair/HS Graduate APG Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Course was not offered. (08/17/2018)	
SL: Didactic - EdD 780: Integrating Evolving Technology in Health Professions Education – Homework Assignments Target: Students will receive an average score of at least 80% Timeframe: When course is taught (e.g., 2015, 2018, etc.) Responsible Parties: Program Chair/ HS Grad Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Course was not offered. (08/17/2018)	

Program (HS) - Masters in Occupational Therapy (MS in OT)

AU Outcome: MS in OT 1.1 Case Study Report

Students will use critical reasoning skills to successfully develop a case study report.

Measures	Results	Actions
SL: Didactic - OT 602 – OT School System Practice Case Report	Reporting Year: 2017 - 2018 (Year 4) Target Met: No	Action: The program plans to include more practice case studies

Program (HS) - Masters in Occupational Therapy (MS in OT)

AU Outcome: MS in OT 1.1 Case Study Report

Measures	Results	Actions
Assignment Target: Minimum of 80% on case report assignment Timeframe: When course taught (year 2 of program, e.g., Fall 2016) Responsible Parties: OT 602 Instructor/ Program Faculty/ HS Grad Curriculum Committee	Three out of 19 students did not receive a minimum of 80% on this assignment., but the average score was 26.58 out of 30 points for an average of 88.6%. This percentage is less than last year's and may be due to the program being fairly new and that minor adjustments were made in rubrics used for evaluation. (10/10/2018)	done in groups in class to better prepare students to do this individual assignment. (10/10/2018)

AU Outcome: MS in OT 1.2 Therapeutic Intervention

Students will accurately use critical reasoning skills in development of therapeutic intervention.

Measures	Results	Actions
SL: Didactic - OT 611 – Written final: Initial evaluation note and intervention plan Target: All students will achieve a minimum score of 80% on initial evaluation note and intervention plan Timeframe: When course taught (Year 2 of program, e.g., Spring 2017) Responsible Parties: OT 611 Instructor/ Program Faculty/HS Grad Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: No One out of 19 students did not achieve the minimum of an 80% on the assignment. This cohort had a larger number of students than last year's, but still had one student that did not achieve the minimum percentage on the assignment. This is the same result achieved as last year. As a new program, small adjustments are currently being made in courses, which may still be impacting the program's ability to meet targets. (10/10/2018)	Action: An additional opportunity to practice cases in-class will be provided to help improve the students' ability to be successful in this assignment. (10/10/2018)

Program (HS) - Medical Laboratory Science (MLS)

AU Outcome: MLS 1.1

Students will apply theory and principles related to laboratory testing **Outcome Status:** Active

AU Outcome: MLS 1.1

Measures	Results	Actions
SL: Didactic - Exam scores – MLS 440: Clinical Hematology and Hemostasis Target: 100% of students will receive an average score of >80% Timeframe: Annually Responsible Parties: Program Chair/HS Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4)Target Met: NoFall 2017 - 11 students45.5% (5/11) earned an average score of >80%.Overall average score = 88.3%This is a new item due to a change in the curriculum. This course helps students to apply theory and principles related to hematology. This course followed the new curriculum plan with students taking a precursor course to Hematology. Four proctored exams were given, which is a change from 2016-2017 (three exams given previous years). This course was peer reviewed by two faculty members and will be put through a QM template in the future. (08/17/2018)Related Documents: MLS 440 Exam Stats.pdf	Action: We will continue to include four proctored exams for the next academic year. No changes will be made to the delivery of the content in this course, and we will continue to monitor this item but will revise the target to be more in line with benchmarks set forth by our accreditor. (08/17/2018)
SL: Didactic - Exam Scores – MLS 460: Clinical Microbiology Target: 100% of students will receive an average score of >80% Timeframe: Annually Responsible Parties: Program Chair/HS Faculty Org Committee	Reporting Year: 2017 - 2018 (Year 4)Target Met: No55.5% (5/9) students earned average score of >80% on five exams.Overall average score 81.6%, out of 250 pointsThis course helps students to apply theory and principles related to microbiology. This course followed the new curriculum plan which included clinical hours within the course, followed by a comprehensive exam. Five proctored exams were given, which is a change from the previous years, with less exams in a shorter period. Competency exams were also included as a portion of the graded exams. Together, the multiple-choice exams and the hands-on competency exam help prepare students for clinical rotations, where theory and principles of microbiology will be applied. (08/17/2018)Related Documents: MLS 460 Exam Stats 2018.docx	Action: We will continue to include five proctored exams and a competency exam prior to clinical rotation hours for the next academic year. Additionally, following clinical rotation hours, a comprehensive exam will be given. We will then assess students outcomes with a revised target that is more in line with the benchmarks set forth by our accreditor. (08/17/2018)

AU Outcome: MLS 1.2

AU Outcome: MLS 1.2

Students will apply concepts and principles of laboratory operations in a clinical setting **Outcome Status:** Active

Measures	Results	Actions
SL: Didactic - Case study discussions – MLS 460: Clinical Microbiology Target: 100% of students will receive an average score of >80% Timeframe: Annually Responsible Parties: Program Chair/HS Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4)Target Met: Yes100% (9/9) students earned average score of >80% on case study assignments.Overall average score 97.2%, out of 50 pointsThis was a new item due to our revised curriculum plan. This assignment is given to cover the organisms and tests included in the knowledge base for the BOC exam. Students did very well identifying microorganisms, and posted cases on the discussion board, and presented the cases during onsite lab. Deductions were due to not completing the assignment on time or incorrect answers. (08/17/2018)Related Documents:Enterobacteriaceae - Swarming Colonies Case Study.docx Case Study Student Example Colonies on CIN.docx	Action: We will continue to include this assignment with no changes to delivery for the next academic year. We will monitor student outcomes with a revised target that is more in line with benchmarks set forth by our accreditor. (08/17/2018)
SL: Exam/Quiz - Standardized - MediaLab Exam Simulator Scores – MLS 465: Clinical Management and Review Target: 100% of students will achieve a CAT difficulty of 5.0 Timeframe: Annually Responsible Parties: Program Chair/HS APG Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: No 10 students 90% (9/10) of students achieved a CAT difficulty level of 5.0 Average level of difficulty = 5.3 This was a new item for this year due to a curriculum revision. Exam Simulator (ES) is a preparatory resource we purchase for students to help them prepare for the BOC exam. Students take four CAT exams during the last eight weeks of the semester. Performance on the CAT has been shown to be a good predictor of performance on the BOC exam. The student who did not meet the target was academically dismissed at the end of the spring semester. (08/17/2018) Related Documents: <u>MLS 465 2018 Stats.xlsx</u>	Action: Next academic year, we will require all four CAT attempts to be proctored and we will include additional remediation activities for students who do not meet benchmarks for each CAT attempt. Continue to monitor and revise benchmark (lower percentage and raise CAT level). (08/17/2018)

AU Outcome: MLS 2.2

Students will assess the accuracy of laboratory test results by correlating laboratory data with clinical diagnoses

AU Outcome: MLS 2.2

Outcome Status: Active

Measures	Results	Actions
SL: Didactic - Graphic Organizer assignment – MLS 445: Clinical Chemistry Target: 100% of students will receive an average score of >80% Timeframe: Annually Responsible Parties: Program Chair/HS Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: No 11 students 72.7% (8/11) earned an average score of >80%. Overall average score = 88.6% This assignment incorporates all chemistry analytes from the ASCP BOC Exam Content Guideline as a study supplement during fall clinical rotations. Students complete five categories for each test, including reference ranges, reflex tests, and disease correlation; in order to associate high, low, or normal results and related tests with the clinical condition of the patient. Three students turned in late work which resulted in scores of zero for each late submission. Late submissions violate the Professional Behavior objectives within the course and are monitored. (08/17/2018) Related Documents: GOAssignment.JPG MLS 445 Graphic Organizer Rubric 2017-18(1).pdf	Action: We will include this assignment in this course offered during the next academic year without any revisions, but we will assess this item with a revised target in place. (08/17/2018)
SL: Didactic - Case study assignments – MLS 465: Clinical Management and Review Target: 100% of students will receive an average score of >=85% Timeframe: Annually Responsible Parties: Program Chair/HS Faculty Org Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: No 10 students 90% (9/10) students earned an average score of >85% Overall average score = 53.3/60 points; 88.8%+ The case study assignments helped students reviewed content covered during the summer and fall semesters. Grading for this assignment awards points to students for summarizing cases in their own words and answering all questions. Students evaluate their answers against keys released after the due date and report on areas that require additional studying. Students lost points for turning in assignments late and not completing all requirements. The student who did not meet the target was academically dismissed at the end of the spring semester. (08/17/2018)	Action: This assignment will be included in the course during the next academic year with no revisions to the assignment. We will assess this item with a revised target in place to determine student outcomes. (08/17/2018)

AU Outcome: MLS 2.2

Measures	Results	Actions
	Related Documents:	
	MLS 465 - Case Study Assignment Examples.pdf	
SL: Clinical - Virtual Microscope Assignments – MLS 440: Clinical Hematology and Hemostasis Target: 100% of students will receive an average score of >=90% Timeframe: Annually Responsible Parties: Program Chair/HS Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: No 11 students 72.7% (8/11) of students received an average score of >90% Overall average = 93.2% (08/17/2018) Related Documents: 428 and 440 - Differential Grading Rubric.pdf	Action: The virtual microscope (VM) allows students to practice differentials on their personal computer as a bridging activity to performing them on a microscope during clinical rotations. These assignments provide patient case history, so students are able to correlate their results with potential clinical diagnoses. One of the most powerful aspects of the VM allows the instructor to take snapshots of actual cells on each differential to use as a teaching too to help students classify cells. Students were required to spend 12 hours of rotation time with a hematology instructor in a prerequisite course. For the next cohort, more time will be spent on normal differentials to allow students to build a stronger core base of knowledge within this course. Late submissions lowered the scores for one student. Late submissions violate the Professional Behavior objectives within the course and are monitored. Continue to monitor. (08/17/2018)

AU Outcome: MLS 3.1

Students will maintain competency in the laboratory field of study **Outcome Status:** Active

Measures	Results	Actions
SL: Didactic - Annotated Bibliographies – MLS 426: Evidence- Based Laboratory Medicine Target: 100% of students will receive an average score of >=85% Timeframe: Appually	Reporting Year: 2017 - 2018 (Year 4) Target Met: No 12 students 83.3% (10/12) earned an average score of >85%. Overall average score = 88.4%	Action: No changes will be made to the structure of this assignment for the next academic year. We will assess this item with a revised target in place to determine student outcomes. (08/17/2018)
Timeframe: Annually Responsible Parties: Program Chair/HS APG Committee	Students were required to use the evidence based practice (EBP) process to complete annotated bibliographies on two pieces of evidence that related to a student-selected topic. Skills learned throughout the course culminated in a final project that encompassed the entire EBP process. Students were provided with a list of expectations along with a breakdown of how points were earned to help guide project development. This course was developed to meet the needs of learners with varying backgrounds in research to show how the EBP process is used in the laboratory setting. One student temporarily withdrew from the program after the add/drop date and did not complete this assignment. Another student had difficultly choosing a topic that met the assignment guidelines. (08/17/2018) Related Documents: <u>426 Annotated Bibliographies.pdf</u>	

Program (HS) - Public Health (PH)

AU Outcome: PH 1.1

Student will be able to identify determinants of health and illness **Outcome Status:** Active

Measures	Results	Actions
SL: Exam/Quiz - Teacher-made - PH: 430 Final exam Target: Average score of >80% Timeframe: Fall Semester	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes In Fall 2017, two students took the course and received an average of 90% on the final exam. In Fall 2016, one student took the course and earned a 83% on the final exam. To meet this	Action: This was the first year of a new curriculum due to a change in program staff. Based on the results and student feedback, the course

Program (HS) - Public Health (PH)

AU Outcome: PH 1.1

Measures	Results	Actions
Responsible Parties: Program faculty / HS APG committee	target during the 2017-2018 reporting year, no specific action plan was proposed in the 2016-2017 CAP report because it was determined that "low student enrollment makes it difficult to predict future results." The plan was to revisit "this outcome and measure for the 2017-2018 academic year to be more specific to the goal." (01/09/2018)	will change curriculum again in the 2018-2019 academic year to put a greater focus on epidemiology. (01/09/2018)
 SL: Didactic - Community needs assessment as part of mid-term project. Target: Average score of >80% Timeframe: Spring semester Responsible Parties: Program faculty / Health Science (HS) Curriculum committee 	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes All (n=4) students scored above 80%, with an average score of 93.25%. In Spring 2017, two students had an average score of 94.5%. To achieve the target for this measure during the current reporting year, the action plan proposed in the 2016-2017 CAP report was to use the measure again next year to monitor progress because it was the first time the measure had been used. (04/12/2018)	Action: This is the second time this measure was used and requires students to synthesize a number of sources to understand the community. It will be retained in the CAP. (04/12/2018)

AU Outcome: PH 1.2

Student will be able to identify sources of public health data and information **Outcome Status:** Active

Measures	Results	Actions
SL: Didactic - Community needs assessment as part of mid-term project. Target: Successful completion of report Average score of >80% Timeframe: Spring semester Responsible Parties: Program faculty / Health Science (HS) Curriculum committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes All (n=4) students scored above 80%, with an average score of 90%. In Spring 2017, two students had an average score of 87.5%. Target met and will keep the assignment as a measure. To achieve the target for this measure during the 2017-2018 academic year, the proposed action plan in the 2016-2017 CAP report was to use the measure again for 2017- 2018 because 2016-2017 was the first time the measure had been used. (04/12/2018)	Action: This assignment requires students to pull both demographic and population health data. It is a good measure of their ability to pull together information relevant to their community. The measure will be used again. (04/12/2018)

AU Outcome: PH 2.1

Student will be able to gather information on policy **Outcome Status:** Active

Measures	Results	Actions

Program (HS) - Public Health (PH)

AU Outcome: PH 2.1

Measures	Results	Actions
SL: Exam/Quiz - Teacher-made - PH 490 Final Exam (Ethics, Law, and Health Care Policy Target: Average score > 80% Timeframe: Summer semester Responsible Parties: Program faculty / Health Science (HS) Curriculum committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes A final project was done in lieu of a final exam. Two students took the course and received an average of 89%. In 2017, one student took the course and received a 93% on the final exam. To achieve the target for this measure during the 2017-2018 academic year, a specific action plan was not proposed in the 2016-2017 CAP report. The plan was to continue the measure until more data could be collected because it was the first time the measure was used and there was only one student in the course. (08/23/2018)	Action: This course was eliminated after Summer 2018 and a new outcome and measure have been created for PH 495: Management, Law, and Ethics. (08/23/2018)

AU Outcome: PH 2.2

Student will be able to identify mechanism to evaluate programs for their quality and effectiveness **Outcome Status:** Active

Measures	Results	Actions
SL: Exam/Quiz - Teacher-made - PH 480 Final Exam. (Public Health Research and Evaluation) Target: Average score > 80% Timeframe: Spring semester Responsible Parties: Program faculty / Health Science (HS) Curriculum committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes Two students took the course with an average score of 83.33% on the final exam. The previous year, two students earned an average score of 93.6%. To continue to achieve the target for this measure during the 2017-2018 academic year, a specific action plan was not proposed in the 2016-2017 CAP report because the tool was considered effective and the plan was to use it again during 2017-2018. (08/23/2018)	Action: Low enrollment in this course - two students per year - makes it difficult to gauge if this measure is working. It will remain in place as enrollment for 2018- 2019 is projected to be higher and should provide a more robust result. (08/23/2018)

AU Outcome: PH 3.2

Student should be able to describes the role of governmental and non-governmental organizations in the delivery of community health services **Outcome Status:** Active

Measures	Results	Actions
SL: Exam/Quiz - Teacher-made - PH:	Reporting Year: 2017 - 2018 (Year 4)	Action: A significant increase
410 Final exam	Target Met: Yes	occurred in year-over-year testing
Target: Average score of >80%	Three students received an average of 91.7% on the final exam. In Fall 2016, four students	with no change to text, test, or
Timeframe: Fall semester	earned an average of 83.7%. To continue to achieve the target for this measure during 2017-	instructor. Since the program is

Program (HS) - Public Health (PH)

AU Outcome: PH 3.2

Measures	Results	Actions
Responsible Parties: Program faculty / HS Faculty Org. committee	2018 no specific action plan was proposed because "The target was barely met and low student enrollment makes it difficult to predict future results. Additionally, the instructor, course text, and final text changed between academic years, making these results impossible to compare year-over-year." It was planned to revisit "This measure in the CAP for 2017- 2018 academic year to create a more precise measurement." (01/09/2018)	evolving to a greater health care management/leadership focus, new text and course materials will be implemented next year. (01/09/2018)

AU Outcome: PH 4.1

Student should be able to describe the scientific foundation of the field of public health **Outcome Status:** Active

Measures	Results	Actions
SL: Exam/Quiz - Teacher-made - PH: 400 Identify prominent events in the history of public health Midterm Exam and assignments Target: Average score of >80% Timeframe: Fall semester Responsible Parties: Program faculty / HS Curriculum committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes Four students earned an average of 83.5% on the midterm exam. In Fall 2016, no midterm was given but the one student earned 33/44, or 75%, over 4 quizzes given in the first half of the course. To continue to achieve the target for this measure in 2017-2018, the action plan in the 2016-2017 CAP report was for the instructor to review the assessment plan to create a more specific measure because "the new instructor was unaware of the measure and this score was the closest proxy. The drop in score was likely do to a change in instructor and in course materials. " (01/09/2018)	Action: Although the result was very close to the baseline, a small cohort may have skewed results. This measure will be kept and compared to a larger cohort. (01/09/2018)
SL: Exam/Quiz - Teacher-made - PH: 430 Final exam Target: Average score of >80% Timeframe: Fall semester Responsible Parties: Program faculty / HS Faculty Org. committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes In Fall 2017, two students took the course and received an average of 90% on the final exam. In Fall 2016, one student took the course and earned a 83% on the final exam. To continue to achieve the target for this measure in 2017-2018, no specific plan was proposed in the the 2016-2017 CAP report. The target was barely met and low student enrollment makes it difficult to predict future results. This measure was also used in Outcome 1.3, so the plan was to create a new measure for the 2017-2018 CAP. (01/09/2018)	Action: Based on the results and student feedback, the course will change curriculum again in the 2018-2019 academic year to put a greater focus on epidemiology. (01/09/2018)

Program (Nursing) - Bachelor of Science in Nursing (BSN)

Program (Nursing) - Bachelor of Science in Nursing (BSN)

AU Outcome: BSN 1.0 Lead

Provide basic organizational and systems leadership. Outcome Status: Active Start Date: 08/01/2014

Measures	Results	Actions
AD: Survey - Alumni Survey Item: How well BSN education prepared you to provide basic organizational and systems leadership (1= very poorly, 2 = poorly, 3 = well, 4 = very well). Target: 75% of respondents will report that their BSN education prepared them well or very well to provide basic organizational and systems leadership. Timeframe: Annually Responsible Parties: CIRE, Evaluation & Study Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 BSN CAP report. (08/01/2018)	
AD: Survey - Employer Survey Item: How well BSN graduate provides basic organizational and systems leadership (1= very poorly, 2 = poorly, 3 = well, 4 = very well, NA = not applicable, e.g., does not perform outcome, or outcome not applicable to current role). Target: 75% of respondents will report that the BSN graduate provides basic organizational and systems leadership well or very well. Timeframe: Annually Responsible Parties: CIRE, Evaluation & Study Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 BSN CAP report. (08/01/2018)	
SL: Didactic - RN-NU461 Change proposal paper	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes	Action: All students achieved at least 73% on the change proposal

Program (Nursing) - Bachelor of Science in Nursing (BSN)

AU Outcome: BSN 1.0 Lead

Measures	Results	Actions
Target: 100% of students achieve at least 73% on change proposal project Timeframe: Year 4 Responsible Parties: BSN Curriculum Committee	Additional assignments were created to assist with the successful completion of the Change proposal. This allowed the target to be met for this academic year. (11/14/2018) Related Documents: <u>Outcome 1 NU 461 Change Proposal Rubric.docx</u>	project. The Change proposal rubric will be discussed throughout the semester and how the content in class is related to changes in healthcare- also changes were made to the rubric to make it easier to comprehend and complete the assignment. (11/14/2018)
AD: Survey - Alumni Survey Item: How often in current professional nursing practice you provide basic organizational and systems leadership (1= not at all, 2 = rarely, 3 = some of the time, 4 = most of the time, NA = not applicable, e.g., not working in a BSN nursing role, or outcome not applicable to current role).	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 BSN CAP report. (08/01/2018)	
Target: 75% of respondents will report that they provide basic organizational and systems leadership some or most of the time in their current professional nursing practice. Timeframe: Annually Responsible Parties: CIRE, Evaluation & Study Committee		
AD: Survey - Employer Survey Item: How often BSN graduate provides basic organizational and systems leadership (1= not at all, 2 = rarely, 3	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018-	

Program (Nursing) - Bachelor of Science in Nursing (BSN)

AU Outcome: BSN 1.0 Lead

Measures	Results	Actions
 = some of the time, 4 = most of the time, NA = not applicable, e.g., does not perform outcome or outcome not applicable to current role). Target: 75% of respondents will report that BSN graduate provides basic organizational and systems leadership some or most of the time in current professional nursing practice. Timeframe: Annually Responsible Parties: CIRE, Evaluation & Study Committee 	2019 academic year and the results will be included in the 2018-2019 BSN CAP report. (08/01/2018)	

AU Outcome: BSN 2.0 EBP

Integrate evidence-based practice in nursing care. Outcome Status: Active Start Date: 08/01/2014

Measures	Results	Actions
SL: Didactic - RN-NU 380 Research Analysis Paper Target: 100% of students will achieve at least 73% on the Research Analysis Paper. Timeframe: Annually (starting with 2019-2020 reporting year; year 4 prior to 2019-2020). Responsible Parties: BSN Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4)Target Met: YesDuring the 2017-2018 academic year, per the 2016-2017 action plan, faculty continued to provide lectures, assigned readings, and discussion activities about the research process. The Research Analysis Paper was assigned to assess learning about the research process. Specific guidelines for writing the paper and a grading rubric were provided.All students scored at least 73% on the assignment, as was the case during the 2016-2017 and 2015-2016 academic years. (11/14/2018)Related Documents: Outcome 2 NU 380 Research Analysis Paper Rubric.docx	Action: In order to achieve this target faculty will continue to provide lectures and assign readings and discussions about the topic. The Research Analysis Paper will be required with specific guidelines and a rubric will be used for grading. (11/14/2018)
AD: Survey - Alumni Survey item:	Reporting Year: 2017 - 2018 (Year 4)	

AU Outcome: BSN 2.0 EBP

Measures	Results	Actions
How well BSN education prepared you to integrate evidence-based practice in nursing care (1= very poorly, 2 = poorly, 3 = well, 4 = very well). Target: 75% of respondents will report that their BSN education prepared them well or very well to integrate evidence-based practice in nursing care. Timeframe: Annually Responsible Parties: CIRE, Evaluation & Study Committee	Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 BSN CAP report. (08/01/2018)	
AD: Survey - Employer Survey item: How well BSN graduate integrates evidence-based practice in nursing care (1= very poorly, 2 = poorly, 3 = well, 4 = very well, NA = not applicable, e.g., does not perform outcome, or outcome not applicable to current role). Target: 75% of respondents will report that BSN graduate integrates evidence-based practice in nursing care well or very well. Timeframe: Annually Responsible Parties: CIRE, Evaluation & Study Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 BSN CAP report. (08/01/2018)	
AD: Survey - Alumni Survey item: How often in current professional nursing practice you integrate evidence-based practice in nursing care (1= not at all, 2 = rarely, 3 = some of the time, 4 = most of the	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 BSN CAP report. (08/01/2018)	

AU Outcome: BSN 2.0 EBP

Measures	Results	Actions
time, NA = not applicable, e.g., not working in a BSN nursing role, or outcome not applicable to current role). Target: 75% of respondents will report that they integrate evidence- based practice in nursing care some or most of the time in current professional nursing practice. Timeframe: Annually Responsible Parties: CIRE, Evaluation & Study Committee		
AD: Survey - Employer Survey item: How often BSN graduate integrates evidence-based practice in nursing care (1= not at all, 2 = rarely, 3 = some of the time, 4 = most of the time, NA = not applicable, e.g., not working in a BSN nursing role, or outcome not applicable to current role). Target: 75% of respondents will report that BSN graduate integrates evidence-based practice in nursing care some or most of the time in current professional nursing practice. Timeframe: Annually Responsible Parties: CIRE, Evaluation & Study Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 BSN CAP report. (08/01/2018)	

AU Outcome: BSN 3.0 Informatics

Manage healthcare data, information, knowledge, and technology. **Outcome Status:** Active

AU Outcome: BSN 3.0 Informatics

Start Date: 08/01/2015

Measures	Results	Actions
SL: Didactic - RN-NU447B informatics competencies paper Target: 100% of students will achieve at least 73% on informatics competencies paper Timeframe: Annually (starting 2019- 2020; assessed Year 4 prior to 2019- 2020) Responsible Parties: BSN Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4)Target Met: YesTo meet this target, per the 2015-2016 action plan, course faculty added information to thesyllabus that states all assignments must be turned in to successfully complete the class. Thesyllabus was rearranged to draw attention to the late policy in the course. A new assignment,Quality Measures and Informatics Competencies Paper, relating to this content was createdfor use starting fall 2017. A new rubric was also created and placed in the rubrics folder foreasy access by students. Subsequently, 100% of students completed this paper with a scoreof 73% or greater Fall 2017 and Spring 2018. This is an improvement since the previousreporting year of 2015-2016, when 100% of students achieved 73% summer 2015 and 17/21(81%) achieved 73% spring 2016 and 3 student did not complete the assignment. The coursewas not taught in Fall 2015. (11/20/2018)Related Documents:Outcome 3 NU 447B Quality Measures and InformaticsCompetencies Assignment.docx	Action: To continue to meet this target, the revised syllabus and new assignment will continue to be used during the 2018-2019 academic year. This measure will continued to be assessed at least every 4 years (i.e., in Year 4). (11/20/2018)
AD: Survey - Alumni Survey Item: How well your BSN education prepared you to manage healthcare data, information, knowledge, and technology (1= very poorly, 2 = poorly, 3 = well, 4 = very well). Target: 75% of respondents will report that their BSN education prepared them well or very well to manage healthcare data, information, knowledge, and technology. Timeframe: Annually Responsible Parties: CIRE, Evaluation & Study Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 BSN CAP report. (08/01/2018)	
AD: Survey - Employer Survey Item: How well BSN graduate manages	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA	

AU Outcome: BSN 3.0 Informatics

Measures	Results	Actions
healthcare data, information, knowledge, and technology (1= very poorly, 2 = poorly, 3 = well, 4 = very well, NA = not applicable, e.g., does not perform outcome, or outcome not applicable to current role). Target: 75% of respondents will report that BSN graduate manages healthcare data, information, knowledge, and technology well or very well. Timeframe: Annually Responsible Parties: CIRE, Evaluation & Study Committee	Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 BSN CAP report. (08/01/2018)	
AD: Survey - Alumni Survey Item: How often in current professional nursing practice you manage healthcare data, information, knowledge, and technology (1= not at all, 2 = rarely, 3 = some of the time, 4 = most of the time, NA = not applicable, e.g., not working in a BSN nursing role, or outcome not applicable to current role). Target: 75% of respondents will report that they manage healthcare data, information, knowledge, and technology some or most of the time in current professional nursing practice. Timeframe: Annually Responsible Parties: CIRE, Evaluation & Study Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 BSN CAP report. (08/01/2018)	

AU Outcome: BSN 3.0 Informatics

Measures	Results	Actions
How often BSN graduate manages	Target Met: NA	
healthcare data, information,	Survey of 2016-2017 graduates and their employers was not administered during the 2017-	
knowledge, and technology (1= not	2018 academic year. These graduates and their employers will be surveyed during the 2018-	
at all, 2 = rarely, 3 = some of the	2019 academic year and the results will be included in the 2018-2019 BSN CAP report.	
time, 4 = most of the time, NA = not	(08/01/2018)	
applicable, e.g., not working in a BSN		
nursing role, or outcome not		
applicable to current role).		
Target: 75% of respondents will		
report that BSN graduate manages		
healthcare data, information,		
knowledge, and technology some or		
most of the time in current		
professional nursing practice.		
Timeframe: Annually		
Responsible Parties: CIRE,		
Evaluation & Study Committee		

AU Outcome: BSN 4.0 HC Policy & Finance

Demonstrate understanding of healthcare policy, finance, and regulatory environments.

Outcome Status: Active

Start Date: 08/01/2014

Measures	Results	Actions
SL: Didactic - RN-NU 421 Health Care Delivery and Finance Paper Target: 100% of the students will achieve at least 73% on the NU 421 Health Care Delivery and Finance Paper Timeframe: Annual Responsible Parties: BSN Curriculum Committee	 Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 100% of the students achieved at least 73% on the Health Care Delivery and Finance Paper. (12/13/2018) Related Documents: Outcome 4 RN NU 421 Health Care Delivery and Finance Paper.pdf 	Action: In order to continue to meet this target, faculty will review and evaluate assignment content and continue to give detailed instructions about assignment and the due dates. (12/13/2018)
AD: Survey - Alumni Survey Item:	Reporting Year: 2017 - 2018 (Year 4)	

AU Outcome: BSN 4.0 HC Policy & Finance

Measures	Results	Actions
How well BSN education prepared you to demonstrate understanding of healthcare policy, finance, and regulatory environments (1= very poorly, 2 = poorly, 3 = well, 4 = very well). Target: 75% of respondents will report that their How well BSN education prepared them well or very well to demonstrate understanding of healthcare policy, finance, and regulatory environments. Timeframe: Annually Responsible Parties: CIRE, Evaluation & Study Committee	Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 BSN CAP report. (08/01/2018)	
AD: Survey - Employer Survey Item: How well BSN graduate demonstrates understanding of healthcare policy, finance, and regulatory environments (1= very poorly, 2 = poorly, 3 = well, 4 = very well, NA = not applicable, e.g., does not perform outcome, or outcome not applicable to current role). Target: 75% of respondents will report that BSN graduate demonstrates understanding of healthcare policy, finance, and regulatory environments well or very well. Timeframe: Annually Responsible Parties: CIRE, Evaluation & Study Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 BSN CAP report. (08/01/2018)	

AU Outcome: BSN 4.0 HC Policy & Finance

Measures	Results	Actions
SL: Didactic - RN-NU301 allocation of health care resources assignment Target: 100% of students will achieve at least 73% on the allocation of health care resources assignment Timeframe: Year 4 Responsible Parties: BSN Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes Students addressed the topics related to the Affordable Care Act and all the changes related to healthcare costs. 100% of students achieved at least 73% on the allocation of health resources assignment. The target was also met the previous reporting years (2015-2016, 2014-2015). (11/20/2018) Related Documents: <u>Outcome 4 RN NU 301 Allocation of health care resources</u> <u>assignment.docx</u>	Action: In order to continue to meet this target, faculty will provide resources in the course that speak to how health care resources are allocated in the United States. (11/20/2018)
AD: Survey - Alumni Survey Item: How often in current professional nursing practice they demonstrate understanding of healthcare policy, finance, and regulatory environments (1= not at all, 2 = rarely, 3 = some of the time, 4 = most of the time, NA = not applicable, e.g., not working in a BSN nursing role, or outcome not applicable to current role). Target: 75% of respondents will report that they demonstrate understanding of healthcare policy, finance, and regulatory environments some or most of the time in current professional nursing practice. Timeframe: Annually Responsible Parties: CIRE, Evaluation & Study Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 BSN CAP report. (08/01/2018)	
AD: Survey - Employer Survey Item: How often BSN graduate	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA	

AU Outcome: BSN 4.0 HC Policy & Finance

Measures	Results	Actions
demonstrates understanding of healthcare policy, finance, and regulatory environments (1= not at all, 2 = rarely, 3 = some of the time, 4 = most of the time, NA = not applicable, e.g., not working in a BSN nursing role, or outcome not applicable to current role). Target: 75% of respondents will		
report that BSN graduate demonstrates understanding of healthcare policy, finance, and regulatory environments some or most of the time in current professional nursing practice. Timeframe: Annually Responsible Parties: CIRE, Evaluation & Study Committee		

AU Outcome: BSN 5.0 Teamwork & Collaboration

Facilitate inter-professional communication and collaboration in healthcare teams.

Outcome Status: Active

Start Date: 08/01/2014

Measures	Results	Actions
SL: Didactic - RN-NU 497 EBP	Reporting Year: 2017 - 2018 (Year 4)	Action: In order to meet this target
Summary	Target Met: No	in the future, students will
Target: 100% of students will	The evidence-based project was incorporated into the new NU 497 course. The assignment	complete this assignment in three
achieve at least 76% on EBP	was revised from a theoretical problem to an actual problem that the student identified along	segments. First, they will complete
Summary.	with a clinical partner. This allowed for professional communication and collaboration	a PICO worksheet that is peer
Timeframe: Annually (starting 2019-	between the student and the clinical site. Fall 2017: 4/5 students scored > 73% on the EBP	reviewed and submitted to
2020; assessed Year 4 prior to 2019-	project. Spring 2018: 9/10 students scored > 73% on the EBP project. These results indicate a	instructor for approval, next they
2020)	decrease in performance compared to the 2016-2017 years when 100% of students met the	will complete a literature review,
Responsible Parties: BSN Curriculum	target. The decline in target achievement was a direct result of application of the late	and finally they will complete the

AU Outcome: BSN 5.0 Teamwork & Collaboration

Measures	Results	Actions
Committee	assignment policy which resulted in significant points deduction bringing the students percentage below 73%. (11/20/2018) Related Documents: Outcome 5 RN NU 497 EBP Project Summary.doc	entire assignment. (11/20/2018)
AD: Survey - Alumni Survey Item: How well BSN education prepared you to facilitate inter-professional communication and collaboration in healthcare teams (1= very poorly, 2 = poorly, 3 = well, 4 = very well). Target: 75% of respondents will report that their BSN education prepared them well or very well to facilitate inter-professional communication and collaboration in healthcare teams. Timeframe: Annually Responsible Parties: CIRE, Evaluation & Study Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 BSN CAP report. (08/01/2018)	
AD: Survey - Employer Survey Item: How well BSN graduate facilitates inter-professional communication and collaboration in healthcare teams (1= very poorly, 2 = poorly, 3 = well, 4 = very well, NA = not applicable, e.g., does not perform outcome, or outcome not applicable to current role). Target: 75% of respondents will report that BSN graduate facilitates inter-professional communication and collaboration in healthcare teams well or very well.	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 BSN CAP report. (08/01/2018)	

AU Outcome: BSN 5.0 Teamwork & Collaboration

Measures	Results	Actions
Timeframe: Annually Responsible Parties: CIRE, Evaluation & Study Committee		
SL: Didactic - RN-NU 307 Health Professional Exploration Assignment Target: 100% of students will achieve at least 75% on the health professional exploration assignment. Timeframe: Year 4 Responsible Parties: BSN Curriculum Committee/Course Faculty	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes The assignment directions were modified based on required components that students did not clearly address based on the rubric. The rubric was also modified to align with the revised paper directions. Fall 2017, 14/14 (100%) students scored 73% and above on the HPE assignment. (12/13/2018) Related Documents: Outcome 5 RN NU 307 Health Professional Exploration Assignment.docx	Action: In order to continue to meet this target, the assignment was modified to clarify sections students did poorly on. Additionally, the assignment rubric was revised and clearer grading criteria was developed that aligned with the assignment which could reasonably be expected to facilitate success on the HPE assignment. (12/13/2018)
AD: Survey - Alumni Survey Item: How often in current professional nursing practice you facilitate inter- professional communication and collaboration in healthcare teams (1= not at all, 2 = rarely, 3 = some of the time, 4 = most of the time, NA = not applicable, e.g., not working in a BSN nursing role, or outcome not applicable to current role). Target: 75% of respondents will report that facilitate inter- professional communication and collaboration in healthcare teams some or most of the time in current professional nursing practice . Timeframe: Annually Responsible Parties: CIRE, Evaluation & Study Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 BSN CAP report. (08/01/2018)	

AU Outcome: BSN 5.0 Teamwork & Collaboration

Measures	Results	Actions
AD: Survey - Employer Survey Item: How often BSN graduate facilitates inter-professional communication and collaboration in healthcare teams (1= not at all, 2 = rarely, 3 = some of the time, 4 = most of the time, NA = not applicable, e.g., not working in a BSN nursing role, or outcome not applicable to current role). Target: 75% of respondents will report that BSN graduate facilitates inter-professional communication and collaboration in healthcare teams some or most of the time in current professional nursing practice Timeframe: Annually Responsible Parties: CIRE, Evaluation & Study Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 BSN CAP report. (08/01/2018)	

AU Outcome: BSN 8.0 QI

Use data to monitor outcomes and improve care. Outcome Status: Active Start Date: 08/01/2014

Measures	Results	Actions
 AD: Survey - Alumni Survey Item: How well BSN education prepared you to use data to monitor outcomes and improve care. Target: 75% of respondents will report that their BSN education prepared them well or very well to 	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes >95% of 2017-2018 alumni survey respondents (n = 38) reported their BSN education prepared them well (42.11%) or very well (55.26%) to perform this outcome. 94% of 2016-2017 alumni survey respondents (n = 56) reported their BSN education prepared them well (51.79%) or very well (42.86%) to perform this outcome. Results are consistent with previous alumni surveys. the target of 75% favorable responses	Action: Survey 2018-2019 alumni during 2020. Compare responses and monitor for favorable and unfavorable trends. (03/09/2020)

AU Outcome: BSN 8.0 QI

Measures	Results	Actions
use data to monitor outcomes and improve care (1= very poorly, 2 = poorly, 3 = well, 4 = very well). Timeframe: Annually Responsible Parties: CIRE, Evaluation & Study Committee	(well or very well) has been consistently met or exceeded. (03/09/2020)	
	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 BSN CAP report. (08/01/2018)	
AD: Survey - Employer Survey Item: How well BSN graduate uses data to monitor outcomes and improve care. Target: 75% of respondents will report that the BSN graduate uses data to monitor outcomes and improve care (1= very poorly, 2 = poorly, 3 = well, 4 = very well, NA = not applicable, e.g., does not perform outcome, or outcome not applicable to current role). Timeframe: Annually Responsible Parties: CIRE, Evaluation & Study Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 BSN CAP report. (08/01/2018)	
SL: Didactic - RN-NU380 QI assignment Target: 100% of students will achieve at least 75% on the QI assignment Timeframe: Year 4 Responsible Parties: BSN Curriculum	Reporting Year: 2017 - 2018 (Year 4)Target Met: YesThis target continues to be met. Course faculty taught QI material in readings and lectureand the QI WebQuest assignment was assigned to assess learning. Fall 2017 & Spring 2018-100% of students achieved 75% on QI assignment.(11/20/2018)Related Documents:Outcome 8 RN NU 380 QI Webquest.docx	Action: In order to meet the target, faculty will continue to provide readings, lecture, and discussion prior to the completion of the QI assignment. (11/20/2018)
SL: Didactic - RN-NU 461 Root Cause Analysis assignment Target: 100% of students will	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes A rubric to provide better detail about required elements of the assignment was used in the	Action: In order to continue to meet this target, the 5 Why's assignment will be completed by

AU Outcome: BSN 8.0 QI

Measures	Results	Actions
achieve at least 75% on the root cause analysis assignment Timeframe: Year 3 Responsible Parties: BSN Curriculum Committee	course. 100% of the students met the target achieving 90% or higher for the 5 whys assignment, formerly the fish bone diagram. (12/13/2018) Related Documents: <u>Outcome 8 NU 461 Root Cause Analysis.pdf</u>	each student and presented to the class via discussion board for feedback from professors and peers. (12/13/2018)
SL: Survey - Alumni Survey Item: How often in current professional nursing practice you use data to monitor outcomes and improve care (1= not at all, 2 = rarely, 3 = some of the time, 4 = most of the time, NA = not applicable, e.g., not working in a BSN nursing role, or outcome not applicable to current role). Target: 75% of respondents will report that they use data to monitor outcomes and improve care some or most of the time in current professional nursing practice. Timeframe: Annually Responsible Parties: CIRE, Evaluation & Study Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 BSN CAP report. (08/01/2018)	
SL: Survey - Employer Survey Item: How often BSN graduate uses data to monitor outcomes and improve care (1= not at all, 2 = rarely, 3 = some of the time, 4 = most of the time, NA = not applicable, e.g., not working in a BSN nursing role, or outcome not applicable to current role). Target: 75% of respondents will report that BSN graduate uses data to monitor outcomes and improve	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 BSN CAP report. (08/01/2018)	

AU Outcome: BSN 8.0 QI

Measures	Results	Actions
care some or most of the time in current professional nursing practice. Timeframe: Annually Responsible Parties: CIRE, Evaluation & Study Committee		

AU Outcome: BSN 9.0 Safe Care

Deliver safe care through system effectiveness and individual performance.

Outcome Status: Active

Start Date: 08/01/2014

Measures	Results	Actions
 SL: Clinical evaluation tool - RN- NU450 Safety clinical competencies on clinical evaluation tool Target: 100% of students will receive "S" rating for Safety clinical competencies on clinical evaluation tool. Timeframe: Annually (starting 2019- 2020; assessed Year 4 prior to 2019- 2020) Responsible Parties: BSN Curriculum Committee 	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes This target continues to be met. Safety continues to be reinforced in assignments throughout the duration of the semester. It is prioritized in the community assessment, the clinical site placement, working with vulnerable populations, and violence or disaster management. Fall 2017-100% of students met target (10/10). Spring 2018- 100% of students met the target (16/16). (11/20/2018) Related Documents: Outcome 9 RN NU 450 Clinical Evaluation Tool.docx	Action: In order to continue to meet this target in the future, course faculty will continue to reinforce and promote safe care practices in community and public health settings for individuals and populations. (11/20/2018)
AD: Survey - Alumni Survey Item: How well BSN education prepared you to deliver safe care through system effectiveness and individual performance (1= very poorly, 2 = poorly, 3 = well, 4 = very well). Target: 75% of respondents will report that their BSN education	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 BSN CAP report. (08/01/2018)	

AU Outcome: BSN 9.0 Safe Care

Measures	Results	Actions
prepared them well or very well to deliver safe care through system effectiveness and individual performance. Timeframe: Annually Responsible Parties: CIRE, Evaluation & Study Committee		
AD: Survey - Employer Survey Item: How well BSN graduate delivers safe care through system effectiveness and individual performance (1= very poorly, 2 = poorly, 3 = well, 4 = very well, NA = not applicable, e.g., does not perform outcome, or outcome not applicable to current role). Target: 75% of respondents will report that BSN graduate delivers safe care through system effectiveness and individual performance well or very well. Timeframe: Annually Responsible Parties: CIRE, Evaluation & Study Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 BSN CAP report. (08/01/2018)	
AD: Survey - Alumni Survey Item: How often in current professional nursing practice you deliver safe care through system effectiveness and individual performance (1= not at all, 2 = rarely, 3 = some of the time, 4 = most of the time, NA = not applicable, e.g., not working in a BSN nursing role, or outcome not applicable to current role). Target: 75% of respondents will	2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 BSN CAP report.	

AU Outcome: BSN 9.0 Safe Care

Measures	Results	Actions
report that they deliver safe care		
through system effectiveness and		
individual performance some or		
most of the time in current		
professional nursing practice .		
Timeframe: Annually		
Responsible Parties: CIRE,		
Evaluation & Study Committee		
AD: Survey - Employer Survey Item:	Reporting Year: 2017 - 2018 (Year 4)	
How often BSN graduate delivers	Target Met: NA	
safe care through system	Survey of 2016-2017 graduates and their employers was not administered during the 2017-	
effectiveness and individual	2018 academic year. These graduates and their employers will be surveyed during the 2018-	
performance (1= not at all, 2 =	2019 academic year and the results will be included in the 2018-2019 BSN CAP report.	
rarely, 3 = some of the time, 4 =	(08/01/2018)	
most of the time, NA = not		
applicable, e.g., not working in a BSN		
nursing role, or outcome not		
applicable to current role).		
Target: 75% of respondents will		
report that BSN graduate delivers		
safe care through system		
effectiveness and individual		
performance some or most of the		
time in current professional nursing		
practice .		
Timeframe: Annually		
Responsible Parties: CIRE,		
Evaluation & Study Committee		

AU Outcome: BSN 10.0 Synthesis of Knowledge

Synthesize knowledge from liberal and baccalaureate nursing education to guide generalist practice. Outcome Status: Active Start Date: 08/01/2014

AU Outcome: BSN 10.0 Synthesis of Knowledge

Measures	Results	Actions
SL: Didactic - RN-NU 497 EBP Project Target: 100% of students will achieve at least 73% on EBP project Timeframe: Annually (starting 2019- 2020; assessed Year 4 prior to 2019- 2020) Responsible Parties: BSN Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4)Target Met: NoThe EBP project was incorporated into the new NU 497 course with some revisions to the assignment that required students to apply knowledge from their previous RN-BSN course work that reflects the desired outcome.Fall 2017: 4/5 students scored > 73% on the EBP project.Spring 2018 9/10 students scored > 73% on the EBP project.The decline in target achievement was a direct result of application of the late assignment policy which resulted in significant point deductions bringing the students percentage below 73%. (12/13/2018)Related Documents: Outcome 10 RN NU 497 EBP Project Summary.doc	Action: In order to meet this outcome in the future, the continued use of sequential assignments that walk the student through the components of applying an evidence based practice model process should contribute to the students' success in meeting the target. (12/13/2018)
AD: Survey - Alumni Survey Item: How well BSN education prepared you to synthesize knowledge from liberal and baccalaureate nursing education to guide generalist practice (1= very poorly, 2 = poorly, 3 = well, 4 = very well).	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 BSN CAP report. (08/01/2018)	
Target: 75% of respondents will report that their BSN education prepared them well or very well to synthesize knowledge from liberal and baccalaureate nursing education to guide generalist practice. Timeframe: Annually Responsible Parties: CIRE, Evaluation & Study Committee		
AD: Survey - Employer Survey Item: How well BSN graduate synthesizes	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA	

AU Outcome: BSN 10.0 Synthesis of Knowledge

Measures	Results	Actions
knowledge from liberal and baccalaureate nursing education to guide generalist practice (1= very poorly, 2 = poorly, 3 = well, 4 = very well, NA = not applicable, e.g., does not perform outcome, or outcome not applicable to current role).	Survey of 2016-2017 graduates and their employers was not administered during the 2017-2018 academic year. These graduates and their employers will be surveyed during the 2018-2019 academic year and the results will be included in the 2018-2019 BSN CAP report. (08/01/2018)	
Target: 75% of respondents will report that BSN graduate synthesizes knowledge from liberal and baccalaureate nursing education to guide generalist practice well or very well. Timeframe: Annually Responsible Parties: CIRE,		
Evaluation & Study Committee		
AD: Survey - Alumni Survey Item: How often in professional nursing practice you synthesize knowledge from liberal and baccalaureate nursing education to guide generalist practice (1= not at all, 2 = rarely, 3 = some of the time, 4 = most of the time, NA = not applicable, e.g., not working in a BSN nursing role, or outcome not applicable to current role). Target: 75% of respondents will report that they synthesize knowledge from liberal and baccalaureate nursing education to guide generalist practice some or most of the time in current	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 BSN CAP report. (08/01/2018)	

AU Outcome: BSN 10.0 Synthesis of Knowledge

Measures	Results	Actions
professional nursing practice. Timeframe: Annually Responsible Parties: CIRE, Evaluation & Study Committee		
AD: Survey - Employer Survey Item: How often BSN graduate synthesizes knowledge from liberal and baccalaureate nursing education to guide generalist practice (1= not at all, 2 = rarely, 3 = some of the time, 4 = most of the time, NA = not applicable, e.g., not working in a BSN nursing role, or outcome not applicable to current role). Target: 75% of respondents will report that BSN graduate synthesizes knowledge from liberal and baccalaureate nursing education to guide generalist practice some or most of the time in current professional nursing practice. Timeframe: Annually Responsible Parties: CIRE, Evaluation & Study Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 BSN CAP report. (08/01/2018)	

Program (Nursing) - Doctor of Nursing Practice (DNP)

AU Outcome: DNP 1.0

Practice at the highest level of nursing through integration and application of nursing science in clinical practice, management, and education **Outcome Status:** Active

Measures	Results	Actions

AU Outcome: DNP 1.0

Measures	Results	Actions
SL: Summative Evaluation - Practice at the highest level of nursing through integration and application of nursing science in clinical practice, management, and education Target: 100% of students achieve an acceptable level (1) on a scale of 0-2 Timeframe: Annually upon program completion Responsible Parties: Assistant Dean, Graduate Nursing /Graduate Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 100% (3 of 3) students achieved an acceptable level or above on all criteria included in the DNP Summative Evaluation. This is consistent with 2016-2017 results when 2 of 2 students (100%) achieved acceptable or above ratings on all criteria on the DNP Summative Evaluation. Considering that the summative evaluation is completed upon program completion, it is to be expected that all students would demonstrate achievement of program outcomes as reflected in summative evaluation tool. (10/09/2018)	Action: Will continue to monitor this target since the number of DNF graduates remains low and it is essential to assure graduates have documented achievement of program outcomes. (10/09/2018)
AD: Survey - DNP Alumni Survey: Graduate perceptions of how well their DNP education prepared them to practice at the highest level of nursing through integration and application of nursing science in clinical practice, management, and education (very poorly, poorly, well, very well). Target: 75% of respondents will report that their DNP education prepared them to practice at the highest level of nursing through integration and application of nursing science in clinical practice, management, and education well or very well. Timeframe: Annually Responsible Parties: Evaluation & Study Committee/CIRE	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 DNP CAP report. (08/01/2018)	

AU	Outcome:	DNP	1.0
	outcomen		1.0

Measures	Results	Actions
Survey: Employer perceptions of how well graduates practice at the highest level of nursing through integration and application of nursing science in clinical practice, management, and education (very poorly, poorly, well, very well). Target: 75% of respondents will report that DNP graduate practices at the highest level of nursing through integration and application of nursing science in clinical practice, management, and education well or very well. Timeframe: Annually Responsible Parties: Evaluation & Study Committee/CIRE	Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 DNP CAP report. (08/01/2018)	
AD: Survey - DNP Alumni Survey: Graduate perceptions of how often they practice at the highest level of nursing through integration and application of nursing science in clinical practice, management, and education (not at all, rarely, some of the time, most of the time). Target: 75% of respondents will report that they practice at the highest level of nursing through integration and application of nursing science in clinical practice, management, and education some or most of the time. Timeframe: Annually Responsible Parties: Evaluation &	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 DNP CAP report. (08/01/2018)	

AU Outcome: DNP 1.0

Measures	Results	Actions
Study Committee/CIRE		
AD: Survey - DNP Alumni Employer Survey: Employer perceptions of how often graduates practice at the highest level of nursing through integration and application of nursing science in clinical practice, management, and education (not at all, rarely, some of the time, most of the time). Target: 75% of respondents will report that graduates practice at the highest level of nursing through integration and application of nursing science in clinical practice, management, and education some or most of the time. Timeframe: Annually Responsible Parties: Evaluation & Study Committee/CIRE	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 DNP CAP report. (08/01/2018)	
SL: Didactic - NU710 Advanced Theory Final Theory Application assignment Target: 100% of students will achieve 73% or higher on Final Theory Application assignment Timeframe: Each time course is offered Responsible Parties: Graduate Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 5 of 6 students (83%) achieved 73% or higher on the final Theory Application assignment; however, 6 of 6 students completing the assignment (100%) achieved 73% or higher on the assignment. (One student stopped course participation at a date too late to withdraw from the course). This result is consistent with the previous reporting time period (2015-2016) when 6 of 6 students (100%) achieved 73% or higher on the assignment. The previous action plan was to evaluate results of this measure at next course offering. (10/09/2018)	Action: Will discontinue this measure as the NU710 course will not be taught again due to DNP curriculum revision. (10/09/2018)

AU Outcome: DNP 2.0

Demonstrate organizational and systems leadership to advance quality improvement and systems change **Outcome Status:** Active

AU Outcome: DNP 2.0

Measures	Results	Actions
SL: Summative Evaluation - Demonstrate organizational and systems leadership to advance quality improvement and systems change Target: 100% of students achieve an acceptable level (1) on a scale of 0-2 Timeframe: Annually upon program completion Responsible Parties: Assistant Dean, Graduate Nursing /Graduate Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 100% (3 of 3) students achieved an acceptable level or above on this criterion of the DNP Summative Evaluation. This is consistent with 2016-2017 results when 2 of 2 students (100%) achieved acceptable or above ratings on this criterion of the DNP Summative Evaluation. Considering that the summative evaluation is completed upon program completion, it is to be expected that all students would demonstrate achievement of program outcomes as reflected in summative evaluation tool. (10/09/2018)	Action: Will continue to monitor this target since the number of DNP graduates remains low and it is essential to assure graduates have documented achievement of program outcomes. (10/09/2018)
SL: Didactic - NU720 Quality Outcomes for Organizations and Systems CQI Analysis Paper Target: 100% of students will achieve 73% or higher on CQI Analysis Paper Timeframe: Each time course is offered Responsible Parties: Graduate Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 100% (6 of 6) students achieved 73% or higher on the CQI Analysis Paper assignment after integration of additional course lectures per previous action plan. This is consistent with results from the last reporting period (2015-2016) when 100% of students achieved the target of 73% on this assignment. (10/09/2018)	Action: In order to continue to meet the target for all groups next offering, will begin offering Panopto recordings to enhance student understanding of material. (10/09/2018)
AD: Survey - DNP Alumni Survey: Graduate perceptions of how well their DNP education prepared them to demonstrate organizational and systems leadership to advance quality improvement and systems change (very poorly, poorly, well, very well). Target: 75% of respondents will report that their DNP education prepared them well or very well to demonstrate organizational and	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 DNP CAP report. (08/01/2018)	

AU Outcome: DNP 2.0

Measures	Results	Actions
systems leadership to advance quality improvement and systems change Timeframe: Annually Responsible Parties: Evaluation & Study Committee/CIRE		
AD: Survey - DNP Alumni Employer Survey: Employer perceptions of how well DNP graduates demonstrate organizational and systems leadership to advance quality improvement and systems change (very poorly, poorly, well, very well). Target: 75% of respondents will report that DNP graduates demonstrate organizational and systems leadership to advance quality improvement and systems change well or very well. Timeframe: Annually Responsible Parties: Evaluation & Study Committee/CIRE	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 DNP CAP report. (08/01/2018)	
AD: Survey - DNP Alumni Survey: Graduate perceptions of how often they demonstrate organizational and systems leadership to advance quality improvement and systems change (not at all, rarely, some of the time, most of the time). Target: 75% of respondents will report that they demonstrate organizational and systems leadership to advance quality	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 DNP CAP report. (08/01/2018)	

AU Outcome: DNP 2.0

Measures	Results	Actions
improvement and systems change some or most of the time. Timeframe: Annually Responsible Parties: Evaluation & Study Committee/CIRE		
AD: Survey - DNP Alumni Employer Survey: Employer perceptions of how often DNP graduates demonstrate organizational and systems leadership to advance quality improvement and systems change (not at all, rarely, some of the time, most of the time). Target: 75% of respondents will report that graduates demonstrate organizational and systems leadership to advance quality improvement and systems change some or most of the time. Timeframe: Annually Responsible Parties: Evaluation & Study Committee/CIRE	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 DNP CAP report. (08/01/2018)	

AU Outcome: DNP 3.0

Apply analytical methods and research to develop best practices and practice guidelines **Outcome Status:** Active

Measures	Results	Actions
SL: Summative Evaluation - Apply analytical methods and research to develop best practices and practice guidelines Target: 100% of students achieve an acceptable level (1) on a scale of 0-2	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 100% (3 of 3) students achieved an acceptable level or above on this criterion of the DNP Summative Evaluation. This is consistent with 2016-2017 results when 2 of 2 students (100%) achieved acceptable or above ratings on this criterion of the DNP Summative Evaluation.	Action: Will continue to monitor this target since the number of DNP graduates remains low and it is essential to assure graduates have documented achievement of

AU Outcome: DNP 3.0

Measures	Results	Actions
Timeframe: Annually upon program completion	Considering that the summative evaluation is completed upon program completion, it is to be expected that all students would demonstrate achievement of program outcomes as reflected in summative evaluation tool. (10/09/2018)	program outcomes. (10/09/2018)
Responsible Parties: Assistant Dean, Graduate Nursing /Graduate Curriculum Committee		
AD: Survey - DNP Alumni Survey: Graduate perceptions of how well their DNP education prepared them to apply analytical methods and research to develop best practices and practice guidelines (very poorly, poorly, well, very well). Target: 75% of respondents will report that their DNP education prepared them to apply analytical methods and research to develop best practices and practice guidelines well or very well. Timeframe: Annually Responsible Parties: Evaluation & Study Committee/CIRE	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 DNP CAP report. (08/01/2018)	
AD: Survey - DNP Alumni Employer Survey: Employer perceptions of how well DNP graduates apply analytical methods and research to develop best practices and practice guidelines (very poorly, poorly, well, very well). Target: 75% of respondents will report that DNP graduates apply analytical methods and research to develop best practices and practice guidelines well or very well.	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 DNP CAP report. (08/01/2018)	

AU Outcome: DNP 3.0

Measures	Results	Actions
Timeframe: Annually Responsible Parties: Evaluation & Study Committee/CIRE		
AD: Survey - DNP Alumni Survey: Graduates perceptions of how often they apply analytical methods and research to develop best practices and practice guidelines (not at all, rarely, some of the time, most of the time). Target: 75% of respondents will report that they apply analytical methods and research to develop best practices and practice guidelines some or most of the time. Timeframe: Annually Responsible Parties: Evaluation & Study Committee/CIRE	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 DNP CAP report. (08/01/2018)	
AD: Survey - DNP Alumni Employer Survey: Employer perceptions of how often DNP graduates apply analytical methods and research to develop best practices and practice guidelines (not at all, rarely, some of the time, most of the time). Target: 75% of respondents will report that graduates apply analytical methods and research to develop best practices and practice guidelines some or most of the time. Timeframe: Annually Responsible Parties: Evaluation & Study Committee/CIRE	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 DNP CAP report. (08/01/2018)	

AU Outcome: DNP 3.0

Measures	Results	Actions
SL: Didactic - NU740 Analytical Methods for Evidence-Based Practice Critique of DNP Sample Project final exam Target: 100% of students will achieve 80% or higher on the Critique of DNP Sample Project final exam Timeframe: Each time course is offered Responsible Parties: Graduate Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 100% (5 of 5) students achieved 80% or higher on the Critique of DNP Sample Project final exam as faculty continued to provide course content necessary to support development of the DNP Scholarly Project per previous action plan. This is consistent with results from the last reporting period (2015-2016) when 100% of students achieved the target of 80% on this assignment. (10/09/2018)	Action: In order to continue to meet this target for all groups in the next course offering, will include a specific DNP sample projects for all students to critique (including poor examples) to facilitate success on the assignment and provide the ability for the students to provide peer feedback. (10/09/2018)

AU Outcome: DNP 4.0

Use information systems and technology-based resources to support clinical and administrative decision making and to improve the health care of individuals, families and populations

Outcome Status: Active

Measures	Results	Actions
SL: Summative Evaluation - Use information systems and technology-based resources to support clinical and administrative decision making and to improve the health care of individuals, families and populations Target: 100% of students achieve an acceptable level (1) on a scale of 0-2 Timeframe: Annually upon program completion Responsible Parties: Assistant Dean, Graduate Nursing /Graduate Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 100% (3 of 3) students achieved an acceptable level or above on this criterion of the DNP Summative Evaluation. This is consistent with 2016-2017 results when 2 of 2 students (100%) achieved acceptable or above ratings on this criterion of the DNP Summative Evaluation. Considering that the summative evaluation is completed upon program completion, it is to be expected that all students would demonstrate achievement of program outcomes as reflected in summative evaluation tool. (10/09/2018)	Action: Will continue to monitor this target since the number of DNP graduates remains low and it is essential to assure graduates have documented achievement of program outcomes. (10/09/2018)
AD: Survey - DNP Alumni Survey:	Reporting Year: 2017 - 2018 (Year 4)	

AU	Outcome:	DNP	4.0
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Measures	Results	Actions
Graduate perceptions of how well their DNP education prepared them to use information systems and technology-based resources to support clinical and administrative decision making and to improve the health care of individuals, families and populations (very poorly, poorly, well, very well). Target: 75% of respondents will report that their DNP education prepared them to use information systems and technology-based resources to support clinical and administrative decision making and to improve the health care of individuals, families and populations well or very well. Timeframe: Annually Responsible Parties: Evaluation & Study Committee/CIRE	Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 DNP CAP report. (08/01/2018)	
AD: Survey - DNP Alumni Employer Survey: Employer perceptions of how well DNP graduates use information systems and technology-based resources to support clinical and administrative decision making and to improve the health care of individuals, families and populations (very poorly, poorly, well, very well). Target: 75% of respondents will report that DNP graduates use information systems and	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 DNP CAP report. (08/01/2018)	

AU Outcome: DNP 4.0

Measures	Results	Actions
technology-based resources to support clinical and administrative decision making and to improve the health care of individuals, families and populations well or very well. Timeframe: Annually Responsible Parties: Evaluation & Study Committee/CIRE		
AD: Survey - DNP Alumni Survey: Graduates perceptions of how often they use information systems and technology-based resources to support clinical and administrative decision making and to improve the health care of individuals, families and populations (not at all, rarely, some of the time, most of the time). Target: 75% of respondents will report that they use information systems and technology-based resources to support clinical and administrative decision making and to improve the health care of individuals, families and populations some or most of the time. Timeframe: Annually Responsible Parties: Evaluation & Study Committee/CIRE	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 DNP CAP report. (08/01/2018)	
AD: Survey - DNP Alumni Employer Survey: Employer perceptions of how often DNP graduates apply analytical methods and research to develop best practices and practice guidelines (not at all, rarely, some of	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 DNP CAP report. (08/01/2018)	

AU Outcome: DNP 4.0

Measures	Results	Actions
the time, most of the time). Target: 75% of respondents will report that graduates use information systems and technology-based resources to support clinical and administrative decision making and to improve the health care of individuals, families and populations some or most of the time. Timeframe: Annually Responsible Parties: Evaluation & Study Committee/CIRE		
SL: Didactic - NU541 Health Care Informatics WWW Evaluation assignment Target: 100% of students will achieve 85% or higher on the WWW Evaluation assignment Timeframe: Each time course is offered Responsible Parties: Graduate Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Not evaluated as no students took NU541 during the 2017-2018 academic year. (10/09/2018)	Action: Evaluate this target/measure the next time DNP students take the NU541 course. (10/09/2018)

AU Outcome: DNP 5.0

Advocate for healthcare change through policy development and evaluation. **Outcome Status:** Active

Measures	Results	Actions
SL: Summative Evaluation - Advocate for healthcare change through policy development and evaluation. Target: 100% of students achieve an	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 100% (3 of 3) students achieved an acceptable level or above on this criterion of the DNP Summative Evaluation. This is consistent with 2016-2017 results when 2 of 2 students (100%) achieved acceptable or above ratings on this criterion of the DNP Summative Evaluation.	Action: Will continue to monitor this target since the number of DNP graduates remains low and it is essential to assure graduates have

AU Outcome: DNP 5.0

Measures	Results	Actions
acceptable level (1) on a scale of 0-2 Timeframe: Annually upon program completion	Considering that the summative evaluation is completed upon program completion, it is to be expected that all students would demonstrate achievement of program outcomes as reflected in summative evaluation tool. (10/09/2018)	documented achievement of program outcomes. (10/09/2018)
Responsible Parties: Assistant Dean, Graduate Nursing /Graduate Curriculum Committee		
AD: Survey - DNP Alumni Survey: Graduate perceptions of how well their DNP education prepared them to advocate for healthcare change through policy development and evaluation (very poorly, poorly, well, very well). Target: 75% of respondents will report that their DNP education prepared them to advocate for healthcare change through policy development and evaluation well or very well. Timeframe: Annually Responsible Parties: Evaluation & Study Committee/CIRE	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 DNP CAP report. (08/01/2018)	
AD: Survey - DNP Alumni Employer Survey: Employer perceptions of how well DNP graduates advocate for healthcare change through policy development and evaluation (very poorly, poorly, well, very well). Target: 75% of respondents will report that DNP graduates advocate for healthcare change through policy development and evaluation well or very well.	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 DNP CAP report. (08/01/2018)	

AU Outcome: DNP 5.0

Measures	Results	Actions
Timeframe: Annually Responsible Parties: Evaluation & Study Committee/CIRE		
AD: Survey - DNP Alumni Survey: Graduates perceptions of how often they advocate for healthcare change through policy development and evaluation (not at all, rarely, some of the time, most of the time). Target: 75% of respondents will report that they advocate for healthcare change through policy development and evaluation some or most of the time. Timeframe: Annually Responsible Parties: Evaluation & Study Committee/CIRE	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 DNP CAP report. (08/01/2018)	
AD: Survey - DNP Alumni Employer Survey: Employer perceptions of how often DNP graduates advocate for healthcare change through policy development and evaluation (not at all, rarely, some of the time, most of the time). Target: 75% of respondents will report that graduates advocate for healthcare change through policy development and evaluation some or most of the time. Timeframe: Annually Responsible Parties: Evaluation & Study Committee/CIRE	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 DNP CAP repor (08/01/2018)	
SL: Didactic - NU810 Health Care	Reporting Year: 2017 - 2018 (Year 4)	Action: Will discontinue this

AU Outcome: DNP 5.0

Measures	Results	Actions
Economics, Finance, and Policy Health Care Policy White Paper assignment Target: 100% of students will achieve 80% or higher on the Health Care Policy White Paper assignment Timeframe: Each time course is offered Responsible Parties: Graduate Curriculum Committee	Target Met: NA This measure was not addressed as NU810 was not offered during the 2017-2018 academic year. (10/09/2018)	measure as the NU810 course will not be taught again due to DNP curriculum revision. (10/09/2018)

AU Outcome: DNP 6.0

Assume leadership roles in interprofessional collaboration to improve the health outcomes of individuals, families, and populations **Outcome Status:** Active

Measures	Results	Actions
 SL: Summative Evaluation - Assume leadership roles in interprofessional collaboration to improve the health outcomes of individuals, families, and populations Target: 100% of students achieve an acceptable level (1) on a scale of 0-2 Timeframe: Annually upon program completion Responsible Parties: Assistant Dean, Graduate Nursing /Graduate Curriculum Committee 	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 100% (3 of 3) students achieved an acceptable level or above on this criterion of the DNP Summative Evaluation. This is consistent with 2016-2017 results when 2 of 2 students (100%) achieved acceptable or above ratings on this criterion of the DNP Summative Evaluation. Considering that the summative evaluation is completed upon program completion, it is to be expected that all students would demonstrate achievement of program outcomes as reflected in summative evaluation tool. (10/09/2018)	Action: Will continue to monitor this target since the number of DNP graduates remains low and it is essential to assure graduates have documented achievement of program outcomes. (10/09/2018)
SL: Didactic - NU750 Leadership and Collaboration Service-Learning Project assignment Target: 100% of students will achieve 80% or higher on the	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA This measure was not evaluated as no students took NU750 during the 2017-2018 academic year. (10/09/2018)	Action: This measure will be evaluated the next time the course is offered (2018-2019) academic year. (10/09/2018)

AU Outcome: DNP 6.0

Measures	Results	Actions
Service-Learning Project assignment Timeframe: Each time course is offered Responsible Parties: Graduate Curriculum Committee		
AD: Survey - DNP Alumni Survey: Graduate perceptions of how well their DNP education prepared them to assume leadership roles in interprofessional collaboration to improve the health outcomes of individuals, families, and populations (very poorly, poorly, well, very well). Target: 75% of respondents will report that their DNP education prepared them to assume leadership roles in interprofessional collaboration to improve the health outcomes of individuals, families, and populations well or very well. Timeframe: Annually Responsible Parties: Evaluation & Study Committee/CIRE	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 DNP CAP report. (08/01/2018)	
AD: Survey - DNP Alumni Employer Survey: Employer perceptions of how well DNP graduates assume leadership roles in interprofessional collaboration to improve the health outcomes of individuals, families, and populations (very poorly, poorly, well, very well). Target: 75% of respondents will report that DNP graduates assume leadership roles in interprofessional	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 DNP CAP report. (08/01/2018)	

AU Outcome: DNP 6.0

Measures	Results	Actions
collaboration to improve the health outcomes of individuals, families, and populations well or very well. Timeframe: Annually Responsible Parties: Evaluation & Study Committee/CIRE		
AD: Survey - DNP Alumni Survey: Graduates perceptions of how often they assume leadership roles in interprofessional collaboration to improve the health outcomes of individuals, families, and populations (not at all, rarely, some of the time, most of the time). Target: 75% of respondents will report that they assume leadership roles in interprofessional collaboration to improve the health outcomes of individuals, families, and populations some or most of the time. Timeframe: Annually Responsible Parties: Evaluation & Study Committee/CIRE	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 DNP CAP report. (08/01/2018)	
AD: Survey - DNP Alumni Employer Survey: Employer perceptions of how often DNP graduates assume leadership roles in interprofessional collaboration to improve the health outcomes of individuals, families, and populations (not at all, rarely, some of the time, most of the time). Target: 75% of respondents will report that graduates assume	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 DNP CAP report. (08/01/2018)	

AU Outcome: DNP 6.0

Measures	Results	Actions
leadership roles in interprofessional collaboration to improve the health outcomes of individuals, families, and populations some or most of the time. Timeframe: Annually Responsible Parties: Evaluation & Study Committee/CIRE		

AU Outcome: DNP 7.0

Incorporate a firm conceptual foundation for clinical prevention and population health.

Outcome Status: Active

Measures	Results	Actions
SL: Summative Evaluation - Incorporate a firm conceptual foundation for clinical prevention and population health. Target: 100% of students achieve an acceptable level (1) on a scale of 0-2 Timeframe: Annually upon program completion Responsible Parties: Assistant Dean, Graduate Nursing /Graduate Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 100% (3 of 3) students achieved an acceptable level or above on this criterion of the DNP Summative Evaluation. This is consistent with 2016-2017 results when 2 of 2 students (100%) achieved acceptable or above ratings on this criterion of the DNP Summative Evaluation. Considering that the summative evaluation is completed upon program completion, it is to be expected that all students would demonstrate achievement of program outcomes as reflected in summative evaluation tool. (10/09/2018)	Action: Will continue to monitor this target since the number of DNP graduates remains low and it is essential to assure graduates have documented achievement of program outcomes. (10/09/2018)
AD: Survey - DNP Alumni Survey: Graduate perceptions of how well their DNP education prepared them to incorporate a firm conceptual foundation for clinical prevention and population health (very poorly,	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 DNP CAP report. (08/01/2018)	
poorly, well, very well). Target: 75% of respondents will	Reporting Year: 2017 - 2018 (Year 4)	

Measures	Results	Actions
report that their DNP education prepared them to incorporate a firm conceptual foundation for clinical prevention and population health well or very well. Timeframe: Annually Responsible Parties: Evaluation & Study Committee/CIRE	Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 DNP CAP report. (08/01/2018)	
AD: Survey - DNP Alumni Employer Survey: Employer perceptions of how well DNP graduates incorporate a firm conceptual foundation for clinical prevention and population health (very poorly, poorly, well, very well). Target: 75% of respondents will report that DNP graduates incorporate a firm conceptual foundation for clinical prevention and population health well or very well. Timeframe: Annually Responsible Parties: Evaluation & Study Committee/CIRE	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 DNP CAP report. (08/01/2018)	
AD: Survey - DNP Alumni Survey: Graduates perceptions of how often they incorporate a firm conceptual foundation for clinical prevention and population health (not at all, rarely, some of the time, most of the time). Target: 75% of respondents will report that they incorporate a firm conceptual foundation for clinical	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 DNP CAP report. (08/01/2018)	

AU Outcome: DNP 7.0

Measures	Results	Actions
prevention and population health some or most of the time. Timeframe: Annually Responsible Parties: Evaluation & Study Committee/CIRE		
AD: Survey - DNP Alumni Employer Survey: Employer perceptions of how often DNP graduates incorporate a firm conceptual foundation for clinical prevention and population health (not at all, rarely, some of the time, most of the time). Target: 75% of respondents will report that graduates incorporate a firm conceptual foundation for clinical prevention and population health some or most of the time. Timeframe: When course offered Responsible Parties: Evaluation & Study Committee/CIRE	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 DNP CAP report. (08/01/2018)	
SL: Didactic - NU730 Clinical Prevention and Population Health Health Disparities Presentation assignment Target: 100% of students will achieve 80% or higher on Health Disparities Presentation assignment Timeframe: Each time course is offered Responsible Parties: Graduate Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 100% (11 of 11) students achieved 80% or higher on the Clinical Prevention and Population Health-Health Disparities Presentation assignment after evaluation of textbook and teaching strategies per previous action plan. Students were engaged and had positive feedback on course activities and overall course content. These results are consistent with results from the last reporting period (2015-2016) when 100% of students achieved the target of 80% on this assignment. (10/09/2018)	Action: Will discontinue this measure as the NU730 course will not be taught again due to DNP curriculum revision. (10/09/2018)

AU Outcome: DNP 8.0

AU Outcome: DNP 8.0

Synthesize advanced practice nursing knowledge and competencies into the practice role. **Outcome Status:** Active

Measures	Results	Actions
SL: Summative Evaluation - Synthesize advanced practice nursing knowledge and competencies into the practice role. Target: 100% of students achieve an acceptable level (1) on a scale of 0-2 Timeframe: Annually upon program completion Responsible Parties: Assistant Dean, Graduate Nursing /Graduate Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 100% (3 of 3) students achieved an acceptable level or above on this criterion of the DNP Summative Evaluation. This is consistent with 2016-2017 results when 2 of 2 students (100%) achieved acceptable or above ratings on this criterion of the DNP Summative Evaluation. Considering that the summative evaluation is completed upon program completion, it is to be expected that all students would demonstrate achievement of program outcomes as reflected in summative evaluation tool. (10/09/2018)	Action: Will continue to monitor this target since the number of DNP graduates remains low and it is essential to assure graduates have documented achievement of program outcomes. (10/09/2018)
AD: Survey - DNP Alumni Survey: Graduate perceptions of how well their DNP education prepared them to synthesize advanced practice nursing knowledge and competencies into the practice role (very poorly, poorly, well, very well). Target: 75% of respondents will report that their DNP education prepared them to synthesize advanced practice nursing knowledge and competencies into the practice role well or very well. Timeframe: Annually Responsible Parties: Evaluation & Study Committee/CIRE	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 DNP CAP report. (08/01/2018)	
AD: Survey - DNP Alumni Employer Survey: Employer perceptions of how well DNP graduates synthesize advanced practice nursing knowledge and competencies into	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 DNP CAP report.	

AU Outcome: DNP 8.0

Measures	Results	Actions
the practice role (very poorly, poorly, well, very well). Target: 75% of respondents will report that DNP graduates synthesize advanced practice nursing knowledge and competencies into the practice role well or very well. Timeframe: Annually Responsible Parties: Evaluation &	(08/01/2018)	
Study Committee/CIRE AD: Survey - DNP Alumni Survey: Graduates perceptions of how often they synthesize advanced practice nursing knowledge and competencies into the practice role (not at all, rarely, some of the time, most of the time). Target: 75% of respondents will report that they synthesize advanced practice nursing knowledge and competencies into the practice role some or most of the time. Timeframe: Annually Responsible Parties: Evaluation & Study Committee/CIRE	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 DNP CAP report. (08/01/2018)	
AD: Survey - DNP Alumni Employer Survey: Employer perceptions of how often DNP graduates synthesize advanced practice nursing knowledge and competencies into the practice role (not at all, rarely, some of the time, most of the time).	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 DNP CAP report. (08/01/2018)	

AU Outcome: DNP 8.0

Measures	Results	Actions
Target: 75% of respondents will report that graduates synthesize advanced practice nursing knowledge and competencies into the practice role some or most of the time. Timeframe: Annually Responsible Parties: Evaluation & Study Committee/CIRE		

Program (Nursing) - Master of Science in Nursing (MSN)

AU Outcome: MSN 1.0

Synthesize knowledge from nursing science and related disciplines in order to develop a foundation to guide practice. **Outcome Status:** Active

Measures	Results	Actions
AD: Survey - MSN Alumni Survey How well MSN graduates perceive that their MSN education prepared them to synthesize knowledge from nursing science and related disciplines in order to develop a foundation to guide practice (very poorly, poorly, well, very well).	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates was not administered. It will be administered fall 2018. (01/18/2019)	
Target: 75% of respondents will report feeling well or very well prepared to synthesize knowledge from nursing science and related disciplines in order to develop a foundation to guide practice. Timeframe: Annually		

AU Outcome: MSN 1.0

Measures	Results	Actions
Responsible Parties: Evaluation & Study Committee		
AD: Survey - MSN Alumni Survey How often MSN graduates synthesizes knowledge from nursing science and related disciplines in order to develop a foundation to guide practice (not at all, rarely, some of the time, most of the time).	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates was not administered. It will be administered fall 2018. (01/18/2019)	
Target: 75% of respondents will report that they synthesize knowledge from nursing science and related disciplines in order to develop a foundation to guide practice some or most of the time. Timeframe: Annually Responsible Parties: Evaluation & Study Committee		
AD: Survey - MSN Graduate Employer SurveyHow well employers perceive that MSN graduates synthesize knowledge from nursing science and related disciplines in order to develop a foundation to guide practice (very poorly, poorly, well, very well). Target: 75% of employers will report that MSN graduates provide organizational and systems leadership in practice, service, and scholarship well or very well. Timeframe: Annually Responsible Parties: Evaluation &	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Structured survey was not administered. Feedback was obtained from MSN Advisory Group, November 2017. Employers of 2016-2017 graduates will be surveyed fall 2018. (01/18/2019)	

AU Outcome: MSN 1.0

Measures	Results	Actions
Study Committee, CIRE		
AD: Survey - MSN Graduate Employer SurveyHow often MSN graduate synthesizes knowledge from nursing science and related disciplines in order to develop a foundation to guide practice (not at all, rarely, some of the time, most of the time).	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Structured survey was not administered. Feedback was obtained from MSN Advisory Group, November 2017. Employers of 2016-2017 graduates will be surveyed fall 2018. (01/18/2019)	
Target: 75% of respondents will report that MSN graduates synthesize knowledge from nursing science and related disciplines in order to develop a foundation to guide practice some or most of the time. Timeframe: Annually Responsible Parties: Evaluation & Study Committee		
SL: Didactic - NU696 Graduate Seminar II Paper 3 Target: 100% of students achieve 73% or higher on Paper 3 (Draft of MSN Graduate Project Proposal). Timeframe: Annually Responsible Parties: Graduate Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: No Results were as follows: Summer 2017: 100% (20 of 20) achieved at least 73%, Fall 2017: 93% (13 of 14) achieved at least 73%, Spring 2018: 96% (26 of 27) achieved at least 73% 2017-2018 total: 96.7% (59 of 61) These results show some improvement from the rate of 95% that was achieved during the 2015-2016 academic year. It is believed that front loading more course content to allow students longer to write and revise this Paper III Draft of the MSN Graduate Project Proposal assignment has been effective in allowing more students to be successful. Note that one part of the action plan was to revise the target to read "100% of students completing assignment will achieve", however that change was not initiated during the last academic year. (10/12/2018)	Action: To meet this target with all groups next year, course faculty will simplify assignment instructions as much as possible. In addition, will work to provide more balance in due dates for assignments across semester to allow more time for revision of final assignment prior to end of semester when possible. Finally, will reconsider revision to target to read "100% of students completing NU696 Graduate Seminar II Paper

AU Outcome: MSN 1.0

Measures	Results	Actions
		III will achieve 73% or higher." (10/12/2018)
SL: Clinical evaluation tool - Clinical Evaluations Target: 90% of students achieve an acceptable level (1) on all criteria on a scale of 0-2 Timeframe: Annually Responsible Parties: MSN Clinical Coordinator / Graduate Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 100% of students in NU600C (39 of 39), NU605C (43 of 43), NU610C (40 of 40), 615C (15 of 15), 620C (12 of 12), 625C (12 of 12), 652C (7 of 7), 670C (11 of 11) achieved an acceptable level (1) or better on all criteria on the Faculty Clinical Evaluation Tool. These data are consistent with findings from the 2016-2017 academic year when 100% of students in the majority of clinical courses also achieved (1) or better on all criteria on the Faculty Clinical Evaluation Tool (with exception of two courses in 2016-2017 where 92-98% of students achieved target on this measure). As indicated in the action plan, faculty members have documented contact with students and preceptors throughout the clinical courses to evaluate progress toward established outcomes, and used clinical case studies to facilitate critical thinking outcomes. (10/12/2018)	Action: To meet this target with all groups in the next academic year, course faculty will continue to evaluate student and preceptor ratings on all established criteria. Contact with preceptors and students will be maintained throughout the clinical course to evaluate progress toward outcomes. (10/12/2018)

AU Outcome: MSN 2.0

Provide organizational and systems leadership in practice, service and scholarship. **Outcome Status:** Active

Measures	Results	Actions
AD: Survey - MSN Alumni Survey How well MSN graduates perceive that their MSN education prepared them to provide organizational and systems leadership in practice, service and scholarship (very poorly, poorly, well, very well). Target: 75% of MSN graduates will report being well or very well prepared by their MSN education to provide organizational and systems leadership in practice, service and scholarship.	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates was not administered. It will be administered fall 2018. (01/18/2019)	

AU Outcome: MSN 2.0

Measures	Results	Actions
Timeframe: Annually Responsible Parties: Evaluation & Study Committee		
AD: Survey - MSN Alumni Survey How often MSN graduates provide organizational and systems leadership in practice, service, and scholarship (not at all, rarely, some of the time, most of the time). Target: 75% of MSN graduates will report that they provide organizational and systems leadership in practice, service, and scholarship some or most of the time. Timeframe: Annually Responsible Parties: Evaluation & Study Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates was not administered. It will be administered fall 2018. (01/18/2019)	
AD: Survey - MSN Employer Survey How well employers perceive that MSN graduates provide organizational and systems leadership in practice, service and scholarship (very poorly, poorly, well, very well). Target: 75% of employers will report that MSN graduates provide organizational and systems leadership in practice, service and scholarship well or very well. Timeframe: Annually Responsible Parties: Evaluation & Study Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Structured survey was not administered. Feedback was obtained from MSN Advisory Group, November 2017. Employers of 2016-2017 graduates will be surveyed fall 2018. (01/18/2019)	

AU Outcome: MSN 2.0

Measures	Results	Actions
AD: Survey - MSN Employer Survey How often employers perceive that MSN graduates provide organizational and systems leadership in practice, service, and scholarship (not at all, rarely, some of the time, most of the time). Target: 75% of employers will report that MSN graduates provide organizational and systems leadership in practice, service, and scholarship some or most of the time. Timeframe: Annually Responsible Parties: Evaluation & Study Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Structured survey was not administered. Feedback was obtained from MSN Advisory Group, November 2017. Employers of 2016-2017 graduates will be surveyed fall 2018. (01/18/2019)	
SL: Didactic - NU505 Nursing Leadership for Advanced Practice Leadership Development paper Target: 100% of students will achieve 73% or better on Leadership Development paper Timeframe: Annually Responsible Parties: Graduate Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: No Results were as follows: Fall 2017 - 100% (20 of 20) achieved at least 73% Spring 2017 - 95% (39 of 41) achieved at least 73% This reflects a total for the year of: 59/61 (96.7%), which is another improvement from the previous academic year (52/55; 95%). Note that one part of the action plan was to revise the target to read "100% of students completing assignment will achieve", however that change was not initiated during the last academic year. Faculty did revise rubric and add Panopto recording to provide additional guidance on assignment expectations. (10/12/2018)	Action: In order to better meet this target with all groups next year, course faculty will continue to offer timely and critical feedback to leadership draft papers. Consider earlier submission date for paper in order to get feedback to students quicker. In addition, the target wording will be revised to read "100% of students who complete the assignment will achieve 73% or better on the Leadership Development paper" or keep wording as is, but decrease target to more realistic 95%. (10/12/2018)

AU Outcome: MSN 3.0

AU Outcome: MSN 3.0

Apply quality principles to promote patient safety and positive individual and systems outcomes. **Outcome Status:** Active

Measures	Results	Actions
AD: Report - Internal - Graduate Project Evaluation Form - Item #3 Apply quality principles to promote patient safety and positive outcomes Target: 100% of students achieve an acceptable level (1) on both paper and presentation Timeframe: Annually Responsible Parties: Assistant Dean, Graduate Nursing / Graduate Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 52 of 52 (100%) of students achieved an acceptable level (1) on both paper and presentation. This is consistent with outcomes from all previous academic years and as expected for an end-of-program project that is guided by a faculty preceptor and approved prior to the final presentation. (10/12/2018)	Action: In order to continue to meet this target for all students, graduate project faculty advisers will maintain close working relationships with students as they plan, implement, and evaluate their evidence-based practice/quality improvement projects. This should assure a high quality presentation and summary paper at the end of the process. This is still perceived to be a valuable measure of student attainment of this outcome; maintain measure and target. (10/12/2018)
AD: Survey - MSN Alumni Survey How well MSN graduates perceive that their MSN education prepared them to apply quality principles to promote patient safety and positive individual and systems outcomes (very poorly, poorly, well, very well). Target: 75% of respondents will report feeling well or very well prepared to apply quality principles to promote patient safety and positive individual and systems outcomes. Timeframe: Annually Responsible Parties: Evaluation & Study Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates was not administered. It will be administered fall 2018. (01/18/2019)	

AU Outcome: MSN 3.0

Measures	Results	Actions
AD: Survey - MSN Alumni Survey How often MSN graduates apply quality principles to promote patient safety and positive individual and systems outcomes (not at all, rarely, some of the time, most of the time). Target: 75% of respondents will report applying quality principles to promote patient safety and positive individual and systems outcomes some or most of the time. Timeframe: Annually Responsible Parties: Evaluation & Study Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates was not administered. It will be administered fall 2018. (01/18/2019)	
AD: Survey - MSN Alumni Employer SurveyHow well MSN graduates apply quality principles to promote patient safety and positive individual and systems outcomes (very poorly, poorly, well, very well). Target: 75% of respondents will report MSN graduates apply quality principles to promote patient safety and positive individual and systems outcomes well or very well. Timeframe: Annually Responsible Parties: Evaluation & Study Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Structured survey was not administered. Feedback was obtained from MSN Advisory Group, November 2017. Employers of 2016-2017 graduates will be surveyed fall 2018. (01/18/2019)	
AD: Survey - MSN Alumni Employer SurveyHow often MSN graduates apply quality principles to promote patient safety and positive individual and systems outcomes (not at all, rarely, some of the time, most of the	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Structured survey was not administered. Feedback was obtained from MSN Advisory Group, November 2017. Employers of 2016-2017 graduates will be surveyed fall 2018. (01/18/2019)	

AU Outcome: MSN 3.0

Measures	Results	Actions
time). Target: 75% of respondents will report that MSN graduates apply quality principles to promote patient safety and positive individual and systems outcomes some or most of the time. Timeframe: Annually Responsible Parties: Evaluation & Study Committee		
SL: Clinical evaluation tool - Clinical Evaluations Target: 90% of students achieve an acceptable level (1) on all criteria on a scale of 0-2 Timeframe: Annually Responsible Parties: MSN Clinical Coordinator / Graduate Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 100% of students in NU600C (39 of 39), NU605C (43 of 43), NU610C (40 of 40), 615C (15 of 15), 620C (12 of 12), 625C (12 of 12), 652C (7 of 7), 670C (11 of 11) achieved an acceptable level (1) or better for the "Safety/Outcomes" criteria on the Faculty Clinical Evaluation Tool. These data are consistent with findings from the 2016-2017 academic year when 100% of students in the majority of clinical courses also achieved (1) or better for the "Safety/Outcomes" criteria on the Faculty Clinical Evaluation Tool. (exception of one course in 2016-2017 where 98% of students achieved target on this measure). As indicated in the action plan, faculty members have documented contact with students and preceptors throughout the clinical courses to evaluate progress toward established outcomes. (10/12/2018)	Action: In order to meet this target with all groups in the next academic year, course faculty will continue to evaluate student and preceptor ratings on all established criteria. Contact with preceptors and students will be maintained throughout the clinical course to evaluate progress toward outcomes. (10/12/2018)

AU Outcome: MSN 4.0

Use scholarly inquiry and evidence to advance the practice of nursing. **Outcome Status:** Active

Measures	Results	Actions
AD: Survey - MSN Alumni Survey How well MSN graduates perceive that their MSN education prepared them to use scholarly inquiry and evidence to advance the practice of	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates was not administered. It will be administered fall 2018. (01/18/2019)	

AU Outcome: MSN 4.0

Measures	Results	Actions
nursing (very poorly, poorly, well, very well). Target: 75% of respondents will report feeling well or very well prepared to use scholarly inquiry and evidence to advance the practice of nursing. Timeframe: Annually Responsible Parties: Evaluation & Study Committee		
AD: Survey - MSN Alumni Survey How often MSN graduates use scholarly inquiry and evidence to advance the practice of nursing (not at all, rarely, some of the time, most of the time). Target: 75% of respondents will report using scholarly inquiry and evidence to advance the practice of nursing some or most of the time. Timeframe: Annually Responsible Parties: Evaluation & Study Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates was not administered. It will be administered fall 2018. (01/18/2019)	
AD: Survey - MSN Alumni Employer SurveyHow well employers perceive that MSN graduates use scholarly inquiry and evidence to advance the practice of nursing (very poorly, poorly, well, very well). Target: 75% of respondents will report that MSN graduates use scholarly inquiry and evidence to advance the practice of nursing well or very well.	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Structured survey was not administered. Feedback was obtained from MSN Advisory Group, November 2017. Employers of 2016-2017 graduates will be surveyed fall 2018. (01/18/2019)	

AU Outcome: MSN 4.0

Measures	Results	Actions
Timeframe: Annually Responsible Parties: Evaluation & Study Committee		
AD: Survey - MSN Alumni Employer SurveyHow often employers perceive that MSN graduates use scholarly inquiry and evidence to advance the practice of nursing (not at all, rarely, some of the time, most of the time). Target: 75% of respondents will report that MSN graduates use scholarly inquiry and evidence to advance the practice of nursing some or most of the time. Timeframe: Annually Responsible Parties: Evaluation & Study Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Structured survey was not administered. Feedback was obtained from MSN Advisory Group, November 2017. Employers of 2016-2017 graduates will be surveyed fall 2018. (01/18/2019)	
SL: Didactic - NU540 Preliminary Literature Review assignment Target: 100% of students achieve 73% or better on Preliminary Literature Review assignment Timeframe: Annually Responsible Parties: Graduate Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: No Results were as follows: Summer 2017 - 100% (23 of 23) achieved at least 73% on Preliminary Literature Review assignment; Fall 2017 - 94% (16 of 17); Spring 2018 - 94% (37 of 38) achieved at least 73% on this assignment. Total results 2017-2018 = 97.4% (76 of 78). This is slight decline in results from the previous academic year (54 of 54; 100%). The strategies to provide clarity on course assignment and additional resources to students as requested worked for the great majority of students (> 97%). It had also been suggested to re-word target to read, "100% of students who complete assignment will achieve 73% or better on Preliminary Literature Review assignment" but this was not done. (10/12/2018)	Action: In order to continue to meet this target with all groups next year, course content will be offered in written and oral format to address different learning styles of students. Will also reconsider rewording of target to read "100% of students who complete assignment will achieve 73% or better on Preliminary Literature Review assignment" or revise the target to a more realistic 95%. (10/12/2018)
SL: Didactic - NU596 Major Written Assignment	Reporting Year: 2017 - 2018 (Year 4)	Action: In order to continue to

AU Outcome: MSN 4.0

Measures	Results	Actions
Target: 100% of students achieve 73% or better on the major written assignment. Timeframe: Annually Responsible Parties: Graduate Curriculum Committee	 Target Met: Yes Fall semester 2017: 100% (42 of 42) of students achieved at least 73% on Major Written Assignment after being allowed to revise. Initial submission success was 93% (39 of 42) who achieved at least 73% on Major Written Assignment; 3 students scored <73% on the paper and were eligible to revise. All 3 revised and achieved the target. Spring semester 2018: 100% (41 of 41) achieved at least 73% on Major Written Assignment after being allowed to revise. Initial submission success was 83% (24 of 41) who achieved at least 73% on Major Written Assignment: 7 students scored <73% on the revised paper and were eligible to revise. All 7 revised and achieved the target. These results represent markedly improved performance compared the 2016-2017 academic year when 91 and 83% of students met the target for the academic paper. Simplifying the course paper by removing content about classifying sources as research or non-research evidence and emphasizing the recognition of primary-source information and correct application of APA editorial style seems to have been an effective strategy to achieve this target. 	meet target for all groups, will continue to allow students to revise and resubmit paper to facilitate success. Will also consider development of new rubric specific to resubmission so students are required to attend to all instructor feedback in their resubmission papers (it is currently noted that some students only provide the amount of revision necessary to reach 73% score on paper). (10/12/2018)
	Measure has been assessed last three reporting years and this is first year target has been met. (10/12/2018)	

AU Outcome: MSN 5.0

Use informatics and healthcare technologies to enhance patient care and to improve healthcare systems. **Outcome Status:** Active

Measures	Results	Actions
AD: Survey - MSN Alumni Survey How well MSN graduates perceive that their MSN education prepared them to use informatics and healthcare technologies to enhance patient care and to improve	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates was not administered. It will be administered fall 2018. (01/18/2019)	

AU Outcome: MSN 5.0

Measures	Results	Actions
healthcare systems (very poorly, poorly, well, very well). Target: 75% of respondents will report feeling well or very well prepared to use informatics and healthcare technologies to enhance patient care and to improve healthcare systems. Timeframe: Annually Responsible Parties: Evaluation & Study Committee		
AD: Survey - MSN Alumni Survey How often MSN graduates use informatics and healthcare technologies to enhance patient care and to improve healthcare systems (not at all, rarely, some of the time, most of the time). Target: 75% of respondents will report using informatics and healthcare technologies to enhance patient care and to improve healthcare systems some or most of the time. Timeframe: Annually Responsible Parties: Evaluation & Study Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates was not administered. It will be administered fall 2018. (01/18/2019)	Action: Survey 2018-2019 alumni during 2020. Compare responses and monitor for favorable and unfavorable trends. (03/04/2020)
AD: Survey - MSN Alumni Employer SurveyHow well employers perceive that MSN graduates use informatics and healthcare technologies to enhance patient care and to improve healthcare systems (very poorly, poorly, well, very well).	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Structured survey was not administered. Feedback was obtained from MSN Advisory Group, November 2017. Employers of 2016-2017 graduates will be surveyed fall 2018. (01/18/2019)	

AU Outcome: MSN 5.0

Measures	Results	Actions
Target: 75% of respondents will report that MSN graduates use informatics and healthcare technologies to enhance patient care and to improve healthcare systems well or very well. Timeframe: Annually Responsible Parties: Evaluation & Study Committee		
AD: Survey - MSN Alumni Employer SurveyHow often employers perceive that MSN graduates use informatics and healthcare technologies to enhance patient care and to improve healthcare systems (not at all, rarely, some of the time, most of the time). Target: 75% of respondents will report that MSN graduates use informatics and healthcare technologies to enhance patient care and to improve healthcare systems some or most of the time. Timeframe: Annually Responsible Parties: Evaluation & Study Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Structured survey was not administered. Feedback was obtained from MSN Advisory Group, November 2017. Employers of 2016-2017 graduates will be surveyed fall 2018. (01/18/2019)	
SL: Didactic - NU541 Health Care Informatics WWW Evaluation Assignment Target: 100% of students will achieve 73% or higher on Health Care Informatics WWW Evaluation Assignment Timeframe: Annually	Reporting Year: 2017 - 2018 (Year 4) Target Met: No Results were as follows: Fall 201: 98% (39 of 40) achieved at least 73%, (92% achieved at least 73% in Fall 2016) Spring 2017: 100% (22 of 22) achieved at least 73% (100% achieved at least 73% in Spring 2017) Total Results 2017-2018 = 98% (61 of 62) These data continue to show improvement over the results from the 2016-2017academic	Action: In order to meet this target with all groups next year and to better address MSN outcome 5 and DNP outcome 4, the WWW evaluation assignment and all quizzes will be discontinued moving forward. The evidence used to

AU Outcome: MSN 5.0

Measures	Results	Actions
Responsible Parties: Graduate Curriculum Committee	year (see side by side results above). The faculty revision of course directions and further clarification of information on provided rubrics appears to be effective in eliciting continued improvements in student achievement. Note that one part of the action plan was to revise the target to read "100% of students completing assignment will achieve", however that change was not initiated during the last academic year. (10/12/2018)	assess student achievement of this outcome will be the average student grade for the short essay assignments. It is suggested that the target for 2018-2019 be revised to read as follows: "95% of students will achieve an average of at least 73% on the short essay assignments." Alternatively, could reconsider rewording of target to read "100% of students who complete assignment will achieve 73% or better on the short essay assignments" as previously recommended. (10/12/2018)

AU Outcome: MSN 6.0

Employ advocacy strategies to influence health policy and to improve outcomes of care. **Outcome Status:** Active

Measures	Results	Actions
AD: Survey - MSN Alumni Survey How well MSN graduates perceive that their MSN education prepared them to employ advocacy strategies to influence health policy and to improve outcomes of care (very poorly, poorly, well, very well). Target: 75% of respondents will report feeling well or very well prepared to employ advocacy strategies to influence health policy and to improve outcomes of care.	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates was not administered. It will be administered fall 2018. (01/18/2019)	

AU Outcome: MSN 6.0

Measures	Results	Actions
Timeframe: Annually Responsible Parties: Evaluation & Study Committee		
AD: Survey - MSN Alumni Survey How often MSN graduates employ advocacy strategies to influence health policy and to improve outcomes of care (not at all, rarely, some of the time, most of the time). Target: 75% of respondents will report employing advocacy strategies to influence health policy and to improve outcomes of care some or most of the time. Timeframe: Annually Responsible Parties: Evaluation & Study Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates was not administered. It will be administered fall 2018. (01/18/2019)	Action: Survey 2018-2019 alumni during 2020. Compare responses and monitor for favorable and unfavorable trends. (03/04/2020)
AD: Survey - MSN Alumni Employer SurveyHow well employers perceive that MSN graduates employ advocacy strategies to influence health policy and to improve outcomes of care (very poorly, poorly, well, very well). Target: 75% of respondents will that MSN graduates employ advocacy strategies to influence health policy and to improve outcomes of care well or very well. Timeframe: Annually Responsible Parties: Evaluation & Study Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Structured survey was not administered. Feedback was obtained from MSN Advisory Group, November 2017. Employers of 2016-2017 graduates will be surveyed fall 2018. (01/18/2019)	
AD: Survey - MSN Alumni Employer	Reporting Year: 2017 - 2018 (Year 4)	

AU Outcome: MSN 6.0

Measures	Results	Actions
SurveyHow often employers perceive that MSN graduates employ advocacy strategies to influence health policy and to improve outcomes of care (not at all, rarely, some of the time, most of the time). Target: 75% of respondents will report that MSN graduates employ advocacy strategies to influence health policy and to improve outcomes of care some or most of the time. Timeframe: Annually Responsible Parties: Evaluation & Study Committee	Target Met: NA Structured survey was not administered. Feedback was obtained from MSN Advisory Group, November 2017. Employers of 2016-2017 graduates will be surveyed fall 2018. (01/18/2019)	
SL: Didactic - NU520 Policy, Organization, and Financing of Health Care Paper III: Health Care Policy Brief Target: 100% of students achieve 73% or higher on Paper III: Health Care Policy Brief Timeframe: Annually Responsible Parties: Graduate Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: No 1. Results were as follows: Summer 2017: 100% (42 of 42) achieved at least 73% Fall 2017: 95% (21 of 22) achieved at least 73%, Spring 2018: 100% (23 of 23) achieved at least 73%. Total for 2017-2018: 99% (86 of 87) These results reflect another modest improvement over the 2016-2017 data (96% overall) was noted. This may reflect efforts to increase participation in the hybrid course option and continued efforts to be clear in rubrics regarding expectations for assignments. Note that one part of the action plan was to revise the target to read "100% of students completing assignment will achieve", however that change was not initiated during the last academic year. (10/12/2018)	Action: In order to continue to meet this target with all groups next year, course faculty will continue to use the newly developed Issue Brief (Paper III) template, and give targeted feedback to students on Papers I and II that build to Paper III. Also note that to address the issue of students dropping the course too late to be official removed, will also reconsider rewording of target to read "100% of students who complete assignment will achieve 73% or higher on Paper III Health Care Policy Brief" or revise the target to a more realistic 95%. (10/12/2018)

AU Outcome: MSNO 7.0

Collaborate within inter-professional teams to manage and improve health care services for individuals, families and populations. **Outcome Status:** Active

Measures	Results	Actions
AD: Report - Internal - Graduate Project Evaluation Form - Item #7 Collaborate within interprofessional teams. Target: 100% of students achieve an acceptable level (1) on both paper and presentation Timeframe: Annually Responsible Parties: Assistant Dean, Graduate Nursing / Graduate Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 52 of 52 (100%) of students achieved an acceptable level (1) on both paper and presentation. This is consistent with outcomes from all previous academic years and as expected for an end-of-program project that is guided by a faculty preceptor and approved prior to the final presentation. (10/12/2018)	Action: In order to continue to meet this target for all students, graduate project faculty advisers will maintain close working relationships with students as they plan, implement, and evaluate their evidence-based practice/quality improvement projects. This should assure a high quality presentation and summary paper at the end of the process. This is still perceived to be a valuable measure of student attainment of this outcome; maintain measure and target. (10/12/2018)
AD: Survey - MSN Alumni Survey How well MSN graduates perceive that their MSN education prepared them to collaborate within inter- professional teams to manage and improve health care services for individuals, families and populations (very poorly, poorly, well, very well). Target: 75% of respondents will report feeling well or very well prepared to collaborate within inter- professional teams to manage and improve health care services for individuals, families and populations. Timeframe: Annually Responsible Parties: Evaluation &	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates was not administered. It will be administered fall 2018. (01/18/2019)	

AU Outcome: MSNO 7.0

Measures	Results	Actions
Study Committee		
AD: Survey - MSN Alumni Survey How often MSN graduates collaborate within inter-professional teams to manage and improve health care services for individuals, families and populations (not at all, rarely, some of the time, most of the time). Target: 75% of respondents will report collaborating within inter- professional teams to manage and improve health care services for individuals, families and populations some or most of the time. Timeframe: Annually Responsible Parties: Evaluation & Study Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates was not administered. It will be administered fall 2018. (01/18/2019)	
AD: Survey - MSN Alumni Employer SurveyHow well employers perceive that MSN graduates collaborate within inter-professional teams to manage and improve health care services for individuals, families and populations (very poorly, poorly, well, very well). Target: 75% of respondents will report that MSN graduates collaborate within inter-professional teams to manage and improve health care services for individuals, families and populations well or very well. Timeframe: Annually	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Structured survey was not administered. Feedback was obtained from MSN Advisory Group, November 2017. Employers of 2016-2017 graduates will be surveyed fall 2018. (01/18/2019)	

AU Outcome: MSNO 7.0

Measures	Results	Actions
Responsible Parties: Evaluation & Study Committee		
AD: Survey - MSN Alumni Employer SurveyHow often employers perceive that MSN graduates collaborate within inter-professional teams to manage and improve health care services for individuals, families and populations (not at all, rarely, some of the time, most of the time). Target: 75% of respondents will report that MSN graduates collaborate within inter-professional teams to manage and improve health care services for individuals, families and populations some or most of the time. Timeframe: Annually Responsible Parties: Evaluation & Study Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Structured survey was not administered. Feedback was obtained from MSN Advisory Group, November 2017. Employers of 2016-2017 graduates will be surveyed fall 2018. (01/18/2019)	
SL: Clinical evaluation tool - Clinical Evaluations Target: 90% of students achieve an acceptable level (1) on all criteria on a scale of 0-2 Timeframe: Annually Responsible Parties: MSN Clinical Coordinator / Graduate Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 100% of students in NU600C (39 of 39), NU605C (43 of 43), NU610C (40 of 40), 615C (15 of 15), 620C (12 of 12), 625C (12 of 12), 652C (7 of 7), 670C (11 of 11) achieved an acceptable level (1) or better for the "Inter-professional Collaboration" criteria on the Faculty Clinical Evaluation Tool. These data are consistent with findings from the 2016-2017 academic year when 100% of students in the majority of clinical courses also achieved (1) or better for the "Inter-professional" criteria on the Faculty Clinical Evaluation Tool (with exception of one course in 2016-2017 where 98% of students achieved target on this measure). As indicated in the action plan, faculty members have documented contact with students and preceptors throughout the clinical courses to evaluate progress toward established outcomes, and a course objective related to inter-professional collaboration was added in all clinical courses.	Action: In order to meet this target with all groups in the next academic year, course faculty will continue to evaluate student and preceptor ratings on all established criteria. Contact with preceptors and students will be maintained throughout the clinical course to evaluate progress toward outcomes. (10/12/2018)

AU Outcome: MSNO 7.0

Measures	Results	Actions
	(10/12/2018)	

AU Outcome: MSN 8.0

Integrate patient-centered and culturally responsive strategies into the delivery of clinical prevention, health promotion, and population-focused services. **Outcome Status:** Active

Measures	Results	Actions
AD: Survey - MSN Alumni Survey How well MSN graduates perceive that their MSN education prepared them to integrate patient-centered and culturally responsive strategies into the delivery of clinical prevention, health promotion, and population-focused services (very poorly, poorly, well, very well). Target: 75% of respondents will report feeling well or very well prepared to integrate patient- centered and culturally responsive strategies into the delivery of clinical prevention, health promotion, and population-focused services. Timeframe: Annually Responsible Parties: Evaluation & Study Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates was not administered. It will be administered fall 2018. (01/18/2019)	
AD: Survey - MSN Alumni Survey How often MSN graduates integrate patient-centered and culturally responsive strategies into the delivery of clinical prevention, health promotion, and population-focused services (not at all, rarely, some of	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates was not administered. It will be administered fall 2018. (01/18/2019)	

AU Outcome: MSN 8.0

Measures	Results	Actions
the time, most of the time). Target: 75% of respondents will report integrating patient-centered and culturally responsive strategies into the delivery of clinical prevention, health promotion, and population-focused services some or most of the time. Timeframe: Annually Responsible Parties: Evaluation & Study Committee		
AD: Survey - MSN Alumni Employer SurveyHow well employers perceive that MSN graduates integrate patient-centered and culturally responsive strategies into the delivery of clinical prevention, health promotion, and population- focused services (very poorly, poorly, well, very well). Target: 75% of respondents will report that MSN graduates integrate patient-centered and culturally responsive strategies into the delivery of clinical prevention, health promotion, and population-focused services well or very well. Timeframe: Annually Responsible Parties: Evaluation & Study Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Structured survey was not administered. Feedback was obtained from MSN Advisory Group, November 2017. Employers of 2016-2017 graduates will be surveyed fall 2018. (01/18/2019)	
AD: Survey - MSN Alumni Employer SurveyHow often employers perceive that MSN graduates integrate patient-centered and	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Structured survey was not administered. Feedback was obtained from MSN Advisory Group, November 2017. Employers of 2016-2017 graduates will be surveyed fall 2018. (01/18/2019)	

AU Outcome: MSN 8.0

Measures	Results	Actions
culturally responsive strategies into the delivery of clinical prevention, health promotion, and population- focused services (not at all, rarely, some of the time, most of the time). Target: 75% of respondents will report that MSN graduates integrate patient-centered and culturally responsive strategies into the delivery of clinical prevention, health promotion, and population-focused services some or most of the time. Timeframe: Annually Responsible Parties: Evaluation & Study Committee		
SL: Clinical evaluation tool - Clinical Evaluations Target: 90% of students achieve an acceptable level (1) on all criteria on a scale of 0-2 Timeframe: Annually Responsible Parties: MSN Clinical Coordinator / Graduate Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 100% of students in NU600C (39 of 39), NU605C (43 of 43), NU610C (40 of 40), 615C (15 of 15), 620C (12 of 12), 625C (12 of 12), 670C (11 of 11) achieved an acceptable level (1) or better for the "Culturally Responsive" criteria on the Faculty Clinical Evaluation Tool. These data are consistent with findings from the 2016-2017 academic year when 100% of students in the majority of clinical courses also achieved (1) or better for the "Culturally Responsive" criteria on the Faculty Clinical Evaluation Tool (with exception of one course in 2016-2017 where 98% of students achieved target on this measure). As indicated in the action plan, faculty members have documented contact with students and preceptors throughout the clinical courses to evaluate progress toward established outcomes, and used clinical case studies to facilitate critical thinking outcomes. (10/12/2018)	Action: In order to meet this target with all groups in the next academic year, course faculty will continue to evaluate student and preceptor ratings on all established criteria. Contact with preceptors and students will be maintained throughout the clinical course to evaluate progress toward outcomes. (10/12/2018)
SL: Didactic - NU530 Population Health Issues Paper Target: 100% of students will achieve 73% or better on Population Health Issues Paper Timeframe: Annually	Reporting Year: 2017 - 2018 (Year 4) Target Met: No Results were as follows: Fall 2017 88% (36/41) achieved at least 73% (100% [17 of 17] Fall 2016) Spring 2018 90% (18/20) achieved at least 73% (95% [19 of 20] Spring 2017) Overall 2017-2018 Academic Year: 89% (54 of 61)	Action: In order to meet target for all groups, will revise the instructions and rubric for Population Health Issues paper to provide greater clarification since the course related to Quality

AU Outcome: MSN 8.0

Measures	Results	Actions
Responsible Parties: Graduate Curriculum Committee	Overall 2016-2017 Academic Year: 96% (54 of 56) (Overall 2015-2016 Academic Year 92% [45 of 49]) A moderate drop in performance from both the 2015-2016 and 2016-2017 data was noted. (See side by side comparison data above). This may be in part due to fact that course had recently been revised so some processes may have been new to the instructor. In addition, the Quality Matters criteria, with changes to the Paper rubric associated with this target, which may have caused some lack of clarity with this assignment. Note that one part of the action plan was to revise the target to read "100% of students completing assignment will achieve", however that change was not initiated during the last academic year. (10/12/2018)	Matters certification. Also note that to address the issue of students dropping the course too late to be official removed, will also reconsider rewording of target to read "100% of students who complete assignment will achieve 73% or higher on Population Health Issues Paper" or revise the target to a more realistic 95%. (10/12/2018)

Admin - Enrollment Management

AU Outcome: EM 11.0

Classroom and Lab facilities are available for students

Outcome Status: Inactive

Measures	Results	Actions
AD: Report - Internal - Allen College Student Opinion Surveyparking facilities Target: 80% of students report satisfied or very satisfied Timeframe: Year 4 Responsible Parties: Buildings & Grounds	Reporting Year: 2017 - 2018 (Year 4) Target Met: No 72.18% of students reported being satisfied or very satisfied with the parking facilities. During the previous reporting year (2013-2014) 78.2% of students reported being satisfied or very satisfied with Allen College parking facilities. The action plan was During the past year, the parking lot area has been improved. Only 7.7% were dissatisfied or very dissatisfied. 14.1% were neither satisfied or dissatisfied. Remove neutral response option from survey. The decrease in satisfaction may be related to the increase in students attending with no increase in parking options. (09/06/2018)	Action: Parking facilities continue to be a challenge on Mondays, Tuesdays, and Wednesdays. Maintenance is done to the parking lots as necessary. Additional parking facilities have been identified for faculty, staff, and students to use. Events on campus have also been limited for size and purpose for Monday - Wednesday when parking is most challenging. (09/06/2018)
AD: Report - Internal - Allen College Student Opinion SurveyClassrooms Target: 80% of students report satisfied or very satisfied Timeframe: Year 4 Responsible Parties: Buildings & Grounds	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 80.6% of students reported being satisfied or very satisfied with classrooms. 9.48% of students do not use classrooms (likely online students). During previous reporting year (2013- 2014) 92.6% reported satisfaction with 57.3% of students were satisfied and 35.3% were very satisfied with classroom. Action plan was "There is currently a capital campaign to gain resources for an additional building on campus in order to accommodate additional programs." (09/06/2018)	Action: Additional classrooms are added as new programs are added, which occurred with MS in OT program was opened and will again when DPT program is offered. (09/06/2018)
AD: Report - Internal - Allen College Student Opinion Survey Laboratories Target: 80% of students report satisfied or very satisfied	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA 174/232 (75%) of students report being satisfied or very satisfied with laboratories. 11% indicate they do not use (likely online students) During previous reporting year (2013-2014) 90% of students reported satisfaction; specifically students satisfied (57%) or very satisfied (33%) with laboratories. Action plan was "There is currently a capital campaign underway to add additional lab space for current and future programs, and to modernize current lab	Action: There is currently capital in the budget to upgrade various labs. (09/06/2018)

Admin - Enrollment Management

AU Outcome: EM 11.0

Measures	Results	Actions
Timeframe: Year 4	space." (09/06/2018)	
Responsible Parties: Buildings & Grounds		
 AD: Report - Internal - Allen College Student Opinion SurveyStudy Areas Target: 80% of students report satisfied or very satisfied Timeframe: Year 4 Responsible Parties: Dean of Student Services 	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes To achieve the target for this measure, the action plan proposed in the 2013-2014 CAP report was to continue to be maintain the study areas and provide complimentary coffee/tea to students. Results from the spring 2018 student opinion survey indicate 71% of students consider study areas to be extremely important (46%) or very important (25%). A majority of students who responded to the student opinion survey and indicated they had used the Allen College study areas were satisfied (71/199; %) or very satisfied (96/199) with the study areas available at Allen College. Over all satisfaction of those who were aware of/had used the study areas was 84%, slightly lower than satisfaction reported in the 2013-2014 Student Opinion Survey when 87.1% of students were satisfied or very satisfied with Study areas (McKinstry Student Center, Gerard Hall Student Lounge, Gerard Hall Rotunda, Baskins Atrium, Auxiliary Loft). (06/17/2019)	Action: Continue to maintain the study areas on the Allen College campus. (06/17/2019)
AD: Report - Internal - Allen College Student Opinion SurveyAvailability of on and off campus housing Target: 80% of students report satisfied or very satisfied Timeframe: Year 4 Responsible Parties: Director of Student Services	Reporting Year: 2017 - 2018 (Year 4) Target Met: No 24.57% of students reported being satisfied or very satisfied with on and off campus housing. 57.33% reported being unware of or do not use on or off campus housing. (09/06/2018)	Action: The Board of Trustees is reviewing the possibility of the return of on campus housing in the future. (09/06/2018)

Admin - Teaching & Learning Committee

Admin - Teaching & Learning Committee

AU Outcome: TLC 1.0

Allen College courses will reflect Quality Matters standards. Outcome Status: Active Start Date: 07/01/2015

Measures	Results	Actions
SL: Survey - Mean rating of all 8 items on course evaluation tool completed by students (1.0 = strongly disagree, 2.0 = disagree, 3.0 = agree, 4.0 = strongly agree). The mean rating of each item will be averaged for an overall mean rating for each course. Target: 100% of courses will have a mean rating for all 8 items of at least a 3.0 (agree) on a 4.0 (strongly agree) scale. Timeframe: Health Sciences courses based on evaluation cycle. Nursing courses based on curriculum course review schedule. Responsible Parties: TLC Chair and Committee Members Related Documents: Allen College Course Evaluation <u>Criteria.pdf</u>		Action: Overall: Continue to assess annually and observe for patterns and trends in results. Undergraduate Nursing Courses: Due to the nursing curriculum review schedule having a year with no courses reviewed TLC will review this review schedule for future appropriateness. Undergrad and Grad HS: These courses trended toward improvement. Health Sciences Dean notified of improvement. (04/18/2019)

AU Outcome: TLC 2.0

Allen College courses will reflect Chickering and Gamson's 7 principles of good teaching/education practice.

Outcome Status: Inactive

Start Date: 05/08/2017

Measures	Results	Actions
SL: Survey - Mean rating of 7 items on instructor evaluation tool (1.0 =	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes	Action: Overall: Continue to assess annually and observe for patterns

Admin - Teaching & Learning Committee

AU Outcome: TLC 2.0

Measures	Results	Actions
strongly disagree, 2.0 = disagree, 3.0 = agree, 4.0 = strongly agree). The mean rating of each item will be averaged for an overall mean rating for each course. Target: 100% of courses will have an overall mean rating at least 3.0. Timeframe: Health Sciences courses based on evaluation cycle. Nursing courses based on curriculum course review schedule. Responsible Parties: TLC Chair and Committee Members Related Documents: Allen College Instructor Evaluation <u>Criteria.pdf</u>		and trends in results. Undergraduate Nursing Courses: Due to the nursing curriculum review schedule having a year with no courses reviewed TLC will review this review schedule for future appropriateness. Undergrad and Grad HS: These courses trended toward improvement. Health Sciences Dean notified of improvement. (04/18/2019)

Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 1.1

Students will practice proper radiation protection **Outcome Status:** Active

Measures	Results	Actions
SL: Clinical evaluation tool - RA: 135 Competency Testing/CCE Part II, numbers 5, 7, 9, 15, 17 Target: Average score of >= 3 (0-4 pt. scale) Timeframe: Level 1-Fall Semester Responsible Parties: Lab Instructor/ Program Faculty/ Health Sciences	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 2017=3.97(n=14) Benchmark met 2016 = 3.89 (n=13) 2015 = 3.95 (n=16) 2014 = 3.97 (n=17)	Action: Students continue to demonstrate clinical competence and practice proper radiation protection. Students are provided with instruction in class and lab followed by opportunities in the clinical setting to apply this

Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 1.1

Measures	Results	Actions
(HS) Faculty Org. Committee	(06/25/2018)	knowledge. (06/25/2018)
SL: Clinical evaluation tool - RA: 275 Final Clinical Competency Testing/ CCE Part II, numbers 5,7,9,15,17 Target: Average score of >= 3 (0-4 pt. scale) Timeframe: Level II-Spring Semester Responsible Parties: Clinical Instructors/Program Faculty/HS Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 2018 = 3.96 (n=12) 2017 = 3.96 (n=15) 2016=3.96 (n=17) 2015=3.96 (n=15) 2014=3.99 (n=17) (06/25/2018)	Action: The students demonstrated clinical proficiency and competency in providing radiation protection. The program's curriculum integrates radiation protection concepts every semester. Each student's performance demonstrated clinical competence. The course instructors recommend continuing to assess this item. No changes recommended at this time. (06/25/2018)

AU Outcome: ASR 1.2

Students will apply correct positioning skills **Outcome Status:** Active

Measures	Results	Actions
SL: Didactic - RA: 145 Certification Testing/ Part I, numbers 3,12,14,15 Target: Average score of >= 3. (0-4 pt. scale) Timeframe: Level I-Spring Semester Responsible Parties: Clinical Instructors/ Program Faculty/ HS Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 2018 = 3.86 (n=14) 2017 = 4 (n=12) 2016 = 3.96 (n=16) 2015=3.79 (n=17) 2014=3.86 (n=15) (06/25/2018)	Action: Students continue to exceed benchmark. The students demonstrated the ability to apply correct positioning skills. The students demonstrated knowledge of positioning in relation to their level of placement in the program. Course instructors recommend assessing this item since certification testing is completed at various clinical sites and with different clinical instructors. No

Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 1.2

Measures	Results	Actions
		changes recommended. (06/25/2018)
SL: Didactic - RA: 265 Certification Testing/Part I, numbers 3,12,14,15 Target: Average score of >= 3. (0-4 pt. scale) Timeframe: Level II-Fall Semester Responsible Parties: Clinical Instructors/ Program Faculty/ HS Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 2017=3.90(n=12) 2016=3.97(n=15) 2015=3.99 (n=17) 2014= 3.96 (n=15) (06/25/2018)	Action: Average scores exceed benchmark. Students demonstrated clinical competence by applying correct positioning skills. This is the final semester that certifications are completed in the program. This was the first cohort to exclude procedures which were ankle, finger, foot, hand, and wrist. The program made this change to ensure the procedural exam difficulty correlated with the student's level in the program. This will benefit the outcome by ensuring students are demonstrating correct positioning skills on more advanced procedures appropriate to their level in the program. (06/25/2018)

AU Outcome: ASR 2.1

Students will demonstrate effective communication skills in the clinical setting **Outcome Status:** Active

Measures	Results	Actions
SL: Clinical evaluation tool - RA:135	Reporting Year: 2017 - 2018 (Year 4)	Action: The students' average
Clinical Instructor/ Preceptor	Target Met: Yes	scores increased in all four of the
Evaluations/	2017 3.68 (n=14)	performance criteria areas, patient
Numbers 3, 6, 10,11	2016 3.56 (n=13)	care, interpersonal relationships,

Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 2.1

Measures	Results	Actions
Target: Average score >= 3.5 (0-4 pt. scale) Timeframe: Level I-Fall Semester Responsible Parties: Clinical Instructors/ Program Faculty/ HS Curriculum Committee	2015 3.81 (n=16) 2014 3.8 (n=17) (06/25/2018)	multicultural diversity and age appropriate care. Beginning in the summer 2017, all student evaluations were completed on Trajecsys. Trajecsys permits the student to view and have access to all their completed evaluations while they are in the ASR program. Moving from the paper/pencil format to electronic completion of evaluations has been a very successful transition for students and clinical instructors. Students continue to demonstrate effective communication skills in the clinical setting. (06/25/2018)
SL: Clinical evaluation tool - RA:275 Clinical Instructor/ Preceptor Evaluations/Numbers 3, 6,10,11 Target: Average score >= 3 (0-4 pt. scale) Timeframe: Level II -Spring Semester Responsible Parties: Clinical Instructors/ Program Faculty/ HS Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 2018- 3.78 (n=12) Benchmark met. 2017- 3.95 (n=15) 2016-3.97 (n=17) 2015-3.95 (n=15) 2014-3.97 (n=17) (06/25/2018)	Action: The student average scores were lower in each area compared to last year's students. The performance criteria evaluated was patient care, interpersonal relationships, multicultural diversity and age appropriate care. The lower scores could be attributed to the smaller number of students in this class cohort as compared to the previous year. All student clinical evaluations are completed utilizing the online software program Trajecsys. Students continue to use effective communication skills in the clinical

Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 2.1

Measures	Results	Actions
		setting. (06/25/2018)
SL: Clinical evaluation tool - RA:135 Clinical Competency Evaluation/ Part I – Number 4 Part III- Numbers 1,3,6- 8 Target: Average score >= 3 (0-4 pt. scale) Timeframe: Level I-Fall Semester Responsible Parties: Clinical Instructor/Program Faculty/ HS Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 2017=3.98 (n=14) 2016=3.92 (n=13) 2015=3.99 (n=16) 2014=3.98 (n=17) (06/25/2018)	Action: Students exceeded the benchmark. The students are demonstrating clinical communication skills reflective of their level in the program. No changes recommended at this time. (06/25/2018)
SL: Clinical evaluation tool - RA:275 Final Clinical Competency Evaluation/ Part I – Number 4 Part III- Numbers 1,3,6-8 Target: Average score >= 3.5 (0-4 pt. scale) Timeframe: Level II- Spring Semester Responsible Parties: Clinical Instructor/ Program Faculty/ HS Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 2018=3.98 (n= 12) 2017=4 (n=15) 2016=4 (n=17) 2015=3.99 (n=15) 2014=3.99 (n=17) (06/25/2018)	Action: Students continue to exceed the benchmark. Students have appropriate exam volume which helps prepare them for their final competencies. This includes evaluations of multiple procedures and a diverse patient population. No changes recommended. (06/25/2018)

AU Outcome: ASR 2.2

Students will practice written communication skills **Outcome Status:** Active

MeasuresResultsActions	tions
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Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 2.2

Measures	Results	Actions
SL: Didactic - RA: 115 Patient Care Presentation Target: Average score of >= 85% Timeframe: Level I-Fall Semester Responsible Parties: RA: 115 Course Instructor/HS Faculty Org. Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes Fall 2017- 98% (n=14) FA 2016- 97% (n=13) FA 2015- 98.01% (n=16) FA 2014-98.2% (n=17) (06/25/2018)	Action: Five of the fourteen papers had deductions on the reference page which include; no hanging indent and proper spacing of references. The course instructor discusses the requirements of the paper the first day of the course. Since the reference page has continued to present problems for the student, this year the instructor demonstrated for the student how to go onto the Allen College website and select academic resources and then select APA resources link, which has a link APA review basic formatting rules. The instructor also displayed a correct reference page for the students. Students continue to demonstrate effective written communication skills. (06/25/2018)
SL: Didactic - RA:258 Pathology Systems Presentation Target: Average score of >= 85% Timeframe: Level II-Fall Semester Responsible Parties: RA: 258 Course Instructor/ HS Faculty Org. Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes Fall 2017-96% (n=12) FA 2016- 97% (15) FA 2015-97.5% (n=17) FA 2014-98.06% (n=15) (06/25/2018)	Action: Ten of the twenty-four papers written had deductions on the reference page and seven with the title page. Three students had deductions in the accuracy and substance format section of evaluation and were deducted in the depth of the paper adequately covering the subject of the paper. One student paper had deductions in the formatting of the paper for

Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 2.2

Measures	Results	Actions
		not double-spacing. The course instructor discusses the requirements of the papers the first day of the course. Since the reference page has continued to present problems for the student, this year the instructor demonstrated for the student how to go onto the Allen College website and select academic resources and then select APA resources link, which has a link APA review basic formatting rules. The instructor displayed a correct reference page for the students. None of the students reviewed their first paper to receive feedback for their second paper presentation. Students continue to demonstrate effective written communication skills. (06/25/2018)

AU Outcome: ASR 2.3

Students will demonstrate oral communication skills **Outcome Status:** Active

Measures	Results	Actions
SL: Didactic - RA:258 Pathology	Reporting Year: 2017 - 2018 (Year 4)	Action: Ten papers received
Systems Presentation	Target Met: Yes	deductions in the oral presentation
Target: Average score of >= 85%	Fall 2017-97% (n=12)	portion of the evaluation grade.
Timeframe: Level II-Fall Semester	FA 2016- 95% (15)	Four papers did not meet the

Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 2.3

Measures	Results	Actions
Responsible Parties: RA: 258 Course Instructor/ HS Faculty Org. Committee	FA 2015= 98.82% (n=17) FA 2014= 99.13% (n=15) (06/25/2018)	length of presentation requirement of eight minutes. Nine papers did not include all the information needed during the presentation of the paper. For example, the discussion of exposure factors/exposure to ionizing radiation for the exam and why the pathology was selected by the student. Each student completes two papers during this course. The paper requirements are explained in the syllabus and discussed with the students on the first day of class. Students continue to exhibit effective oral communication skills. (06/25/2018)
SL: Didactic - RA: 115 Patient Care Presentation Target: Average score of >= 85% Timeframe: Level I-Fall Semester Responsible Parties: RA: 115 Course Instructor/HS Faculty Org. Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes Fall 2017-99% (n=14) FA 2016- 99% (N=13) FA 2015=94.53% (n=16) FA 2014=100% (n=17) (06/25/2018)	Action: One student paper presentation had a deduction in the section of the evaluation "words were stated accurately." This was due to the student stumbling over some of the words during the presentation. The paper requirements are explained in the syllabus and discussed with the students on the first day of class. No changes recommended at this time. (06/25/2018)

AU Outcome: ASR 3.1

Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 3.1

Students will appropriately critique radiographic images **Outcome Status:** Active

Measures	Results	Actions
 SL: Didactic - RA: 255 Radiographic image analysis worksheets Target: Average score of >= 80% Timeframe: Level II-Summer Semester Responsible Parties: RA: 255 Course Instructors/ Program Faculty/HS Faculty Org. Committee 	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 2017=87.75% (n=12) 2016: 90.19% (n=16) 2015: 89.88% (n=17) 2014: 89.13% (n= 15) (06/25/2018)	Action: A slight decline in the average percent score, but this could be attributed to a smaller cohort this year. Two students submitted 57% scores for Chapter 5 Shoulder. These worksheets are open book, open note, and are not timed. The worksheets allow two attempts with the scores averaged. Some students do not choose to take the time to read and closely evaluate the images and carefully answer each question. Overall, students continue to demonstrate an ability to critique radiographic images. No changes recommended. (06/25/2018)
 SL: Didactic - RA: 265 Radiographic image analysis worksheets Target: Average score of >= 80% Timeframe: Level II- Fall Semester Responsible Parties: RA: 265 Course Instructors/ Program Faculty/HS Faculty Org. Committee 	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 2017 = 88.83% (n=12) 2016 = 91.66% (n=15) 2015= 90.71% (n=17) 2014= 93.13% (n=15) (06/25/2018)	Action: The decrease in the average score is primarily due to a smaller cohort this year. In addition, two students submitted below 75% scores for two of the worksheets. These are the same students who submitted lower scores for a few of the worksheets in the RA255 course. These worksheets are open book, open note, and are not timed. The worksheets allow two attempts with the scores averaged. It

Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 3.1

Measures	Results	Actions
		appears that some students do not choose to carefully evaluate the images on a few of the worksheets. Overall, students continue to demonstrate an ability to critique radiographic images. (06/25/2018)

AU Outcome: ASR 3.2

Students will demonstrate ability to practice critical thinking **Outcome Status:** Active

Measures	Results	Actions
SL: Didactic - RA:145 Scientific Exhibit Evaluation Target: Average score of >= 80% Timeframe: Level I- Spring Semester Responsible Parties: RA: 145 Program Faculty/ HS Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 2018 = 91.5% N= 8 posters (14 students) 2017 = 92.14% N= 7 posters (12 students) 2016 = 92.6% N= 10 posters (16 students) 2015 = 96.5%, N= 11 posters (17 students) 2014= 94%, N = 11 posters (15 students) (06/25/2018)	Action: Scores for 2018 continue to demonstrate the student's ability to practice critical thinking skills when developing their scientific exhibits. Most grade reductions occurred in line item # 5 "evidence of research providing new information or expanding on existing knowledge, and line item #8 "grammar, spelling, and punctuation" on the evaluation form. Average scores continue to exceed the benchmark. (06/25/2018)
SL: Exam/Quiz - Standardized - RA: 203B Corectec exams Target: > 80% of the students will achieve a score of 70 or greater on one of the four exams.	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 2018 (n=12)100% of the students achieved a passing score of 70 or greater on one of the four exams. 2017 (n=15) 93%	Action: This year's cohort achieved the highest overall class average for the four exams since 2011. This was the first cohort for implementation of the 2% reduction in the overall

Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 3.2

Measures	Results	Actions
Timeframe: Level II- Spring Semester Responsible Parties: RA: 203B Course Instructor/HS Curriculum Committee	2016 (n=17) 100% 2015 (n=15) 93% 2014 (n=17) 76% (06/25/2018)	course grade for each percentage point below 70 on the four Corectec exam average score (2016-2017 action plan). This may have provided additional incentive for the students to put forth their best effort and may have resulted in the increase in the overall class average. The 2018 and 2017 cohorts were tested on the new ARRT content specs. The ASR Program curriculum continues to prepare the students for the new content specs on the mock board exams. Students continue to demonstrate their ability to practice critical thinking. No changes recommended. (06/25/2018)

AU Outcome: ASR 3.3

Students will be able to critically think in the clinical setting **Outcome Status:** Active

Measures	Results	Actions
SL: Clinical evaluation tool - RA:145 Clinical Instructor/ Preceptor Evaluations/Numbers 2,4,7,8 Target: Average score >= 3. (0-4 pt. scale) Timeframe: Level I-Spring Semester	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 2018: Students achieved an average score of 3.53 (N=14) Benchmark met. 2017- 3.63 (n=12) 2016- 3.63 (n-16) 2015- 3.67 (n-17) 2014-3.62 (n=15)	Action: The student scores were lower than the previous year in all areas of the performance criteria; application of knowledge, ability to follow directions, self-image for level in the ASR program and composure and adaptability. This

Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 3.3

Measures	Results	Actions
Responsible Parties: RA: 145 Course Instructor/HS Faculty Org. Committee	(06/25/2018)	class had all their preceptor/clinical instructor evaluations completed on Trajecsys, which gives them immediate feedback in all areas of the evaluation. The reduction in these performance criteria may be attributed to this class cohort compared to the previous year. Students used effective communication skills in the clinical setting. (06/25/2018)
SL: Clinical evaluation tool - RA:265 Clinical Instructor/ Preceptor Evaluations/Numbers 2,4,7,8 Target: Average score >= 3. (0-4 pt. scale) Timeframe: Level II- Fall Semester Responsible Parties: RA: 265 Course Instructors/HS Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 2017 3.79 (n=12) 2016 3.86 (n=15) 2015 3.81 (n=17) 2014 3.75 (n=15) (06/25/2018)	Action: The student's average scores declined in all performance criteria areas, application of knowledge, ability to follow directions, self-image for level in the program and composure and adaptability. This may be attributed to the lower number of students in this class to the previous class cohort. In the summer 2017, all student evaluations were completed on Trajecsys. This was a successful transition for students and clinical instructors. (06/25/2018)

AU Outcome: ASR 4.1

Students will integrate leadership skills and construct professional practices **Outcome Status:** Active

Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 4.1

Measures	Results	Actions
SL: Service - RA:135 Community	Reporting Year: 2017 - 2018 (Year 4)	Action: All students performed
Service/Service Learning Evaluation	Target Met: Yes	service learning through a variety
Target: Average score of >= 80%	2017: 94.78 (n=14)	of organizations. Students
Timeframe: Level I-Fall Semester	2016: 72% (n=13)	demonstrated leadership skills and
Responsible Parties: RA: 135 Course	2015: 92.56% (n=16)	professionalism through their
Instructors/HS Curriculum	2014: 97.94% (n=17)	involvement in service learning
Committee	(06/25/2018)	activities. (06/25/2018)
SL: Service - RA: 265 Community	Reporting Year: 2017 - 2018 (Year 4)	Action: All students performed
Service/Service Learning Evaluation	Target Met: Yes	service learning through a variety
Target: Average score of >= 80%	2017: 93.33% (n=12)	of organizations. Students have
Timeframe: Level II-Fall Semester	2016: 93.4% (n=15)	demonstrated leadership skills and
Responsible Parties: RA: 265 Course	2015: 82.47% (n=17)	professionalism through their
Instructors/HS Curriculum	2014: 99.13% (n=15)	contributions to the service
Committee	(06/25/2018)	learning activities. (06/25/2018)

AU Outcome: ASR 4.2

Students will practice professionalism **Outcome Status:** Active

Measures	Results	Actions
SL: Clinical evaluation tool - RA:135 Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13 Target: Average score >= 3 (0-4 pt. scale) Timeframe: Level I- Fall Semester Responsible Parties: Clinical Instructors/ Program Faculty/HS Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 2017 - 3.68 (n=14) 2016 - 3.6 (n=13) 2015 - 3.83 (n=16) 2014 - 3.80 (n=17) (06/25/2018)	Action: The student's average scores increased in four areas with a slight decrease in the area of initiative for the fall 2017. Beginning in the summer 2017, all student evaluations were completed on Trajecsys. Trajecsys permits the student to view and have continual access to all their completed evaluations while they

Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 4.2

Measures	Results	Actions
		are in the program. The inclusion of the electronic format for the completion of evaluations was a successful transition for students and clinical instructors. Students continue to practice professionalism in the clinical environment. (06/25/2018)
SL: Clinical evaluation tool - RA:275 Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13 Target: Average score >= 3 (0-4 pt. scale) Timeframe: Level II-Spring Semester Responsible Parties: Clinical Instructors/ Program Faculty/HS Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 3.76 (n=12) 2016-2017 3.96 (n=15) 2015-2016 3.98 (n=17) 2014-2015 3.91 (n=15) 2013-2014 (06/25/2018)	Action: The student average scores were lower in each area compared to last year's students. The performance criteria evaluated was organization of assignments, initiative, appearance, policies and procedures, and ethical and professional behaviors. The lower scores may be attributed to the smaller number of students in this class cohort as compared to the previous year. All student clinical evaluations are completed utilizing the online software program Trajecsys. Students continue to integrate leadership skills and practice professionalism in the clinical setting. (06/25/2018)

Program (HS) - Diagnostic Medical Sonography (DMS)

AU Outcome: DMS 1.1

Students will show knowledge of ultrasound transducers

Program (HS) - Diagnostic Medical Sonography (DMS)

AU Outcome: DMS 1.1

Outcome Status: Active

Measures	Results	Actions
SL: Didactic - Ultrasound Transducer Exam Target: Students will receive an average score of >= 80% Timeframe: Annually Responsible Parties: Program Chair HS Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4)Target Met: YesSpring 2018 semester, 100% of students received score = 80% (8 of 8 students). The results of 2018 compare favorably with results of Spring 2017. The trend remains high over the last two years.Spring 2017 semester, 8 of 8 students =80%Benchmark changed previously from students will receive an average score of 80% to current as this change is a better identifier of knowledge level of each student.Graded homework assignments, and construction of transducer model were required prior to exam.Students were also encouraged to participate in tutoring sessions.	Action: This course will continue to include graded homework assignments, construction of a transducer model and offer tutoring. To determine consistency of trend, no change in measurement tool for another cycle of data (02/28/2019)
SL: Didactic - Students will construct transducer model Target: Each student will receive a score of >= 80% Timeframe: Annually Responsible Parties: Program Chair HS Curriculum Committee	(09/28/2018) Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes Spring 2018:100% of students scored above 80% All students scored 95% or higher. This cohort demonstrated knowledge of transducer and also more creativity in construction. The sources have increased over scores of previous years. (09/28/2018)	Action: Students required to construct a model of an ultrasound. Rubric furnished and grade based upon accuracy of information, creativity and craftsmanship. This course will continue to include topic lecture/ discussion, graded homework assignments, and offer tutoring. This will continue to be course assignment. To determine consistency of trend, no change in measurement tool for another cycle of data (09/28/2018)

AU Outcome: DMS 1.2

Program (HS) - Diagnostic Medical Sonography (DMS)

AU Outcome: DMS 1.2

Students will apply correct scanning skills **Outcome Status:** Active

Measures	Results	Actions
SL: Lab - Final Lab Practical Target: Students will achieve an average score of >= 80%. Timeframe: Didactic Level - Fall Semester Responsible Parties: Program Faculty/ HS Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes Fall 2017 8/8 = 80% (range 87%-96%) Due to experiences of previous cohorts, faculty recommended students to spend a additional practice time in lab. This cohort was exceptional in that most of the students took advantage of the additional scanning sessions offered by the faculty and often requested more scanning sessions. This activity is a good reflection of the students initiative and developing skill sets. (09/28/2018)	Action: Faculty members will continue to provide instruction in areas of basic anatomy, sonographic anatomy, imaging techniques and instrumentation and protocols though demonstration, verbal and written instruction, individual and group image and technique review. Additional scanning sessions will be offered by multiple instructors Student outcomes will be assessed with the same target. (09/28/2018)
 SL: Lab - Practical Testing in Laboratory on Thyroid: Exam Protocol Target: >=90% of students will pass lab practical on 1st attempt Timeframe: Didactic Level - Spring Semester Responsible Parties: Program Faculty/HS Curriculum Committee 	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes Spring 2018 100% (9/9) All students achieved target. This is consistent with the results of the last three years. This is an essential skill set thus will continue to be assessed. The action plan identified several options (additional scanning periods and review of images with each student) that were later implemented to assist the student in the learning process.The students benefitted from additional sessions with faculty that included review of images, scanning techniques, and adherence to protocol (09/28/2018)	Action: The DMS faculty will continue to provide feedback on scanning quality and techniques to the students as well as be available for extra scanning sessions beyond regular class time. To determine consistency of trend, no change in measurement tool for another cycle of data (09/28/2018)

AU Outcome: DMS 2.1

Students will demonstrate effective communication skills in the imaging lab setting **Outcome Status:** Active

Program (HS) - Diagnostic Medical Sonography (DMS)

AU Outcome: DMS 2.1

Measures	Results	Actions
SL: Clinical evaluation tool - DMS:408 Clinical Instructor/Preceptor Evaluations 2, 3, 10, 11,17 Target: On a scale from 1-5, 5 being the highest rating, the average of all the responses >=4 Timeframe: Didactic Level-Fall Semester Responsible Parties: Clinical Instructors/ Program Faculty/HS Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes Fall 2017 semester, avg score is 4.78 (n=7) Fall 2016 semester, Fall 2015 semester avg score is 4.89 (n=5). Students are demonstrating effective communication skills. CI added comments on students' performance to rubric and to additional clinical development evaluation form. Results remain consistent with previous years. The action plan identifies that faculty will obtain and assess feedback from clinical instructors at each site on a continuous basis. (09/28/2018)	Action: Faculty will obtain and assess feedback from clinical instructors. At each site visit, program faculty will review evaluations with clinical instructors and the student. Areas of concern will be identified and recommendation/plan of action for student improvement will be developed. To determine consistency of trend, no change in measurement tool for another cycle of data. (09/28/2018)
SL: Clinical evaluation tool - DMS:409 Clinical Instructor/Preceptor Evaluations 2, 3, 10, 11, 17 Target: On a scale from 1-5, 5 being the highest rating, the average of all the responses >=4 Timeframe: Didactic Level - Spring Semester Responsible Parties: Clinical Instructors/ Program Faculty/HS Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes Spring 2018 semester, the students' average score is 4.94 (n=7). Scores remain high and are consistent with previous cohorts. The action plan identifies that faculty will obtain and assess feedback from clinical instructors at each site on a continuous basis. Likert scale (0-5) Spring 2017 (n=4) average score is 4.78 (n=4). Spring 2016 (N=5) avg: 4.96 . Previous Likert scale (0-4) scores: Spring 2015 (N=5) avg: 3.72 Spring 2015 (N=5) avg: 3.72 Spring 2013 (N=4) avg: 3.7 Spring 2012 (N=6) avg 3.62. (10/12/2018)	Action: Faculty will obtain and assess feedback from clinical instructors. Faculty will review evaluations with clinical instructors and student at each site visit and will identity /make recommendations for student improvement. To determine consistency of trend, no change in measurement tool for another cycle of data. (10/12/2018)

Program (HS) - Diagnostic Medical Sonography (DMS)

AU Outcome: DMS 2.2

Students will successfully obtain patient history **Outcome Status:** Active

Measures	Results	Actions
SL: Clinical evaluation tool - DMS:408 Clinical Instructor/Preceptor Evaluations Number 1 Target: On a scale from 1-5, 5 being the highest rating, the average of all the responses >=4 Timeframe: Didactic Level - Fall Semester Responsible Parties: DMS:408 Course Instructor/Program Faculty/HS Curriculum Committee	 Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes Fall 2017 avg. 4.94. Trend is consistent with previous years.Students continue to demonstrate ability to communicate effectively with patient. The action plan identified continuity in assessing this area during clinicals at this time. Fall 2016 avg. 4.71 Fall 2015 avg. 4.47 (10/12/2018) 	Action: Faculty will obtain and assess feedback from clinical instructors. Faculty will review evaluations with clinical instructors and student at each site visit and will identity /make recommendations for student improvement. However, new outcome or assessment tool will be considered. (10/12/2018)
SL: Lab - Ultrasound Imaging 2 Lab Target: Each student will receive score >= 80% Timeframe: Didactic Level Spring Semester Responsible Parties: Course Instructor/ HS Faculty Org. Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Course not taught" (03/08/2019)	

AU Outcome: DMS 3.1

Students will successfully analyze sonographic images **Outcome Status:** Active

Measures	Results	Actions
SL: Didactic - Ultrasound Imaging Imaging Portfolio	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes	Action: This assignment was opportunity for faculty and

Program (HS) - Diagnostic Medical Sonography (DMS)

AU Outcome: DMS 3.1

Measures	Results	Actions
Target: Each student will receive score >= 80% Timeframe: Didactic Level - Fall Semester Responsible Parties: Course Instructor/ Program Faculty/ HS Faculty Org. Committee	8 of 8 scored = 100% of students scores > or = 80% This is an increase in number of students achieving benchmark score compared to previous year. Action plan: Continue to utilize measurement tool of assignment of the creation of a portfolio assisted students in recognizing good images.Continue to utilize measurement tool to better evaluate trend of scores. Fall 2016 7 out of 8 students scored = 80% . (10/12/2018)	students to identify what factors contribute toward qualifying images of an ultrasound exam as "diagnostic". Expectation was that students will evaluate (analyze) images when scanning (accept/reject) then evaluate (analyze) images for quality/ protocol a 2nd time when compiling images for portfolio for submission. Continue to use Portfolio assignment in course. As this is the second year of using this assessment tool, no change anticipated for another cycle of data. (10/12/2018)
SL: Didactic - ABD II Thyroid Image Assessment Target: Each student will receive score >= 80% Timeframe: Annually-Spring semester Responsible Parties: ABD II Course Instructor	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes Spring 2018 8 of 8 students scored = 80% This is a new measurement tool. No previous results (05/06/2020)	Action: This course will continue to include both didactic and labs sessions to enhance the student's knowledge and skills level to evaluate images successfully. Student outcomes will be assessed with the same target. (05/06/2020)

AU Outcome: DMS 3.2

Students will be able to critically reflect on their performance in the clinical lab **Outcome Status:** Active

Measures	Results	Actions

Program (HS) - Diagnostic Medical Sonography (DMS)

AU Outcome: DMS 3.2

Measures	Results	Actions
SL: Clinical evaluation tool - DMS:408 Student Self Evaluation Target: On a scale from 0-4, 4 being the highest rating, the average of all the responses >= 3 Timeframe: Didactic Level - Fall Semester Responsible Parties: Clinical Instructor/Program Faculty/HS Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 2018 Average of all responses is 3.29 This score is consistent with previous years. Students are able to effectively reflect on their performance in the clinical setting sufficiently for clinical staff. While results meet target, the results show a slight decrease from previous year. Previous action plan proposes to continue to assess this item to assess if trend continues to decrease. (10/12/2018)	Action: Faculty will obtain and assess self-evaluation from students and compare with evaluation from clinical instructors. Faculty will review evaluations with student at each site visit and identity areas of concern and make recommendations/plan for student improvement. To determine consistency of trend, no change in measurement tool for another cycle of data (10/12/2018)
SL: Clinical evaluation tool - DMS:409 Student Self evaluation Target: On a scale from 0-4, 4 being the highest rating, the average of all the responses >= 3 Timeframe: Didactic Level Spring Semester Responsible Parties: Program Faculty/HS Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes Spring 2018 Average of all responses is 3.42 (n=7) Although average score decreased slightly from previous years, it still meets benchmark. The student self evaluations is used to compare with the Cl's evaluation of student's progress thus providing good opportunity for student to receive critical feedback. The action plan identifies that there will be no change in measurement tool for another cycle of data to determine consistency of trend of scores. Average score Spring 2017 3.57 (n=4) Spring 2016 3.68 (n=5) Spring 2015 3.64 (n=5) Spring 2013 3.8 (n=4) Spring 2013 3.8 (n=4) Spring 2012 3.79(n=6) (10/12/2018)	Action: To determine consistency of trend, no change in measurement tool for another cycle of data (10/12/2018)

AU Outcome: DMS 4.1

Program (HS) - Diagnostic Medical Sonography (DMS)

AU Outcome: DMS 4.1

Students will demonstrate professional growth or learning **Outcome Status:** Active

Measures	Results	Actions
SL: Didactic - Innovations in Sonography - Presentation Target: Each student will receive score >= 90% Timeframe: Annually Responsible Parties: Program Faculty/HS Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4)Target Met: No89% (8/9) of students received =90%1 student received 87%This is the first year as an assessment tool. Students were required to research, prepare and deliver 15 min PP presentation on MSK ultrasound imaging to the class. Faculty scored presentation using rubric categories: outline,organization, format, oral presentation. (03/08/2019)	Action: Faculty will continue to require students to develop and give presentation on sonography issues/ topics. Student outcomes will be assessed with the same target. (06/04/2019)
SL: Didactic - B- Sonography webinar Target: Each student will receive score >= 90% Timeframe: Annually Responsible Parties: Program Faculty/HS Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: No 75% of students (6/8) received score =90% 2 students scored below 90% (1 received 87%; 1 received score of "0" due to submitting wrong assignment) This is a first year as a assessment tool. Students were required to view webinar/PP on basic EKG. Students required to complete worksheet while viewing PP. Student response- while they liked the format of filling out the worksheet while watching webinar/PP as in helped they remember key points, they found the topic "boring", not relevant. (03/08/2019)	Action: This is a first year as a assessment tool. Students were required to view webinar/PP on basic EKG. The PP was approximately 60min in length. Students required to complete worksheet while viewing PP. Student response- while they liked the format of filling out the worksheet while watching webinar/PP as in helped they remember key points, they found the topic "boring", not relevant. Faculty will continue to require students to view sonography webinars and complete assigned homework. Student outcomes will be assessed with the same target. (03/08/2019)
SL: Didactic - Sonography webinar Target: 80% of students will view webinar Timeframe: Annually	Reporting Year: 2017 - 2018 (Year 4) Target Met: No Results:75% of students (6/8) received score = 90% 1 student submitted wrong assignment; 1	Action: Students were required to view webinar/PP on EKG basics. The PP was app. 60 min in length.

Program (HS) - Diagnostic Medical Sonography (DMS)

AU Outcome: DMS 4.1

Measures	Results	Actions
Responsible Parties: DMS Program Director/H.S. Faculty Org	student received score of 87% Students were required to view webinar/PP on EKG basics. The PP was app. 60 min in length. Students required to complete worksheet while watching view. (10/12/2018)	Students required to complete worksheet while watching view. To determine consistency of trend, no change in measurement tool for another cycle of data (10/12/2018)

AU Outcome: DMS 4.2

Students will practice professionalism in the clinical lab setting

Outcome Status: Active

Measures	Results	Actions
SL: Clinical evaluation tool - DMS:408 Clinical Instructor/ Preceptor Evaluations Numbers 1,2,10-13,15-19 Target: On a scale from 1-5, 5 being the highest rating, the average of all the responses >=4 Timeframe: Didactic Level - Fall Semester Responsible Parties: DMS 408 Instructor/ Program Faculty/HS Curriculum Committee	 Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes Fall 2017- student's average score is 4.8 (n=7). Score remain consistently high as compared to previous cohort score. Fall 2016 student's average score i-4.86 (n=5). Likert scale 1-5 Fall 2015 student's average score -4.9 (n=5) Fall 2014 student's average score- 3.5 on a scale of 1-4, (n=6). Will follow the previous year's action plan to keep as a CAP measurement tool as it provides valuable information of student's clinical progress by semester and by cohort (10/12/2018) 	Action: Faculty will obtain and assess feedback from clinical instructors. At each site visit, program faculty will review evaluations with clinical instructors and the student. Areas of concern will be identified and recommendation/plan of action for student improvement will be developed. To determine consistency of trend, no change in measurement tool for another cycle of data. (10/12/2018)
SL: Clinical evaluation tool - DMS:409 Clinical Instructor/ Preceptor Evaluations Numbers 1,2,10-13,15-19 Target: On a scale from 1-5, 5 being	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes Spring 2017 avg 4.83 Spring 2016 (n=5).avg 4.96 Likert scale:0-4	Action: Faculty will obtain and assess feedback from clinical instructors. At each site visit, program faculty will review evaluations with clinical instructors

Program (HS) - Diagnostic Medical Sonography (DMS)

AU Outcome: DMS 4.2

Measures	Results	Actions
the highest rating, the average of all the responses >=4 Timeframe: Didactic Level - Spring Semester Responsible Parties: DMS 408 Instructor/ Program Faculty/HS Curriculum Committee	Spring 2015 (N=5) avg is 3.72 Spring 2014 (N=8) avg was 3.46 Spring 2013 (N=4) avg was 3.7 Spring 2012 (N=6) avg was 3.62. (06/04/2019)	and the student. Areas of concern will be identified and recommendation/plan of action for student improvement will be developed. To determine consistency of trend, no change in measurement tool for another cycle of data (06/04/2019)

Program (HS) - Doctor of Education (Ed.D.)

AU Outcome: EdD 1.1

Students will demonstrate advanced educator competencies to enact increasingly complex faculty and leadership roles. **Outcome Status:** Active

Measures	Results	Actions
SL: Didactic - EdD 720: Finance and Fiscal Management – Budget Assignment Target: Each student will receive an average score of >80% Timeframe: When course is taught (e.g. Spring 2017) Responsible Parties: Program Chair/ HS Grad Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Course not offered. (08/17/2018)	
SL: Didactic - EdD 740: Today's Health Sciences Student: Trends, Issues and Challenges – Final Paper Target: 100% of students will receive a score of >= 85%	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Course not offered. (03/05/2019)	

Program (HS) - Doctor of Education (Ed.D.)

AU Outcome: EdD 1.1

Measures	Results	Actions
Timeframe: When course is taught (e.g., Fall 2016) Responsible Parties: Program Chair/ HS Grad Curriculum Committee		
SL: Didactic - EdD 780: Integrating Evolving Technology in Health Professions EducationTechnology Transcendence Final Project Target: 100% of students will receive a score of >= 85% Timeframe: When course is taught (e.g., Fall 2015, Fall 2018, etc.) Responsible Parties: Program Chair/ HS Grad Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Course not offered. (03/05/2019)	
SL: Didactic - EdD 790: Practicum in Health Professions Education – Let's Get Creative Assignment Target: Students will receive an average score of >80% Timeframe: When course is taught (e.g., Spring 2017) Responsible Parties: Program Chair/ HS Grad Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Course not offered. (08/17/2018)	
SL: Didactic - EdD 795: Practicum in Health Professions Education – Let's Get Creative Assignment Target: 100% of students will receive a score of >= 85% Timeframe: When course is taught Responsible Parties: Program Chair/ HS Grad Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Course not offered. (03/05/2019)	
SL: Didactic - EdD 700:	Reporting Year: 2017 - 2018 (Year 4)	Action: The standardized EdD

Program (HS) - Doctor of Education (Ed.D.)

AU Outcome: EdD 1.1

Measures	Results	Actions
Organizational Development and Change in Education – Final Paper Target: 100% of students will receive an average score of >=85% Timeframe: When course is taught (e.g., Fall 2017) Responsible Parties: Program Chair/HS Grad Curriculum Committee	Target Met: No60% of students received a score of >85%Overall average score = 86.25% (48.25/56)This course was last taught in 2014 with students meeting the target at that time (students will receive an average score of >= 80%). The target has changed since it was last taught.The final paper in this course was a culmination of several smaller assignments that required students to create a change proposal and apply concepts covered in the course. This assignment was modified since the last time the course was taught. Students placed themselves in the role of the change agent and developed a change proposal applicable to their educational settings. The standardized EdD Writing Rubric served as the grading basis for this assignment and was developed based on the action plan from when this course was previously taught. One student with less writing experience struggled with this assignment despite the feedback assignments incorporated into the course. One student submitted the assignment late and received a grade reduction for policy violation. (08/17/2018) Related Documents: EdD 700 Final Paper Overview.pdf	Writing Rubric will be used to frame feedback given on the assignments leading up to the final paper to help support students' writing and make them aware of areas for improvement. Continue to monitor. (08/17/2018)
SL: Didactic - EdD 780: Integrating Evolving Technology in Health Professions Education – ASSURE Technology Integration Final Project Target: Students will receive an average score of at least 80% Timeframe: When course is taught (e.g., Fall 2015, Fall 2018, etc.) Responsible Parties: Program Chair/ HS Grad Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Course not offered (08/17/2018)	
SL: Didactic - EdD 740: Today's Health Sciences Student: Trends, Issues and Challenges – Final Paper	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Course not offered. (08/17/2018)	

Program (HS) - Doctor of Education (Ed.D.)

AU Outcome: EdD 1.1

Measures	Results	Actions
Target: Students will receive an average score of >80% Timeframe: When course is taught (e.g., Fall 2016) Responsible Parties: Program Chair/ HS Grad Curriculum Committee		

AU Outcome: EdD 2.1

Students will facilitate curriculum design, development, and evaluation of program and learner outcomes using evidence-based strategies. **Outcome Status:** Active

Measures	Results	Actions
SL: Didactic - EdD 790: Practicum in Health Professions Education – Project Conferences Target: Students will receive an average score of >80% Timeframe: When course is taught (e.g., Spring 2017) Responsible Parties: Program Chair/HS Graduate APG Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Course not offered. (08/17/2018)	
SL: Didactic - EdD 750: Curriculum Theory and Design in the Health Professions – Progressive Project Target: 100% of students will receive an average score of >=85% Timeframe: When course is taught Responsible Parties: Program Chair/HS Graduate APG Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 100% of students received a score of >85% This was a new measurement tool put in place since the last time this course was taught due to a new instructor and course revision. Target met. The progressive assignment was a step by step process of what was needed to develop, implement, and evaluate a new curriculum. Curriculum development, delivery, and evaluation is a very involved, conceptual process that goes far beyond putting together a schedule of courses for a program. Each step in the progressive assignment addressed a different aspect of the process of developing a curriculum and the courses within a curriculum, of implementing (delivering) the courses in	Action: A new instructor will be teaching the course next time it is offered. This measurement tool will be retired and a new one will be put in place for this course. (08/17/2018)

Program (HS) - Doctor of Education (Ed.D.)

AU Outcome: EdD 2.1

Measures	Results	Actions
	the new curriculum, and of evaluating the curriculum. Students met the outcome by learning what it takes to lead a curriculum development process. The process is not complete unless it is delivered (so they learned some very specific and detailed information on delivery) and evaluated. (08/17/2018) Related Documents: <u>Assignment overview for EdD 750 Fall 2017.docx</u>	
SL: Didactic - EdD 760: Pedagogy in Health Professions Education – Student Choice Activities Target: 100% of students will receive an average score of at least 90% across the three student choice activities Timeframe: When course is taught (e.g., 2014, 2017, etc.) Responsible Parties: Program Chair/HS Graduate Curriculum Committee	 Reporting Year: 2017 - 2018 (Year 4) Target Met: No Two students earned an average of better than 90% (93%; 98%). One student earned an average of 73%. This course was last taught in 2014, and the target was revised since then. The previous action plan of creating a collaborative assignment was not implemented in the current course offering. Students explored diverse teaching learning pedagogies, presented in a diversity of formats based on self-identified learning objectives. This learning strategy was very well-received by students and they performed well. (08/17/2018) Related Documents: EdD 760 Discussion Leader Scoring Rubric.pdf 	Action: Continue to monitor, with consideration given to requiring at least one of the three assignments to be done as a collaborative learning assignment. Additionally, this course will be taught by a different instructor the next time it is offered, so a new measurement tool will be put in place for this course. (08/17/2018)

Program (HS) - Masters in Occupational Therapy (MS in OT)

AU Outcome: MS in OT 2.1 Models of practice/frames of reference

Students will demonstrate accurate application of models of practice/frames of reference in clinical decision-making.

Measures	Results	Actions
SL: Didactic - OT 601 –Care Plan Assignment	Reporting Year: 2017 - 2018 (Year 4) Target Met: No Six out of 19 students did not achieve a minimum of 80% on the care plan assignment. The	Action: Students will be provided more in-class practice opportunities to better prepare

Program (HS) - Masters in Occupational Therapy (MS in OT)

AU Outcome: MS in OT 2.1 Models of practice/frames of reference

Measures	Results	Actions
Target: Minimum of 80% on care plan assignment Timeframe: When course taught (2nd Year, e.g., Fall 2016) Responsible Parties: Instructor/ OT Faculty /HS Grad Curriculum Committee	average score was 25.81 out of 30 points, which is equivalent to 86%. This average of 86% is lower than last years (92.13) and may be partially due to the increased class size, along with other issues. Even with the program being fairly new, the faculty will need to increase opportunities for more practice of these skills to assure that students are well-prepared for practice in the future. (10/10/2018)	them to complete this assignment individually. (10/10/2018)

AU Outcome: MS in OT 2.2 Collaborative Approaches

Students will demonstrate collaborative approaches to decision-making with patients/clients/consumers/families.

Measures	Results	Actions
SL: Clinical - OT 602 - Treatment Note Target: Minimum of 80% on documentation note Timeframe: When course taught (2nd Year, e.g., Fall 2016) Responsible Parties: Instructor/ OT Faculty /HS Grad Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: No Two of the 23 students did not receive a minimum of 80% on this assignment. Last year all students met the minimum percentage. This class is substantially larger than the last and new faculty have come onboard and are newly sharing some of the instructor roles. Some of these issues may have contributed to program not meeting the expectation. More opportunities to practice writing notes will be included to support learning. (10/10/2018)	Action: Faculty will provide more examples and opportunities to practice these notes in class before completing these individual assignments. (10/10/2018)

AU Outcome: MS in OT 4.1 Apply adaptive equipment

Students will demonstrate the ability to select and apply appropriate adaptive equipment/technology in treatment.

Measures	Results	Actions
Video Case Target: Minimum score of 80% on final exam video case	Reporting Year: 2017 - 2018 (Year 4) Target Met: No Two out of the 19 students did not achieve the minimum score of 80%. This is a change from last year when all were successful. Changes in faculty teaching the course and minor adjustments to the curriculum may have contributed. Faculty will continue to monitor and	Action: Faculty will add additional opportunities in class to review cases that support practice in decision-making in the selection and application of adaptive

Program (HS) - Masters in Occupational Therapy (MS in OT)

AU Outcome: MS in OT 4.1 Apply adaptive equipment

Measures	Results	Actions
Year, e.g., Fall 2016) Responsible Parties: Instructor/ OT Faculty /HS Grad Curriculum Committee	offer additional opportunities for students to build skills to meet the minimum expectations. (10/10/2018)	equipment and technology. (10/10/2018)

AU Outcome: MS in OT 4.2 Modify Environments

Students demonstrate the ability to modify environments to support best outcomes in care.

Measures	Results	Actions
SL: Didactic - OT 523 – Case Study Assignment Target: Minimum score of 80% on case study assignment Timeframe: When course taught (1st Year, e.g., Summer 2016) Responsible Parties: Instructor/ OT Faculty /HS Grad Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: No Two out of the 19 students did not achieve the minimum score of 80% on this assignment. Last year all students were successful, but the class was also smaller and may have allowed for more support and 1:1 in labs to enhance skills. Faculty changes have also occurred and the team will work together this next year to assure that students are provided with increased opportunities for case work. (10/10/2018)	Action: More opportunities will be provided to practice case studies in class to support improvement in decision-making concerning environmental modifications. (10/10/2018)

Program (HS) - Medical Laboratory Science (MLS)

AU Outcome: MLS 2.1

Students will demonstrate technical competency in the delivery of quality laboratory service **Outcome Status:** Active

Measures	Results	Actions
SL: Clinical evaluation tool - MLS 428: Cell Morphology-Virtual Microscope Assignments Target: 100% of students will	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 12 students	Action: To continue to achieve the target for this measure during the 2019-2020 academic year, MLS

Program (HS) - Medical Laboratory Science (MLS)

AU Outcome: MLS 2.1

Measures	Results	Actions
received average score of >= 80% Timeframe: Annually Responsible Parties: Program Chair/HS Curriculum Committee	100% of students received an average score of >80% Overall average = 99.2% (89.3/90) This was a new item due a curriculum changed implemented for 2017- 2018. The virtual microscope assignments are used to introduce students to differentials on normal patients to provide a basis for the skills necessary to achieve technical competency on abnormal cases later in the program. A total of six differentials are completed in this assignment category, and they are graded using a rubric. (08/17/2018) Related Documents: <u>428 and 440 - Differential Grading Rubric.pdf</u>	faculty will continue to provide instruction and support as this course shifts to a more online format. This measure will continue to be assessed annually to monitor trends. (08/17/2018)
SL: Clinical - Affective evaluation– MLS 455: Immunohematology Target: 100% of students will receive an average score of >80% Timeframe: Annually Responsible Parties: Program Chair/HS Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: No 10 students 90% (9/10) students earned an average score of >85% Overall average score = 24.1/25 points; 96.4% This is final semester for students and the third or fourth rotation as they progress through the program, so students should be learning and retaining behaviors needed to be successful in a workplace setting. Students are assessed on interest in learning, initiative, communication skills, acceptance of constructive criticism, and safety. One student withdrew from the course after the drop date prior to rotations and was not included in the calculations. The student who did not meet the target was academically dismissed at the end of the spring semester. (08/17/2018) Related Documents: MLS 455 Affective Eval Example.pdf	Action: We will continue to promote professional behaviors that are assessed by the affective evaluation throughout the program for the next academic year. We will evaluate subsequent cohorts of students on this measurement item with a revised target. (08/17/2018)

AU Outcome: MLS 4.2

Students will communicate effectively in an online environment **Outcome Status:** Active

Program (HS) - Medical Laboratory Science (MLS)

AU Outcome: MLS 4.2

Measures	Results	Actions
SL: Didactic - Management Section Discussion Board posts – MLS 465: Clinical Management and Review Target: 100% of students will receive an average score of >= 85% Timeframe: Annually Responsible Parties: Program Chair/HS APG Committee	Reporting Year: 2017 - 2018 (Year 4)Target Met: No10 students90% (9/10) of students achieved an average score of >85%Overall average = 154.6/160 points; 96.6%Students discuss laboratory-based cases each week that are related to the weekly objectives. As the cases presented in the discussions mimic real world examples, students tend to be engaged and interested in the discussions. Faculty facilitate the discussions and provide real- life examples related to each case with examples of solutions to the cases while pushing students to critically think through the cases each week. The discussion boards are graded with a rubric used in all MLS courses. (08/17/2018)Related Documents: MLS 465 - Management Section Discussion Examples.pdf	Action: Faculty will continue to teach management and review content, provide discussion assignments for students to apply the content, and facilitate discussion of the content. We will assess student outcomes using a revised target for the next academic year. (08/17/2018)
SL: Didactic - Journal entries – MLS 460: Clinical Microbiology Target: 100% of students will receive a score of >=80% Timeframe: Annually Responsible Parties: Program Chair/HS APG Committee	Reporting Year: 2017 - 2018 (Year 4)Target Met: Yes100% (9/9) studentsearned average score of >80% on journal entries.Overall average score 95.3%, out of 15 pointsStudents were required to complete a journal entry after each clinical rotation day. Promptswere provided to help structure their entries. Journal entries help provide a sense ofcommunity and help the instructor gauge how the rotation is progressing for each student, inaddition to reflecting on what has been learned. (08/17/2018)Related Documents:MLS 460 Journal Questions Spring 2018.docx	Action: Faculty will continue to student rotation experiences through the journal assignment. We will assess student outcomes using a revised target for the next academic year. (08/17/2018)

Program (HS) - Public Health (PH)

Program (HS) - Public Health (PH)

AU Outcome: PH 1.1

Student will be able to identify determinants of health and illness **Outcome Status:** Active

Measures	Results	Actions
SL: Exam/Quiz - Teacher-made - PH: 430 Final exam Target: Average score of >80% Timeframe: Fall Semester Responsible Parties: Program faculty / HS APG committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes In Fall 2017, two students took the course and received an average of 90% on the final exam. In Fall 2016, one student took the course and earned a 83% on the final exam. To meet this target during the 2017-2018 reporting year, no specific action plan was proposed in the 2016- 2017 CAP report because it was determined that "low student enrollment makes it difficult to predict future results." The plan was to revisit "this outcome and measure for the 2017-2018 academic year to be more specific to the goal." (01/09/2018)	Action: This was the first year of a new curriculum due to a change in program staff. Based on the results and student feedback, the course will change curriculum again in the 2018-2019 academic year to put a greater focus on epidemiology. (01/09/2018)
 SL: Didactic - Community needs assessment as part of mid-term project. Target: Average score of >80% Timeframe: Spring semester Responsible Parties: Program faculty / Health Science (HS) Curriculum committee 	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes All (n=4) students scored above 80%, with an average score of 93.25%. In Spring 2017, two students had an average score of 94.5%. To achieve the target for this measure during the current reporting year, the action plan proposed in the 2016-2017 CAP report was to use the measure again next year to monitor progress because it was the first time the measure had been used. (04/12/2018)	Action: This is the second time this measure was used and requires students to synthesize a number of sources to understand the community. It will be retained in the CAP. (04/12/2018)

AU Outcome: PH 1.2

Student will be able to identify sources of public health data and information **Outcome Status:** Active

Measures	Results	Actions
 SL: Didactic - Community needs assessment as part of mid-term project. Target: Successful completion of report Average score of >80% Timeframe: Spring semester Responsible Parties: Program faculty / Health Science (HS) Curriculum 	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes All (n=4) students scored above 80%, with an average score of 90%. In Spring 2017, two students had an average score of 87.5%. Target met and will keep the assignment as a measure. To achieve the target for this measure during the 2017-2018 academic year, the proposed action plan in the 2016-2017 CAP report was to use the measure again for 2017- 2018 because 2016-2017 was the first time the measure had been used. (04/12/2018)	Action: This assignment requires students to pull both demographic and population health data. It is a good measure of their ability to pull together information relevant to their community. The measure will be used again. (04/12/2018)

Program (HS) - Public Health (PH)

AU Outcome: PH 1.2

Measures	Results	Actions
committee		
AU Outcome: PH 1.3		

Student will be able to analyze data **Outcome Status:** Active

Measures	Results	Actions
SL: Exam/Quiz - Teacher-made - PH: 430 Final exam Target: Average score of >80% Timeframe: Fall semester Responsible Parties: Program faculty / HS Faculty Org. committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes In Fall 2017, two students took the course and received an average of 90% on the final exam. In Fall 2016, one student took the course and earned a 83% on the final exam. To achieve the target for this measure during the 2017-2018 academic year the action plan proposed in the 2016-2017 CAP report was to revisit "this outcome and measure in the CAP for 2017-2018 academic year to be more specific to the goal" because "the target was barely met and low student enrollment makes it difficult to predict future results." (01/09/2018)	Action: This was the first year of a new curriculum due to a change in program staff. Based on the results and student feedback, the course will change curriculum again in the 2018-2019 academic year to put a greater focus on epidemiology. (01/09/2018)

AU Outcome: PH 2.2

Student will be able to identify mechanism to evaluate programs for their quality and effectiveness **Outcome Status:** Active

Measures	Results	Actions
SL: Exam/Quiz - Teacher-made - PH 480 Final Exam. (Public Health Research and Evaluation) Target: Average score > 80% Timeframe: Spring semester Responsible Parties: Program faculty / Health Science (HS) Curriculum committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes Two students took the course with an average score of 83.33% on the final exam. The previous year, two students earned an average score of 93.6%. To continue to achieve the target for this measure during the 2017-2018 academic year, a specific action plan was not proposed in the 2016-2017 CAP report because the tool was considered effective and the plan was to use it again during 2017-2018. (08/23/2018)	Action: Low enrollment in this course - two students per year - makes it difficult to gauge if this measure is working. It will remain in place as enrollment for 2018- 2019 is projected to be higher and should provide a more robust result. (08/23/2018)

Program (HS) - Public Health (PH)

AU Outcome: PH 4.1

Student should be able to describe the scientific foundation of the field of public health **Outcome Status:** Active

Measures	Results	Actions
SL: Exam/Quiz - Teacher-made - PH: 400 Identify prominent events in the history of public health Midterm Exam and assignments Target: Average score of >80% Timeframe: Fall semester Responsible Parties: Program faculty / HS Curriculum committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes Four students earned an average of 83.5% on the midterm exam. In Fall 2016, no midterm was given but the one student earned 33/44, or 75%, over 4 quizzes given in the first half of the course. To continue to achieve the target for this measure in 2017-2018, the action plan in the 2016-2017 CAP report was for the instructor to review the assessment plan to create a more specific measure because "the new instructor was unaware of the measure and this score was the closest proxy. The drop in score was likely do to a change in instructor and in course materials. " (01/09/2018)	Action: Although the result was very close to the baseline, a small cohort may have skewed results. This measure will be kept and compared to a larger cohort. (01/09/2018)
SL: Exam/Quiz - Teacher-made - PH: 430 Final exam Target: Average score of >80% Timeframe: Fall semester Responsible Parties: Program faculty / HS Faculty Org. committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes In Fall 2017, two students took the course and received an average of 90% on the final exam. In Fall 2016, one student took the course and earned a 83% on the final exam. To continue to achieve the target for this measure in 2017-2018, no specific plan was proposed in the the 2016-2017 CAP report. The target was barely met and low student enrollment makes it difficult to predict future results. This measure was also used in Outcome 1.3, so the plan was to create a new measure for the 2017-2018 CAP. (01/09/2018)	Action: Based on the results and student feedback, the course will change curriculum again in the 2018-2019 academic year to put a greater focus on epidemiology. (01/09/2018)

Admin - Diversity and Inclusion Services

AU Outcome: DIS 1.1

Recruit and retain a diverse student body [ODS Goal 1: Representational Diversity--Recruit, retain, advance, recognize, and promote ...] Outcome Status: Active

Measures	Results	Actions
AD: Report - Internal - Student Recruitment Assessment [Report of efforts to recruit students who represent traditionally under- represented groups, e.g., males, Hispanics, African Americans, etc.] Target: There will be evidence of regular activities designed to recruit students who represent under- represented groups (e.g., student recruiters attend or host 6 recruitment events annually in settings where contact with underrepresented groups is possible). Timeframe: Annually Responsible Parties: Admissions Counselors	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes Campus Visit Days (11) During the 2016-17 academic year, 8 visits took place. This year, 11 took place. Many of the venues were the same as the previous year. A Day in the Life (2) Meskwaki Higher Education and Career Fair Iowa College Access Network College Planning Night - Waterloo West High School Iowa College Access Network College Planning Night - Waterloo East High School UNI Athletics Career Fair Marshalltown Community College College Fair Hawkeye Community College Fair Fair Hawkeye Community College Transfer Fair Latino Expo (09/20/2018)	Action: In order to maintain the target during 2018-19, the Enrollment Management team will continue to collaborate with the Diversity and Inclusion office. Quarterly meetings will occur to discuss the continuation of current initiatives and brainstorm additional initiatives. The Day in the Life and Career Day events will merge during this year. (05/07/2019)
AD: Report - Internal - Pipeline Program Development Report [Report of ODS efforts to recruit students who represent traditionally under-represented groups, e.g., males, Hispanics, African Americans, etc.] Target: There will be evidence of regular activities designed to recruit students who represent under- represented groups (e.g., at least 6 career days for surrounding	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes The ODS held 5 Career Day events in the 2017-2018 school year which was two less than the previous school year of 2016 to 2017. However, we served 209 middle and high school students in these Career Day nursing and health science immersion experiences as compared to the 112 students we served in the previous year so this is a huge increase. The year's Summer Nurse Camp underwent a name change becoming, "Summer Nurse & Health Careers Camp 2018." This change promotes the health science careers we also highlight during the camp. This years camp enrolled and graduated 30 students for a graduation rate of 100%. This is an improvement over last years camp which enrolled 40 students and graduated 36 for a graduation rate of 90%. (09/24/2018)	Action: The ODS has partnered with the student services office to offer Career Day/A Day in the Life Programs in combination for the 2018-2019 school year. Over the course of this year we will continue to work together as we transition the program to the student services department. Throughout this year ODS will continue to work with the University of Northern Iowa's-TRIO programs, our Partners in

Admin - Diversity and Inclusion Services

AU Outcome: DIS 1.1

Measures Results	Actions
communities annually; annual summer nurse camp for at least 25 students). Timeframe: Annually Responsible Parties: DIS Coordinator	Education at Carver Middle School, the Waterloo Community School District, the Waterloo Career Center, and the local community to offer Career Day/A Day in the Life Programming to middle and high school students so they can engage in hands-on immersion activities which aid in learning about health care professions and stimulating passion for them, with the hope that they will select these professions post high school graduation. (09/24/2018)

AU Outcome: DIS 1.2

Recruit and retain a diverse faculty, staff, and administration [ODS Goal 1: Representational Diversity--Recruit, retain, advance, recognize, and promote ...] Outcome Status: Active

Measures	Results	Actions
 AD: Report - Internal - Associate Ethnic Diversity Assessment [Report of faculty ethnic diversity data obtained from administration and compared to most recent Iowa figures] Target: Diversity of Allen College associates will reflect the ethnic and cultural diversity of the state of Iowa [e.g., if 5.5% of the Iowa population is comprised of Hispanics or Latinos, then the AC Hispanic-Latino Target 	Reporting Year: 2017 - 2018 (Year 4)Target Met: YesSummary: During the 2017-18 academic year 54 persons were interviewed among four departments, which accounted for 27 hires. Of the new hires two 7.4% were considered from ethnic diverse decent. The persons from an ethnic diverse background were hired for administrative assistant positions.Student Services: Administrative Assistant - Interviewed 7 female candidates; 6 candidates were non-Hispanic white and 1 African American. Hired - African AmericanAdmissions Counselor - interviewed 5 non-Hispanic white females. Hired 1 white female.	Action: Allen College has again met its goal to recruit and retain a diverse faculty, staff and administration which allows us to achieve representational diversity. Our current diversity percentage among the faculty and staff is 7.95% as compared to the 2016- 2017 year when our diversity percentage was 6.89%. We continue to recognize the need to advertise all open Allen College

Admin - Diversity and Inclusion Services

AU Outcome: DIS 1.2

Measures	Results	Actions
for associates would be 5.5%)		positions on the HR website in
Timeframe: Year 2	Business, Finance, and Environmental Services Aid:	hopes that will elicit a diverse
Responsible Parties: DIS Coordinator	Director of Financial Aid - interviewed 2 non-Hispanic white females. Hired 1 non-Hispanic	qualified applicant pool from which
	white female.	to draw future team members.
		This allows both internal and
	Health Science:	external applicants access to all
	Administrative Assistant - Interviewed 4 female candidates; 3 were non-Hispanic white	open position descriptions and the
	females and 1 African American. Hired 1 African American female	ability to apply. Allen College
		continues to be committed to
	DPT - Interviewed 4 candidates for director and faculty positions; 3 were non-Hispanic white	creating an atmosphere of inclusion
	females and 1was non-Hispanic male. Hired 2 females and 1 male.	in all campus buildings. (05/21/2019)
	Academic Affairs: Interviewed 7 candidates for library assistant all non-Hispanic white; 4	(05/21/2019)
	females and 3 male. Hired 1 white male.	
	Temales and 5 male. Threa I while male.	
	Senior Administrative Assistant to the VCAA - Interviewed 3 non-Hispanic white females.	
	Hired 1 white female.	
	Nursing:	
	Faculty-interviewed 1 non-Hispanic white, female applicant. One hired.	
	Adjunct faculty – interviewed 20 candidates for adjunct faculty positions, all non-Hispanic	
	white; 4 males and 16 females. Hired - 16 females and 3 male.	
	The spring 2018 dashboard Indicators report to the Board of Trustees indicated total ethnic	
	diversity among faculty and staff at Allen is 7.95% compared to 6.89% for the 2017 report.	
	We continue to recruit, interview and hire applicants from underrepresented groups in an	
	attempt to ensure our faculty and staff are reflective of the diversity of the State of Iowa. In	
	the 2014-2015 year our diverse hire percentage was larger than in the 2015-2016 year.	
	However, in 2015-2016 we hired a greater number of employees from historically	
	underrepresented groups. In the 2014-2015 school year we interviewed 23 candidates,	
	hired 13 of which 2 were from underrepresented groups for a total of 23% diverse hires. In	

Admin - Diversity and Inclusion Services

AU Outcome: DIS 1.2

Measures	Results	Actions
	2015-2016 we interviewed 24 individuals, hired 19 of which 4 were from underrepresented groups for a total of 17% diverse hires. During the 2016-17 academic year 23 persons were interviewed among four departments, which accounted for 13 hires. Of the new hires one (7.6%) was considered from ethnic diverse decent. Two of the additional candidates not hired were from an ethnic diverse decent. (06/28/2018)	
AD: Report - Internal - Faculty Gender Diversity Assessment [Report of gender diversity data obtained from administration and compared to most recent figures for each professional program.] Target: Gender diversity of faculty reflects that of the professions represented by Allen College academic programs (e.g., if males represent 8% of the nursing profession, then males will represent 8% of the faculty composition in nursing programs) Timeframe: Year 2 Responsible Parties: DIS Coordinator	Reporting Year: 2017 - 2018 (Year 4)Target Met: YesSummary: During the 2017-18 academic year 54 persons were interviewed among four departments, which accounted for 27 hires. The total number of males interviewed included 5 for faculty positions and 3 for the library assistant position. Of the new hires 4 males (14.8%) were hired into faculty positions and one in the library assistant position. The total college gender diversity is 12.5%. Total gender diversity among faculty is 6.90%.Student Services: Administrative Assistant - Interviewed 7 female candidates; 6 candidates were non-Hispanic white and 1 African American. Hired - African AmericanAdmissions Counselor - interviewed 5 non-Hispanic white females. Hired 1 white female.Business, Finance, and Environmental Services Aid: Director of Financial Aid - interviewed 2 non-Hispanic white females. Hired 1 non-Hispanic white female.Health Science: Administrative Assistant - Interviewed 4 female candidates; 3 were non-Hispanic white females and 1 African American. Hired 1 African American femaleDPT - Interviewed 4 candidates for director and faculty positions; 3 were non-Hispanic white females and 1 was non-Hispanic male. Hired 2 females and 1 male.Academic Affairs: Interviewed 7 candidates for library assistant all non-Hispanic white; 4 females and 3 male. Hired 1 white male.	Action: The college has met its faculty gender diversity goals. Males accounted for 12.5% of the total faculty and staff diversity at the college in the 2017-2018 school year as compared to 13.79% in the previous year. Male faculty members accounted for 14.8%. Although this demonstrates a slight decrease in the total percentage of male employees as compared to the previous year it far exceeds our college goal of at least 8%. Allen College continues to reach out to recruit, hire, and retain qualified male applicants for open positions at the college. All college positions are advertised on the HR website which allows easy access for internal and external candidates to ascertain information about available open positions. Allen College is willing to advertise in specialty forums to continue to reach its diversity goals and percentages if the need arises. (05/21/2019)

Admin - Diversity and Inclusion Services

Measures	Results	Actions
	 Senior Administrative Assistant to the VCAA - Interviewed 3 non-Hispanic white females. Hired 1 white female. Nursing: Faculty- interviewed 1 non-Hispanic white, female applicant. One hired. Adjunct faculty – interviewed 20 candidates for adjunct faculty positions, all non-Hispanic white; 4 males and 16 females. Hired - 16 females and 3 male. The spring 2018 dashboard Indicators report to the Board of Trustees indicated total gender diversity among faculty and staff at Allen is 12.5% compared to 13.79% for the 2017 report. The college continues to meet and increased its faculty gender diversity. In the 2015-2016 year the college increased its hiring of male faculty applicants over the 2014-2015 year. In 2015-2016 17% of new faculty hires were male as compared to 8% in the 2014-2015 school year. (07/16/2018) 	
AD: Report - Internal - Associate Recruitment Assessment [Report of efforts to recruit associates who represent under-represented groups for open positions and success of those efforts; e.g., number of newly hired associates who represent underrepresented groups]. Target: There will be evidence of regular activities designed to recruit associates who represent under- represented groups to fill open positions (e.g., advertisements in male nurse journals to recruit male faculty; advertisements in African American publications to recruit	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes Allen College hired 27 new employees in the 2017-2018 academic year of which 7.95% were ethnically diverse. All open college positions were posted on the HR website and all qualified applicants were interviewed which is standard HR practice. Physical therapy director and faculty positons were advertised on regional and national physical therapy association websites. Newly hired employees accounted for a diverse percentage of 7.95% which is greatly than the diverse percentages in the State of Iowa. Currently all new positions at Allen College and the descriptions can be accessed by both internal and outside candidates. The College does not have a standard policy to advertise in specialized journals except for a position that is hard to fill with local talent or if diverse applicants are consistently not in the applicant pool. Allen College has advertised in specialty sources as noted above, and is not hesitant to do in the future if our current diverse applicant pool shrinks or positions are difficult to fill. We realize the need to continue to; reach out to diverse applicants, to interview all qualified candidates for open positions, to continue to monitor our applicant pools for diversity and to	Action: Allen College recognizes the need to continue to reach out to diverse applicants, to interview all qualified candidates for open positions, to continue to monitor our applicant pools for diversity and to expand our advertising to publications reaching a larger percentage of diverse and male populations if the need arises and we are unable to meet our goal of representational diversity. Allen College continues to work to create inclusive environments that are welcoming to all Allen College faculty, staff, students, visitors, and

04/26/2021

Admin - Diversity and Inclusion Services

AU Outcome: DIS 1.2

Measures	Results	Actions
Black faculty and staff) Timeframe: Annually Responsible Parties: Provost	expand our advertising to publications reaching a larger percentage of diverse and male populations as the need arises. (07/16/2018)	administration. (05/21/2019)

Admin - Enrollment Management

AU Outcome: EM 1.0

Retain Students

Outcome Status: Active

Measures	Results	Actions
AD: Report - Internal - Program	Reporting Year: 2017 - 2018 (Year 4)	Action: The MSN program and BSN-
Completion Rates (Graduation Rates	Target Met: No	DNP program are in the
Spreadsheet)	The graduate program completion rates continue to be below benchmark. A 200%	development stages of a cohort
Target: 70% of graduate students	completion rate will be used moving forward to better represent the progression of graduate	model instead of an individualized
complete their program	students. When using a 150% completion time for calculation of retention rates, there are still several students enrolled in the program who do not get included as a completer.	plan of study model. The cohort
	still several students enrolled in the program who do not get included as a completer.	model should help both retention and completion rates as students
Timeframe: Annually	For specific program completion rates, please see the 2017-18 Dashboard Report, pages 23 -	will build a peer support system
Responsible Parties: Dean of	25.	that has not been in place
Enrollment Management		previously. (08/03/2018)
	The change to a 200% completion rate was approved by the graduate APG committees,	
	which will likely have an impact on the future completion rates for graduate students.	
	(08/03/2018)	
	Related Documents:	
	Dashboards 2017-2018.doc	
AD: Report - Internal - Graduation	Reporting Year: 2017 - 2018 (Year 4)	Action: Although all graduation
Rates within 150%	Target Met: Yes	rates (with the exception of the
	In the School of Health Sciences, the ASR program was the only program that saw a decline in	DMS program) met the target,
Target: 70% of undergraduate		

Admin - Enrollment Management

AU Outcome: EM 1.0

Measures	Results	Actions
students complete their program within 150% of the program completion time.	the program's graduation rate. There was an increased graduation rate for DMS and MLS and NMT stayed the same.	admissions policies were reviewed in the past year to determine if changes were necessary. Very few
Timeframe: Annually	In the School of Nursing, all pre-licensure cohorts' graduation rates declined slightly.	changes were made to existing admission policies. (08/03/2018)
Responsible Parties: Dean of Enrollment Management	Changes in admissions policies have taken place that may increase graduation rates of Allen College programs.	
	For specific program graduation rates, please see the 2017-18 Dashboard Report, pages 23 - 25.	
	Although there have been updates made to the admissions policies, results for graduation rates cannot be detected for several years later. This will continue to be reviewed to determine if admission policy changes increase the graduation rates. (08/03/2018) Related Documents: Dashboards 2017-2018.doc	
AD: Report - Internal - Retention Plan Target: 100% of tutees achieve a C or higher in tutored courses Timeframe: Annually Responsible Parties: Student	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 100% of students who used NetTutor for Patho and Pharm tutoring received a grade of B- or higher. This is the first year using NetTutor for tutoring nursing courses so there is no past data to review. Usage reports indicate this resources is not heavily used. The recommendation from last year was to remove this measure, but that was not done. Although very few students use NetTutor, we will continue to use track this information since NetTutor has introduced nursing-specific tutoring. (09/07/2018)	Action: The Student Success Coordinator will continue to evaluate the outcomes of the students who use the tutoring services of the Pharmacology, Pathophysiology, and Fundamentals tutors on NetTutor. In addition, completed post-
Success Coordinator		tutoring evaluations will also be tracked for student satisfaction and concerns. (09/07/2018)
AD: Report - Internal - Retention rates	Reporting Year: 2017 - 2018 (Year 4) Target Met: No 161/182 (88%) students were retained (either enrolled, graduated, or on an approved leave	Action: During the 2018-19 academic year, the Dean of Students will review the attrition
Target: 90% of first year students	of absence) from fall 2016 - fall 2017. 95% of students were retained last year. Allen College	rates to determine which programs

Admin - Enrollment Management

AU Outcome: EM 1.0

Measures	Results	Actions
retained in all programs. Timeframe: Annually	typically has a first year retention rate of above 90%. The Dean of Enrollment Management is reviewing details to determine if there were identifying factors that may have contributed to a lower first-year retention rate. (08/29/2018)	have lower retention. From that information, an action plan can be developed for the student success office. (08/29/2018)
Responsible Parties: Dean of Enrollment Management	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes Ninety-two percent of all new undergraduate students who entered in 2016 were retained by the fall of 2017. New student retention is typically 90% or greater. Orientation programming continues to be updated and focuses on culture. (08/03/2018) Related Documents: Dashboards 2017-2018.doc	Action: Continue to provide undergraduate students with a culture-rich orientation program. (08/03/2018)
AD: Report - Internal - Admissions Reports; Dashboard Statistics, Census Report found at http://quickfacts.census.gov/qfd/sta tes/19/19013.html Target: Diverse population at Allen College is equal to the diverse population of Black Hawk County. Timeframe: Annually Responsible Parties: Dean of Student Services	 Reporting Year: 2017 - 2018 (Year 4) Target Met: No As of September 15, 2017, 6.75% of Allen College students are ethnic minority. There were 42 ethnic minority students. This is a 1.59% increase from last year. Summer Nurse camp students are beginning to apply to Allen College, and initiative that is over 5 years old. According to the 2010 census, 13.9% of Black Hawk county are of ethnic minority. 42/622 (6.75%) of Allen College students were ethnic minority in the fall 2017. Although the target was not met, there was a 1.59% increase in minority students and additional programming including the continuation of Nurse Camp, and Day in the Life/Career Days are targeted at Black Hawk county residents. This improvement may be due to collaboration with ODS and the admissions office for Career Day and Day in the Life. (08/29/2018) 	Action: The admissions office and office of diversity services will continue to meet monthly to brainstorm new tactics and determine barriers for recruiting ethnic minority students to campus. In the 2018-19 meetings, the Strategic Goal 3 committee members will use a template that is used for under-enrolled programs. In addition, a goal for collaborations is to make sure all 8th grade students from Carver Middle School participate in a Career Day. (08/29/2018)

AU Outcome: EM 2.0

Offer a variety of student activities

Admin - Enrollment Management

AU Outcome: EM 2.0

Measures	Results	Actions
AD: Report - Internal - Allen College Student Opinion SurveySatisfaction with accuracy of recruiting materials Target: 80% of students report satisfied or very satisfied Timeframe: Annually Responsible Parties: Associate Director of Admissions	 Reporting Year: 2017 - 2018 (Year 4) Target Met: NA 66.81% of students reported being satisfied or very satisfied with the accuracy of recruiting materials. 16.81% were neutral, and 13% were dissatisfied. This is slightly lower than when the survey was given during the 2013-14 academic year. As in previous years, there is a large percentage of students who are neutral. The "material" typically used for recruitment is the college website. The money budgeted for an update to the college website was cut during this year, which may have contributed to the lower satisfaction rate. (09/06/2018) 	Action: I have requested that this item be removed for the 2018-19 year. (09/06/2018)
AD: Report - Internal - Allen College Student Opinion SurveySatisfaction with College sponsored social activities Target: 80% of students report satisfied or very satisfied Timeframe: Annually Responsible Parties: Associate Director of Admissions	Reporting Year: 2017 - 2018 (Year 4) Target Met: No 31.28% of students reported being satisfied or very satisfied with student activities. 51% of students indicated they were unaware of student activities or did not use the student activities. This percentage is significantly lower than 4 years ago, when over 60% of students were either satisfied or very satisfied with student activities. (09/06/2018)	Action: Moving forward, the Ambassador program is taking on social activities for the campus. In addition, a survey will be sent to students in the fall 2018 to request topics of interest for lunch & learn events. (09/06/2018)

AU Outcome: EM 3.0

Admissions policies and processes are fair and timely

Measures	Results	Actions
Student Opinion SurveySatisfaction with new student orientation	Reporting Year: 2017 - 2018 (Year 4) Target Met: No 76.59% of students reported being satisfied or very satisfied with new student orientation. Unfortunately, this is virtually unchanged since the last survey in the 2013-14 academic year, despite significant changes in the orientation program. The orientation program has shifted	Action: The admissions office will continue to review and seek feedback regarding new student orientation. Current evaluations determine that students would like

Admin - Enrollment Management

AU Outcome: EM 3.0

Measures	Results	Actions
satisfied or very satisfied with new student orientation. Timeframe: Annually Responsible Parties: Associate Director of Admissions	its focused on the Allen College culture rather than rules and regulations. The steady numbers since the last survey may be due to having little change between then and now. The focus of orientation continues to be culture-driven. (09/06/2018)	a shorter day and to have the opportunity to have more content completed online or through NetLearning prior to coming to campus. (09/06/2018)
AD: Report - Internal - Allen College Student Opinion SurveySatisfaction with admissions process Target: 80% of students report they are satisfied or very satisfied with the admissions process. Timeframe: Annually Responsible Parties: Associate Director of Admissions	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 193/233 (83%) students reported being extremely satisfied or satisfied with the admissions process. Students rated the admissions process slightly higher during this survey year than four years ago, despite the significant changes that have been made during this time frame. The higher rates are likely due to the inclusion of priority deadlines in the health sciences programs. In the past, health sciences programs had the option to "admit, delay, or deny" and now using the priority deadline model can only "admit or deny". This allows students to have a quicker admissions decision. (09/06/2018)	Action: The admissions office will continue to work with the school admissions, progression, and graduation committees to find additional models that will expedite admission decisions. (09/06/2018)

AU Outcome: EM 5.0

Registration policies and processes are fair and timely

Measures	Results	Actions
AD: Report - Internal - Allen College	Reporting Year: 2017 - 2018 (Year 4)	Action: The registration process will
Student Opinion Surveysatisfaction	Target Met: Yes	continue to be based on plans of
with automated registration process	87.93% of students reported being satisfied or very satisfied with the automated registration	study and students will be
Target: 80% of students report	process. This percentage is slightly lower than during the 2013-14 academic year. Very few	automatically registered.
satisfied or very satisfied with the	changes have been made to automatic registration during this time.	(09/06/2018)

Admin - Enrollment Management

AU Outcome: EM 5.0

Measures	Results	Actions
automated registration process.	Although not part of the action plan from 4 years ago, changes to the undergraduate nursing	
	enrollment has changed and the students no longer immediately have access to their clinical	
Timeframe: Annually	schedule until closer to the beginning of each semester. This may cause dissatisfaction for	
	students. (09/06/2018)	
Responsible Parties: Registrar		
AD: Report - Internal - Allen College	Reporting Year: 2017 - 2018 (Year 4)	Action: The registrar's office
Student Opinion Surveysatisfaction	Target Met: Yes	publishes the academic calendar
with academic calendar	85.78% of students reported being satisfied or extremely satisfied with the academic	timely and will continue to post
	calendar. Despite making the academic calendar available sooner than in the past, there is a	important dates as soon as possible
Target: 80% of students report they	slight decline in satisfaction with the academic calendar.	after the information is available.
are satisfied or very satisfied with		(09/06/2018)
the academic calendar.	The action plan from 4 years ago actually had a negative impact rather than a positive impact	
	as expected. Calendars are placed on the website more timely than in the past. This result	
	was unexpected. (09/06/2018)	
Timeframe: Annually		
Responsible Parties: Registrar		

AU Outcome: EM 6.0

Allen College students are treated with respect

Measures	Results	Actions
 AD: Report - Internal - Allen College Student Opinion Survey Opportunity for student involvement in college committees Target: 80% of students report satisfied or very satisfied Timeframe: Annually 	Reporting Year: 2017 - 2018 (Year 4)Target Met: No77 students, or 33.19%, indicated they were unaware of the opportunity for committee involvement. Of those aware, 54.31 were either satisfied or very satisfied with the opportunity for involvement in college committees. Although the same percentage of students indicated that they are aware of the opportunity for committee involvement, a smaller percentage is satisfied with the opportunities available.Result from 2013-2014: Of the 161/244 students (66%) who were aware of or had used this	Action: Continued education for students and further encouragement for students in the ambassador program to be involved in committees. The percentage of students aware of the opportunity for college committee involvement remains virtually the same since 2013-14.

Admin - Enrollment Management

AU Outcome: EM 6.0

Measures	Results	Actions
Responsible Parties: Associate Director of Admissions	service, 106 (43.4%) were satisfied and 55 (22.5%) were very satisfied, whereas 29.5% were neither satisfied nor dissatisfied (i.e., neutral).	(09/06/2018)
	Although the Ambassador Program has strengthened, opportunities to be involved with committees should increase instead of decrease. This is an unexpected result. (09/06/2018)	
AD: Report - Internal - Allen College	Reporting Year: 2017 - 2018 (Year 4)	Action: In 2018, a policy library will
Student Opinion SurveyPolicies	Target Met: No	be added to the college's website in
related to student conduct	159 of 232 students (68.53%) were satisfied or very satisfied with the policies related to student conduct. 18.97% were neutral, and only 1.72% were dissatisfied with the policies.	an attempt to be more transparent
Target: 80% of students report	While there are fewer students satisfied with the policies, there is a high percentage of	with all polices. In addition, email
satisfied or very satisfied	students who are neutral and only a small percentage of students who are dissatisfied.	notifications regarding the location of the policy library will be sent to all registered students each
Timeframe: Annually	2013-2014 result: 216/295 (73%) students who had used or were aware of policies related to	semester. (09/06/2018)
	student conduct were satisfied (49/5%) or very satisfied (23.7%).	
Responsible Parties: Dean of		
Enrollment Management	The action plan from 4 years ago indicated that policy locations would be shared with	
	students each semester. This has not been done so may have contributed to a lower satisfaction from students. (09/06/2018)	
AD: Report - Internal - Allen College	Reporting Year: 2017 - 2018 (Year 4)	Action: Staff will continue to treat
Student Opinion SurveyStaff	Target Met: Yes	students with respect. The student
attitude towards students	86.21% of students reported satisfied or very satisfied with the staff's attitude towards	services staff continues to use the
Target: 80% of students report	students. There is a slight increase in the percentage of students who are satisfied when	10/5 rule and is training
satisfied or very satisfied	compared to the 2013-14 academic year.	professional staff and ambassadors
satisfied of very satisfied	The slight increase may be the result of the 10/5 rule implemented four years ago as	in the Heart of a Leader program.
Timeframe: Annually	mentioned in the action plan from 13-14. (09/06/2018)	(09/06/2018)
Responsible Parties: Dean of		
Enrollment Management		
AD: Report - Internal - Allen College	Reporting Year: 2017 - 2018 (Year 4)	Action: The admissions office works
Student Opinion Survey item	Target Met: Yes	closely with the office of diversity
Inclusiveness and acceptance of		

Admin - Enrollment Management

AU Outcome: EM 6.0

Measures	Results	Actions
diversity Target: 80% of students report satisfied or very satisfied	81.04% of students reported being satisfied or very satisfied with the inclusiveness and acceptance of diversity on campus. There is very little difference between what students reported this year than what they reported in the 2013-14 survey.	services to provide admission events such as career day and a day in the life. (09/06/2018)
Timeframe: Annually	The Career Day/Day in the Life collaborations have likely contributed to the satisfaction of students on campus. (09/06/2018)	
Responsible Parties: Dean of Enrollment Management		

AU Outcome: EM 7.0

Qualified students are admitted to college programs

Measures	Results	Actions
AD: Report - Internal - Program Enrollment (Admissions Report; Correspondence Spreadsheet; Dashboard Statistics) Target: Fill programs with qualified students as follows: School of Health Sciences—100% Accelerated BSN—100% Upper Division BSN—100% Timeframe: Annually Responsible Parties: Dean of Enrollment Management	Reporting Year: 2017 - 2018 (Year 4)Target Met: NoFor the 2017-18 Academic year, the School of Health Sciences was filled at 63% (37/59), theAccelerated BSN program was filled at 64% (51/80), and the Upper Division BSN program wasfilled at (74/72) 103%These percentages are lower than the past two academic years:2016-17:Health Sciences filled at 78%Nursing filled at 89%2016-17:Health Sciences filled at 86%Nursing filled at 100%See the Program Capacity Document for specific program capacities.	Action: The admissions team meets with under-enrolled program directors and deans each semester to determine the barriers related to filling programs with qualified students. Once the barriers are determined, the team determines what barriers can be acted on and brings those ideas to committees. This process began during the 2017-18 academic year and will continue in 2018-19. (08/29/2018)

Admin - Enrollment Management

AU Outcome: EM 7.0

Measures	Results	Actions
	The most recruitment dollars were spent on under-enrolled programs, such as public health, DNP, Dental Hygiene, and RN-BSN. None of the under-enrolled programs saw growth. The ad agency that was hired was not found useful and data was not shared with the department to determine effectiveness. Barriers for enrollment will continue to be reviewed during bi- weekly recruitment meetings. (08/29/2018) Related Documents: <u>Program Capacity.xlsx</u>	
AD: Report - Internal - Enrollment increases in under enrolled programs (Admissions Report; Correspondence Spreadsheet; Dashboard Statistics) Target: Admit students to underenrolled programs at the graduate level. Increase enrollment by 25% in the following programs: NMT, RN-BSN/MSN, MSN-Edu, MSN- CPH, MSN-Lead and DNP. Timeframe: Annually Responsible Parties: Dean of Enrollment Management	 Reporting Year: 2017 - 2018 (Year 4) Target Met: No Public Health - 57% increase from last year RN-BSN - 49% decrease from last year MSN-Ed - 14% decrease from last year MSN-CPH (includes dual enrollment with an NP track) - no change from last year MSN-Lead - 44% increase from last year DNP - 20% decrease from last year Under-enrolled programs continue to struggle. Meeting with faculty and academic deans regarding recruitment and retention efforts continue. As a result of last year's action plan, the NMT program was closed and the RN-BSN program was reviewed closely. The RN-BSN program will remain open at this time. (09/24/2018) 	Action: Targeting marketing will continue for under-enrolled programs, including recruitment meetings with directors of these programs. Barriers will be identified and efforts will be made to remove barriers as we are able to do so. (09/24/2018)
AD: Report - Internal - Google Website Analytics Report Target: An average of 9000 unique hits per month between January 1 - December 31. Timeframe: Annually Responsible Parties: Dean of Enrollment Management	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes The average from September - December, 2017 was 9706. Unfortunately, data was lost from January - August and is no longer available through google analytics. Although a full year of information was not obtained, there was still a significant increase (approximately 25%) in unique visitors to the Allen College website in 2017. The evaluation of a new marketing strategy was completed and it was determined that the new strategy cannot be directly correlated to the increase of web hits. There are too many	Action: In 2018-19, we will work on moving the marketing efforts back to Allen College from Allen Hospital. This includes creative and media buying. (09/06/2018)

Admin - Enrollment Management

AU Outcome: EM 7.0

Measures	Results	Actions
	variables and not enough data released by the ad agency used. (09/06/2018)	
AU Outcome: EM 8.0		·

Increase the number of underrepresented students enrolled at Allen College.

Measures	Results	Actions
 AD: Report - Internal - Retention of ethnic minority and male students (Recruitment Plan; Retention Plan; Graduation Rates; Dashboard Statistics) Target: Retention rates of ethnic minority and male students are equal to or greater than the entire Allen College population. Timeframe: Annually Responsible Parties: Dean of Enrollment Management 	Reporting Year: 2017 - 2018 (Year 4) Target Met: No Of the 91 ethnic minority and/or male students enrolled in fall 2016, 85 were retained. This is a 93% retention rate. The retention rate of the entire student body was 95%. This retention rate is higher than the last several years and is almost the same retention rate of all students. (09/06/2018)	Action: The Student Success Coordinator continues to reach out to male and ethnic minority students. In addition, the Office of Diversity Services hosts "Lunch and Learn" opportunities for male and ethnic minority students. (09/06/2018)
 AD: Report - Internal - Student awareness of services provided by retention services (Retention Plan) Target: 90% of students identified as ethnic minority or male are aware of services provided from retention services. Timeframe: Bi-Annually 	 Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes All students who attend Orientation receive verbal and written information about the academic resources at Allen College. This remains consistent each year. The ability to maintain a 100% awareness of information is due to diligence of making the information available in multiple ways; orientation, the student success course and the online CMS. (09/07/2018) 	Action: All students are introduced to the Student Success office and other academic resources at Orientation, and Success Tips are presented weekly in the Student Services Course in the online CMS. (09/07/2018)

Admin - Enrollment Management

AU Outcome: EM 8.0

Measures	Results	Actions
Responsible Parties: Student Success Coordinator		
 AD: Report - Internal - Use of services provided by the retention office (Retention Plan) Target: 25% of students identified as ethnic minority or male attend services provided from retention services. 	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 100 students were identified as male or of ethnic minority, including 66 males and 34 females whose Race was not classified as either Unknown or White. Of these students, contact was initiated by referral with 16 of the males and 14 of the females (30%). Meetings were held with seven of the males and nine of the females. This percentage has remained in the 30's over the past several years.	Action: The Student Success Office will continue to reach out to ethnic minority and male students and encourage their participation in the services offered. (09/07/2018)
Timeframe: Annually Responsible Parties: Student Success Coordinator	Last year's action plan indicated that the student success office would continue to reach out to ethnic minority and male students and encourage participation in success activities. This continues to occur, but does not seem to have the same impact on students this year when compared to last year. (09/07/2018)	
AD: Report - Internal - Admissions Reports; Dashboard Statistics, Census Report found at http://quickfacts.census.gov/qfd/sta tes/19/19013.html Target: Diverse population at Allen College is equal to the diverse population of Black Hawk County. Timeframe: Annually Responsible Parties: Dean of Enrollment Management	 Reporting Year: 2017 - 2018 (Year 4) Target Met: No As of September 15, 2017, 6.75% of Allen College students are ethnic minority. There were 42 ethnic minority students. This is a 1.59% increase from last year. Summer Nurse camp students are beginning to apply to Allen College, and initiative that is over 5 years old. According to the 2010 census, 13.9% of Black Hawk county are of ethnic minority. 42/622 (6.75%) of Allen College students were ethnic minority in the fall 2017. Although the target was not met, there was a 1.59% increase in minority students and additional programming including the continuation of Nurse Camp, and Day in the Life/Career Days are targeted at Black Hawk county residents. (03/01/2019) 	Action: The admissions office and office of diversity services will continue to meet monthly to brainstorm new tactics and determine barriers for recruiting ethnic minority students to campus. In the 2018-19 meetings, the Strategic Goal 3 committee members will use a template that is used for under-enrolled programs. This item has been requested to be removed from SSO.8 since it is already reported in SSO.1. (03/01/2019)

Admin - Enrollment Management

AU Outcome: EM 4.0

Financial Aid policies and processes are fair and timely

Measures	Results	Actions
AD: Report - Internal - Student Opinion SurveyAccess to financial aid information Target: 80% of students report satisfied or very satisfied Timeframe: Year 4 Responsible Parties: Financial Aid	Reporting Year: 2017 - 2018 (Year 4)Target Met: Yes81.47% of the student respondents were satisfied (44.83%) or very satisfied (36.64%) withtheir access to financial aid services, see attached results from the survey. This was anincrease of 5.79% from the last survey given in 2013-14 where 75.68% of the studentsreported being satisfied or very satisfied with their access to financial aid services. The actionplan was to Develop financial aid communications for recruiters and prospects/applicants foradmissions process. Topics such as lowa tuition grant, loan limits, etc. will be addressed incommunications. Financial Aid staff will also take questions if available when the studentsare on campus. The following year (2015-2016) the student opinion survey was not done, butthere's an action plan, which was "This assessment should be moved to the DOBAS tocomplete, as financial aid falls in that department." (09/28/2018)Related Documents:Access satisfaction Page 42 from Spring 2018 StudentOpinion Survey-4.pdf	Action: Continue to have a presence at orientation to communicate accessibility options and provide staff for financial aid services. Keep current with federal regulations and student communication preferences and styles to accomplish the measure. (09/28/2018) Follow-Up: Move to Director of Financial Aid (09/28/2018)
AD: Report - Internal - Satisfaction with Financial aid services (Allen College Student Opinion Survey) Target: 80% of students report satisfied or very satisfied on questions p 4 Q 7 Financial aid services (Satisfaction with Financial Aid Services) Timeframe: Year 4 Responsible Parties: Financial Aid	Reporting Year: 2017 - 2018 (Year 4)Target Met: No75.68% of student respondents were satisfied (38.82%) or very satisfied (36.86%) with financial aid services. There were 9.80% that were neutral and likely did not use financial aid services. Results for previous reporting year (2013-2014) were 82.4% of students reported being satisfied or very satisfied with financial aid services, which showed a decrease in the percent satisfied when compared to the 2017-18 results. The action plan was Develop net learning modules for students regarding FA and financial literacy. Develop communications (ex: letter explaining FA process with contact information) for FA process for our students. The following year (2015-2016) the student opinion survey was not administered, but the action plan was Please move this to the DOBAS as financial aid falls in that department. (09/28/2018)Related Documents: Page 15 from Spring 2018 Student Opinion Survey.pdf	Action: Continue to provide the best service possible to our students. Staff will continue to stay current on regulations and clearly explain options and work with students to find the best way to cover their expenses. A financial literacy program through cashcourse.org has been implemented to educate. This program or another financial literacy program will continue to be used to educate students. (09/28/2018)

Admin - Enrollment Management

AU Outcome: EM 4.0

Measures	Results	Actions
		Follow-Up: Move measure to Director of Financial Aid (09/28/2018)

Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 2.1

Students will demonstrate effective communication skills in the clinical setting **Outcome Status:** Active

Measures	Results	Actions
SL: Clinical evaluation tool - RA:135 Clinical Instructor/ Preceptor Evaluations/ Numbers 3, 6, 10,11 Target: Average score >= 3.5 (0-4 pt. scale) Timeframe: Level I-Fall Semester Responsible Parties: Clinical Instructors/ Program Faculty/ HS Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 2017 3.68 (n=14) 2016 3.56 (n=13) 2015 3.81 (n=16) 2014 3.8 (n=17) (06/25/2018)	Action: The students' average scores increased in all four of the performance criteria areas, patient care, interpersonal relationships, multicultural diversity and age appropriate care. Beginning in the summer 2017, all student evaluations were completed on Trajecsys. Trajecsys permits the student to view and have access to all their completed evaluations while they are in the ASR program. Moving from the paper/pencil format to electronic completion of evaluations has been a very successful transition for students and clinical instructors. Students continue to demonstrate effective communication skills in the clinical

Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 2.1

Measures	Results	Actions
		setting. (06/25/2018)
SL: Clinical evaluation tool - RA:275 Clinical Instructor/ Preceptor Evaluations/Numbers 3, 6,10,11 Target: Average score >= 3 (0-4 pt. scale) Timeframe: Level II -Spring Semester Responsible Parties: Clinical Instructors/ Program Faculty/ HS Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 2018- 3.78 (n=12) Benchmark met. 2017- 3.95 (n=15) 2016-3.97 (n=17) 2015-3.95 (n=15) 2014-3.97 (n=17) (06/25/2018)	Action: The student average scores were lower in each area compared to last year's students. The performance criteria evaluated was patient care, interpersonal relationships, multicultural diversity and age appropriate care. The lower scores could be attributed to the smaller number of students in this class cohort as compared to the previous year. All student clinical evaluations are completed utilizing the online software program Trajecsys. Students continue to use effective communication skills in the clinical setting. (06/25/2018)
SL: Clinical evaluation tool - RA:135 Clinical Competency Evaluation/ Part I – Number 4 Part III- Numbers 1,3,6- 8 Target: Average score >= 3 (0-4 pt. scale) Timeframe: Level I-Fall Semester Responsible Parties: Clinical Instructor/Program Faculty/ HS Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 2017=3.98 (n=14) 2016=3.92 (n=13) 2015=3.99 (n=16) 2014=3.98 (n=17) (06/25/2018)	Action: Students exceeded the benchmark. The students are demonstrating clinical communication skills reflective of their level in the program. No changes recommended at this time. (06/25/2018)
SL: Clinical evaluation tool - RA:275	Reporting Year: 2017 - 2018 (Year 4)	Action: Students continue to

Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 2.1

Measures	Results	Actions
Final Clinical Competency Evaluation/ Part I – Number 4 Part III- Numbers 1,3,6-8 Target: Average score >= 3.5 (0-4 pt. scale) Timeframe: Level II- Spring Semester Responsible Parties: Clinical Instructor/ Program Faculty/ HS Curriculum Committee	Target Met: Yes 2018=3.98 (n= 12) 2017=4 (n=15) 2016=4 (n=17) 2015=3.99 (n=15) 2014=3.99 (n=17) (06/25/2018)	exceed the benchmark. Students have appropriate exam volume which helps prepare them for their final competencies. This includes evaluations of multiple procedures and a diverse patient population. No changes recommended. (06/25/2018)

AU Outcome: ASR 2.2

Students will practice written communication skills **Outcome Status:** Active

Measures	Results	Actions
SL: Didactic - RA: 115 Patient Care Presentation Target: Average score of >= 85% Timeframe: Level I-Fall Semester Responsible Parties: RA: 115 Course Instructor/HS Faculty Org. Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes Fall 2017- 98% (n=14) FA 2016- 97% (n=13) FA 2015- 98.01% (n=16) FA 2014-98.2% (n=17) (06/25/2018)	Action: Five of the fourteen papers had deductions on the reference page which include; no hanging indent and proper spacing of references. The course instructor discusses the requirements of the paper the first day of the course. Since the reference page has continued to present problems for the student, this year the instructor demonstrated for the student how to go onto the Allen College website and select academic resources and then select APA

Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 2.2

Measures	Results	Actions
		resources link, which has a link APA review basic formatting rules. The instructor also displayed a correct reference page for the students. Students continue to demonstrate effective written communication skills. (06/25/2018)
SL: Didactic - RA:258 Pathology Systems Presentation Target: Average score of >= 85% Timeframe: Level II-Fall Semester Responsible Parties: RA: 258 Course Instructor/ HS Faculty Org. Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes Fall 2017-96% (n=12) FA 2016- 97% (15) FA 2015-97.5% (n=17) FA 2014-98.06% (n=15) (06/25/2018)	Action: Ten of the twenty-four papers written had deductions on the reference page and seven with the title page. Three students had deductions in the accuracy and substance format section of evaluation and were deducted in the depth of the paper adequately covering the subject of the paper. One student paper had deductions in the formatting of the paper for not double-spacing. The course instructor discusses the requirements of the papers the first day of the course. Since the reference page has continued to present problems for the student, this year the instructor demonstrated for the student how to go onto the Allen College website and select academic resources and then select APA resources link, which has a link APA review basic formatting rules. The instructor displayed a correct

Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 2.2

Measures	Results	Actions
		reference page for the students. None of the students reviewed their first paper to receive feedback for their second paper presentation. Students continue to demonstrate effective written communication skills. (06/25/2018)

AU Outcome: ASR 2.3

Students will demonstrate oral communication skills **Outcome Status:** Active

Measures	Results	Actions
SL: Didactic - RA:258 Pathology Systems Presentation Target: Average score of >= 85% Timeframe: Level II-Fall Semester Responsible Parties: RA: 258 Course Instructor/ HS Faculty Org. Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes Fall 2017-97% (n=12) FA 2016- 95% (15) FA 2015= 98.82% (n=17) FA 2014= 99.13% (n=15) (06/25/2018)	Action: Ten papers received deductions in the oral presentation portion of the evaluation grade. Four papers did not meet the length of presentation requirement of eight minutes. Nine papers did not include all the information needed during the presentation of the paper. For example, the discussion of exposure factors/exposure to ionizing radiation for the exam and why the pathology was selected by the student. Each student completes two papers during this course. The paper requirements are explained in the syllabus and discussed with the students on the first day of

Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 2.3

Measures	Results	Actions
		class. Students continue to exhibit effective oral communication skills. (06/25/2018)
SL: Didactic - RA: 115 Patient Care Presentation Target: Average score of >= 85% Timeframe: Level I-Fall Semester Responsible Parties: RA: 115 Course Instructor/HS Faculty Org. Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes Fall 2017-99% (n=14) FA 2016-99% (N=13) FA 2015=94.53% (n=16) FA 2014=100% (n=17) (06/25/2018)	Action: One student paper presentation had a deduction in the section of the evaluation "words were stated accurately." This was due to the student stumbling over some of the words during the presentation. The paper requirements are explained in the syllabus and discussed with the students on the first day of class. No changes recommended at this time. (06/25/2018)

AU Outcome: ASR 3.2

Students will demonstrate ability to practice critical thinking **Outcome Status:** Active

Measures	Results	Actions
SL: Didactic - RA:145 Scientific Exhibit Evaluation Target: Average score of >= 80% Timeframe: Level I- Spring Semester Responsible Parties: RA: 145 Program Faculty/ HS Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 2018 = 91.5% N= 8 posters (14 students) 2017 = 92.14% N= 7 posters (12 students) 2016 = 92.6% N= 10 posters (16 students) 2015 = 96.5%, N= 11 posters (17 students) 2014= 94%, N = 11 posters (15 students) (06/25/2018)	Action: Scores for 2018 continue to demonstrate the student's ability to practice critical thinking skills when developing their scientific exhibits. Most grade reductions occurred in line item # 5 "evidence of research providing new information or expanding on existing knowledge, and line item

Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 3.2

Measures	Results	Actions
		#8 "grammar, spelling, and punctuation" on the evaluation form. Average scores continue to exceed the benchmark. (06/25/2018)
SL: Exam/Quiz - Standardized - RA: 203B Corectec exams Target: > 80% of the students will achieve a score of 70 or greater on one of the four exams. Timeframe: Level II- Spring Semester Responsible Parties: RA: 203B Course Instructor/HS Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 2018 (n=12)100% of the students achieved a passing score of 70 or greater on one of the four exams. 2017 (n=15) 93% 2016 (n=17) 100% 2015 (n=15) 93% 2014 (n=17) 76% (06/25/2018)	Action: This year's cohort achieved the highest overall class average for the four exams since 2011. This was the first cohort for implementation of the 2% reduction in the overall course grade for each percentage point below 70 on the four Corectec exam average score (2016-2017 action plan). This may have provided additional incentive for the students to put forth their best effort and may have resulted in the increase in the overall class average. The 2018 and 2017 cohorts were tested on the new ARRT content specs. The ASR Program curriculum continues to prepare the students for the new content specs on the mock board exams. Students continue to demonstrate their ability to practice critical thinking. No changes recommended. (06/25/2018)

AU Outcome: ASR 3.3

Students will be able to critically think in the clinical setting

Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 3.3

Measures	Results	Actions
SL: Clinical evaluation tool - RA:145 Clinical Instructor/ Preceptor Evaluations/Numbers 2,4,7,8 Target: Average score >= 3. (0-4 pt. scale) Timeframe: Level I-Spring Semester Responsible Parties: RA: 145 Course Instructor/HS Faculty Org. Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 2018: Students achieved an average score of 3.53 (N=14) Benchmark met. 2017- 3.63 (n=12) 2016- 3.63 (n-16) 2015- 3.67 (n-17) 2014-3.62 (n=15) (06/25/2018)	Action: The student scores were lower than the previous year in all areas of the performance criteria; application of knowledge, ability to follow directions, self-image for level in the ASR program and composure and adaptability. This class had all their preceptor/clinical instructor evaluations completed on Trajecsys, which gives them immediate feedback in all areas of the evaluation. The reduction in these performance criteria may be attributed to this class cohort compared to the previous year. Students used effective communication skills in the clinical setting. (06/25/2018)
SL: Clinical evaluation tool - RA:265 Clinical Instructor/ Preceptor Evaluations/Numbers 2,4,7,8 Target: Average score >= 3. (0-4 pt. scale) Timeframe: Level II- Fall Semester Responsible Parties: RA: 265 Course Instructors/HS Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 2017 3.79 (n=12) 2016 3.86 (n=15) 2015 3.81 (n=17) 2014 3.75 (n=15) (06/25/2018)	Action: The student's average scores declined in all performance criteria areas, application of knowledge, ability to follow directions, self-image for level in the program and composure and adaptability. This may be attributed to the lower number of students in this class to the previous class cohort. In the summer 2017, all student evaluations were completed on Trajecsys. This was a successful transition for students

Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 3.3

Measures	Results	Actions
		and clinical instructors. (06/25/2018)

AU Outcome: ASR 4.1

Students will integrate leadership skills and construct professional practices **Outcome Status:** Active

Measures	Results	Actions
SL: Service - RA:135 Community Service/Service Learning Evaluation Target: Average score of >= 80% Timeframe: Level I-Fall Semester Responsible Parties: RA: 135 Course Instructors/HS Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 2017: 94.78 (n=14) 2016: 72% (n=13) 2015: 92.56% (n=16) 2014: 97.94% (n=17) (06/25/2018)	Action: All students performed service learning through a variety of organizations. Students demonstrated leadership skills and professionalism through their involvement in service learning activities. (06/25/2018)
SL: Service - RA: 265 Community Service/Service Learning Evaluation Target: Average score of >= 80% Timeframe: Level II-Fall Semester Responsible Parties: RA: 265 Course Instructors/HS Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 2017: 93.33% (n=12) 2016: 93.4% (n=15) 2015: 82.47% (n=17) 2014: 99.13% (n=15) (06/25/2018)	Action: All students performed service learning through a variety of organizations. Students have demonstrated leadership skills and professionalism through their contributions to the service learning activities. (06/25/2018)

AU Outcome: ASR 4.2

Students will practice professionalism

Measures	Results	Actions
SL: Clinical evaluation tool - RA:135	Reporting Year: 2017 - 2018 (Year 4)	Action: The student's average

Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 4.2

Measures	Results	Actions
Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13 Target: Average score >= 3 (0-4 pt. scale) Timeframe: Level I- Fall Semester Responsible Parties: Clinical Instructors/ Program Faculty/HS Curriculum Committee	Target Met: Yes 2017- 3.68 (n=14) 2016- 3.6 (n=13) 2015- 3.83 (n=16) 2014- 3.80 (n=17) (06/25/2018)	scores increased in four areas with a slight decrease in the area of initiative for the fall 2017. Beginning in the summer 2017, all student evaluations were completed on Trajecsys. Trajecsys permits the student to view and have continual access to all their completed evaluations while they are in the program. The inclusion of the electronic format for the completion of evaluations was a successful transition for students and clinical instructors. Students continue to practice professionalism in the clinical environment. (06/25/2018)
SL: Clinical evaluation tool - RA:275 Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13 Target: Average score >= 3 (0-4 pt. scale) Timeframe: Level II-Spring Semester Responsible Parties: Clinical Instructors/ Program Faculty/HS Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 3.76 (n=12) 2016-2017 3.96 (n=15) 2015-2016 3.98 (n=17) 2014-2015 3.91 (n=15) 2013-2014 (06/25/2018)	Action: The student average scores were lower in each area compared to last year's students. The performance criteria evaluated was organization of assignments, initiative, appearance, policies and procedures, and ethical and professional behaviors. The lower scores may be attributed to the smaller number of students in this class cohort as compared to the previous year. All student clinical evaluations are completed utilizing the online software program Trajecsys. Students continue to

Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 4.2

Measures	Results	Actions
		integrate leadership skills and practice professionalism in the clinical setting. (06/25/2018)

Program (HS) - Doctor of Education (Ed.D.)

AU Outcome: EdD 5.2

Students will evaluate, synthesize, utilize and disseminate the scholarship related to discovery, integration, application, and teaching to further knowledge and competencies of the health science and nursing education professions.

Outcome Status: Active

Measures	Results	Actions
SL: Didactic - EdD 770: Assessment	Reporting Year: 2017 - 2018 (Year 4)	
and Evaluation in Health Sciences	Target Met: NA	
Education – Assessment Process	Course was not offered. (08/17/2018)	
Assignment		
Target: Students will receive an		
average score at least 80%		
Timeframe: When course is taught		
(e.g., 2016, 2019, etc.)		
Responsible Parties: Program		
Chair/HS Graduate APG Committee		

Program (HS) - Masters in Occupational Therapy (MS in OT)

AU Outcome: MS in OT 6.1 Collaborate to develop case study

Students will collaborate with other practices to develop a comprehensive case study.

Measures Results Actions

Program (HS) - Masters in Occupational Therapy (MS in OT)

AU Outcome: MS in OT 6.1 Collaborate to develop case study

Measures	Results	Actions
SL: Didactic - OT 613 – Multidisciplinary Collaborative Case Assignment Target: Minimum score of 80% on the assignment Timeframe: When course taught (2nd Year, e.g., Spring 2017) Responsible Parties: Instructor/ OT Faculty /HS Grad Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: No The assignment for this goal was moved to the OT 611 class and one student did not meet the minimum score of 80% on the assignment. Last year students met the minimum percentage, but the new class allows for more collaborative work. Making this change may have contributed to decrease in success, but faculty expect that the new class content can better support increased opportunities for learning and skill building. The faculty will continue to monitor the class and student performance and make adjustments as needed to support student success. (10/10/2018)	Action: The program plans to enhance the students' opportunity to build skills in working on multidisciplinary teams by providing more opportunities to work on cases with students in other programs at the college, such as nursing and physical therapy when that program is fully developed. (10/10/2018)

AU Outcome: MS in OT 6.2 Research Presentation

Students develop a research presentation to be presented at the state OT association conference.

Measures	Results	Actions
SL: Didactic - OT 618 – Research Poster Target: Minimum score of 80% on the assignment Timeframe: When course taught (2nd Year, e.g., Spring 2017) Responsible Parties: Instructor/ OT Faculty /HS Grad Curriculum Committee	 Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes All students in cohort 1 received full credit for the research posters and all three were accepted for presentation at the national conference. In addition, two of the posters were accepted and presented at the national conference. All students in cohort 2 received full credit (100%) for their posters and were accepted for presentation at the state conference in October of 2018. Several posters have also been submitted for the national conference in April of 2019. Each year students are achieving high scores on this measure and are even being accepted by the state and national organizations to present. (08/28/2018) 	Action: The item will be reviewed for one more cycle, since the alternative article assignment is also under review. If the students continue to be successful, then it will be replaced with another measure next year. (04/18/2019)

Program (HS) - Medical Laboratory Science (MLS)

AU Outcome: MLS 3.2

Students will integrate team-building skills into professional practice

Program (HS) - Medical Laboratory Science (MLS)

AU Outcome: MLS 3.2 Dutcome Status: Active		
SL: Service - Service Learning Project Target: 100% of students will receive an average score of >= 85% on the overall project Timeframe: Annually Responsible Parties: Program Chair/HS APG Committee	Reporting Year: 2017 - 2018 (Year 4)Target Met: No11 students90.9% (10/11) earned an average score of >85%.Overall average score = 94.3%The Service Learning project was presented as separate weekly modules during the course.Students worked on Service Learning projects during the first nine weeks of the course,individually or in groups. Students were directed to complete projects for a STEM fairdeveloped in conjunction with the recruiting department. Two students served as projectmanagers, and all work on the STEM fair booths was coordinated to help promote team-building skills. Students completed module discussions that helped them collect informationneeded for their final presentation. Additionally, students had to complete weekly journalentries to keep the course instructor updated on the progress of their projects. Studentswere engaged with this project and enjoyed sharing information about the lab professionwith students that attended the STEM fair. One student had issues with showing how datacollected during the STEM fair related to the project goals. Additionally, the student hadissues with communicating information effectively. (08/17/2018)Related Documents:Service Learning Final Project Description_2017.pdfSL Final Project Scoring Rubric_2017.pdf	Action: No changes will be made to this assignment for the next academic year. We will assess this item with a revised target to determine student outcomes. (08/17/2018)

Program (Nursing) - Bachelor of Science in Nursing (BSN)

AU Outcome: BSN 6.0 Patient-Centered Care

Use patient-centered strategies when delivering care to diverse individuals and populations. Outcome Status: Active Start Date: 08/01/2014

Program (Nursing) - Bachelor of Science in Nursing (BSN)

AU Outcome: BSN 6.0 Patient-Centered Care

Measures	Results	Actions
SL: Didactic - RN-NU 421 Ethical and Legal Case Study Target: 100 % of the students will achieve at least 73% on the Ethical and Legal Case Study. Timeframe: Annually (starting 2019- 2020; assessed Year 4 prior to 2019- 2020) Responsible Parties: BSN Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes In order to meet this target, the instructor gave detailed instructions on the rubric of the assignment and reminded students of due dates thru announcements on Blackboard and clearly documented the due dates in the Module on Blackboard. 100% of students achieved at least 73% on the ethical and legal case study. (11/20/2018) Related Documents: Outcome 6 RN NU 421 Ethical and Legal Case Study.docx	Action: In order to continue to meet this target, faculty will review the content of the assignment and the instructional materials related to the assignment and continue to give detailed instructions about the assignment and due dates. (11/20/2018)
AD: Survey - Alumni Survey Item: How well BSN education prepared you to use patient-centered strategies when delivering care to diverse individuals and populations (1= very poorly, 2 = poorly, 3 = well, 4 = very well) Target: 75% of respondents will report that their BSN education prepared them well or very well to use patient-centered strategies when delivering care to diverse individuals and populations. Timeframe: Annually Responsible Parties: CIRE, Evaluation & Study Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 BSN CAP report. (08/01/2018)	
AD: Survey - Employer Survey Item: How well BSN graduate uses patient- centered strategies when delivering care to diverse individuals and populations (1= very poorly, 2 = poorly, 3 = well, 4 = very well, NA = not applicable, e.g., does not	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 BSN CAP report. (08/01/2018)	

Program (Nursing) - Bachelor of Science in Nursing (BSN)

AU Outcome: BSN 6.0 Patient-Centered Care

Measures	Results	Actions
perform outcome, or outcome not applicable to current role). Target: 75% of respondents will report that BSN graduate uses patient-centered strategies when delivering care to diverse individuals and populations well or very well. Timeframe: Annually Responsible Parties: CIRE, Evaluation & Study Committee		
SL: Didactic - RN-NU450 community assessment paper Target: 100% of students achieve at least 73% on community assessment paper Timeframe: Year 4 Responsible Parties: BSN Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: No Detailed instructions were included in the syllabus along with a grading rubric for the assignment, a recorded video instructions link was placed in the Essential Course Information tab and was available all semester, a review question was added to the first module Syllabus Review/Course Information Quiz which required students to review the directions to answer the question correctly. This target has not been consistently met. Fall 2017-90% of students met the target (9/10). Spring 2018-88% of students met the target (14/16). (11/20/2018) Related Documents: Outcome 6 RN NU 450 Community Assessment Paper.docx	Action: In order to meet this target in the future, a video instructions link will also be placed in the module, and students will be required to watch it. (11/20/2018)
AD: Survey - Alumni Survey Item: How often in current professional nursing practice you use patient- centered strategies when delivering care to diverse individuals and populations (1= not at all, 2 = rarely, 3 = some of the time, 4 = most of the time, NA = not applicable, e.g., not working in a BSN nursing role, or outcome not applicable to current role). Target: 75% of respondents will	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 BSN CAP report. (08/01/2018)	

Program (Nursing) - Bachelor of Science in Nursing (BSN)

AU Outcome: BSN 6.0 Patient-Centered Care

Measures	Results	Actions
report they use patient-centered strategies when delivering care to diverse individuals and populations some or most of the time in current professional nursing practice. Timeframe: Annually Responsible Parties: CIRE, Evaluation & Study Committee		
AD: Survey - Employer Survey Item:	Reporting Year: 2017 - 2018 (Year 4)	
How often BSN graduate uses patient-centered strategies when delivering care to diverse individuals and populations (1= not at all, 2 = rarely, 3 = some of the time, 4 = most of the time, NA = not applicable, e.g., not working in a BSN nursing role, or outcome not applicable to current role). Target: 75% of respondents will report that BSN graduate uses patient-centered strategies when delivering care to diverse individuals and populations some or most of the time in current professional nursing practice. Timeframe: Annually Responsible Parties: CIRE, Evaluation & Study Committee	Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 BSN CAP report. (08/01/2018)	

AU Outcome: CELL 1.1

Allen College culture supports and sustains community service and service-learning **Outcome Status:** Active

Measures	Results	Actions
AD: Report - Internal - Service- Learning Faculty Scholars Assessment Target: 100% of Allen College programs incorporate service and/or learning activities into their curricula. Timeframe: Years 2 and 4 Responsible Parties: Center for Engagement, Learning, and Leadership Committee/CELL coordinator	Reporting Year: 2017 - 2018 (Year 4) Target Met: No Programs that have formalized the use of service-learning teaching strategies through the completion of the Faculty Scholars Program are: BSN (Upper Division and Accelerated) MSN (NP tracks) DNP MLS EdD The Faculty Scholars program was available for 2017-18 but was not utilized by any faculty. This program will be revisited through education for new faculty and reminders for other faculty at a Spring College Faculty Organization meeting. It was thought that the college has many new faculty who would not be aware of this opportunity and the other faculty may benefit from a reminder as their courses and interests may have changed since this was covered several years ago. Additionally, the OT program has been added to the college, so this is another opportunity to incorporate Service Learning into the curricula. No additional courses added recognized service learning since year two. Since the program was not offered in the 2016-2017 year, no actual change in usage has occurred to date with this opportunity for faculty. No new discussions have occurred with the Dean of the School of Health Sciences which was indicated as an action item from the 2016- 2017 report. (12/10/2018)	Action: The college has many new faculty since the last time that Service Learning faculty scholar's was presented as an option for college courses. The program will not be offered for the 2018-2019 academic year which allows for planning of a presentation to faculty about Service Learning. This education is intended to remind faculty with years of service of the value of incorporating Service Learning into their courses and also provide increased knowledge for new faculty. This may result in faculty desiring to apply for the Faculty Scholars program and consequently incorporate Service Learning into a course. Funding for the Faculty Scholars Program has been requested for the 2018-19 year. The McElroy Endowed Chair for Interdisciplinary Studies requested meeting time after the May 2019 College Faculty Organization meeting to provide education on the program for all faculty. A guest speaker on Service Learning may be incorporated into this session. (09/28/2018)

AU Outcome: CELL 1.1

Measures	Results	Actions
		(12/10/2018)
AD: Survey - Exit survey question "Do you intend to volunteer in your community in the future?" (yes, no) Target: 90% of exiting students report that they intend to volunteer in their communities in the future. Timeframe: Annually Responsible Parties: Center for Engagement, Learning, and Leadership Committee/CELL coordinator	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes All programs combined, 90.5% of exiting students reported that they intended to volunteer in their communities in the future. Within individual programs and cohorts within those programs, the results for this measure on 7 of 12 exit interviews indicated the target of 90% was achieved. If the responses of students in the various BSN and MSN graduating classes are combined, the target was met by MSN graduates, and nearly met by the accelerated and upper division BSN graduates. See attached report for program specific results. (12/10/2018) Related Documents: Student Intent to Volunteer 2017-2018.pdf	Action: To continue to achieve this target in the future, Allen College will continue to offer a variety of service and service-learning opportunities both within and outside of the academic curricula. To meet the 90% target for 2018- 2019, a variety of service and service-learning opportunities will be offered including different days of the week, times of the day, and travel. (04/09/2020) Action: To continue to achieve this target in the future, Allen College will continue to offer a variety of service and service-learning opportunities both within and outside of the academic curricula. To meet the 90% target for 2018- 2019, a variety of service and service-learning opportunities will be offered including different days of the week, times of the day, and travel. (12/10/2018)

AU Outcome: CELL 2.1

Alumni will demonstrate community service **Outcome Status:** Active

Measures	Results	Actions
AD: Survey - Alumni survey item: To	Reporting Year: 2017 - 2018 (Year 4)	Action: To increase the number of

AU Outcome: CELL 2.1

Measures	Results	Actions
what extent did your educational experience influence your desire to provide service to your community? Target: 50% of alumni reported that their educational experience influenced their desire to provide service to their communities at least "some" (i.e., 0= not at all, 1 = very little, 2 = some, 3 = quite a bit, 4 = very much). Timeframe: Annually Responsible Parties: Center for Engagement, Learning, and Leadership Committee/CELL coordinator	Target Met: Yes The target (50% of alumni will report that their education at Allen College influenced their desire to provide service to their communities at least some) was met by all programs that included this measure on their alumni surveys (No data available for DMS, NMT, PH, EdD, MS in OT). Overall, 78% of 2016-2017 alumni responding to alumni surveys for their respective programs have reported that their desire to serve their communities was influenced at least some by their education at Allen College. This result exceeds the results for 2015-2016 graduates (63%) and 2014-2015 graduates (74%). These results indicate a positive trend in the attitudes of alumni regarding the influence of their education at Allen College on their desire to serve their communities. Alumni surveys for all programs now include the same items about community service and the same rating scales, which reflects the action plan for this item on the 2016-2017 CAP report. (12/19/2017) Related Documents: Alumni Survey Desire to Serve for 2017-2018 CAP Report.pdf	alumni who meet this target, the CELL will implement several strategies during the 2018-2019 academic year to improve the transparency of service at Allen College. This will include service testimonials using social media, keeping the CELL bulletin board up to date, and attempting to be more transparent in all academic programs about how service is part of the mission at Allen College. (04/13/2020)
AD: Survey - Alumni survey item: How many hours of community service have you been involved in during the past 12 months? (0, 1-4, 5-9, 10-14, 15-19, 20-24, 25 or more) Target: 60% of alumni responding to the survey report performing at least 9 hours of service during the past 12 months. Timeframe: Annually Responsible Parties: Center for Engagement, Learning, and Leadership Committee/CELL coordinator	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes The current target is "60% of alumni responding to the survey report performing at least 9 hours of service during the past 12 months," which conflicts with the response options for this survey item (0, 1-4, 5-9, 10-14, 15-19, 20-24, 25 or more). Therefore, the target was considered to have been met if at least 60% of respondents reported at least 5-9 hours of service in the past 12 months. Overall, based on alumni survey data for 2016-2017 graduates, only 41% of graduates who responded to this item reported doing at least 5-9 hours of community services in the previous 12 months. Based on alumni survey data for 2015-2016 (56%) and 2014-2015 graduates (48%), the target was not met during the past two reporting years either. These results are based on data that were available for BSN, DNP, MSN, ASR, NMT, and MLS program alumni. See attached report for details. Note: NMT 2014-2015 graduates: wrong scale was used on survey. 1/3 respondents reported performing 25-49 hours of service in the past 12 months; 2/3 reported 0-24 hours; 2015-2016 graduates: wrong scale used on survey. Only one survey returned. Respondent reported performing 15-19 hours of service in past 12 months.	Action: To capture an accurate number hours of community service, 5-9 hours will be used as the target for 2018-2019. The plan will be that 60% of alumni will report 5-9 hours of service during the previous 12 months . (04/13/2020) Action: The CELL will discuss whether the target of 60% is unrealistic. Further discussion about whether additional information via a question on the alumni survey to gather reasons for the number of hours of service will be held. (04/10/2020) Action: To capture an accurate

College Goal 4 - Promote a commitment by all members of the Allen College community to lives of service to others.

Admin - Center for Engagement, Learning, and Leadership

AU Outcome: CELL 2.1

Measures	Results	Actions
	No data for EdD, MS in OT, or PH. (08/31/2018) Related Documents: <u>Alumni Survey Community Service Hours for 2017-2018 CAP</u> <u>Report.pdf</u>	number hours of community service, 5-9 hours will be used as the target for 2018-2019. The plan will be that 60% of alumni will report 5-9 hours of service during the previous 12 months. (08/31/2018)

AU Outcome: CELL 2.2

Promote leadership development through community service **Outcome Status:** Active

Measures	Results	Actions
SL: Survey - Exit Survey: Participation in on- and off-campus committees, organizations, or projects. Target: 60% of the respondents report participation in either on- or off-campus committees, organizations, or projects. Timeframe: Annually Responsible Parties: Center for Engagement, Learning, and Leadership Committee/CELL coordinator	Reporting Year: 2017 - 2018 (Year 4) Target Met: No Overall, 53.1% of exit interview respondents reported having participated in extra-activities (volunteer, service, campus committees, organizations) while attending Allen College, indicating a slight increase compared to the 2016-2017 reporting year, when 51.3% of respondent reported. participation. Although several programs met the target of 60% participation, overall the target was not achieved. See attached report for program-specific participation rates as reported by students completing exit surveys. (12/10/2018) Related Documents: Student Participation in Extracurricular Activities 2017- 2018.pdf	Action: Activities will continue to be offered with new sites added as available. Service opportunities will be offered on a variety of days and times to attempt to accommodate the various schedules of the programs. Additionally, the CELL coordinator will meet with the Deans to seek a better understanding of why the numbers are increasing and decreasing for the accelerated and upper division cohorts. The CELL coordinator will also consult with the Deans to discuss the differences between the nursing and health sciences program exit survey items used to collect data needed to complete this measure. (04/13/2020) Action: Even though the percent

AU Outcome: CELL 2.2

easures Results	Actions
	reporting participation increase
	the target of 60% continues to b
	appropriate. The college will
	continue to offer a wide variety
	activities that provide students
	many opportunities to voluntee
	The CELL committee discusses
	volunteer and service opportu
	at each meeting to see what is
	available in the community.
	Activities of interest are adver
	in multiple ways to the campus
	community. (04/09/2020)
	Action: Activities will continu
	be offered with new sites adde
	available. Service opportunities
	be offered on a variety of days a
	times to attempt to accommoda
	the various schedules of the
	programs. Additionally, the CE
	coordinator will meet with the
	Deans to seek a better
	understanding of why the num
	are increasing and decreasing for
	the accelerated and upper divis
	cohorts. The CELL coordinator v
	also consult with the Deans to
	discuss the differences between
	the nursing and health sciences
	program exit survey items used
	collect data needed to complete
	this measure.
	(12/10/2018)

AU Outcome: CELL 2.2

Measures	Results	Actions
AD: Survey - Honors Program and Service Learning course rosters Target: 35% of each cohort in the upper division prelicensure BSN program enrolls in the service honors program or a service-learning elective. Timeframe: Annually Responsible Parties: Center for Engagement, Learning, and Leadership Committee/CELL coordinator	 Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes Met. 36% (19/53) upper division pre-licensure BSN students enrolled in service honors or a service-learning elective. Fall 2017 cohort – 38% (8/21) enrolled in service honors program or service-learning elective Spring 2018 cohort – 34% (11/22) enrolled in service honors program or service-learning elective Other cohorts have yet to all enroll in their nursing elective. (08/10/2018) 	Action: Action Plan: Continue to offer a variety of service-learning options for electives for the upper division nursing students. Different travel destinations such as Europe and different U.S. locations are being considered as options for an elective. (08/10/2018)
SL: Survey - Exit Survey: Managing or leading an organization. Target: 15% of respondents report managing or leading an organization. Timeframe: Annually Responsible Parties: Center for Engagement, Learning, and Leadership Committee/CELL coordinator	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 29% reported managing or leading an organization (43/148) College wide results include: • Accelerated BSN summer 2017 – 3.9% (n=10/26) • Accelerated BSN fall 2017 – 3.5% (n=10/29) • Upper division BSN fall 2017 – 19% (n=4/21) • Upper division BSN spring 2018 – 31.32% (n=10/32) • MSN program summer 2017-0 • MSN program fall 2017 – 6.3% (n=1/16) • MSN program spring 2018 – 33.3% (n=8/24) • DNP program summer 2018 – 0 The 29% result is well above the 15% target that was increased after the 2016-2017 year. (12/10/2∪18)	Action: Action: The results from 2017-2018 are higher than the 15% which was the new target set after the 2016-2017 report. This new target of 15% remains reasonable and will be used another year to see if the reporting remains at this level. Allen College will continue to provide leadership opportunities throughout the curriculum, especially in the leadership course. AC 316 Service Honors will continue to challenge students through course service projects to take leadership roles in the community and on-campus. The CELL will consider gathering information from student groups on campus to compile leadership opportunities offered through their membership. This may be used to

College Goal 4 - Promote a commitment by all members of the Allen College community to lives of service to others.

Admin - Center for Engagement, Learning, and Leadership

AU Outcome: CELL 2.2

Measures	Results	Actions
		provide important information so all students can see where they can gain leadership experience while in their particular program at the college. (04/13/2020)

AU Outcome: CELL 3.1

Collaborate with partners in the community **Outcome Status:** Active

Measures	Results	Actions
AD: Report - Internal - Sign up sheets from service days Target: 15% of students attend college-wide community service events yearly. Timeframe: Annually Responsible Parties: Center for Engagement, Learning, and Leadership Committee/CELL coordinator	 Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 18.2 % (113/622 students) participated in the college-wide community service event this academic year. There may be some duplicate students counted in this number, as only numbers were collected, not student names to check for duplication. Fall 2017 - 78 students representing the BSN and MS in OT programs participated in the Fall 2017 Service Days. Agencies served included NE Iowa Food Bank, House of Hope, Salvation Army, and Love, Inc. Spring 2018 – 35 students participated in this activity serving, House of Hope, Salvation Army, NE Iowa Foodbank, and Kaden's Kloset. Two days were offered. The 18.2% for 2017-2018 is down slightly from 2016-2017 (18.8%) but not enough to indicate changes in actions. This decrease could also be attributed to fewer duplicated names from the previous means of recording participants. (12/10/2018) 	Action: In order to keep participation numbers at the same or higher level, opportunities for service will be offered at a variety of times and days (week-ends potentially) and possibly more often for the 2018-2019 year. (04/13/2020)
SL: Service - Services stories posted on social media Target: Featured service stories on social media will reach 1,500 people and have 15 "likes". Timeframe: Annually Responsible Parties: Center for Engagement, Learning, and Leadership Committee/CELL	Reporting Year: 2017 - 2018 (Year 4) Target Met: No Posts to social media related to service at Allen College totaled 8732 for the 2017-2018 year. This is down from 2016-2017 by 1195 posts. There were 10 posts compared to last year which had 4. Likes averaged 19.4 per post for 2017-2018 which is down from an average of 42 for the previous year. (12/10/2018)	Action: In order to meet this target in the future, the CELL will continue to publicize service events and activities that are happening on the campus. The goal will be to increase the number of events that are publicized which may help to continue to meet this target in the

College Goal 4 - Promote a commitment by all members of the Allen College community to lives of service to others.

Admin - Center for Engagement, Learning, and Leadership

AU Outcome: CELL 3.1

Measures	Results	Actions
coordinator		future. CELL members will be asked to follow-up with organizations and courses that offer service so that a post can be made to social media. (03/07/2019)

Admin - Enrollment Management

AU Outcome: EM 9.0

Students are represented on college committees

Outcome Status: Active

Measures	Results	Actions
AD: Report - Internal - Allen College Student Opinion Survey Opportunity for student involvement in college committees Target: 80% of students report satisfied or very satisfied	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 77 students, or 33.19%, indicated they were unaware of the opportunity for committee involvement. Of those aware, 54.31 were either satisfied or very satisfied with the opportunity for involvement in college committees. Although the same percentage of students indicated that they are aware of the opportunity for committee involvement, a smaller percentage is satisfied with the opportunities available.	Action: Continued education for students and further encouragement for students in the ambassador program to be involved in committees. The percentage of students aware of the opportunity for college committee involvement remains virtually the same since 2013-14. (03/01/2019)
Timeframe: Year 4 Responsible Parties: Dean of Enrollment Management	Result from 2013-2014: Of the 161/244 students (66%) who were aware of or had used this service, 106 (43.4%) were satisfied and 55 (22.5%) were very satisfied, whereas 29.5% were neither satisfied nor dissatisfied (i.e., neutral).	
	Although the Ambassador Program has strengthened, opportunities to be involved with committees should increase instead of decrease. This is an unexpected result. (03/01/2019)	

Recognize Student Scholarship

Admin - Enrollment Management

AU Outcome: EM10.0

Outcome Status: Active

Measures	Results	Actions
AD: Report - Internal - GPA criteria recorded in CAMS Target: All students who meet honor criteria are recognized	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes During the 2017-2018 academic year, all students who qualified for honors were recognized, which is the same as last academic year. Students will continue to be recognized per polices.	Action: Continue to follow the honors policies and recognize students per policy. (09/06/2018)
Timeframe: Each semester	During the 2017-18 academic year, 64% of students graduating from and undergraduate program received academic honors. This is the first year tracking the percentages.	
Responsible Parties: Registrar	63.17% of undergraduate students were eligible for the Dean's list during the 17-18 academic year and all were recognized. (09/06/2018)	

Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 4.1

Students will integrate leadership skills and construct professional practices **Outcome Status:** Active

Measures	Results	Actions
SL: Service - RA:135 Community	Reporting Year: 2017 - 2018 (Year 4)	Action: All students performed
Service/Service Learning Evaluation	Target Met: Yes	service learning through a variety
Target: Average score of >= 80%	2017: 94.78 (n=14)	of organizations. Students
Timeframe: Level I-Fall Semester	2016: 72% (n=13)	demonstrated leadership skills and
Responsible Parties: RA: 135 Course	2015: 92.56% (n=16)	professionalism through their
Instructors/HS Curriculum	2014: 97.94% (n=17)	involvement in service learning
Committee	(06/25/2018)	activities. (06/25/2018)
SL: Service - RA: 265 Community	Reporting Year: 2017 - 2018 (Year 4)	Action: All students performed
Service/Service Learning Evaluation	Target Met: Yes	service learning through a variety
Target: Average score of >= 80%	2017: 93.33% (n=12)	of organizations. Students have
Timeframe: Level II-Fall Semester	2016: 93.4% (n=15)	demonstrated leadership skills and
Responsible Parties: RA: 265 Course	2015: 82.47% (n=17)	professionalism through their

Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 4.1

Measures	Results	Actions
Instructors/HS Curriculum Committee	2014: 99.13% (n=15) (06/25/2018)	contributions to the service learning activities. (06/25/2018)
AU Outcome: ASR 4.2		

Students will practice professionalism **Outcome Status:** Active

Measures	Results	Actions
SL: Clinical evaluation tool - RA:135 Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13 Target: Average score >= 3 (0-4 pt. scale) Timeframe: Level I- Fall Semester Responsible Parties: Clinical Instructors/ Program Faculty/HS Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 2017- 3.68 (n=14) 2016- 3.6 (n=13) 2015- 3.83 (n=16) 2014- 3.80 (n=17) (06/25/2018)	Action: The student's average scores increased in four areas with a slight decrease in the area of initiative for the fall 2017. Beginning in the summer 2017, all student evaluations were completed on Trajecsys. Trajecsys permits the student to view and have continual access to all their completed evaluations while they are in the program. The inclusion of the electronic format for the completion of evaluations was a successful transition for students and clinical instructors. Students continue to practice professionalism in the clinical environment. (06/25/2018)
SL: Clinical evaluation tool - RA:275 Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13 Target: Average score >= 3 (0-4 pt. scale)	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 3.76 (n=12) 2016-2017 3.96 (n=15) 2015-2016 3.98 (n=17) 2014-2015	Action: The student average scores were lower in each area compared to last year's students. The performance criteria evaluated was organization of assignments,

Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 4.2

Measures	Results	Actions
Timeframe: Level II-Spring Semester Responsible Parties: Clinical Instructors/ Program Faculty/HS Curriculum Committee	3.91 (n=15) 2013-2014 (06/25/2018)	initiative, appearance, policies and procedures, and ethical and professional behaviors. The lower scores may be attributed to the smaller number of students in this class cohort as compared to the previous year. All student clinical evaluations are completed utilizing the online software program Trajecsys. Students continue to integrate leadership skills and practice professionalism in the clinical setting. (06/25/2018)

Program (HS) - Diagnostic Medical Sonography (DMS)

AU Outcome: DMS 2.2

Students will successfully obtain patient history **Outcome Status:** Active

Measures	Results	Actions
SL: Clinical evaluation tool - DMS:408 Clinical Instructor/Preceptor Evaluations Number 1 Target: On a scale from 1-5, 5 being the highest rating, the average of all the responses >=4 Timeframe: Didactic Level - Fall Semester Responsible Parties: DMS:408	 Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes Fall 2017 avg. 4.94. Trend is consistent with previous years.Students continue to demonstrate ability to communicate effectively with patient. The action plan identified continuity in assessing this area during clinicals at this time. Fall 2016 avg. 4.71 Fall 2015 avg. 4.47 (10/12/2018) 	Action: Faculty will obtain and assess feedback from clinical instructors. Faculty will review evaluations with clinical instructors and student at each site visit and will identity /make recommendations for student improvement. However, new outcome or assessment tool will be considered. (10/12/2018)

Program (HS) - Diagnostic Medical Sonography (DMS)

AU Outcome: DMS 2.2

Measures	Results	Actions
Course Instructor/Program Faculty/HS Curriculum Committee		
SL: Lab - Ultrasound Imaging 2 Lab Target: Each student will receive score >= 80% Timeframe: Didactic Level Spring Semester Responsible Parties: Course Instructor/ HS Faculty Org. Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Course not taught" (03/08/2019)	

AU Outcome: DMS 4.2

Students will practice professionalism in the clinical lab setting **Outcome Status:** Active

Measures	Results	Actions
SL: Clinical evaluation tool - DMS:408 Clinical Instructor/ Preceptor Evaluations Numbers 1,2,10-13,15-19	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes Fall 2017- student's average score is 4.8 (n=7). Score remain consistently high as compared to previous cohort score.	Action: Faculty will obtain and assess feedback from clinical instructors. At each site visit, program faculty will review evaluations with clinical instructors
Target: On a scale from 1-5, 5 being the highest rating, the average of all the responses >=4 Timeframe: Didactic Level - Fall Semester Responsible Parties: DMS 408 Instructor/ Program Faculty/HS Curriculum Committee	 Fall 2016 student's average score i-4.86 (n=5). Likert scale 1-5 Fall 2015 student's average score -4.9 (n=5) Fall 2014 student's average score- 3.5 on a scale of 1-4, (n=6). Will follow the previous year's action plan to keep as a CAP measurement tool as it provides valuable information of student's clinical progress by semester and by cohort (10/12/2018) 	and the student. Areas of concern will be identified and recommendation/plan of action for student improvement will be developed. To determine consistency of trend, no change in measurement tool for another cycle of data. (10/12/2018)
SL: Clinical evaluation tool - DMS:409 Clinical Instructor/	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes	Action: Faculty will obtain and assess feedback from clinical

Program (HS) - Diagnostic Medical Sonography (DMS)

AU Outcome: DMS 4.2

Measures	Results	Actions
Evaluations Numbers 1,2,10-13,15-	Spring 2017 avg 4.83	instructors. At each site visit,
19	Spring 2016 (n=5).avg 4.96	program faculty will review
		evaluations with clinical instructors
Target: On a scale from 1-5, 5 being	Likert scale:0-4	and the student. Areas of concern
the highest rating, the average of all	Spring 2015 (N=5) avg is 3.72	will be identified and
the responses >=4	Spring 2014 (N=8) avg was 3.46	recommendation/plan of action for
Timeframe: Didactic Level - Spring	Spring 2013 (N=4) avg was 3.7	student improvement will be
Semester	Spring 2012 (N=6) avg was 3.62. (06/04/2019)	developed. To determine
		consistency of trend, no change in
Responsible Parties: DMS 408		measurement tool for another
Instructor/ Program Faculty/HS		cycle of data (06/04/2019)
Curriculum Committee		

Program (HS) - Doctor of Education (Ed.D.)

AU Outcome: EdD 3.1

Students will demonstrate organizational and systems leadership to advance quality improvement and systems change. **Outcome Status:** Active

Measures	Results	Actions
SL: Didactic - EdD 700: Organizational Development and Change in Education – Discussions Target: Students will receive an average score of >90% for all discussions within the course Timeframe: When course is taught Responsible Parties: Program Chair/HS Graduate APG Committee	Reporting Year: 2017 - 2018 (Year 4)Target Met: Yes100% of students received an average score of >90% for all discussionsThe target changed since the last time this course was offered. Within each module, studentsdiscussed a variety of organization development and change topics as they related toeducational environments. Discussion board posts are graded using a rubric. Somediscussion board assignments were awarded points for completing posts as directed. Manyof the discussions were designed to help students process and think on larger written paperassignments. Students were engaged and active in these discussions. (08/17/2018)Related Documents:EdD 700 DB Examples.pdf	Action: Discussions will continue to be incorporated into this course. A verbal discussion activity will be added to maintain engagement and continue to help students meet the target. (08/17/2018)

Program (HS) - Doctor of Education (Ed.D.)

AU Outcome: EdD 3.1

Measures	Results	Actions
	EdD 700 Discussion Board Scoring Rubric.pdf	
SL: Didactic - EdD 710: Leading a Health Sciences Learning Organization – Strategic Planning Project Target: 100% of students will receive a score of >=85% Timeframe: When course is taught (e.g., 2015, 2018, etc.) Responsible Parties: Program Chair/ HS Grad Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: No 6 students earned an average of 54.5 out of 60 points = 90.8% average; 5 of 6 students met the target of 85% This was a new measurement tool put in place since the last time the course was offered. Additionally, the course was team-taught during this offering and solo-taught in 2014. In this case study, students were provided with a detailed rubric which allowed them to create realistic and detailed plans for addressing the assignment. (08/17/2018) Related Documents: Strategic Planning Project.pdf	Action: One student did not reach the benchmark, so this measure will be kept unchanged for the next course offering to allow more time to evaluate the assignment with a new group of students. (08/17/2018)

Program (HS) - Masters in Occupational Therapy (MS in OT)

AU Outcome: MS in OT 3.1 Required formats to document

Students will use required formats to accurately document intervention.

Measures	Results	Actions
SL: Clinical - OT 601 - Treatment Note Target: Minimum of 80% on documentation note Timeframe: When course taught (2nd Year, e.g., Fall 2016) Responsible Parties: Instructor/ OT Faculty /HS Grad Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes All students received a minimum of an 80% or higher on this assignment. The average grade was 18.78 out of 20 points, which is equivalent to a 93.9%. This is a slightly lower percentage than last year, but well above the expectation. This measure will continue to be monitored for a least one year to assure that the program is consistent in its success. (10/10/2018)	Action: The faculty will continue to monitor this assignment and encourage students to take every opportunity to practice writing treatment notes. (10/10/2018)

AU Outcome: MS in OT 3.2 Ethical Principles

Students will demonstrate the ability to apply ethical principles in decision-making.

Program (HS) - Masters in Occupational Therapy (MS in OT)

AU Outcome: MS in OT 3.2 Ethical Principles

Measures	Results	Actions
SL: Exam/Quiz - Teacher-made - OT 509 – Ethics Quiz Target: When course taught (1st Year, e.g., Fall 2016) Timeframe: Minimum score of 80% on quiz Responsible Parties: Instructor/ OT Faculty /HS Grad Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: No One of the 23 students did not meet the minimum score of 80% on the quiz. The average score was 87.6%. Last year all students met the expectation, but the class was smaller at that time. Additionally, the course that this item was being measured in this year was taught by anew instructor. It was decided that the information taught to meet this measure was covered more thoroughly in another course now and it was moved to OT 501. Some of these adjustments could have contributed to the change in results. The program will continue to monitor and work to identify any other possible issues. (10/10/2018)	Action: The quiz will be review for clarity and a case example for ethics will be added to the class to help students better understand the concepts involved. The ethics quiz has also moved to the OT 501 class. (10/10/2018)

Program (HS) - Medical Laboratory Science (MLS)

AU Outcome: MLS 3.1

Students will maintain competency in the laboratory field of study **Outcome Status:** Active

Measures	Results	Actions
SL: Didactic - Annotated Bibliographies – MLS 426: Evidence- Based Laboratory Medicine	Reporting Year: 2017 - 2018 (Year 4) Target Met: No 12 students 82 2% (10(12) correct on average score of >85%	Action: No changes will be made to the structure of this assignment for the next academic year. We will
Target: 100% of students will receive an average score of >=85% Timeframe: Annually	83.3% (10/12) earned an average score of >85%. Overall average score = 88.4%	assess this item with a revised target in place to determine student outcomes. (08/17/2018)
Responsible Parties: Program Chair/HS APG Committee	Students were required to use the evidence based practice (EBP) process to complete annotated bibliographies on two pieces of evidence that related to a student-selected topic. Skills learned throughout the course culminated in a final project that encompassed the entire EBP process. Students were provided with a list of expectations along with a breakdown of how points were earned to help guide project development. This course was developed to meet the needs of learners with varying backgrounds in research to show how the EBP process is used in the laboratory setting. One student temporarily withdrew from the program after the add/drop date and did not complete this assignment. Another student	

Program (HS) - Medical Laboratory Science (MLS)

AU Outcome: MLS 3.1

Measures	Results	Actions
	had difficultly choosing a topic that met the assignment guidelines. (08/17/2018) Related Documents: <u>426 Annotated Bibliographies.pdf</u>	

Program (HS) - Public Health (PH)

AU Outcome: PH 3.2

Student should be able to describes the role of governmental and non-governmental organizations in the delivery of community health services **Outcome Status:** Active

Measures	Results	Actions
SL: Exam/Quiz - Teacher-made - PH: 410 Final exam Target: Average score of >80% Timeframe: Fall semester Responsible Parties: Program faculty / HS Faculty Org. committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes Three students received an average of 91.7% on the final exam. In Fall 2016, four students earned an average of 83.7%. To continue to achieve the target for this measure during 2017- 2018 no specific action plan was proposed because "The target was barely met and low student enrollment makes it difficult to predict future results. Additionally, the instructor, course text, and final text changed between academic years, making these results impossible to compare year-over-year." It was planned to revisit "This measure in the CAP for 2017- 2018 academic year to create a more precise measurement." (01/09/2018)	Action: A significant increase occurred in year-over-year testing with no change to text, test, or instructor. Since the program is evolving to a greater health care management/leadership focus, new text and course materials will be implemented next year. (01/09/2018)

Program (Nursing) - Bachelor of Science in Nursing (BSN)

AU Outcome: BSN 7.0 Professional Role

Model the professional role. Outcome Status: Active Start Date: 08/01/2014

Measures	Results	Actions
AD: Survey - Alumni Survey Item:	Reporting Year: 2017 - 2018 (Year 4)	

Program (Nursing) - Bachelor of Science in Nursing (BSN)

AU Outcome: BSN 7.0 Professional Role

Measures	Results	Actions
How well BSN education prepared you to model the professional role (1= very poorly, 2 = poorly, 3 = well, 4 = very well). Target: 75% of respondents will report that their BSN education prepared them well or very well to model the professional role. Timeframe: Annually Responsible Parties: CIRE, Evaluation & Study Committee	Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 BSN CAP report. (08/01/2018)	
AD: Survey - Employer Survey Item: How well BSN graduate models the professional role (1= very poorly, 2 = poorly, 3 = well, 4 = very well, NA = not applicable (e.g., does not perform outcome, or outcome not applicable to current role). Target: 75% of respondents will report that BSN graduate models the professional role well or very well. Timeframe: Annually Responsible Parties: CIRE, Evaluation & Study Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 BSN CAP report. (08/01/2018)	
SL: Didactic - RN- 421 Nursing Professional Role Reflection Target: 100% of the students will achieve at least 73% on the Nursing Professional Role Reflection. Timeframe: Year 4 Responsible Parties: BSN Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4)Target Met: YesInstructor gave detailed instructions on the rubric of the assignment and reminded students of due dates thru announcements on Blackboard and clearly documented the due dates in the Module on Blackboard. 100% of students achieved at least 73% on the Nursing Professional Role Reflection assignment. (11/20/2018)Related Documents: Outcome 7 RN NU 421 Nursing Professional Role Reflection.pdf	Action: In order to continue to meet this target in the future, the course faculty will review the assignment details and questions related to the paper and continue to give detailed instructions about the assignment and the due dates. (11/20/2018)

Program (Nursing) - Bachelor of Science in Nursing (BSN)

AU Outcome: BSN 7.0 Professional Role

Measures	Results	Actions
SL: Didactic - RN-NU 457 Clinical Evaluation Tool, Professional Behavior Target: 100% of students will receive a satisfaction rating on the 4 items listed under Professionalism on the Clinical Evaluation Tool Timeframe: Year 4 Responsible Parties: BSN Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes Fall 2017 – 100% (7/7) and Spring 2018 – 100% (18/18) of students received an "S" rating for Professional Behavior clinical competencies on the clinical evaluation tool. This is the first year for this measure, so there are no previous results or action plans. (11/20/2018) Related Documents: Outcome 7 RN NU 457 Clinical Evaluation Tool.docx	Action: In order to continue to meet this target in the future, faculty will continue to use the clinical evaluation tool to measure this outcome and will use data from the preceptor's evaluation of student clinical performance. (11/20/2018)
AD: Survey - Alumni Survey Item: How often in current professional nursing practice you model the professional role (1= not at all, 2 = rarely, 3 = some of the time, 4 = most of the time, NA = not applicable, e.g., not working in a BSN nursing role, or outcome not applicable to current role). Target: 75% of respondents will report that they model the professional role some or most of the time in current professional nursing practice . Timeframe: Annually Responsible Parties: CIRE, Evaluation & Study Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 BSN CAP report. (08/01/2018)	
AD: Survey - Employer Survey Item: How often BSN graduate models the professional role (1= not at all, 2 = rarely, 3 = some of the time, 4 = most of the time, NA = not applicable, e.g., not working in a BSN nursing role, or outcome not	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 BSN CAP report. (08/01/2018)	

Program (Nursing) - Bachelor of Science in Nursing (BSN)

AU Outcome: BSN 7.0 Professional Role

Measures	Results	Actions
applicable to current role). Target: 75% of respondents will report that BSN graduate models the professional role some or most of the time in current professional nursing practice. Timeframe: Annually Responsible Parties: CIRE, Evaluation & Study Committee		
SL: Didactic - RN-NU 301 Module 7 Discussion Board Target: 100% of students will achieve at least 75% of the Module 7 Discussion Board. Timeframe: Year 4 Responsible Parties: BSN Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes To continue to achieve this target, per the 2016-2017 action plan for this measures, course faculty engaged students in a discussion to examine their own ethics and morals and how that impacts patient care. For the 2017-2018 academic year, 100% of students achieved at least 75% on the Module 7 discussion board. This result is consistent with the results of the 2016-2017 academic year when 100% of the students also met the target. (11/20/2018) Related Documents: <u>Outcome 7 RN NU 301 Module 7 Discussion Board.docx</u>	Action: In order to continue to meet this target, students will be encouraged to examine their own ethics in relation to ethical practice in the health care setting. (11/20/2018)

Program (Nursing) - Doctor of Nursing Practice (DNP)

AU Outcome: DNP 6.0

Assume leadership roles in interprofessional collaboration to improve the health outcomes of individuals, families, and populations **Outcome Status:** Active

Measures	Results	Actions
SL: Summative Evaluation - Assume leadership roles in interprofessional collaboration to improve the health outcomes of individuals, families, and populations	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 100% (3 of 3) students achieved an acceptable level or above on this criterion of the DNP Summative Evaluation. This is consistent with 2016-2017 results when 2 of 2 students (100%) achieved acceptable or above ratings on this criterion of the DNP Summative Evaluation. Considering that the summative evaluation is completed upon program completion, it is to be	Action: Will continue to monitor this target since the number of DNP graduates remains low and it is essential to assure graduates have documented achievement of program outcomes. (10/09/2018)

Program (Nursing) - Doctor of Nursing Practice (DNP)

AU Outcome: DNP 6.0

Measures	Results	Actions
Target: 100% of students achieve an acceptable level (1) on a scale of 0-2 Timeframe: Annually upon program completion Responsible Parties: Assistant Dean, Graduate Nursing /Graduate Curriculum Committee	expected that all students would demonstrate achievement of program outcomes as reflected in summative evaluation tool. (10/09/2018)	
SL: Didactic - NU750 Leadership and Collaboration Service-Learning Project assignment Target: 100% of students will achieve 80% or higher on the Service-Learning Project assignment Timeframe: Each time course is offered Responsible Parties: Graduate Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA This measure was not evaluated as no students took NU750 during the 2017-2018 academic year. (10/09/2018)	Action: This measure will be evaluated the next time the course is offered (2018-2019) academic year. (10/09/2018)
AD: Survey - DNP Alumni Survey: Graduate perceptions of how well their DNP education prepared them to assume leadership roles in interprofessional collaboration to improve the health outcomes of individuals, families, and populations (very poorly, poorly, well, very well). Target: 75% of respondents will report that their DNP education prepared them to assume leadership roles in interprofessional collaboration to improve the health outcomes of individuals, families, and populations well or very well. Timeframe: Annually Responsible Parties: Evaluation &	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 DNP CAP report. (08/01/2018)	

Program (Nursing) - Doctor of Nursing Practice (DNP)

AU Outcome: DNP 6.0

Measures	Results	Actions
Study Committee/CIRE		
AD: Survey - DNP Alumni Employer Survey: Employer perceptions of how well DNP graduates assume leadership roles in interprofessional collaboration to improve the health outcomes of individuals, families, and populations (very poorly, poorly, well, very well). Target: 75% of respondents will report that DNP graduates assume leadership roles in interprofessional collaboration to improve the health outcomes of individuals, families, and populations well or very well. Timeframe: Annually Responsible Parties: Evaluation & Study Committee/CIRE	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 DNP CAP report. (08/01/2018)	
AD: Survey - DNP Alumni Survey: Graduates perceptions of how often they assume leadership roles in interprofessional collaboration to improve the health outcomes of individuals, families, and populations (not at all, rarely, some of the time, most of the time). Target: 75% of respondents will report that they assume leadership roles in interprofessional collaboration to improve the health outcomes of individuals, families, and populations some or most of the time. Timeframe: Annually		

Program (Nursing) - Doctor of Nursing Practice (DNP)

AU Outcome: DNP 6.0

Measures	Results	Actions
Responsible Parties: Evaluation & Study Committee/CIRE		
AD: Survey - DNP Alumni Employer Survey: Employer perceptions of how often DNP graduates assume leadership roles in interprofessional collaboration to improve the health outcomes of individuals, families, and populations (not at all, rarely, some of the time, most of the time). Target: 75% of respondents will report that graduates assume leadership roles in interprofessional collaboration to improve the health outcomes of individuals, families, and populations some or most of the time. Timeframe: Annually Responsible Parties: Evaluation & Study Committee/CIRE	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates and their employers was not administered during the 2017- 2018 academic year. These graduates and their employers will be surveyed during the 2018- 2019 academic year and the results will be included in the 2018-2019 DNP CAP report. (08/01/2018)	

Program (Nursing) - Master of Science in Nursing (MSN)

AU Outcome: MSN 3.0

Apply quality principles to promote patient safety and positive individual and systems outcomes. **Outcome Status:** Active

Measures	Results	Actions
Project Evaluation Form - Item #3 Apply quality principles to promote	 Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 52 of 52 (100%) of students achieved an acceptable level (1) on both paper and presentation. This is consistent with outcomes from all previous academic years and as expected for an 	Action: In order to continue to meet this target for all students, graduate project faculty advisers will maintain close working

Program (Nursing) - Master of Science in Nursing (MSN)

AU Outcome: MSN 3.0

Measures	Results	Actions
Target: 100% of students achieve an acceptable level (1) on both paper and presentation Timeframe: Annually Responsible Parties: Assistant Dean, Graduate Nursing / Graduate Curriculum Committee	end-of-program project that is guided by a faculty preceptor and approved prior to the final presentation. (10/12/2018)	relationships with students as they plan, implement, and evaluate their evidence-based practice/quality improvement projects. This should assure a high quality presentation and summary paper at the end of the process. This is still perceived to be a valuable measure of student attainment of this outcome; maintain measure and target. (10/12/2018)
AD: Survey - MSN Alumni Survey How well MSN graduates perceive that their MSN education prepared them to apply quality principles to promote patient safety and positive individual and systems outcomes (very poorly, poorly, well, very well). Target: 75% of respondents will report feeling well or very well prepared to apply quality principles to promote patient safety and positive individual and systems outcomes. Timeframe: Annually Responsible Parties: Evaluation & Study Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates was not administered. It will be administered fall 2018. (01/18/2019)	
AD: Survey - MSN Alumni Survey How often MSN graduates apply quality principles to promote patient safety and positive individual and systems outcomes (not at all, rarely, some of the time, most of the time).	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates was not administered. It will be administered fall 2018. (01/18/2019)	

Program (Nursing) - Master of Science in Nursing (MSN)

AU Outcome: MSN 3.0

Measures	Results	Actions
Target: 75% of respondents will report applying quality principles to promote patient safety and positive individual and systems outcomes some or most of the time. Timeframe: Annually Responsible Parties: Evaluation & Study Committee		
AD: Survey - MSN Alumni Employer SurveyHow well MSN graduates apply quality principles to promote patient safety and positive individual and systems outcomes (very poorly, poorly, well, very well). Target: 75% of respondents will report MSN graduates apply quality principles to promote patient safety and positive individual and systems outcomes well or very well. Timeframe: Annually Responsible Parties: Evaluation & Study Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Structured survey was not administered. Feedback was obtained from MSN Advisory Group, November 2017. Employers of 2016-2017 graduates will be surveyed fall 2018. (01/18/2019)	
AD: Survey - MSN Alumni Employer SurveyHow often MSN graduates apply quality principles to promote patient safety and positive individual and systems outcomes (not at all, rarely, some of the time, most of the time). Target: 75% of respondents will report that MSN graduates apply quality principles to promote patient safety and positive individual and systems outcomes some or most of	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Structured survey was not administered. Feedback was obtained from MSN Advisory Group, November 2017. Employers of 2016-2017 graduates will be surveyed fall 2018. (01/18/2019)	

Program (Nursing) - Master of Science in Nursing (MSN)

AU Outcome: MSN 3.0

Measures	Results	Actions
the time. Timeframe: Annually Responsible Parties: Evaluation & Study Committee		
SL: Clinical evaluation tool - Clinical Evaluations Target: 90% of students achieve an acceptable level (1) on all criteria on a scale of 0-2 Timeframe: Annually Responsible Parties: MSN Clinical Coordinator / Graduate Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 100% of students in NU600C (39 of 39), NU605C (43 of 43), NU610C (40 of 40), 615C (15 of 15), 620C (12 of 12), 625C (12 of 12), 652C (7 of 7), 670C (11 of 11) achieved an acceptable level (1) or better for the "Safety/Outcomes" criteria on the Faculty Clinical Evaluation Tool. These data are consistent with findings from the 2016-2017 academic year when 100% of students in the majority of clinical courses also achieved (1) or better for the "Safety/Outcomes" criteria on the Faculty Clinical Evaluation Tool. (exception of one course in 2016-2017 where 98% of students achieved target on this measure). As indicated in the action plan, faculty members have documented contact with students and preceptors throughout the clinical courses to evaluate progress toward established outcomes. (10/12/2018)	Action: In order to meet this target with all groups in the next academic year, course faculty will continue to evaluate student and preceptor ratings on all established criteria. Contact with preceptors and students will be maintained throughout the clinical course to evaluate progress toward outcomes. (10/12/2018)

AU Outcome: MSNO 7.0

Collaborate within inter-professional teams to manage and improve health care services for individuals, families and populations. **Outcome Status:** Active

Measures	Results	Actions
AD: Report - Internal - Graduate Project Evaluation Form - Item #7 Collaborate within interprofessional teams.	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 52 of 52 (100%) of students achieved an acceptable level (1) on both paper and presentation. This is consistent with outcomes from all previous academic years and as expected for an end-of-program project that is guided by a faculty preceptor and approved prior to the final	Action: In order to continue to meet this target for all students, graduate project faculty advisers will maintain close working relationships with students as they
 Target: 100% of students achieve an acceptable level (1) on both paper and presentation Timeframe: Annually Responsible Parties: Assistant Dean, Graduate Nursing / Graduate 	presentation. (10/12/2018)	plan, implement, and evaluate their evidence-based practice/quality improvement projects. This should assure a high quality presentation and summary paper at the end of the process. This is still perceived

Program (Nursing) - Master of Science in Nursing (MSN)

AU Outcome: MSNO 7.0

Measures	Results	Actions
Curriculum Committee		to be a valuable measure of student attainment of this outcome; maintain measure and target. (10/12/2018)
AD: Survey - MSN Alumni Survey How well MSN graduates perceive that their MSN education prepared them to collaborate within inter- professional teams to manage and improve health care services for individuals, families and populations (very poorly, poorly, well, very well). Target: 75% of respondents will report feeling well or very well prepared to collaborate within inter- professional teams to manage and improve health care services for individuals, families and populations. Timeframe: Annually Responsible Parties: Evaluation & Study Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates was not administered. It will be administered fall 2018. (01/18/2019)	
AD: Survey - MSN Alumni Survey How often MSN graduates collaborate within inter-professional teams to manage and improve health care services for individuals, families and populations (not at all, rarely, some of the time, most of the time). Target: 75% of respondents will report collaborating within inter- professional teams to manage and improve health care services for	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Survey of 2016-2017 graduates was not administered. It will be administered fall 2018. (01/18/2019)	

Program (Nursing) - Master of Science in Nursing (MSN)

AU Outcome: MSNO 7.0

Measures	Results	Actions
individuals, families and populations some or most of the time. Timeframe: Annually Responsible Parties: Evaluation & Study Committee		
AD: Survey - MSN Alumni Employer SurveyHow well employers perceive that MSN graduates collaborate within inter-professional teams to manage and improve health care services for individuals, families and populations (very poorly, poorly, well, very well). Target: 75% of respondents will report that MSN graduates collaborate within inter-professional teams to manage and improve health care services for individuals, families and populations well or very well. Timeframe: Annually Responsible Parties: Evaluation & Study Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Structured survey was not administered. Feedback was obtained from MSN Advisory Group, November 2017. Employers of 2016-2017 graduates will be surveyed fall 2018. (01/18/2019)	
AD: Survey - MSN Alumni Employer SurveyHow often employers perceive that MSN graduates collaborate within inter-professional teams to manage and improve health care services for individuals, families and populations (not at all, rarely, some of the time, most of the time). Target: 75% of respondents will report that MSN graduates	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Structured survey was not administered. Feedback was obtained from MSN Advisory Group, November 2017. Employers of 2016-2017 graduates will be surveyed fall 2018. (01/18/2019)	

Program (Nursing) - Master of Science in Nursing (MSN)

AU Outcome: MSNO 7.0

Measures	Results	Actions
collaborate within inter-professional teams to manage and improve health care services for individuals, families and populations some or most of the time. Timeframe: Annually Responsible Parties: Evaluation & Study Committee		
SL: Clinical evaluation tool - Clinical Evaluations Target: 90% of students achieve an acceptable level (1) on all criteria on a scale of 0-2 Timeframe: Annually Responsible Parties: MSN Clinical Coordinator / Graduate Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 100% of students in NU600C (39 of 39), NU605C (43 of 43), NU610C (40 of 40), 615C (15 of 15), 620C (12 of 12), 625C (12 of 12), 652C (7 of 7), 670C (11 of 11) achieved an acceptable level (1) or better for the "Inter-professional Collaboration" criteria on the Faculty Clinical Evaluation Tool. These data are consistent with findings from the 2016-2017 academic year when 100% of students in the majority of clinical courses also achieved (1) or better for the "Inter-professional" criteria on the Faculty Clinical Evaluation Tool (with exception of one course in 2016-2017 where 98% of students achieved target on this measure). As indicated in the action plan, faculty members have documented contact with students and preceptors throughout the clinical courses to evaluate progress toward established outcomes, and a course objective related to inter-professional collaboration was added in all clinical courses. (10/12/2018)	Action: In order to meet this target with all groups in the next academic year, course faculty will continue to evaluate student and preceptor ratings on all established criteria. Contact with preceptors and students will be maintained throughout the clinical course to evaluate progress toward outcomes. (10/12/2018)

AU Outcome: ASR 1.1

Students will practice proper radiation protection **Outcome Status:** Active

Measures	Results	Actions
SL: Clinical evaluation tool - RA: 135 Competency Testing/CCE Part II, numbers 5, 7, 9, 15, 17 Target: Average score of >= 3 (0-4 pt. scale) Timeframe: Level 1-Fall Semester Responsible Parties: Lab Instructor/ Program Faculty/ Health Sciences(HS) Faculty Org. Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 2017=3.97(n=14) Benchmark met 2016 = 3.89 (n=13) 2015 = 3.95 (n=16) 2014 = 3.97 (n=17) (06/25/2018)	Action: Students continue to demonstrate clinical competence and practice proper radiation protection. Students are provided with instruction in class and lab followed by opportunities in the clinical setting to apply this knowledge. (06/25/2018)
SL: Clinical evaluation tool - RA: 275 Final Clinical Competency Testing/ CCE Part II, numbers 5,7,9,15,17 Target: Average score of >= 3 (0-4 pt. scale) Timeframe: Level II-Spring Semester Responsible Parties: Clinical Instructors/Program Faculty/HS Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 2018 = 3.96 (n=12) 2017 = 3.96 (n=15) 2016=3.96 (n=17) 2015=3.96 (n=15) 2014=3.99 (n=17) (06/25/2018)	Action: The students demonstrated clinical proficiency and competency in providing radiation protection. The program's curriculum integrates radiation protection concepts every semester. Each student's performance demonstrated clinical competence. The course instructors recommend continuing to assess this item. No changes recommended at this time. (06/25/2018)

AU Outcome: ASR 1.2

Students will apply correct positioning skills **Outcome Status:** Active

Measures	Results	Actions
SL: Didactic - RA: 145 Certification	Reporting Year: 2017 - 2018 (Year 4)	Action: Students continue to
Testing/	Target Met: Yes	exceed benchmark. The students
Part I, numbers 3,12,14,15	2018 = 3.86 (n=14)	demonstrated the ability to apply

Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 1.2

Measures	Results	Actions
Target: Average score of >= 3. (0-4 pt. scale) Timeframe: Level I-Spring Semester Responsible Parties: Clinical Instructors/ Program Faculty/ HS Curriculum Committee	2017 = 4 (n=12) 2016 = 3.96 (n=16) 2015=3.79 (n=17) 2014=3.86 (n=15) (06/25/2018)	correct positioning skills. The students demonstrated knowledge of positioning in relation to their level of placement in the program. Course instructors recommend assessing this item since certification testing is completed at various clinical sites and with different clinical instructors. No changes recommended. (06/25/2018)
SL: Didactic - RA: 265 Certification Testing/Part I, numbers 3,12,14,15 Target: Average score of >= 3. (0-4 pt. scale) Timeframe: Level II-Fall Semester Responsible Parties: Clinical Instructors/ Program Faculty/ HS Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 2017=3.90(n=12) 2016=3.97(n=15) 2015=3.99 (n=17) 2014= 3.96 (n=15) (06/25/2018)	Action: Average scores exceed benchmark. Students demonstrated clinical competence by applying correct positioning skills. This is the final semester that certifications are completed in the program. This was the first cohort to exclude procedures which were ankle, finger, foot, hand, and wrist. The program made this change to ensure the procedural exam difficulty correlated with the student's level in the program. This will benefit the outcome by ensuring students are demonstrating correct positioning skills on more advanced procedures appropriate to their level in the program. (06/25/2018)

AU Outcome: ASR 2.1

Students will demonstrate effective communication skills in the clinical setting

AU Outcome: ASR 2.1

Outcome Status: Active

Measures	Results	Actions
SL: Clinical evaluation tool - RA:135 Clinical Instructor/ Preceptor Evaluations/ Numbers 3, 6, 10,11 Target: Average score >= 3.5 (0-4 pt. scale) Timeframe: Level I-Fall Semester Responsible Parties: Clinical Instructors/ Program Faculty/ HS Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 2017 3.68 (n=14) 2016 3.56 (n=13) 2015 3.81 (n=16) 2014 3.8 (n=17) (06/25/2018)	Action: The students' average scores increased in all four of the performance criteria areas, patient care, interpersonal relationships, multicultural diversity and age appropriate care. Beginning in the summer 2017, all student evaluations were completed on Trajecsys. Trajecsys permits the student to view and have access to all their completed evaluations while they are in the ASR program. Moving from the paper/pencil format to electronic completion of evaluations has been a very successful transition for students and clinical instructors. Students continue to demonstrate effective communication skills in the clinical setting. (06/25/2018)
SL: Clinical evaluation tool - RA:275 Clinical Instructor/ Preceptor Evaluations/Numbers 3, 6,10,11 Target: Average score >= 3 (0-4 pt. scale) Timeframe: Level II -Spring Semester Responsible Parties: Clinical Instructors/ Program Faculty/ HS Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 2018- 3.78 (n=12) Benchmark met. 2017- 3.95 (n=15) 2016-3.97 (n=17) 2015-3.95 (n=15) 2014-3.97 (n=17) (06/25/2018)	Action: The student average scores were lower in each area compared to last year's students. The performance criteria evaluated was patient care, interpersonal relationships, multicultural diversity and age appropriate care. The lower scores could be attributed to the smaller number of students in this class cohort as compared to the previous year. All student clinical evaluations are

Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 2.1

Measures	Results	Actions
		completed utilizing the online software program Trajecsys. Students continue to use effective communication skills in the clinical setting. (06/25/2018)
SL: Clinical evaluation tool - RA:135 Clinical Competency Evaluation/ Part I – Number 4 Part III- Numbers 1,3,6- 8 Target: Average score >= 3 (0-4 pt. scale) Timeframe: Level I-Fall Semester Responsible Parties: Clinical Instructor/Program Faculty/ HS Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 2017=3.98 (n=14) 2016=3.92 (n=13) 2015=3.99 (n=16) 2014=3.98 (n=17) (06/25/2018)	Action: Students exceeded the benchmark. The students are demonstrating clinical communication skills reflective of their level in the program. No changes recommended at this time. (06/25/2018)
SL: Clinical evaluation tool - RA:275 Final Clinical Competency Evaluation/ Part I – Number 4 Part III- Numbers 1,3,6-8 Target: Average score >= 3.5 (0-4 pt. scale) Timeframe: Level II- Spring Semester Responsible Parties: Clinical Instructor/ Program Faculty/ HS Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 2018=3.98 (n= 12) 2017=4 (n=15) 2016=4 (n=17) 2015=3.99 (n=15) 2014=3.99 (n=17) (06/25/2018)	Action: Students continue to exceed the benchmark. Students have appropriate exam volume which helps prepare them for their final competencies. This includes evaluations of multiple procedures and a diverse patient population. No changes recommended. (06/25/2018)

AU Outcome: ASR 2.2

Students will practice written communication skills **Outcome Status:** Active

AU Outcome: ASR 2.2

Measures	Results	Actions
SL: Didactic - RA: 115 Patient Care Presentation Target: Average score of >= 85% Timeframe: Level I-Fall Semester Responsible Parties: RA: 115 Course Instructor/HS Faculty Org. Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes Fall 2017- 98% (n=14) FA 2016- 97% (n=13) FA 2015- 98.01% (n=16) FA 2014-98.2% (n=17) (06/25/2018)	Action: Five of the fourteen papers had deductions on the reference page which include; no hanging indent and proper spacing of references. The course instructor discusses the requirements of the paper the first day of the course. Since the reference page has continued to present problems for the student, this year the instructor demonstrated for the student how to go onto the Allen College website and select academic resources and then select APA resources link, which has a link APA review basic formatting rules. The instructor also displayed a correct reference page for the students. Students continue to demonstrate effective written communication skills. (06/25/2018)
SL: Didactic - RA:258 Pathology Systems Presentation Target: Average score of >= 85% Timeframe: Level II-Fall Semester Responsible Parties: RA: 258 Course Instructor/ HS Faculty Org. Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes Fall 2017-96% (n=12) FA 2016- 97% (15) FA 2015-97.5% (n=17) FA 2014-98.06% (n=15) (06/25/2018)	Action: Ten of the twenty-four papers written had deductions on the reference page and seven with the title page. Three students had deductions in the accuracy and substance format section of evaluation and were deducted in the depth of the paper adequately covering the subject of the paper. One student paper had deductions in the formatting of the paper for not double-spacing. The course

AU Outcome: ASR 2.2

Measures	Results	Actions
		instructor discusses the
		requirements of the papers the first
		day of the course. Since the
		reference page has continued to
		present problems for the student,
		this year the instructor
		demonstrated for the student how
		to go onto the Allen College
		website and select academic
		resources and then select APA
		resources link, which has a link APA
		review basic formatting rules. The
		instructor displayed a correct
		reference page for the students.
		None of the students reviewed
		their first paper to receive feedback
		for their second paper
		presentation. Students continue to
		demonstrate effective written
		communication skills.
		(06/25/2018)

AU Outcome: ASR 2.3

Students will demonstrate oral communication skills **Outcome Status:** Active

Measures	Results	Actions
SL: Didactic - RA:258 Pathology	Reporting Year: 2017 - 2018 (Year 4)	Action: Ten papers received
Systems Presentation	Target Met: Yes	deductions in the oral presentation
Target: Average score of >= 85%	Fall 2017-97% (n=12)	portion of the evaluation grade.
Timeframe: Level II-Fall Semester	FA 2016- 95% (15)	Four papers did not meet the
Responsible Parties: RA: 258 Course	FA 2015= 98.82% (n=17)	length of presentation requirement
Instructor/ HS Faculty Org.	FA 2014= 99.13% (n=15)	of eight minutes. Nine papers did

AU Outcome: ASR 2.3

Measures	Results	Actions
Committee	(06/25/2018)	not include all the information needed during the presentation of the paper. For example, the discussion of exposure factors/exposure to ionizing radiation for the exam and why the pathology was selected by the student. Each student completes two papers during this course. The paper requirements are explained in the syllabus and discussed with the students on the first day of class. Students continue to exhibit effective oral communication skills. (06/25/2018)
SL: Didactic - RA: 115 Patient Care Presentation Target: Average score of >= 85% Timeframe: Level I-Fall Semester Responsible Parties: RA: 115 Course Instructor/HS Faculty Org. Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes Fall 2017-99% (n=14) FA 2016- 99% (N=13) FA 2015=94.53% (n=16) FA 2014=100% (n=17) (06/25/2018)	Action: One student paper presentation had a deduction in the section of the evaluation "words were stated accurately." This was due to the student stumbling over some of the words during the presentation. The paper requirements are explained in the syllabus and discussed with the students on the first day of class. No changes recommended at this time. (06/25/2018)

AU Outcome: ASR 3.1

Students will appropriately critique radiographic images **Outcome Status:** Active

AU Outcome: ASR 3.1

Measures	Results	Actions
SL: Didactic - RA: 255 Radiographic image analysis worksheets Target: Average score of >= 80% Timeframe: Level II-Summer Semester Responsible Parties: RA: 255 Course Instructors/ Program Faculty/HS Faculty Org. Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 2017=87.75% (n=12) 2016: 90.19% (n=16) 2015: 89.88% (n=17) 2014: 89.13% (n= 15) (06/25/2018)	Action: A slight decline in the average percent score, but this could be attributed to a smaller cohort this year. Two students submitted 57% scores for Chapter 5 Shoulder. These worksheets are open book, open note, and are not timed. The worksheets allow two attempts with the scores averaged. Some students do not choose to take the time to read and closely evaluate the images and carefully answer each question. Overall, students continue to demonstrate an ability to critique radiographic images. No changes recommended. (06/25/2018)
SL: Didactic - RA: 265 Radiographic image analysis worksheets Target: Average score of >= 80% Timeframe: Level II- Fall Semester Responsible Parties: RA: 265 Course Instructors/ Program Faculty/HS Faculty Org. Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 2017 = 88.83% (n=12) 2016 = 91.66% (n=15) 2015= 90.71% (n=17) 2014= 93.13% (n=15) (06/25/2018)	Action: The decrease in the average score is primarily due to a smaller cohort this year. In addition, two students submitted below 75% scores for two of the worksheets. These are the same students who submitted lower scores for a few of the worksheets in the RA255 course. These worksheets are open book, open note, and are not timed. The worksheets allow two attempts with the scores averaged. It appears that some students do not choose to carefully evaluate the images on a few of the worksheets.

Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 3.1

Overall, students continue to demonstrate an ability to critique radiographic images. (06/25/2018)

AU Outcome: ASR 3.2

Students will demonstrate ability to practice critical thinking **Outcome Status:** Active

Measures	Results	Actions
SL: Didactic - RA:145 Scientific Exhibit Evaluation Target: Average score of >= 80% Timeframe: Level I- Spring Semester Responsible Parties: RA: 145 Program Faculty/ HS Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 2018 = 91.5% N= 8 posters (14 students) 2017 = 92.14% N= 7 posters (12 students) 2016 = 92.6% N= 10 posters (16 students) 2015 = 96.5%, N= 11 posters (17 students) 2014= 94%, N = 11 posters (15 students) (06/25/2018)	Action: Scores for 2018 continue to demonstrate the student's ability to practice critical thinking skills when developing their scientific exhibits. Most grade reductions occurred in line item # 5 "evidence of research providing new information or expanding on existing knowledge, and line item #8 "grammar, spelling, and punctuation" on the evaluation form. Average scores continue to exceed the benchmark. (06/25/2018)
SL: Exam/Quiz - Standardized - RA: 203B Corectec exams Target: > 80% of the students will achieve a score of 70 or greater on one of the four exams. Timeframe: Level II- Spring Semester Responsible Parties: RA: 203B Course Instructor/HS Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 2018 (n=12)100% of the students achieved a passing score of 70 or greater on one of the four exams. 2017 (n=15) 93% 2016 (n=17) 100% 2015 (n=15) 93% 2014 (n=17) 76% (06/25/2018)	Action: This year's cohort achieved the highest overall class average for the four exams since 2011. This was the first cohort for implementation of the 2% reduction in the overall course grade for each percentage point below 70 on the four Corectec exam average score (2016-2017 action plan). This may

Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 3.2

Actions
have provided additional incentive for the students to put forth their best effort and may have resulted in the increase in the overall class average. The 2018 and 2017 cohorts were tested on the new ARRT content specs. The ASR Program curriculum continues to prepare the students for the new content specs on the mock board exams. Students continue to demonstrate their ability to practice critical thinking. No changes recommended.

AU Outcome: ASR 3.3

Students will be able to critically think in the clinical setting **Outcome Status:** Active

Measures	Results	Actions
SL: Clinical evaluation tool - RA:145 Clinical Instructor/ Preceptor Evaluations/Numbers 2,4,7,8 Target: Average score >= 3. (0-4 pt. scale) Timeframe: Level I-Spring Semester Responsible Parties: RA: 145 Course Instructor/HS Faculty Org. Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 2018: Students achieved an average score of 3.53 (N=14) Benchmark met. 2017- 3.63 (n=12) 2016- 3.63 (n-16) 2015- 3.67 (n-17) 2014-3.62 (n=15) (06/25/2018)	Action: The student scores were lower than the previous year in all areas of the performance criteria; application of knowledge, ability to follow directions, self-image for level in the ASR program and composure and adaptability. This class had all their preceptor/clinical instructor evaluations completed on Trajecsys, which gives them immediate feedback in all areas of the evaluation. The reduction in

Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 3.3

Measures	Results	Actions
		these performance criteria may be attributed to this class cohort compared to the previous year. Students used effective communication skills in the clinical setting. (06/25/2018)
SL: Clinical evaluation tool - RA:265 Clinical Instructor/ Preceptor Evaluations/Numbers 2,4,7,8 Target: Average score >= 3. (0-4 pt. scale) Timeframe: Level II- Fall Semester Responsible Parties: RA: 265 Course Instructors/HS Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 2017 3.79 (n=12) 2016 3.86 (n=15) 2015 3.81 (n=17) 2014 3.75 (n=15) (06/25/2018)	Action: The student's average scores declined in all performance criteria areas, application of knowledge, ability to follow directions, self-image for level in the program and composure and adaptability. This may be attributed to the lower number of students in this class to the previous class cohort. In the summer 2017, all student evaluations were completed on Trajecsys. This was a successful transition for students and clinical instructors. (06/25/2018)

AU Outcome: ASR 4.1

Students will integrate leadership skills and construct professional practices **Outcome Status:** Active

Measures	Results	Actions
SL: Service - RA:135 Community	Reporting Year: 2017 - 2018 (Year 4)	Action: All students performed
Service/Service Learning Evaluation	Target Met: Yes	service learning through a variety
Target: Average score of >= 80%	2017: 94.78 (n=14)	of organizations. Students
Timeframe: Level I-Fall Semester	2016: 72% (n=13)	demonstrated leadership skills and
Responsible Parties: RA: 135 Course	2015: 92.56% (n=16)	professionalism through their

Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 4.1

Measures	Results	Actions
Instructors/HS Curriculum Committee	2014: 97.94% (n=17) (06/25/2018)	involvement in service learning activities. (06/25/2018)
SL: Service - RA: 265 Community Service/Service Learning Evaluation Target: Average score of >= 80% Timeframe: Level II-Fall Semester Responsible Parties: RA: 265 Course Instructors/HS Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 2017: 93.33% (n=12) 2016: 93.4% (n=15) 2015: 82.47% (n=17) 2014: 99.13% (n=15) (06/25/2018)	Action: All students performed service learning through a variety of organizations. Students have demonstrated leadership skills and professionalism through their contributions to the service learning activities. (06/25/2018)

AU Outcome: ASR 4.2

Students will practice professionalism **Outcome Status:** Active

Measures	Results	Actions
SL: Clinical evaluation tool - RA:135 Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13 Target: Average score >= 3 (0-4 pt. scale) Timeframe: Level I- Fall Semester Responsible Parties: Clinical Instructors/ Program Faculty/HS Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 2017- 3.68 (n=14) 2016- 3.6 (n=13) 2015- 3.83 (n=16) 2014- 3.80 (n=17) (06/25/2018)	Action: The student's average scores increased in four areas with a slight decrease in the area of initiative for the fall 2017. Beginning in the summer 2017, all student evaluations were completed on Trajecsys. Trajecsys permits the student to view and have continual access to all their completed evaluations while they are in the program. The inclusion of the electronic format for the completion of evaluations was a successful transition for students and clinical instructors. Students continue to practice

Program (HS) - Associate of Science in Radiography (ASR)

AU Outcome: ASR 4.2

Measures	Results	Actions
		professionalism in the clinical environment. (06/25/2018)
SL: Clinical evaluation tool - RA:275 Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13 Target: Average score >= 3 (0-4 pt. scale) Timeframe: Level II-Spring Semester Responsible Parties: Clinical Instructors/ Program Faculty/HS Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes 3.76 (n=12) 2016-2017 3.96 (n=15) 2015-2016 3.98 (n=17) 2014-2015 3.91 (n=15) 2013-2014 (06/25/2018)	Action: The student average scores were lower in each area compared to last year's students. The performance criteria evaluated was organization of assignments, initiative, appearance, policies and procedures, and ethical and professional behaviors. The lower scores may be attributed to the smaller number of students in this class cohort as compared to the previous year. All student clinical evaluations are completed utilizing the online software program Trajecsys. Students continue to integrate leadership skills and practice professionalism in the clinical setting. (06/25/2018)

Program (HS) - Diagnostic Medical Sonography (DMS)

AU Outcome: DMS 2.2

Students will successfully obtain patient history **Outcome Status:** Active

Measures	Results	Actions
SL: Clinical evaluation tool - DMS:408 Clinical Instructor/Preceptor Evaluations	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes Fall 2017 avg. 4.94. Trend is consistent with previous years.Students continue to	Action: Faculty will obtain and assess feedback from clinical instructors. Faculty will review

Program (HS) - Diagnostic Medical Sonography (DMS)

AU Outcome: DMS 2.2

Measures	Results	Actions
Target: On a scale from 1-5, 5 being the highest rating, the average of all the responses >=4 Timeframe: Didactic Level - Fall Semester	demonstrate ability to communicate effectively with patient. The action plan identified continuity in assessing this area during clinicals at this time. Fall 2016 avg. 4.71 Fall 2015 avg. 4.47 (10/12/2018)	evaluations with clinical instructors and student at each site visit and will identity /make recommendations for student improvement. However, new outcome or assessment tool will be considered. (10/12/2018)
Responsible Parties: DMS:408 Course Instructor/Program Faculty/HS Curriculum Committee		
SL: Lab - Ultrasound Imaging 2 Lab Target: Each student will receive score >= 80% Timeframe: Didactic Level Spring Semester Responsible Parties: Course Instructor/ HS Faculty Org. Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Course not taught" (03/08/2019)	

Program (HS) - Doctor of Education (Ed.D.)

AU Outcome: EdD 5.1

Students will advance the scholarship of education in a variety of health science and nursing professions. **Outcome Status:** Active

Measures	Results	Actions
SL: Didactic - EdD 780: Integrating Evolving Technology in Health Professions Education –Tech Topic Assignment Target: 100% of students will receive	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Course not offered. (03/05/2019)	

Program (HS) - Doctor of Education (Ed.D.)

AU Outcome: EdD 5.1

Measures	Results	Actions
a score of >= 85% Timeframe: When course is taught (e.g., 2015, 2018, etc.) Responsible Parties: Program Chair/ HS Grad Curriculum Committee		
SL: Didactic - EdD 790: Practicum in Health Professions Education – Course Discussions Target: Students will receive an average score of >80% Timeframe: When course is taught (e.g., spring 2017) Responsible Parties: Program Chair/HS Graduate APG Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Course was not offered. (08/17/2018)	
SL: Didactic - EdD 780: Integrating Evolving Technology in Health Professions Education – Homework Assignments Target: Students will receive an average score of at least 80% Timeframe: When course is taught (e.g., 2015, 2018, etc.) Responsible Parties: Program Chair/ HS Grad Curriculum Committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: NA Course was not offered. (08/17/2018)	

Program (HS) - Masters in Occupational Therapy (MS in OT)

AU Outcome: MS in OT 5.1 Supervision Guidelines

Students will demonstrate an understanding of the supervision guidelines for OT personnel.

Measures	Results	Actions
SL: Exam/Quiz - Teacher-made - OT	Reporting Year: 2017 - 2018 (Year 4)	Action: Some adjustments were

Program (HS) - Masters in Occupational Therapy (MS in OT)

AU Outcome: MS in OT 5.1 Supervision Guidelines

Measures	Results	Actions
501 – Midterm Exam Target: Minimum score of 80% on midterm exam Timeframe: When course taught (1st Year, e.g., Fall 2016) Responsible Parties: Instructor/ OT Faculty /HS Grad Curriculum Committee	Target Met: Yes All students achieved above the minimum 80% score. The 18 students received an average score of 95.73%. This result is the same as last year. All students were successful. This measure will continue to be monitored for at least one more year to assure that consistency is maintained. (10/10/2018)	made previously to better align the test with the national exam. More cases have been added to challenge students to apply new information early on in the program to challenge them to problem-solve through actual situations. (10/10/2018)

AU Outcome: MS in OT 5.2 Develop program evaluation

Students will develop a comprehensive new program evaluation plan.

Measures	Results	Actions
 SL: Didactic - OT 613 – Program Evaluation Assignment Target: Minimum score of 80% on the assignment Timeframe: When course taught (2nd Year, e.g., Spring 2017) Responsible Parties: Instructor/ OT Faculty /HS Grad Curriculum Committee 	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes All students achieved the minimum of 80% or better on this assignment. This is much improved from last year, when all students did not meet the minimum percentage. Efforts by faculty to provide additional practice opportunities and better examples for clarification have contributed to student success. Program will continue to monitor this item to achieve consistency. (10/10/2018)	Action: Faculty will continue to monitor this goal and are working on developing a consistent format for teaching program evaluation in each of the practice classes to support students in learning the process. (10/10/2018)

Program (HS) - Public Health (PH)

AU Outcome: PH 2.1		
Student will be able to gather information on policy Outcome Status: Active		

Measures	Results	Actions

Program (HS) - Public Health (PH)

AU Outcome: PH 2.1

Measures	Results	Actions
SL: Exam/Quiz - Teacher-made - PH 490 Final Exam (Ethics, Law, and Health Care Policy Target: Average score > 80% Timeframe: Summer semester Responsible Parties: Program faculty / Health Science (HS) Curriculum committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes A final project was done in lieu of a final exam. Two students took the course and received an average of 89%. In 2017, one student took the course and received a 93% on the final exam. To achieve the target for this measure during the 2017-2018 academic year, a specific action plan was not proposed in the 2016-2017 CAP report. The plan was to continue the measure until more data could be collected because it was the first time the measure was used and there was only one student in the course. (08/23/2018)	Action: This course was eliminated after Summer 2018 and a new outcome and measure have been created for PH 495: Management, Law, and Ethics. (08/23/2018)

AU Outcome: PH 2.2

Student will be able to identify mechanism to evaluate programs for their quality and effectiveness **Outcome Status:** Active

Measures	Results	Actions
SL: Exam/Quiz - Teacher-made - PH 480 Final Exam. (Public Health Research and Evaluation) Target: Average score > 80% Timeframe: Spring semester Responsible Parties: Program faculty / Health Science (HS) Curriculum committee	Reporting Year: 2017 - 2018 (Year 4) Target Met: Yes Two students took the course with an average score of 83.33% on the final exam. The previous year, two students earned an average score of 93.6%. To continue to achieve the target for this measure during the 2017-2018 academic year, a specific action plan was not proposed in the 2016-2017 CAP report because the tool was considered effective and the plan was to use it again during 2017-2018. (08/23/2018)	Action: Low enrollment in this course - two students per year - makes it difficult to gauge if this measure is working. It will remain in place as enrollment for 2018- 2019 is projected to be higher and should provide a more robust result. (08/23/2018)

AU Outcome: PH 3.2

Student should be able to describes the role of governmental and non-governmental organizations in the delivery of community health services **Outcome Status:** Active

Measures	Results	Actions
SL: Exam/Quiz - Teacher-made - PH:	Reporting Year: 2017 - 2018 (Year 4)	Action: A significant increase
410 Final exam	Target Met: Yes	occurred in year-over-year testing
Target: Average score of >80%	Three students received an average of 91.7% on the final exam. In Fall 2016, four students	with no change to text, test, or
Timeframe: Fall semester	earned an average of 83.7%. To continue to achieve the target for this measure during 2017-	instructor. Since the program is

Program (HS) - Public Health (PH)

AU Outcome: PH 3.2

Measures	Results	Actions
Responsible Parties: Program faculty / HS Faculty Org. committee	2018 no specific action plan was proposed because "The target was barely met and low student enrollment makes it difficult to predict future results. Additionally, the instructor, course text, and final text changed between academic years, making these results impossible to compare year-over-year." It was planned to revisit "This measure in the CAP for 2017- 2018 academic year to create a more precise measurement." (01/09/2018)	evolving to a greater health care management/leadership focus, new text and course materials will be implemented next year. (01/09/2018)