2023-2024

ALLEN COLLEGE ASSESSMENT PLAN

Report of College Goals Achievement

Allen College
UnityPoint Health

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Current Allen College Goals

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 Goal 1

College Goal
Allen College is committed to preparing outstanding healthcare practitioners who are committed to lifelong learning.
College Goal Status
Active

Admin - Administration

Admin 1.0

AU Outcome
Remain a fiscally sound institution
Outcome Status
Active

Measures	Result
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Grant proposal writer's record of submissions **Target:** Maintain the minimum number of applications submitted at 20 while increasing the total dollar value of approved grants **Timeframe:** Annually **Responsible Parties:** President	**Result Date**: 09/26/2024

Measures	Result
	Result: For the reporting year 2023-2024, Allen College submitted a total 14 grants that had a potential cumulative value of $358,214. The number of grants submitted (n=14) in 2023-2024 fell short of meeting the target of grant applications to submit (n=20). The potential cumulative value for grant funding was 94% lower in 2023-2024 compared to 2022-2023. As of July 1, 2024, two of the 14 submitted grants remained pending for a combined potential value of $123,000. Of note, it was suggested in the 2022-2023 action plan to reduce the number of grants to submit at 18 and the measure was not updated and remained at 20. Regardless, the target would not have been met if it was lowered to 18. 2023-2024 # Grants Submitted: 14 Potential Value: $358,214 # Grants Funded: 8 Value of Grants Funded: $166,017 2022-2023 # Grants Submitted: 19 Potential Value: $ 7,322,260 # Grants Funded: 6 Value of Grants Funded: $ 147,145 2021-2022 # Grants Submitted: 13 Potential Value: $3,666,687 # Grants Funded: 9 Value of Grants Funded: $1,696,249 2020-2021 # Grants Submitted: 19 Potential Value: $378,277 # Grants Funded: 13 Value of Grants Funded: $449,183 2019-2020 # Grants Submitted: 20 Potential Value: $359,500 # Grants Funded: 7 Value of Grants Funded: $359,500 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No

Measures	Result
	Action Plan Impact: Even though this measure did not meet the target of submitting 20 (18) grants for the reporting cycle, this was still a successful grant cycle. Based upon last year's action plan, it was decided to lower the target to 18 grants from 20. Even lowering the target, we were not successful in achieving the target. Even thought we were unsuccessful in meeting this target, the results are not indicative of an issue or problem with the action plan or grant writing services as we have been very deliberate on the grants that are pursued. **Actions** **Action Date**: 09/26/2024 **Action**: For 2024-2025, it is recommended to continue to employ the strategy from 2023-2024 where the College's Leadership will continue to work with the Grant Writer on being very deliberate on what grants to apply for and search for opportunities that have high probability for funding. In addition, Leadership will be more active in involving faculty/staff in the grant writing process if they have a particular expertise in an area the grant is pursuing. The intent of this is to increase quality of the grant application which will hopefully increase the amount of funding (quality over quantity). For 2024-2025, it is recommended to have the target remain at submitting 18 grants in the reporting year. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Allen foundation record of scholarships **Target:** Annual increase in number of endowed scholarships **Timeframe:** Annually **Responsible Parties:** Administrative Assistant to the President	**Result Date**: 09/26/2024

Measures	Result
	Result: The number of newly established endowed scholarships was slightly higher in 2023-2024 (n=8) compared to 2022-2023 (n=6). 2023-2024 • # New Endowed Scholarships: 8 • # New Scholarships Established (includes endowed and non-endowed): 12 • # Endowed Scholarships 1st-Time Awarded: 2 2022-2023 • # New Endowed Scholarships: 6 • # New Scholarships Established (includes endowed and non-endowed): 11 • # Endowed Scholarships 1st-Time Awarded: 5 2021-2022 • # New Endowed Scholarships: 6 • # New Scholarships Established (includes endowed and non-endowed): 6 • # Endowed Scholarships 1st-Time Awarded: 2 2020-2021 • # New Endowed Scholarships: 4 • # New Scholarships Established (includes endowed and non-endowed): 9 • # Endowed Scholarships 1st-Time Awarded: 6 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The 2022-2023 Action Plan was effective, as the College president and Foundation staff increased scholarship support by establishing new endowed scholarships. The Foundation continues to identify donors and present information on establishing an endowed scholarship as a donation option. In some instances, the College President is involved in the conversation with the donors to answer questions and provide additional information. **Actions** **Action Date**: 09/26/2024 **Action**: The College and Foundation will continue to pursue donors to establish additional scholarships during the 2024-2025 academic year and no changes are recommended to the goal or target. One issue did persist during the 2023-2024 academic year was some communication challenges from the Foundation notifying the College when gifts were received and relevant circumstances surrounding the gifts. The President will work with the Executive Director of the Foundation to increase communication between the two entities for 2024-2025. **Follow-up**
Assessment Method Status: Active	**Result Date**: 09/09/2024

Measures	Result
Assessment Type: AD: Report - External **Measure:** Iowa Student Aid Commission data used to compare Allen college tuition and fees to tuition and fees of other comparable private institutions **Target:** Allen College tuition is in bottom 25th percentile of Iowa Private Colleges offering prelicensure baccalaureate nursing programs [Target prior to 2024-2025 was "Allen College is among the least expensive private colleges offering pre-licensure BSN programs"] **Timeframe:** Annually **Responsible Parties:** DOBAS	**Result**: Please see attached chart which is for 2023-24, which shows us as second out of twelve for all and first out of eleven when excluding the state institution. Allen College remains competitive with tuition and fees and the Board of Trustees approves any increases on an annual basis. In 2022-2023, the Board approved a 1.5% increase in tuition and fees, which is the same increase that we did in 2021-2022. The tuition increase is a data-driven decision each year and our action item from 2022-2023 on monitoring other institutions' tuition and fees to inform the decision. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Our action plan for 2022-23 to monitor tuition and fees compared to other colleges was successful based on the information gathered for the 2024 budget process, Allen College currently is one of the least expenses private colleges in Iowa offering pre-licensure BSN programs. **Related Documents**: Tuition and fees 2023-24.pdf **Actions** **Action Date**: 09/09/2024 **Action**: We continue to be a tuition driven institution; therefore, we will continue to monitor tuition and fees to and reduce expenses when feasible to keep Allen College competitively affordable for current and prospective students. Allen College will need to remain diligent in monitoring price competitiveness. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Allen College balance sheet: Compare December 31 of current year to prior year. **Target:** Annual increase in College's endowment **Timeframe:** Annually **Responsible Parties:** DOBAS	**Result Date**: 09/09/2024 **Result**: Upon review of our December 31, 2023, balance sheet, the permanently restricted assets which represent non-spendable net asset balances, which is account 2540-10000-33000-0000, and primarily represents scholarship endowments increased. Our action to continue to increase funds was successful as this account increased from $9,850,562.82 as 12/31/22 to $10,577,809.39 of as of 12/31/23, which is an increase of 7.4%. The change in beneficial interest (2540-10000-33000-1000) represents market fluctuation which decreased from the prior year by $351,632 or -48.3%. The total permanently restricted net assets (both accounts) increased between 2022 and 2023 by $375,631.92 or 3.6%. The percent increase does reflect the efforts of the College Leadership and the Foundation staff who work diligently to identify donors and funding sources (e.g., large grants and estate gifts) to increase the College's permanently restricted endowment. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: Our action to continue to increase fund was successful as this account increased from $9,850,563 as 12/31/22 to $10,577,809 of as of 12/31/23, which is an increase of 7.4%. **Related Documents**: 12-31-23 Balance Sheet.pdf **Actions** **Action Date**: 09/09/2024 **Action**: The college and foundation will continue to raise funds for permanently and temporarily restricted net assets for the benefit of the college and its students. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Projected credit hours compared to actual credit hours. **Target:** Actual credit hours meet or exceed projected credits hours annually. **Timeframe:** Annually **Responsible Parties:** Dean of Enrollment Management & DOBAS	**Result Date**: 09/09/2024 **Result**: During the 2023 calendar year, 12,323 actual credit hours were taught compared to 13,892 budgeted credit hours. The decreases in credit hours compared to budget were in all programs except MI, DNP and EdD. Our total credit hours decreased from 2022 to 2023 from 13,164 to 12,323. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No **Action Plan Impact**: Per the action plan proposed for 2022-2023 we did use existing enrollment forecast for 2023 budget due to trends, however we did not reach our goal and will continue to look at trends and attrition to budget credit hours accordingly. **Related Documents**: 12-31-23 Balance Sheet.pdf **Actions** **Action Date**: 09/09/2024 **Action**: For budget for the 2023 year we used credit hour projections as an estimate based on student plans of study, attrition is difficult to predict in the various programs, as is final number of incoming students in new and smaller programs. We will continue to monitor credit hour trends and budget accordingly. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Allen College year-end income statement: Actual performance compared to budget performance **Target:** Allen College's annual actual operating margin percentage meets or exceeds its annual budgeted operating margin percentage. **Timeframe:** Annually **Responsible Parties:** DOBAS	**Result Date**: 09/09/2024 **Result**: We budgeted a 0.3% operating margin for 2023 but we ended 2023 with a -4.8% operating margin due to not meeting our budgeted credit hours for the year. Our action plan to help mitigate did help us save in expenses but our revenue was short $1,369,872 and we could not mitigate enough to overcome the revenue shortfall. We came in $585,865 under budget for the year. Our operating margin dropped from 2022 .9% to -4.8% in 2023. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No

Measures	Result
	Action Plan Impact: We did implement mitigation measures in 2023 as prescribed by the 2022 action plan. The 2022 mitigation action plan was not successful due to that fact that our revenue short fall was too great to be able to mitigate more than a million dollars in expenses. **Related Documents**: UPH Flex Income Statement December 2023.xls **Actions** **Action Date**: 09/09/2024 **Action**: We continue to use actual financials to come up with a starting budget for the following year. When revenue targets are not met, mitigation takes place to reduce our expenses so that we can attempt to meet budget targets. Since we are credit hour driven for revenue and when those credit hours are not there, we can only mitigate to help offset expenses to point that we can still operate. **Follow-up**

Admin 2.0

AU Outcome
Environment encourages Allen College employees to maximize their performance
Outcome Status
Active

Measures	Result
Assessment Method Status: Active **Assessment Type:** AD: Report - External **Measure:** Salary comparison tools (e.g., IAICU, etc.) **Target:** Faculty salaries will be at the average comparable salary for rank at peer institutions. **Timeframe:** Annually **Responsible Parties:** DOBAS	**Result Date**: 09/09/2024 **Result**: Allen College is at or above 2022-23 average salaries for all ranks when compared to Iowa colleges with nursing pre-licensure programs. Iowa private colleges (IAICU) was used and for the pre-licensure colleges that reported, Allen salaries met or exceeded the average in all ranks. These results are comparable to those of the previous reporting year, during which the target was also met. Faculty salary market adjustments were made based on our data. Staff salary comparisons were completed in 2023 and 2024 and market adjustments and GEO adjustments were made. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Allen College compared all data as indicated in our action plan for comparison data which resulted in a few market adjustments being needed for faculty. The 2023-2024 results were influenced by the 2022-2023 action plan by conducting the annual salary audit using all available sources of information and presenting the findings to the Allen College President who made the final determinations of appropriate adjustments. Staff market adjustments were also made using data and approved by HR and College President.

Measures	Result
	Related Documents: [VI.A. UPH Allen College 2024-25 Faculty Salary Review BOT.pptx](#) **Actions** **Action Date**: 09/09/2024 **Action**: Continue to compare annually faculty and staff salaries with state, regional and national data if available. Make salary market adjustments as necessary based on data and trends if budget allows. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Annual report of Faculty Goal Achievement- short term teaching goals **Target:** 85% of faculty completely meet short-term teaching goals **Timeframe:** Annually **Responsible Parties:** Provost	**Result Date**: 09/27/2024 **Result**: 90.5% (48/53) met the short-term teaching goals. These results are slightly lower than, but comparable to 2022-2023 where 96.2% (51/53) faculty met the short-term teaching goals. As described in the 2022-2023 action plan, the academic leadership, including both academic Deans, communicated the information to faculty during the fall semester and reviewed during the faculty evaluation process. The academic leaders also provided examples for implementation to newer faculty members. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The strategy of discussing at time of evaluation has proven to be a successful strategy in continuing to meet this goal. **Actions** **Action**: For the next academic year, the academic deans will continue to discuss short-term teaching goals during the faculty evaluation process. The deans will intentionally connect with newer faculty to ensure they understand the importance of meeting short-term teaching goals while providing specific examples. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Annual report of Faculty Goal Achievement- progress on scholarly enrichment **Target:** 85% of faculty demonstrate progress on scholarly enrichment plans. **Timeframe:** Annually **Responsible Parties:** Provost	**Result Date**: 09/27/2024 **Result**: 88.6% (47/53) of faculty demonstrated progress on scholarly enrichment plans. These results are lower than the 2022-2023 results where 98.1% (51/52) of faculty made progress on plans, but it is still above the target of 85%. Some of the discrepancy could be related to several new faculty being hired, particularly in health sciences, have not had an opportunity to work toward their scholarly enrichment plan. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The strategy of discussing with faculty at the time of evaluation has proven to be an effective strategy in meeting this goal. The 2023 the deans focused on the timing of having discussions with faculty prior to the evaluation cycle. **Actions**

Measures	Result
	Action: For the 2024-2025 academic year, the academic deans will continue to discuss the individual needs of faculty and importance of long-term goals in the academic setting. Timing this with annual evaluations is appropriate, as these take place during the first two months of the calendar year. They will also focus on newer faculty to give them feedback and advice on how to achieve their scholarly enrichment plans. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Summary of Expenditures for Faculty and Staff Professional Development [e.g., total dollars spent for meetings, travel, and educational expenses]. **Target:** College provided financial support to college faculty and staff to attend educational and/or professional development activities **Timeframe:** Annually **Responsible Parties:** DOBAS	**Result Date**: 09/09/2024 **Result**: In 2023 we budgeted for our education and travel expenses and were successful as $33,376 was spent on tuition assistance for faculty and staff and $51,992 was spent on conference and meeting travel totaling $85,368 for faculty and staff. For 2023 there was $114,456 budgeted for education and travel. These results met target and did increase when compared with prior year due to increase educational assistance requested and increases in travel compared to prior year. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As mentioned in the 2022 action plan, the College appropriately budgets for professional development opportunities. In the event of revenue shortfalls, the executive leaders determine if and how much savings can be mitigated from the professional development/travel budgets. **Actions** **Action Date**: 09/09/2024 **Action**: Continue to budget education and travel expenses annually for faculty and staff professional development. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Professional Development and Welfare (PDW) committee annual scholarly recognition report. **Target:** 55% of faculty and staff are recognized for their service and scholarly accomplishments **Timeframe:** Annually **Responsible Parties:** Chair--Professional Development and Welfare Committee	**Result Date**: 09/30/2024 **Result**: 15/69 (21%) of faculty and staff were recognized for a scholarly achievement (down 11% from last year) during 2022. 18/69 (26%) of faculty and staff were recognized for a service award (down 3% from last year) during 2022. Previous results for comparison: 2022-2023: 32% of faculty and staff were recognized for a scholarly achievement during 2022. 2021-2022: 35% of faculty and staff were recognized for a scholarly achievement and 16% were recognized for service during 2021. 2020-2021: 35% of faculty and staff were recognized for a scholarly achievement and 20.3% were recognized for service during 2020. 2019-2020: 33.3% of faculty and staff were recognized for a scholarly achievement and 22.8% were recognized for service during 2019.

Measures	Result
	Reporting Year: 2023 - 2024 (Year 2)
	Target Met: No
	Action Plan Impact: According to the action plan for 2023-2024 (specified in the 2022-2023 CAP report), during the 2023-2024 academic year, scholarship activities were collected using Microsoft Forms. To collect activities completed in 2023, an email with the link to the form was sent every three months with the final collection being in January 2024. The information is then auto populated in an excel spreadsheet for easy tracking.
	Actions
	Action Date: 09/30/2024
	Action: During the 2024-2025 academic year, data will continue to be collected every three months using Microsoft forms. It is important to note that some faculty may complete scholarly activities but do not report them despite the ease of filling out a prescribed form. It is also important to note the amount of faculty included in 2024-2025 academic year of collection has increased due to new hires as well as inclusion of other staff members. This will impact reporting numbers for calendar year 2024.
	Follow-up

Admin 4.0

AU Outcome
Allen College has appropriate technology for facilities, resources, and education services.
Outcome Status
Active

Measures	Result
Assessment Method Status: Inactive **Assessment Type:** AD: Report - Internal **Measure:** Number of FTEs allocated for instructional technology, media services, and instructional, designer. **Target:** College provides at least 2.0 FTEs to support faculty technology needs. **Timeframe:** Annually **Responsible Parties:** DOBAS	**Result Date**: 09/26/2024 **Result**: The college currently has 3.0 full time equivalents (FTEs) to support the college technology needs which meets the target of 2 FTEs. 2.0 FTEs are specifically instructional technology, 1.0 FTE is an instructional designer and the other 1.0 FTE is an AV specialist. Both are supervised by the Dean of Nursing. There is a 1.0 FTE who is a SIS coordinator that writes scripts for our student information system (previously CAMS and now Anthology Student) who is supervised by the Executive Director of Business & Finance. The SIS Coordinator also assists with behind the scenes scripts as needed for Blackboard Learn. During the 2023-24 academic year we had turnover in the instructional designer and LMS admin role, which required us to keep a PRN instructional designer to keep our LMS activities current for our students. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: The Dean of Nursing and Executive Director of Business & Finance completed the action recommended in the 2022-2023 plan of reviewing the instructional design and AV work volume and determined that the current FTES were sufficient for our needs. The PRN position was no longer needed and only covered the time when the position was vacant and/or the new hire was getting up to speed in their role. **Actions** **Action**: Monitor workload of current technology staff and review prior to 2025-26 budget cycle and budget additional staff if deemed necessary. **Follow-up**
Assessment Method Status: Inactive **Assessment Type:** AD: Report - Internal **Measure:** Number of major requests by Allen College for hardware-software **Target:** 50% of requests approved **Timeframe:** Annually **Responsible Parties:** DOBAS	**Result Date**: 09/26/2024 **Result**: Based on a list of incidents and tasks from UPH IT, 1,307 tickets were opened for variety of Allen College items/issues in from July 1, 2023 - June 30, 2024. Of those 1,307 items, 47 were closed incomplete which represents 3.6%, leaving 96.4% as closed complete. One of the closed incomplete tickets involved hardware/software requests which was a duplicate ticket, which means those were completed at 100%. When compared to prior academic years, the hardware/software requests have been fulfilled at 100%. Furthermore, the closed complete ticket rate for all other items were 98.7% in 2021-22, 98.3% in 2022-23 and now 96.7% in 2023-24. Even though this year decreased slightly these are consistently high completion rates well above the 50% target. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The action plan for the 2022-23 year was to will continue to monitor results and work closely with UPH IT regional management to ensure our requests are completed/approved. The reports showed that incidents/tasks completed for Allen College by UPH IT department continued to be at a very high rate, well above 50%. Last year's action requested an updated target percentage to 90%, will work with the CIRE to update it for future years. **Actions** **Action**: Monitoring the tickets for to ensure the target of 50% is met was sufficient as the completion rates are still consistently high over 90%. **Follow-up** **Follow-up**: For the 2024-25 year we will continue to monitor results and work closely with UPH IT regional management to ensure our requests are completed/approved. Results will be available going forward as a report was written for Allen College for the needed information can be obtained. Consider changing item to number of major requests (incidents/tasks) completed for Allen College by UPH IT department, with target being 90%, as reporting data has been refined and can now be requested. With the current reporting we can still determine if hardware/software requests are completed at 100%.

Measures	Result
Assessment Method Status: Active **Assessment Type:** SL: Survey **Measure:** Library Survey Question: How would you rate the quality of service provided by Barrett Library? (poor, average, good, excellent) **Target:** 85% (previous target prior to 2022-2023 was 75% favorable responses good or excellent) **Timeframe:** Biannually (e.g., Year 2, Year 4; 2019-2020; 2021-2022, etc.) **Responsible Parties:** Director of Library Services	**Result Date**: 04/11/2024 **Result**: Of the 43 students who answered this question, 93.02% rated the quality of services provided by the library staff as excellent (n=27, 62.79%) or good (n=13, 30.23%). 2021-2022: 95.29% rated quality of services provided by the Barrett Library staff as good or excellent. 2019-20: 95% rated quality of services provided by the Barrett Library staff as good or excellent. When compared with prior surveys the percentage rating the quality of services provided by the library staff as excellent or good decreased slightly from an average of 95% to 93%. While this is a downward trend, it is well above the target of 85%. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Per the action plan proposed for 2022-2023 and 2023-2024, library staff continued to monitor and upgrade on-line library resources, library services, and hours to meet the increasing needs of faculty and students to ensure target was met or exceeded. It was also decided to increase target to 85% ratings of good or excellent. This action plan was effective in ensuring the new target was met. <u>**Actions**</u> **Action**: Proposed action plan for 2024-2025 to ensure target continues to be met or exceeded is for the library staff to continue to monitor and upgrade on-line library resources, library services, and hours to meet the increasing needs of faculty and students to ensure target is met or exceeded. <u>**Follow-up**</u>
Assessment Method Status: Active **Assessment Type:** SL: Survey **Measure:** Library Survey Question: How would you rate the quality of Barrett Library's online resources (poor, average, good excellent)? **Target:** 85% favorable responses (good or excellent) **Timeframe:** Biannually (e.g., Year 2, Year 4; 2019-2020; 2021-2022, etc.) **Responsible Parties:** Director of Library Services	**Result Date**: 04/11/2024 **Result**: There are 90.32% favorable responses to this question---(the target has consistently been exceeded by more than 5.32% than that of last year 2021-22: 86% of students who had used online resources rated them excellent or good. 2019-2020: 86% of students who had used online resources rated them excellent good When compared to prior year survey results, the trend is positive. It went from 86% average to 90% **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Per action plan proposed for 2022-2023-2023-2024 library staff continued to monitor and upgrade on-line library resources to meet the increasing needs of faculty and students. This action plan was effective in ensuring the target was exceeded.

Measures	Result
	Actions **Action**: The action plan proposed for 2024-25 is for library staff to monitor and upgrade on-line library resources to meet the increasing needs of faculty and students. **Follow-up**
Assessment Method Status: Active **Assessment Type:** SL: Survey **Measure:** Library Survey Question: How would you rate the quality of the collections and physical resources in the Barrett Library (poor, average, good excellent)? (previously "How would you rate the quality of Barrett Library's physical and online collections (poor, average, good excellent)?") **Target:** 85% favorable responses (good or excellent) **Timeframe:** Biannually (e.g., Year 2, Year 4; 2019-2020; 2021-2022, etc.) **Responsible Parties:** Director of Library Services	**Result Date**: 04/11/2024 **Result**: Of the 46 students answering this question, 67.39% reported favorably about the physical collections (n=17, Excellent 36.96%) (n=14, Good 30.43%) 2021-2022: 93% of students who reported using the resources rated the library's collections and physical resources excellent or good. The percentage of favorable responses has decreased when compared to the prior year's 93% favorable responses. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No **Action Plan Impact**: Action Plan Impact Per the action plan proposed for 202-2023 and 2023-2024, library staff continued to monitor and upgrade library resources to meet the increasing needs of faculty and students which changes annually due to program curricular updates. Action plan was not effective in ensuring target was met or exceeded. Last year it was determined that the target should be increased from 75% to 85% for future academic years. **Actions** **Action**: The library will monitor and upgrade library resources in diverse formats to meet the increasing needs of faculty and students which changes annually due to program curricular updates; this will ensure target is met or exceeded. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Survey **Measure:** Library Survey Question: How easy is it to find the physical materials you're looking for in Barrett Library? (very difficult, somewhat difficult, somewhat easy, very easy) **Target:** 85% of respondents who use the library report that it is very easy to find the physical materials they are looking for in the library (prior to 2022-2023/2023-2024, target as 75%) **Timeframe:** Biannually (e.g., Year 2, Year 4; 2019-2020; 2021-2022, etc.)	**Result Date**: 09/27/2024 **Result**: For 2023-24, of the 44 students answering this question, 42 (95.45%) reported it is very easy (n = 18, 40.91%) or somewhat easy (n=24, 54.54 %) to find the physical materials they are looking for in the library. In previous years the results were: 2021-2022: out of 97, 92 (95%) reported it is very easy (38%) or somewhat easy (57 %). 2019-2020: 132 (93.6%) rated searching very easy (32.6%) or somewhat easy (61%). 2017-2018: 76 (89%) rated searching very easy (27.1%) or somewhat easy (62.4%). The target for this measure has consistently been exceeded and is trending positively when compared to previous results.

Measures	Result
Responsible Parties: Director of Library Services	**Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Per the previously proposed action plan the Barrett Library continued to budget to purchase more books to offer greater variety in checkout methods (e.g., home use or use in library, or e-book formats), and continued to train students to use library research tools during orientation and provided tutorials and instruction for references. Based on the current and previous results, this action plan appears to have been effective in facilitating achievement of the target for the current reporting year. **Actions** **Action**: The Barrett Library will continue to monitor the collection and provide various book formats and continue to train students to use library research tools and provide tutorials and instruction for reference. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Survey **Measure:** Ruffalo Noel Levitz Student Satisfaction Inventory—Satisfaction with "24. The equipment in the lab facilities is kept up to date." **Target:** 80% of students report satisfied or very satisfied [need to verify target] **Timeframe:** Annually **Responsible Parties:** Buildings & Grounds	**Result Date**: 09/23/2024 **Result**: Lab facilities from the SSI reports that 87% of students rated this item important or very important and 74% were satisfied or very satisfied, indicating a 13% performance gap. When compared to 2022-23 results of 91% of students rated this item important or very important and 66% were satisfied or very satisfied, this is a 4% decrease in importance and an 8% increase in satisfaction which is an upward trend with a goal of at least 80% **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No

Measures	Result
	Action Plan Impact: The previous action plan from 2022-23 was to continue to update lab facilities for appropriate equipment and setting. The acute care gerontology nurse practitioner track has new task trainer models that were purchased in fall 2023/spring 2024. These include an ultrasound guided central line insertion model, epidural and lumbar puncture model, and a chest tube insertion model. There was new AV equipment installed in the simulation lab in spring 2024. The equipment allows for better recording and viewing of simulation experiences. A ROAM cart was also purchased, and this cart allows simulations to take place anywhere on campus. It is essentially a mobile AV system that will provide us the option to run simulations outside of the simulation center. In spring 2024 there was a purchase of a pediatric manikin, the size of a 5–7-year-old for use in the pediatric course. He has the most technology out of our simulator "family" in which he can turn his head to look at the person talking, cry actual tears, and be hooked up to any real hospital grade equipment for training. Students will begin using this simulator in the fall, but training has already started with the faculty that will be running the simulator. Simulation equipment including audio visual and manikin equipment are planned for 2023-24 as well as sonography equipment upgrades. We will continue to collaborate with the hospital and other UPH facilities to acquire lab equipment as well as plan for capital expenses as appropriate. **Actions** **Action**: Continue to update lab facilities for appropriate equipment and setting. The DCS lab is planned for completion by fall 2024. The ROAM cart and new fidelity simulators will be in use for our students in 2024-2025. Several programs are receiving simulation demonstrations for equipment consideration. Planning has started for possible skills lab and simulation lab renovation/expansion. The college will continue to research and plan for renovation/expansion of our labs and simulation equipment. We will continue to collaborate with the hospital and other UPH facilities to acquire lab equipment as well as plan for capital expenses as appropriate. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Survey **Measure:** Ruffalo Noel Levitz Student Satisfaction Inventory—Satisfaction with "39. On the whole, the school is well-maintained." **Target:** 80% of students report satisfied or very satisfied [need to verify target] **Timeframe:** Annually **Responsible Parties:** Buildings & Grounds	**Result Date**: 09/23/2024 **Result**: The maintaining of the school from the SSI reports that 92% of students rated this item important or very important and 98% were satisfied, indicating a -6% performance gap. When compared to 2022-23 SSI survey results this is a 6% increase in importance and a 7% increase in student satisfaction, still well above the 80% target for satisfaction. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: Our 2022-23 action plan was to continue to monitor that the school is well-maintained to make sure it meets the needs of our students. In fall 2023 the McElroy Hall patio was replaced; this is where student enjoy lunch breaks in the picnic areas and outside activities. This needed update was also in response to student satisfaction surveys. Campus updates such as the patio replacement and landscaping maintenance most likely contributed to this consistently positive outcome. **Actions** **Action**: Continue to monitor that the school is well-maintained to ensure it meets the needs of our students, which includes planned initiatives such as parking lot and sidewalk maintenance at Gerard and Winter Hall and Barrett Forum, as well as Barrett Forum clock tower cleaning. **Follow-up**

Admin 5.0

AU Outcome
Classroom and Lab facilities are available for students
Outcome Status
Active

Measures	Result
Assessment Method Status: Active **Assessment Type:** AD: Survey **Measure:** Ruffalo Noel Levitz Student Satisfaction Inventory (replaced Allen College Student Opinion Survey spring 2021)—Satisfaction with Classrooms **Target:** 80% of students report satisfied or very satisfied [need to verify target] **Timeframe:** Annually **Responsible Parties:** Buildings & Grounds	**Result Date**: 09/23/2024 **Result**: Question 46 - Classrooms from the SSI reports that 86% of students rated this item important or very important and 91% were satisfied or very satisfied, indicating a -5% performance gap. In 2022-23 this item was rated important or very important by 85% of students and 85% were satisfied or very satisfied. This is an increase of 1% in importance and an increase of 6% in student satisfaction from the 2022-23 SSI survey, still meets the goal of 80% satisfaction rate. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Our 2022-23 action plan was to continue to monitor and maintain classroom furniture and technology to ensure classrooms meet the needs of our students. In January 2024, the new audiovisual system was installed in the simulation rooms. Intelligent Video Solutions with the Video Audio Learning Tool (VALT) system has allowed for better viewing of the simulations for students who were not physically in the space while peers were working with the "patient." As audiovisual equipment fails or is outdated, the college plans for replacement of outdated equipment, and does replace equipment when it fails.

Measures	Result
	Actions **Action**: Continue to monitor and maintain classroom furniture and technology to ensure classrooms meet the needs of our students. The projector in McElroy Hall #132 is being replaced in 2024-25. A facilities meeting occurred in summer 2024 to discuss campus improvements such as flooring and furniture, it was determined that the classrooms did not need upgrading in the coming year. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Survey **Measure:** Ruffalo Noel Levitz Student Satisfaction Inventory—"18. Computer labs are adequate and accessible." **Target:** 80% of students report satisfied or very satisfied [need to verify target] **Timeframe:** Annually **Responsible Parties:** Buildings & Grounds	**Result Date**: 09/23/2024 **Result**: Results from the Spring 2024 RNLSSI survey indicate students' level of importance and satisfaction that computers and/or Wi-Fi are adequate and accessible. 94% indicate that this is important or very important and 93% indicate that they are satisfied or very satisfied, indicating a performance gap favoring importance of 1%. This satisfaction still meets the goal of 80% satisfaction rate. This is an improvement in importance by 3% and in student satisfaction by 7% when comparing to the 2022-23 SSI survey results. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The plan for 2022-23 was to continue to monitor and maintain our computer labs and Wi-Fi to ensure they meet the needs of our students. Because students require laptops for their studies, printing is the main reason for campus computer use in the lab and library. There were no campus Wi-Fi outages in the 2022-23 academic year. The action plan appears to have worked as the survey results met or exceeded the 80% target. **Actions** **Action**: We will continue to monitor and maintain our computer labs to ensure they meet the needs of our students. Plans are underway for students being able to print from their own devices in 2024. Another plan is to monitor computer use in the lab and library through quarterly/annual reports to determine sufficient computer/printer availability while being good stewards of our resources. The computer lab computers are end of lease in summer 2024 and plans are underway to reduce the number of devices in the computer lab once students can print from their own laptops. **Follow-up**
Assessment Method Status: Inactive **Assessment Type:** AD: Survey **Measure:** Ruffalo Noel Levitz Student Satisfaction Inventory –"21. The amount of student parking space is adequate."	**Result Date**: 09/23/2024

Measures	Result
Target: 80% of students report satisfied or very satisfied [need to verify target] **Timeframe:** Annually **Responsible Parties:** Buildings & Grounds	**Result**: Results from 2024 RNLSSI item percentages report: 85% rated this item important or very important and 94% were satisfied with adequacy of parking space, indicating a performance gap favoring satisfaction of -9%. This is an improvement in importance by 6% and in student satisfaction by 5% when comparing to the 2022-23 SSI survey results and still well above the satisfaction threshold of 80%. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The 2022-23 action plan was to continue to monitor our parking space to make sure they meet the needs of our students. Based on students on campus due to more an increase in virtual offerings, this has continued to ease parking constrictions. **Actions** **Action**: We will continue to monitor our parking space to make sure they meet the needs of our students. **Follow-up**
Assessment Method Status: Inactive **Assessment Type:** AD: Survey **Measure:** Ruffalo Noel Levitz Student Satisfaction Inventory—Satisfaction with "10. Parking lots are well-lighted and secure." **Target:** 80% of students report satisfied or very satisfied [need to verify target] **Timeframe:** Annually **Responsible Parties:** Buildings & Grounds	**Result Date**: 09/23/2024 **Result**: Results from the spring 2023 RNL SSI where the students think that the parking lots are well lighted and secure: 86% think it is important or very important and 97% are satisfied or very satisfied. This indicates a performance gab favoring satisfaction of -11%. When compared to the 2023 RNL SSI the importance of 80% and satisfaction of 94% shows a increase in importance of 6% and a satisfaction increase of 3%. These results continue to be well over the 80% target. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The action plan for 2022-23 was to continue to monitor the parking lots to ensure that they are well-lighted and secure for our students. Updated LED lighting was added to the parking lots and sidewalks several years ago, which continues to increase the light and security on campus. **Actions** **Action**: The 2024-25 plan is to continue to monitor the parking lots to keep them well lighted and secure. UPH Security does regular rounds in our parking lots daily to monitor the safety of our lots. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Survey	**Result Date**: 09/23/2024

Measures	Result
Measure: Ruffalo Noel Levitz Student Satisfaction Inventory (replaced Allen College Student Opinion Survey spring 2021)--Satisfaction with Study Areas **Target:** 80% of students report satisfied or very satisfied [need to verify target] **Timeframe:** Annually **Responsible Parties:** Buildings & Grounds	**Result**: Question 45 - Study Areas from the SSI reports that 86% of students rated this item important or very important and 89% were satisfied or very satisfied, indicating a -3% performance gap. 2022-23 SSI reports that 83% of students rated this item important or very important and 76% were satisfied or very satisfied, indicating a increase in importance of 3% and a increase in satisfaction of 13%. These results are well over the 80% target. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The action plan for 2022-23 was to continue to monitor and maintain study areas to ensure that they meet the needs of our students. The Musgrave Study Room was transitioned from offices to three individual private study spaces for students. **Actions** **Action**: For 2024-25 continue to monitor and maintain study areas for student use and review the current study spaces with the ability to add more if needed. Providing private study spaces can be challenging due to limited campus space; however, we are working with faculty, staff, and students to improve our study space offerings. **Follow-up**

Admin - Diversity, Equity, & Inclusion Committee

DEI 2.0

AU Outcome
Diversity education is threaded throughout all levels of college curricula (DEI Goal 2: Curriculum transformation--Incorporate principles of multiculturalism, pluralism, equity, and diversity into Allen College program curricula.)
Outcome Status
Active

Measures	Result
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Curricular Diversity Threading Assessment **Target:** 50% of courses include one or more objectives that address DEI. **Timeframe:** Year 2 **Responsible Parties:** DEI Committee Chair	**Result Date**: 08/16/2024 **Result**: There were 226 courses for 11 academic programs and three "AC" courses (Table 2). Of these 229 courses, 112 (48.9%) had one or more course objectives that included diversity concepts. In the curricula of three academic programs, more than 50% of courses had one or more course objectives that included diversity concepts: BSN, DPT, and MS in OT. These findings assume that faculty reported accurately on the presence of absence of course objectives that include diversity concepts.

Measures	Result
	Reporting Year: 2023 - 2024 (Year 2) **Target Met**: No **Action Plan Impact**: **Related Documents**: [Curriculum Diversity Threading Assessment Report Rev 06-11-24.pdf](#) **Actions** **Action Date**: 08/16/2024 **Action**: The target, "50% of courses include one or more objectives that address DEI," was 1.1 percentage point short of being met, suggesting some programs need to increase the number of courses in their curricula that include objectives with diversity concepts, or the target is too high. Despite missing the target, all 11 academic programs had at least two courses with objectives that included diversity concepts. The percentage of courses within each academic program that included diversity concepts ranged 18.2% (DNP) to 90.9% (BSN). Therefore, it would not be incorrect to conclude that "Diversity education is threaded throughout all levels of college curricula" as specified in DEI Outcome 2.0 because 100% of academic programs had at least two courses with objectives that included diversity concepts, and one of three "AC" courses had a diversity objective. The DEI Committee should consider if the current target is reasonable (i.e., 50% of courses&). It is not known if there is a theoretical or empirical basis for the current target or if the percentage was chosen arbitrarily. The DEI committee should investigate to find the most current published guidelines for the minimum percentage of courses in a curriculum that should have objectives that include diversity concepts. In the absence of published guidelines, the Committee should take steps to set a realistic target. If the current target (i.e., 50%) is found to be realistic and/or justified, then an action plan should be proposed for increasing the number of courses with objectives that include diversity concepts. **Follow-up**

Admin - Enrollment Management

EM 1.0

AU Outcome
Retain Students

Outcome Status
Active

Measures	Result
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Program Completion Rates (Graduation Rates Spreadsheet) **Target:** 70% of graduate students complete their program **Timeframe:** Annually **Responsible Parties:** Dean of Enrollment Management	**Result Date**: 09/10/2024 **Result**: Spring 19 MSN/PGC: 32/45, or 71% completed their program Fall 18 MSN/PGC: 32/44 or 73% completed their program Spring 19 BSN-DNP: (no data yet) Fall 18 BSN-DNP: (no data yet) Spring 20 DNP: 1/1, or 100% completed their program Fall 20 DNP: 1/1, or 100% completed their program Fall 20 MS in OT: 18/18, or 100% completed their program Spring 19 EdD: no students started this semester Fall 18 EdD: no students started this semester DPT (no data yet) Total: 84/109, or 77% completed their program How do they compare to last year? The results for 23-24 academic year were slightly lower than the year before. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: How did last year's action plan contribute to the success of lack of success shown in the results? There were nine graduate students in attendance at one of the Health Career's Night out. Of those nine students, two are either accepted or in progress with an application. It does not appear that attendance at Health Career's Night out contributed to the results. **Actions** **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Graduation Rates within 150% **Target:** 70% of undergraduate students complete their program within 150% of the program completion time. **Timeframe:** Annually **Responsible Parties:** Dean of Enrollment Management	**Result Date**: 09/12/2024 **Result**: 2020 Cohorts School of Health Sciences: ASR − 17/23 = 74% MLS − 15/16 = 94% DMS − 6/8 = 75% PH − 3/3 = 100% MI − 4/4 = 100% School of Nursing Accelerated BSN − 57/62 = 92% (summer and fall starts) Traditional BSN - 48/55 = 87% (fall and spring starts) RN-BSN − 5/7 = 71% (fall and spring starts) All Undergraduates: 155/178 = 87% The results this year were better than last year, as all undergraduate programs met the 70% benchmark. Undergraduates, overall, had an 87% graduation rate.

Measures	Result
	Reporting Year: 2023 - 2024 (Year 2)
	Target Met: Yes
	Action Plan Impact: MLS:
	Our increased planned communication with students based on last year's action plan did support our continued high graduation rate. We also followed up with students who were referred to Shanna to ensure they were using all available resources to support their work.
	ASR: The previous action plan made a small positive impact, with a 2% increase. I would not consider this increase significant. With the recent changes that the program has made to improve communication and student success, the program is anticipating to see a continual positive increase with future cohorts.
	MI: I would not consider the percentage decrease to be significant at this time due to the smaller cohort sizes. With the recent curriculum revision changes that have been initiated, MI faculty expect to see a positive increase in percentage with future cohorts.
	Actions
	Action Date: 09/12/2024

Measures	Result
	Action: MLS: We are going to follow the same action plan from last year with these additional plans of action: Program director has incorporated virtual sign-up student hours for all students Weekly newsletters that share mindfulness and study resources ASR Action Plan: The ASR faculty will continue to initiate communication with new students upon admission. Faculty will continue to ensure that all student questions are answered and that they are aware of the program's structure, policies, and procedures prior to the start of the program. Faculty will continue to provide resources and referrals to students in need. Professional development sessions regarding professionalism, study habits, and APA will be offered to the students. A curriculum revision has been initiated that will provide more structured professional development opportunities to students in the first year of the program. This curriculum revision is expected to be implemented beginning in Summer 2025. Program faculty will implement a curriculum revision beginning in Fall 2024 to help better align course content in the second year of the program. This will allow students to be more prepared for the board prep coursework that is conducted in the last semester of the program. MI Action Plan: The MI faculty have initiated a curriculum revision to help provide more hands-on experience to those students who wish to come into the program without any radiology experience. This curriculum revision will be implemented beginning in Fall 2025. MI faculty will continue to update the program's website to be more transparent regarding the program's policies and procedures. Changes have been implemented with the admission process that will ensure that all prospective MI students communicate with the program director prior to admission. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Retention Plan--Tutoring Outcomes **Target:** 100% of tutees achieve a C or higher in tutored courses **Timeframe:** Annually	**Result Date**: 09/10/2024

Measures	Result
Responsible Parties: Student Success Coordinator	**Result**: Summer 2023: 91.7% of Pathophysiology tutees passed the course. Fall 2023: 69.2% of Pathophysiology tutees passed the course. 40% of Pharmacology tutees passed the course. Spring 2024: 86.7% of Pathophysiology tutees passed the course. 86.4% of Pharmacology tutees passed the course. How do they compare to last year? While the summer term saw great increase in pass rates, the fall and spring terms showed a decrease. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No **Action Plan Impact**: How did last year's action plan contribute to the success of lack of success shown in the results? While the information was shared, I do not feel the action plan assisted in the success/lack of success in the results. While it made faculty more aware of who/who was not attending tutoring, it is unclear if faculty urged those students who needed it to attend tutoring. Coordinator of Student Success did encourage students to attend. **Actions** **Action Date**: 09/10/2024

Measures	Result
	Action: What is the action plan for next year? Tutors will start using a clocking-in system, meaning their three hours allotted a week could be used for their regularly scheduled tutoring times or 1-on-1 tutoring times on campus. The goal is that by offering 1-on-1 tutoring times that tutees can schedule privately with tutors, students will have more regular access to tutoring services and their success will be increased. **Follow-up**
Assessment Method Status: Inactive **Assessment Type:** AD: Report - Internal **Measure:** First Year Retention Rates **Target:** 90% of first year students retained in all programs. **Timeframe:** Annually **Responsible Parties:** Dean of Enrollment Management	**Result Date**: 09/12/2024 **Result**: Of the 224 new students in the fall 2022, 194 were retained (87%) How do they compare to last year? The percentage of students retained was the same as last year. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No **Action Plan Impact**: Needs updated **Actions** **Follow-up**

EM 2.0

AU Outcome
Offer a variety of student activities

Outcome Status
Active

Measures	Result
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Ruffalo Noel Levitz Student Satisfaction Inventory (replaced Allen College Student Opinion Survey spring 2021)—Satisfaction with College sponsored social activities (e.g., student lunches, movie nights)	**Result Date**: 09/10/2024 **Result**: Satisfaction with College-sponsored social activities (student lunches, movie nights) Q42 Importance = 5.61, Satisfaction = 5.84 - Gap = .23 How do they compare to last year? The importance and the satisfaction of college sponsored social activities increased since last year. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
Target: [Options: 80% of students will report satisfied or very satisfied on scale of not satisfied at all (1), not very satisfied (2), somewhat dissatisfied (3) neutral (4), somewhat satisfied (5), satisfied (6), or very satisfied (7). Satisfaction-Importance gap is < .50 (-.14). although item is not flagged as a strength, it is also not flagged as a challenge. Item not flagged as a challenge (defined as Item above median for importance (top half) but in 25th percentile for satisfaction OR item above the median for importance (top half) but in the top quartile (75th percentile) for performance gap).] (Target prior to 2020-2021: 80% of students report satisfied or very satisfied on a scale of very satisfied, satisfied, dissatisfied, very dissatisfied, or unaware/have not used). **Timeframe:** Annually **Responsible Parties:** Director of Student Success and Engagement	**Action Plan Impact**: How did last year's action plan contribute to the success of lack of success shown in the results? Student Success and Engagement ensured there were a variety of events and activities on campus and utilized a variety of marketing strategies. Tracking attendance was helpful in determining which programs/cohorts were interested in which activity as well as seeing which events were well attended. **Actions** **Action Date**: 09/10/2024 **Action**: Student Success and Engagement will use the end of term Student Success Survey to determine new/existing events to continue for the year based on student feedback. This may include professional development opportunities, academic support sessions, and other social activities geared towards various students. Attendance will continue to be tracked by Student Success and Engagement. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Survey **Measure:** Ruffalo Noel Levitz Student Satisfaction Inventory—Satisfaction with "Extracurricular activities (e.g., chorus, Nurses Christian Fellowship)" **Target:** 80% of students report satisfied or very satisfied **Timeframe:** Annually **Responsible Parties:** Director of Student Success and Engagement	**Result Date**: 09/10/2024 **Result**: Satisfaction with Extra Curricular Activities (Student Ambassadors, NCF) Q41 Importance = 5.50, Satisfaction = 6.12 - Gap = .62 - Goal not met In the 22-23 RNLSSI, the importance was 5.23 (lower than this year) and the Satisfaction was 5.96 (also lower than this year). **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No **Action Plan Impact**: The use of a co-adviser was very beneficial for the student ambassadors and assisted in ensuring social media posts and on-campus activities were carried out. Goals were made for the sub-committees, and they were successful in reaching their goals. However, it is unclear how other student organizations worked with their executive teams to achieve their goals.

Measures	Result
	Actions **Action Date**: 09/10/2024 **Action**: For the student ambassadors, the co-adviser system will be continued. Goals will be set, not only by the sub-committee themselves but also by their adviser to ensure actions are completed. ASNA, ASRO, and SOTA will continue with their regular activities. It is important to note that NCF currently does not have a faculty adviser, and thus is in hiatus. Additionally, the Coordinator of Student Success and Engagement will have monthly communications with the faculty advisers on specific dates, activities, and events to ensure there is clear marketing and communication. **Follow-up**

Admin - Teaching & Learning Committee

TLC 1.0

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

Measures	Result
Assessment Method Status: Active **Assessment Type:** SL: Survey **Measure:** 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:** 95% 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.	**Result Date**: 09/26/2024

Measures	Result
Responsible Parties: TLC Chair and Committee Members	**Result**: 100% (20/20) of Undergrad Nursing courses / 100% (8/8) of graduate nursing courses reviewed had an average course evaluation rating of 3.0 or above (agree, strongly agree), demonstrating maintenance of 100% of graduate and undergraduate nursing courses having average course evaluation ratings of 3.0 or above. Overall, 100% (28/28) nursing courses reviewed met criteria. 93% (81/87) of Health Science Courses reviewed had an average course evaluation rating of 3.0 or above compared to 97% of courses reviewed the previous year and 100% the year before. This demonstrates the first time this target has not been met in 4 years. DPT 100% (18/18) MI 100% (6/6) EdD 100% (8/8) OT 71% (15/21) PH 100% (10/10) MLS 100% (12/12) ASR 100% (12/12) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No **Action Plan Impact**: Target not met due to MSOT scores notably changed from prior years. Reached out to MSOT PD to determine if there was cause/feedback. DPT program received accreditation, otherwise no significant changes/events reported by any PD. Graduate nursing reported " Approval of RN-DNP program to start Fall 2024 " Majority of course syllabi updated to reflect the AACN Essentials " Transition to Practice Residency moved to on-campus requirement " NU801 DNP Clinical Enrichment developed for students entering the DNP program with less than 550 clinical hours. This course will also be added to BSN-DNP LEAD program track to meet the 1,000-hour requirement of the DNP degree. **Actions** **Action**: Action Plan: 1. Maintain current target of "95% 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." Nursing and majority of school of health sciences programs retained 100% compliance despite some reported changes, notably in graduate nursing. 2. Continue to assess the average course evaluation ratings in nursing and health science courses. Evaluate MSOT PD response as program moves into OTD next year and evaluate impact of DPT data now that program fully accredited and regularly admitting students.

Measures	Result
	Follow-up

TLC 3.0

AU Outcome
Graduates will demonstrate commitment to lifelong learning
Outcome Status
Active

Measures	Result
Assessment Method Status: Active **Assessment Type:** AD: Survey **Measure:** Alumni survey lifelong learning item: Which of the following activities have you been involved in since graduating from Allen College? Select all that apply. **Target:** 100% of alumni will report at least one lifelong learning activity since graduating from Allen College. **Timeframe:** Annually **Responsible Parties:** Evaluation and Study Committee/TLC Committee **Related Documents:** Lifelong Learning Activities Reported by 2022-2023 Grads For 2023-2024 CAP Report.pdf	**Result Date**: 09/26/2024 **Result**: Of the 2022-2023 graduates surveyed (n = 215), 72 (33%) returned the alumni survey for their respective programs. Of the 72 alumni who returned the survey, 58 (81%) reported engaging in one or more lifelong learning activities since graduating from Allen College. Although these results do not represent achievement of the target for this measure, they do demonstrate improvement since the survey of 2020-2021 graduates (Covid-19 pandemic era), when 75% reported engaging in at least one lifelong learning activity since graduating from Allen College. The results of the survey of 2020-2021 graduates demonstrate a decrease in performance compared to the 2020-2021 academic year when 89% of 2019-2020 grads who received the lifelong learning question on their alumni surveys selected at least one lifelong learning activity. Previous results for comparison: 2020-2021 graduates: 75% 2019-2020 graduates: 89% 2018-2019 graduates: 32% The DPT program had no 2021-2022 graduates, and therefore, no data to report. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No

Measures	Result
	Action Plan Impact: Action Plan Impact:
	The proposed action plan for 2023-2024 as stated in the 2022-2023 TLC CAP report was (1) to attain 5-year trend analysis and identify any programmatic trends, (2) Reach out to directors of programs with specific trends to solicit feedback and input from program faculty and outgoing students, and (3) Identify college-level vs. individual academic program-level interventions.
	A 5-year trend analysis was completed, revealing inconsistent data collection for the lifelong learning survey item and gaps in how data were reported by several programs and TLC, preventing a valid trend analysis.
	Related Documents:
	[Lifelong Learning Activities Reported by 2022-2023 Grads For 2023-2024 CAP Report.pdf](#)
	Actions
	Action: Action:
	1. TLC Committee to CONTINUE 5-year trend analysis and identify any programmatic trends.
	2. Reach out to directors of programs with specific trends to solicit/suggest actions to improve LLL pursuits in first year, define them for outgoing graduates, and encourage greater survey return vs. "n"
	3. Assess timing of alumni survey / Speak to Lisa B regarding length of list, wording, "validity of the question". How/where do these responses appear in the survey and is this impacting responses.
	Follow-up

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

ASR 1.1

AU Outcome
Students will practice proper radiation protection
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** RA: 135 Competency Testing/CCE Part II, numbers 5, 7, 9, 15, 17	**Result Date**: 09/24/2024

Measures	Result
Target: Average score of >= 3 (0-4 pt. scale) **Timeframe:** Level 1-Fall Semester **Responsible Parties:** Lab Instructor/ Program Faculty/HS APG Committee	**Result**: In Fall 2022, the average score of the RA135 Competency Testing/CCE Part II, numbers 5,7,9,15,17, was 3.96. This year's average score of 3.99 is slightly higher, yet consistent, with prior year's data. This data shows that the students continue to practice proper radiation protection at a high level. 2023 = 3.99(n=22) Previous data: 2022 = 3.96 (n=16) 2021 = 3.95 (n=13) 2020 = 3.94 (n=23) 2019 = 3.91 (n=19) 2018 = 3.90 (n=13) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the instructors continue to have students practice radiation protection in each lab and in the clinical environment. The program faculty provided guidance and instruction for students to enable them to practice and apply radiation protection principles in the clinical setting. Students demonstrated clinical competence by applying proper radiation protection. A variety of radiation protection practices and principles are emphasized throughout the curriculum and students continue to evidence the application of this knowledge in the clinical setting. <u>**Actions**</u> **Action Date**: 09/24/2024 **Action**: ASR faculty will continue to instruct and reinforce radiation protection practices and concepts in classes and labs. A variety of radiation protection practices and principles will continue to be emphasized throughout the curriculum. The program will continue to use and assess this measurement tool with each new cohort. <u>**Follow-up**</u>
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** 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	**Result Date**: 09/24/2024 **Result**: In Spring 2023, the average score of the RA275 Final Clinical Competency Testing/CCE Part II, numbers 5,7,9,15,17, was 3.97. This year's average score is slightly higher at 4.0. This year's data, along with prior year's data, shows that the students continue to practice proper radiation protection at a high level consistently. 2024 = 4.0 (n=13) Previous data: 2023 = 3.97 (n=10) 2022 = 4.0 (n=17) 2021= 3.98 (n=16)

Measures	Result
	Reporting Year: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the program's curriculum continues to integrate radiation protection concepts each semester. The action plan from 2022-2023 was successful. All students demonstrated clinical proficiency and competency in providing radiation protection. Each student's performance demonstrated clinical competence. Students continue to have access to an appropriate exam volume in a variety of settings to prepare them for their final competencies. Clinical instructors continue to instruct students in the clinical setting and evaluate them regarding their level of competency with practicing proper radiation protection. **Actions** **Action Date**: 09/24/2024 **Action**: During the 2024-2025 academic year, the program's curriculum will continue to integrate radiation protection concepts each semester. The recommendation is the continued use of this assessment tool since there are variations in patients and exams. This evaluation will continue to be completed by the clinical instructors. **Follow-up**

ASR 1.2

AU Outcome
Students will apply correct positioning skills
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** 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	**Result Date**: 09/24/2024 **Result**: In Spring 2024, the average score of the RA145 Certification Testing/Part I, numbers 3,12,14,15 was 3.97. This is slightly higher than last year's average of 3.94. Students continue to exceed benchmark, but the average scores have continued to increase over the last 5 years. This data shows that the student's consistently apply correct positioning skills during radiography procedures. 2024=3.97(n=21) Previous data: 2023=3.94(n=14) 2022= 3.98 (n=10) 2021= 3.93 (n=17) 2020= 3.92 (n=16)

Measures	Result
	Reporting Year: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, course instructors continued to assess this item since certification testing is completed at various clinical sites and with different clinical instructors. The action plan was effective. All students demonstrated clinical competence while applying correct positioning skills. The clinical instructors encouraged the students to continually practice and review positioning principles. The students demonstrated knowledge of positioning in relation to their level of placement in the program. **Actions** **Action Date**: 09/24/2024 **Action**: The clinical instructors will continue to work with the students and encourage them to practice and review positioning principles while in the clinical setting. Certification testing will continue to be completed at various clinical sites with different clinical instructors. The course instructors recommend continuing to assess this item. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** 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	**Result Date**: 09/24/2024 **Result**: In Fall 2023, the average score of the RA265 Certification Testing/Part I, numbers 3,12,14,15, was 3.97. This score is very consistent when comparing it to all prior data through 2019. All cohorts starting in 2019 have scored an average of 3.9 or higher each year. Students continually exceed benchmark demonstrating their ability to apply correct positioning skills while performing radiography procedures. 2023= 3.97(n=13) Previous data: 2022=4.0 (n=10) 2021=3.96(n=17) 2020=3.95(n=16) 2019=3.9(n= 10) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the faculty continue to communicate with the clinical instructors and encourage them to select from more advanced and challenging exams to correlate with the student's level in the program. Faculty continue to provide effective instruction in the classroom and lab which permits success in the clinical setting. The action plan was effective. All students demonstrated clinical competence and applied correct positioning skills for the certifications. Students are guided by the program faculty and are well prepared in the classroom and lab which equates to success in the clinical setting. **Actions** **Action Date**: 09/24/2024

Measures	Result
	Action: The faculty will continue to communicate with the clinical instructors and encourage them to select from more advanced and challenging exams to correlate with the student's level in the program. Faculty will continue to provide effective instruction in the classroom and lab. **Follow-up**

ASR 2.1

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** 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	**Result Date**: 09/24/2024 **Result**: In Fall 2022, the average score of the RA135 Clinical Instructor/Preceptor Evaluations/Numbers 3,6,10,11, was 3.85. This year's average score of 3.82 is comparable to the prior academic year. This data shows that students are able to demonstrate effective communication skills in the clinical setting. 2023 = 3.82 (n=22) Previous data: 2022 3.85 (n=16) 2021 3.52(n=13) 2020 3.27(n=22) 2019 3.47(n=19) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the clinical instructors/preceptors continue to provide instruction to students in the areas of patient care, interpersonal relationships, multicultural diversity and age-appropriate care in the clinical setting. The clinical site rotations provide each student with the opportunity to work in diverse environments and with diverse patients. The action plan was effective. The students' average scores increased in patient care when compared to the previous academic year. In the areas of interpersonal relationships, multicultural diversity, and age-appropriate care, there was an overall drop in scores of 0.04. This is a very minimal drop, and when compared with the increased number of students over the prior year, it is considered insignificant. **Actions** **Action Date**: 09/24/2024

Measures	Result
	Action: The clinical instructors/preceptors will continue to provide instruction to students in the areas of patient care, interpersonal relationships, multicultural diversity and age-appropriate care in the clinical setting. The ASR faculty will continue to provide diverse clinical sites to all students with the opportunity to work with diverse patients.
	Follow-up
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** 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	**Result Date**: 09/24/2024 **Result**: In Spring 2023, the average score of the RA275 Clinical Instructor/Preceptor Evaluations/Numbers 3,6,10,11, was 3.84. This year's average score of 3.91 demonstrated an increase when compared to the prior academic year. Cohorts continue to exceed benchmark each year. Students continue to demonstrate effective communication skills in the clinical setting. Spring 2024 =3.91 (N = 13) Previous data: 2023 = 3.84 (N =10) 2022 = 3.92 (N = 17) 2020-2021 = 3.66 (N =16) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the clinical instructors/preceptors continue to instruct students by exhibiting effective communication in the clinical environment. The action plan was effective. The current data shows that exceptional instruction and supervision was conducted by clinical instructors/preceptors allowing for communication skills to be assessed adequately. There was an increase in the areas of interpersonal relationships, multicultural diversity, and age-appropriate care. In the category of overall patient care, there was a drop of 0.04. Overall, students continue to demonstrate effective communication skills in the clinical setting. Faculty continue to work and communicate with clinical instructors and preceptors to ensure student success in the clinical setting. **Actions** **Action Date**: 09/24/2024 **Action**: Clinical instructors and preceptors will continue to instruct students by exhibiting effective communication in the clinical environment. Faculty will continue to work and communicate with clinical instructors and preceptors to ensure student success in the clinical setting. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool	**Result Date**: 09/24/2024

Measures	Result
Measure: 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	**Result**: This year's average score of the RA135 Clinical Competency Evaluation/Part I Number 4, Part III Numbers 1,3,6-8, was 4.0. This score is slightly higher yet consistent with prior years, with students continually receiving an average score of 3.94 or above since 2020. Based on the consistency from cohort to cohort, students continue to demonstrate effective communication skills in the clinical setting. 2023=4.0 (n=22) Previous data: 2022=3.98(n=16) 2021=3.94(n=13) 2020=3.96(n=23) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the program faculty continue to provide the students with the skills needed for effective clinical communication. The program faculty also continue to assist the clinical instructors as they provide effective instruction, supervision, and feedback to the students in the clinical setting. The action plan was effective. All students demonstrated communication skills reflective of their level in the program in the clinical setting. The program curriculum and faculty continue to provide students with the necessary skills to progress from the classroom and lab setting to the clinical setting. **<u>Actions</u>** **Action Date**: 09/24/2024 **Action**: The program faculty will continue to provide the students with the skills needed for effective clinical communication. The program faculty will continue to guide and assist the clinical instructors as they provide effective instruction, supervision, and feedback to the students in the clinical setting. **<u>Follow-up</u>**
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** 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	**Result Date**: 09/24/2024 **Result**: This year's average score of the RA275 Final Clinical Competency Evaluation/Part I Number 4, Part III Numbers 1,3,6-8, was 4 on a 0–4-point scale. Students exceeded benchmark with the highest score possible. This data is consistent with prior years as students have achieved an average score of 3.98 or higher since 2021. Students consistently demonstrate effective communication skills in the clinical setting. 2024=4 (n=13) Previous data: 2023= 4 (n=10) 2022=4 (n=17) 2021=3.98 (n=16) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: As proposed in the 2022-2023 action plan, the students will continue to be instructed and guided in effective clinical communication skills in every semester of the program. All clinical instructors and preceptors at all clinical sites assist with this instruction and guidance. The action plan was effective. Students continue to exceed benchmark. Students demonstrated excellent communication skills in the clinical setting. Many of this year's final CCEs were performed on patients that required multiple exams and extensive patient communication. **Actions** **Action Date**: 09/24/2024 **Action**: Students will continue be instructed and guided in effective clinical communication skills in every semester of the program. All clinical instructors and preceptors at all clinical sites assist with this instruction and guidance. **Follow-up**

ASR 2.2

AU Outcome
Students will practice and demonstrate communication skills (formerly Students will practice written communication skills)
Outcome Status
Active
Start Date
09/25/2023

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** RA: 115 Patient Care Presentation **Target:** Average score of >= 85% **Timeframe:** Level I-Fall Semester **Responsible Parties:** RA: 115 Course Instructor/HS APG Committee	**Result Date**: 09/24/2024 **Result**: This year's average score of 97% is comparable when looking at prior academic year. This academic year the oral and written communication goals were combined into one goal. This data shows that students consistently continue to practice effective communication skills. 2023 = 97% (n = 22) Written Communication - 2022= 97.7% (n=15) Oral Communication – 2022=94.3% (n=15) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: As proposed in the 2022-2023 action plan, the course instructor continues to discuss the paper requirements with the students. This academic year the oral and written communication goal were combined into one goal. The students' presentations combine both written and oral communication by writing on an assigned topic and presenting that paper to the class with PowerPoint slides to correlate with the paper. The student success coordinator presented on APA formatting to the students for the written portion and proper references. The students worked in partners for critique of the slides and the instructor answered questions and gave guidance to the students. Students consistently continue to practice effective communication skills. <u>**Actions**</u> **Action**: The course instructor will continue to discuss the paper requirements with the students and remind them of the resources available to them, including the student succuss coordinator, the Allen College Website, and the resources available on Blackboard. <u>**Follow-up**</u>
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** RA:258 Pathology Systems Presentation **Target:** Average score of >= 85% **Timeframe:** Level II-Fall Semester **Responsible Parties:** RA: 258 Course Instructor/ HS APG Committee	**Result Date**: 09/24/2024 **Result**: This year's average score of 96% is comparable when looking at prior academic year. This academic year the oral and written communication goals were combined into one goal. This data shows that students consistently continue to practice effective communication skills. 2023 = 96% (n = 13) Written Communication- 2022=93.9% (n=10) Oral Communication – 2022=94.2% (n=10 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the course instructor continues to discuss the paper requirements with the students and encourages them to review APA guidelines. This academic year the oral and written communication goal were combined into one goal. The students' presentations combine both written and oral communication by writing on an assigned topic and presenting that paper to the class with PowerPoint slides to correlate with the paper. The students worked in partners for critique of the slides and the instructor answered questions and gave guidance to the students. The students were allowed scheduled class times to work on the presentations with guidance from the instructor. Students consistently continue to practice effective communication skills. <u>**Actions**</u> **Action Date**: 09/24/2024

Measures	Result
	Action: The course instructor will continue to discuss the paper requirements with the students and remind them of the resources available to them, including the student succuss coordinator, the Allen College Website, and the resources available on Blackboard.
	Follow-up

ASR 3.1

AU Outcome
Students will appropriately critique radiographic images
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** RA: 255 Radiographic image analysis worksheets **Target:** Average score of >= 80% **Timeframe:** Level II-Summer Semester **Responsible Parties:** RA: 255 Course Instructors/HS APG Committee	**Result Date**: 09/24/2024 **Result**: This year's average score of the RA255 Radiographic Image Analysis Worksheets was 89.85%. This is lower than last year's average score of 94.7%, but still comparable when looking at average scores since 2019. Overall, the students have consistently exceeded benchmark demonstrating their ability to appropriately critique radiographic images. 2023 = 89.85% (n =13) Previous data: 2022 = 94.7% (n = 10) 2021 = 90% (n=17) 2020 = 91.94% (n=16) 2019 = 92.72% (n=11) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the faculty continue to assign learning opportunities from the new 5th edition textbook. This text offers multiple images to assist the students in mastering critically analyzing and critiquing images. The action plan was effective. Overall, the students applied critical thinking skills and critiqued radiographs. A few students in this cohort put forth minimal effort and/or submitted a few of their worksheets late which reduced the average score for this cohort. Multiple reminders for due dates were shared and faculty used multiple forms of communication including face to face reminders. Overall, all students demonstrated the ability to apply critical thinking skills while correctly analyzing radiographic images. **Actions** **Action Date**: 09/24/2024

Measures	Result
	Action: The faculty will continue to use the new 5th edition textbook. A variety of learning opportunities will continue to be provided to the students to assist them with critiquing radiographic images.
	Follow-up
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** RA: 265 Radiographic image analysis worksheets **Target:** Average score of >= 80% **Timeframe:** Level II- Fall Semester **Responsible Parties:** RA: 265 Course Instructors/HS APG Committee	**Result Date**: 09/24/2024 **Result**: In Fall 2022, the average score of the RA265 Radiographic Image Analysis Worksheets was 89.7%. This year's average score is slightly higher at 90.61%, yet comparable when looking at prior data. Since 2020, all cohorts consistently score an average of 88-92%. The students demonstrated the ability to appropriately critique radiographic images. 2023= 90.61% (n=13) Previous data 2022= 89.7% (n=10) 2021=88.88% (n=17) 2020 = 91.69% (n=16) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the faculty continue to assign learning opportunities from the new 5th edition textbook and review each item on the worksheets for clarity and accuracy with the new edition text. The action plan was effective. All students demonstrated the ability to apply their critical thinking skills and accurately critique radiographic images. The student is permitted two attempts to complete the worksheet and the scores are averaged. Some students chose to only complete one attempt, one student submitted lower scores even though encouraged by the instructor to spend more time on the activity and complete it more than once. **Actions** **Action Date**: 09/24/2024 **Action**: The instructor will continue to assign learning opportunities from the new 5th edition textbook. The instructor will continue to review each item on the worksheets for clarity and accuracy with the new edition text. ASR faculty will continue to communicate with the students encouraging them to take advantage of the 2 attempts allowed. **Follow-up**

ASR 3.2

AU Outcome
Students will demonstrate ability to practice critical thinking
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Exam/Quiz - Standardized **Measure:** 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	**Result Date**: 09/24/2024 **Result**: In Spring 2024, 62% of the students achieved a score of 70 or greater on one of the four Corectec Exams assigned in RA203B. This is a significant decrease from last year's average of 90%. Benchmark was not met. The students did not demonstrate their ability to practice critical thinking. 2024 = 62% (n = 13) achieved a 70 or greater on one of the four exams. Previous data: 2023 = 90% (n= 10) 2022 = 71% (n = 17) 2021 = 69% (n = 16) 2020 = 90% (n=10) 2019 = 100% (n=12) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No **Action Plan Impact**: As proposed in the 2022-2023 action plan, the instructor made a few revisions to the guided review assignments. All students were required to attend both days of the student educator seminar and the mock board exam score completed at the seminar was included in the RA275 course grade. This cohort did not perform as well on the 4 Corectec comprehensive exams when compared to prior cohorts. All students are provided with multiple tools to assist them with achieving a 70 on a Corectec exam. Any student not earning a 70 Corectec score is also required to complete additional guided review assignments with a specific due date. All steps in the guided review assignments are assigned to be completed prior to the next exam. Three students were late on portions of the first guided review assignment. One student completed all steps in all three guided review assignments late. **Actions** **Action Date**: 09/24/2024 **Action**: The course instructor will make a few changes to the guided review assignment instructions and increase the grade reduction for late submission of work to encourage timely completion of all assignments. The instructor may also review a new learning resource for possible implementation for Sp26. ASR faculty will continue requiring attendance for both days of the student seminar and will apply the mock board exam score towards the RA275 course grade. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** RA:154 CT Topic Presentation **Target:** Average score of >= 80%	**Result Date**: 09/24/2024

Measures	Result
Timeframe: Level I- Spring Semester **Responsible Parties:** Program Faculty/HS Curriculum Committee	**Result**: In Spring 2023, the average score of the RA154 CT Topic Presentation was 96.4%. This year's average score of 99% is slightly higher yet consistent with prior data. Benchmark continues to be exceeded. The students continue to demonstrate their ability to practice critical thinking consistently. Spring 2024 = 99% (n=16) Previous data: Spring 2023 = 96.4% (n=10) Spring 2022 = 96.75% (n=8) Spring 2021 = 96.24% (n=13) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the instructor provided each student with a grading rubric and a presentation example within Blackboard. The instructor also had each student conduct 2 peer reviews on their classmate's presentations. Students are expected to use critical thinking skills to help teach the class about specific CT topics. The topics presented this year included various procedures, pathologies, animal radiography, and trauma. Each student is evaluated on presentation format, content, audio/professionalism, and creativity. The entire cohort excelled when it came to format, content, and audio/professionalism. Minor points were deducted from a select few presentations for creativity; a few presentations were too "wordy" taking the focus away from the audio portion of the presentation. The student peer review feedback was taken into consideration when the instructor completed the final grade/feedback for each presentation. Through the creation of their presentations, the students did a great job at demonstrating their ability to practice critical thinking in the learning environment. **Actions** **Action Date**: 09/24/2024 **Action**: The instructor will continue to provide each student with a grading rubric and a presentation example within Blackboard. The instructor will continue to have each student conduct peer reviews on their classmate's presentations. The feedback provided by the students during their peer reviews will be used by the instructor when they complete a final grade for each presentation. **Follow-up**

ASR 3.3

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** 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 APG Committee	**Result Date**: 09/24/2024 **Result**: In Spring 2023, the average score of the RA145 Clinical Instructor/Preceptor Evaluations/Numbers 2,4,7,8 was 3.74. This year's average score is slightly higher yet comparable at 3.83. All students continue to exceed benchmark with consistently averaging 3.6 and higher for the last 5 years. Students continue to demonstrate their ability to critically think in the clinical setting. Spring 2024 = 3.83 (N =21) Previous data: 2023 = 3.74 (N =15) 2022 = 3.66 (N =10) 2020-2021 = 3.65 (N=18) 2019-2020 = 3.6 (N=16) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the clinical instructors/preceptors in the clinical setting continued to provide excellent instruction and supervision of students to assess their critical thinking skills. The student scores were higher than the previous year in the Self-Image for Level in the ASR Program, Ability to follow directions, of Applications of Knowledge, and Composure and Adaptability. Overall, the action plan was effective. Students demonstrated the ability to critically think in the clinical setting. **<u>Actions</u>** **Action Date**: 09/24/2024 **Action**: The clinical instructors/preceptors will continue to provide the needed instruction and supervision of the students to evaluate their critical thinking skills in the clinical setting. **<u>Follow-up</u>**
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** 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	**Result Date**: 09/24/2024 **Result**: In Fall 2022, the average score of the RA265 Clinical Instructor/Preceptor Evaluations/Numbers 2,4,7,8, was 3.86. This year's score was slightly lower at 3.82, but this decrease is not considered significant. The benchmark continues to be exceeded, and the students continue to demonstrate their ability to critically think in the clinical setting. 2023 = 3.82 (n=13) Previous Data: 2022 3.86 (n=10) 2021 3.57 (n=17) 2020 3.75 (n=16) 2019 3.86 (n=11) **Reporting Year**: 2023 - 2024 (Year 2)

Measures	Result
	Target Met: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the clinical instructors/preceptors continue to instruct, explain, and demonstrate to students how to practice critically thinking skills in the clinical environment. The action plan was effective to meet benchmark. The students' scores decreased by an average of 0.04 in all four performance criteria areas; application of knowledge, ability to follow directions, self-image for level in the ASR program, and composure and adaptability. There was an increased number of students compared to the prior cohort that accounts for the slight drop in overall performance. Students have immediate access to their completed evaluations on Trajecsys. Students continue to be able to critically think in the clinical setting. **Actions** **Action Date**: 09/24/2024 **Action**: The clinical instructors/preceptors will continue to instruct, explain and demonstrate to students how to practice critical thinking skills in the clinical environment. **Follow-up**

ASR 4.1

AU Outcome
Students will integrate leadership skills and construct professional practices
Outcome Status
Inactive

Measures	Result
Assessment Measure Status: Inactive **Assessment Type:** SL: Service **Measure:** 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	**Result Date**: 09/24/2024 **Result**: This year's average score of the RA135 Community Service/Service Learning Evaluation was 80.64%. This is a significant decrease from last year's score of 86.75%, but benchmark continues to be exceeded. The students continue to demonstrate their ability to integrate leadership skills and construct professional practices. 2023 = 80.64% (n=22) Previous data: 2022 = 86.75% (n=16) 2021 = 77.46% (n=13) 2020 = 88.80% (n=18) 2019 = 87.71% (n=19) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: As proposed in the 2022-2023 action plan, the course instructors continue to assess the assignment instructions and make modifications accordingly. The action plan from the prior academic year was successful in assisting the students in achieving the benchmark for the current academic year. Additional APA resources were provided to the students. Small improvements and clarifications to the assignment instructions may have assisted this cohort in meeting benchmark. The course instructors may consider removing this goal and outcome from the assessment plan. **Actions** **Action Date**: 09/24/2024 **Action**: The course instructors will continue to assess the assignment instructions and make modifications accordingly. Additional APA resources will be provided to the students. The course instructors may consider removing this goal and outcome from the assessment plan. **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Service **Measure:** 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	**Result Date**: 09/24/2024 **Result**: In Fall 2022, the average score of the RA265 Community Service/Service Learning Evaluation was 73.3%. This year's score was significantly higher at 89%. Benchmark was exceeded this year. All students demonstrated their ability to integrate leadership skills and construct professional practices. 2023 = 89% (n=13) Previous data: 2022 = 73.3% (n=10) 2021 = 71.41% (n=17) 2020 = 84.56% (n=16) 2019 = 85.6% (n = 10) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the instructors placed the paper assignment instructions and the grade rubric within the assignment drop box in the Blackboard course. Students were also provided with additional APA resources. This action plan was effective in significantly increasing the student's average scores. Small improvements and clarifications to the assignment instructions may have assisted this cohort in meeting benchmark. All students demonstrated their ability to integrate leadership skills and construct professional practices. Course instructors may consider removing this goal and outcome from the assessment plan. **Actions** **Action Date**: 09/24/2024 **Action**: The course instructors will continue to assess the assignment instructions and make modifications accordingly. Additional APA resources will be provided to the students. Course instructors may consider removing this goal and outcome from the assessment plan.

Measures	Result
	Follow-up

ASR 4.2

AU Outcome
Students will practice professionalism
Outcome Status
Inactive

Measures	Result
Assessment Measure Status: Inactive **Assessment Type:** SL: Clinical evaluation tool **Measure:** 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	**Result Date**: 09/24/2024 **Result**: In Fall 2022, the average score of the RA135 Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13, was 3.79. This year's average score of 3.76 was slightly lower, yet consistent and comparable with prior data. The benchmark continues to be exceeded, and all students continue to demonstrate their ability to practice professionalism. 2023 = 3.76 (n=22) Previous data: 2022 3.79 (n=16) 2021 3.47 (n=13) 2020 3.34 (n=22) 2019 3.51 (n=19) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the clinical instructors/preceptors continue to provide instruction to students in the areas of organization of assignments, initiative, appearance, policies and procedures, and ethical and professional behavior. The action plan was effective. The students are measured in a total of five areas. There was a slight decrease in the areas of initiative, appearance, and policies and procedures. The final two areas of ethics and professional behavior and organization of assignments slightly increased. Looking at the overall score, there was only a decrease of 0.03% with an increase of 6 students within the cohort. All students continue to practice professionalism. **Actions** **Action Date**: 09/24/2024 **Action**: The clinical instructors/preceptors will continue to provide instruction to students in the areas of organization of assignments, initiative, appearance, policies and procedures, and ethical and professional behavior. **Follow-up**
Assessment Measure Status: Inactive	**Result Date**: 09/24/2024

Generated by Nuventive Improvement Platform

Measures	Result
Assessment Type: SL: Clinical evaluation tool **Measure:** 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	**Result**: In Spring 2023, the average score of the RA275 Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13, was 3.77. This year's average score was higher at 3.83, yet comparable to prior data. The benchmark continues to be exceeded, and the students continue to demonstrate their ability to practice professionalism. Spring 2024 = 3.83 (n =13) Previous data: Spring 2023 = 3.77 (n =10) Spring 2022 = 3.86 (N = 17) Spring 2021 = 3.65 (n=16) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the clinical instructors/preceptors continue to deliver prompt feedback to students when issues arise concerning initiative and professionalism. Faculty continue to discuss the importance of initiative and professionalism in the clinical setting to the students. Overall, the action plan was effective. The students' average scores in all areas increased compared to prior year by 0.06%; these include Organization of Assignments, Initiative, Appearance, Policies and Procedures, and Ethical and Professional Behaviors. The students continue to demonstrate their ability to practice professionalism. **Actions** **Action Date**: 09/24/2024 **Action**: The clinical instructors/preceptors will continue to deliver prompt feedback to students when issues arise concerning initiative and professionalism. Faculty will continue to discuss the importance of initiative and professionalism in the clinical setting to all students. **Follow-up**

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

EdD 1.1

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic	**Result Date**: 08/16/2024

Measures	Result
Measure: 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	**Result**: For the Spring 2024 semester, 100% of students (n=2) scored >80% on the budget assignment. This compares similarly to the results from the last time the course was offered in Spring 2022 when 100% of students (n=3) scored >80%. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The budget assignment directly supports the outcome that the students can demonstrate competence in a faculty and/or leadership role. The action plan from the 2022 CAP report suggested that the assignment release and due dates be evaluated to ensure students have enough time to complete it since this is now an 8-week course vs. a 16-week course. As a result, the dates were adjusted to give one more additional week for the students to complete this assignment. **Actions** **Action**: The next time the course is offered, it is planned to do a pre/post test assessment of the students' perception of budgetary planning to reinforce the importance of developing this knowledge to be an effective leader in higher education. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 740: Today's Health Sciences Student: Trends, Issues and Challenges – Final Paper **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	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions** **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 780: Integrating Evolving Technology in Health Professions Education --Technology 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	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions** **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2)

Measures	Result
Measure: 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	**Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **<u>Actions</u>** **<u>Follow-up</u>**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** 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	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **<u>Actions</u>** **<u>Follow-up</u>**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 700: 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	**Result Date**: 08/16/2024 **Result**: Fall 2023 – 2 students 100% of students received a score of >85% Overall average score = 93.8% (52.5/56) Fall 2014 – 98.7% (average) Fall 2017 – 86.2% (average) Fall 2019 – Met; 98.3% (average); n=2 Fall 2021 – Not Met; 66.1% (average); n=1 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The 2021-2022 action plan for the 2023-2024 academic year indicated no changes would be made to this assignment based on performance. The fall 2021 showed the importance of using the feedback assignments alongside the project rubric to help students develop the final project. 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. Students placed themselves in the role of the change agent and developed a change proposal applicable to their educational settings. Feedback given on the smaller assignments was framed according to the rubric used to assess the final project to help students make revisions. This course is QM certified.

Measures	Result
	Actions **Action**: Continue to use the feedback assignments in line with the project rubric to help students develop the final project **Follow-up**

EdD 1.2

AU Outcome
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	Result
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** 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% **Timeframe:** When course is taught (e.g., 2015, 2018, etc.) **Responsible Parties:** Program Chair/ HS Grad Curriculum Committee	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions** **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** 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	**Result Date**: 08/16/2024 **Result**: For the FA2023 cohort, 100% (n=2) of the students earned an average score of >80% on the literature review. This compares to 75% (n=4) of the students earned an average score of >80% on the literature review the previous time the course was offered in 2021. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The target was met for the 2023 cohort. Some changes were implemented after the 2021 offering of this course when the target was not met. Most notably, the due dates for several of the assignments (e.g., the literature map) were moved up to an earlier due date to allow more time to incorporate the feedback. Additionally, the 2021 cohort was the first time the class was offered over 8 weeks vs. 16 weeks in prior courses. As a result, the module release times were staggered in 2023 to give the students sufficient time to complete the assignments.

Measures	Result
	Actions **Action**: As a result of all of these changes, this target was met and it is recommended not to make any changes prior to the 2025 offering of this course. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Service **Measure:** 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	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions** **Follow-up**

EdD 2.1

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 750: Curriculum Theory and Design in the Health Professions – Final 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	**Result Date**: 08/16/2024 **Result**: Summer 2023 – 1 student 100% of students received a score of >85% Overall average score = 100% (100/100) Summer 2022 – Met; 100% (average); n=1 Fall 2019 – Met; 100% (average); n=1 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: The 2022-2023 action plan for the 2023-2024 academic year indicated no changes would be made to this assignment based on the past successes. The action plan stated a course textbook would be replaced. An online resource was used, and a new textbook was trialed. The final project requires students to develop a unit of instruction following a curriculum development framework. Students worked on different sections of the project throughout the course and received feedback prior to assembling the final project. **Actions** **Action**: This assignment will be included the next time this course is taught with no revisions. A new required textbook will be added for the summer 2024 section. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 760: Pedagogy in Health Professions Education – Teaching Evaluation **Target:** 100% of students will receive a score of >=85% **Timeframe:** When course is taught (e.g., 2014, 2017, etc.) **Responsible Parties:** Program Chair/HS Graduate Curriculum Committee	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions** **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** 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	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions** **Follow-up**

EdD 3.1

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** 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	**Result Date**: 08/16/2024 **Result**: Fall 2023 – 2 students 100% of students received a score of >90% Overall average score = 100% (210/210) Fall 2014 – 100% (average) Fall 2017 – 100% (average) Fall 2019 – Met; 98.3% (average); n=2 Fall 2021 – Met; 100% (average); n=1 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The 2021-2022 action plan for the 2023-2024 academic year indicated no changes would be made to this assignment. Within each module, students discussed a variety of organization development and change topics as they related to educational environments. Discussion board posts are graded using a rubric and both written and verbal discussions are assigned. New, standardized rubrics were used to grade these discussion assignments in this section. Many of the discussions were designed to help students process and apply information to written paper assignments. Students were engaged and active in these discussions. This course is QM certified. **<u>Actions</u>** **Action**: This assignment will be included the next time this course is taught with no revisions. Students will continue to be assessed according to the rubric and provided feedback on their performance. **<u>Follow-up</u>**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** 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	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **<u>Actions</u>** **<u>Follow-up</u>**

EdD 4.1

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 760: Pedagogy in Health Professions Education – Personal Statement of Teaching Philosophy **Target:** 100% of students will receive an average score of >=85% **Timeframe:** When course taught (e.g., spring, Year 1) **Responsible Parties:** Program Chair/HS Graduate APG Committee	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions** **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** 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	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions** **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** EdD 810: Methods of Inquiry – Collaborative Group Activity: Mock Qualitative Research Project **Target:** 100% of students will receive a score of >= 85% **Timeframe:** When course is taught (e.g., 2021, 2024, etc.)	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions** **Follow-up**

Measures	Result
Responsible Parties: Program Chair/HS Graduate APG Committee	
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** EdD 820: Methods of Inquiry - Quantitative Research – 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	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions** **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** 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	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions** **Follow-up**

EdD 5.1

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 780: Integrating Evolving Technology in Health Professions Education –Tech Topic Assignment	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024

Measures	Result
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	**Actions** **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** 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	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions** **Follow-up**

EdD 5.2

AU Outcome

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	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 770: Assessment and Evaluation in Health Sciences Education – Assessment Process 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	**Result Date**: 08/16/2024 **Result**: Spring 2024 – 2 students 100% of students received a score of >85% Overall average score = 100% (120/120) 2016 – 98.7% 2019 – Met; 100% average; n=2 2022 – Met; 85% **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: The 2021-2022 action plan for the 2023-2024 academic year indicated no changes would be made to this assignment, and ungraded feedback assignments aligned with the final project rubric would guide development of the final project. Students were provided with an overview of the final project at the beginning of the course and had the opportunity to receive ungraded feedback on assignments within each module that were aligned with the final project. The rubric was used to provide additional ungraded feedback in Week 6. Discussion boards were also used with the course that allowed students to ask questions that pertained to each section of the paper. **Actions** **Action**: This assignment will be included the next time this course is taught with no revisions. We will continue to use ungraded feedback assignments aligned with the final project rubric to guide development of the final project. A new textbook may be used the next time this course is offered. **Follow-up**

Program (HS) - Doctor of Physical Therapy (DPT)

Graduate Goal 1

AU Outcome
GG1. Graduates provide competent physical therapy services, including acting with care, compassion, and integrity.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Survey **Measure:** 1.1. Graduate Survey: Percentage of graduates who agree they are able to provide competent physical therapy services in employment environments. **Target:** 100% of responding graduates will strongly agree or agree that they are able to provide competent physical therapy services in their employment environments. **Timeframe:** Annually @ faculty retreat **Responsible Parties:** Assessment Committee	**Result Date**: 06/20/2024 **Result**: 100% of students from inaugural class strongly agree that they were prepared for compassionate care. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Due to 2023-2024 being the first reporting year for the program, there is no previous action plan on which to reflect. **Actions** **Action Date**: 02/01/2024 **Action**: We will continue to teach evidence-based physical therapy and use high stake examinations to ensure students perform at the highest level. **Follow-up**
Assessment Measure Status: Active	**Result Date**: 09/30/2024

Measures	Result
Assessment Type: SL: Survey **Measure:** 1.2. Employer Survey: Percentage of employers who agree that graduates provide competent physical therapy services. **Target:** 100% of responding employers will strongly agree or agree that graduates provide competent physical therapy services. **Timeframe:** Annually @ faculty retreat **Responsible Parties:** Assessment Committee	**Result**: First class graduated in December 2023; employers of these graduates will be surveyed in October 2024. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: First class graduated in December 2023; employers of these graduates will be surveyed in Spring 2025. **<u>Actions</u>** **Action**: We will ask employers of graduates to fill out the employer survey 6-12 months after beginning their employment to assess their performance after licensure. **<u>Follow-up</u>**
Assessment Measure Status: Active **Assessment Type:** SL: Survey **Measure:** 1.3. Employer Survey: Percentage of employers who agree that graduates provide competent physical therapy services.1.3. Employer Survey: Percentage of employers who agree that graduates act with care, compassion, and integrity in patient/family services. **Target:** 100% of responding employers will strongly agree or agree that graduates provide competent physical therapy services. **Timeframe:** Annually @ faculty retreat **Responsible Parties:** Assessment Committee	**Result Date**: 09/30/2024 **Result**: First class graduated in December 2023; employers of these graduates will be surveyed in Spring 2025. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: First class graduated in December 2023; employers of these graduates will be surveyed in October 2024. **<u>Actions</u>** **Action**: We will ask employers of graduates to fill out the employer survey 6-12 months after beginning their employment to assess their performance after licensure. **<u>Follow-up</u>**

Graduate Goal 3

AU Outcome
GG3. Demonstrate skill in the use of technology to enhance patient care and their own professional development.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Survey **Measure:** 3.1. Graduate Survey: Percentage of graduates who agree they use technology-based resources in clinical decision making.	**Result Date**: 06/20/2024 **Result**: 100% of graduates agree they were well prepared in the use of technology. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Due to 2023-2024 being the first reporting year for the program, there is no previous action plan on which to reflect.

Measures	Result
Target: 100% of responding graduates will strongly agree or agree that they use technology-based resources in clinical decision making. **Timeframe:** Annually @ Faculty Retreat **Responsible Parties:** Assessment Committee	**Actions** **Action**: Continue with the use of technology. and integrating technology within the curriculum for asynchronous, synchronous, and lab immersions. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Survey **Measure:** 3.2. Graduate Survey: Percentage of graduates who agree they use technology-based resources to advance learning and professional development **Target:** 100% of responding graduates will strongly agree or agree that they use technology-based resources to advance learning and professional development. **Timeframe:** Annually @ Faculty Retreat **Responsible Parties:** Assessment Committee	**Result Date**: 06/20/2024 **Result**: 100% of students agree or strongly agree they used technology for advanced learning and professional development. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Due to 2023-2024 being the first reporting year for the program, there is no previous action plan on which to reflect. **Actions** **Action**: Continue emphasizing the use of technology for classroom and laboratory experiences. **Follow-up**

Student Goal 3

AU Outcome
SG3. Demonstrate skill in the use of technology to enhance patient care and their own professional development.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Survey **Measure:** 3.2. Exit Survey: Percentage of students who agree they used technology-based resources in clinical decision making during clinical experiences. **Target:** 100% of students will strongly agree or agree that they used technology-based resources in clinical decision making during clinical experiences. **Timeframe:** Annually @ Faculty Retreat **Responsible Parties:** Assessment Committee	**Result Date**: 07/26/2024 **Result**: 100% of students agree and strongly agree that they were proficient in the use of technology for clinical reasoning experiences. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Due to 2023-2024 being the first reporting year for the program, there is no previous action plan on which to reflect. **Actions** **Action**: Continue with the use of technology in all aspects of curriculum, including asynchronous, synchronous, lab immersions, and clinical education. **Follow-up**
Assessment Measure Status: Active	**Result Date**: 06/20/2024

Measures	Result
Assessment Type: SL: Survey **Measure:** 3.3. Exit Survey: Percentage of students who agree they used technology-based resources for their own professional development during clinical experiences. **Target:** 100% of students will strongly agree or agree that they used technology-based resources for their own professional development during clinical experiences. **Timeframe:** Annually @ Faculty Retreat **Responsible Parties:** Assessment Committee	**Result**: 100% of graduates agreed they were well prepared in the use of technology and used technology for their professional development. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Due to 2023-2024 being the first reporting year for the program, there is no previous action plan on which to reflect. **Actions** **Action**: We will continue with the implementation of technology during the online and face-to-face components of the curriculum. **Follow-up**

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

MS in OT 1.0 Critical reasoning community-based systems

AU Outcome
Students will demonstrate appropriate critical reasoning in the provision of evidence-based OT services in community-based systems.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** OT 602 – OT School System Practice, Case Study Intervention Plan **Target:** Average cohort score of 90% or higher **Timeframe:** 2nd Year of program, Semester 4 (Fall) **Responsible Parties:** Course Instructor/Program Faculty/HS Grad Curriculum Committee	**Result Date**: 10/03/2024 **Result**: Average cohort score for the Fall 2023 cohort = 87%, compared to Fall 2022 88% and Fall 2021 91.7%. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No **Action Plan Impact**: Action Plan proposed in 2022-2023 CAP report for implementation during 2023-2024 academic year: The course faculty developed an additional opportunity for students to practice writing intervention plans within school-based case studies to increase experience with this skill and therefore increase student success with the performance of the skill. This score demonstrates a small decrease from the goal met last year and will require a review by course instructor to problem solve how to increase student performance with this skill. **Actions** **Action Date**: 09/27/2024

Measures	Result
	Action: The course faculty will develop additional opportunities for students to practice writing intervention plans within school-based case studies experiences from lab to increase experience with this skill and therefore increase student success with the performance of the skill.
	Follow-up

MS in OT 2.0 Critical reasoning health care settings

AU Outcome
Students will demonstrate appropriate critical reasoning in the provision of evidence-based OT services in health care settings.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** OT 611 –Clinical Reasoning Assignment **Target:** Average cohort score of 90% or higher **Timeframe:** 2nd Year of program, Semester 5 (Spring) **Responsible Parties:** Course Instructor/Program Faculty/HS Grad Curriculum Committee	**Result Date**: 10/03/2024 **Result**: Average cohort score 85.6% on final written clinical reasoning assignment. This compares to an average cohort score in fall 2023 of 90.16%. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No **Action Plan Impact**: Action Plan proposed in 2022-2023 CAP report for implementation during 2023-2024 academic year: Faculty will provide opportunities for clinical reasoning and discharge planning throughout the semester through multiple experiential learning and virtual learning opportunities. Opportunities for clinical reasoning were provided through hands-on learning experiences and virtual learning opportunities. This cohort was more challenged when clinical reasoning for intervention. **Actions** **Action Date**: 10/03/2024 **Action**: Faculty will provide enhanced opportunities for clinical reasoning during intervention and discharge planning throughout the semester through multiple experiential learning and virtual learning opportunities. **Follow-up**

Program (HS) - Medical Imaging (MI)

MI 1.1

AU Outcome
Students will demonstrate appropriate patient preparation for imaging procedures.

Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** MI: 460 Competency Evaluation/CCE Part I, numbers 4, 5, 6, 7 and CCE Part II, numbers 1, 2 **Target:** Average score of >= 3. (0-4 pt. scale) **Timeframe:** Spring Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/ Health Sciences(HS) Curriculum Committee	**Result Date**: 09/26/2024 **Result**: In Spring 2024, the average score of the MI460 Competency Evaluation/CCE Part 1, numbers 4-7, and Part 2 numbers 1-2, is 4.0. This year's score is comparable to the Spring 2022 average score of 4.0. Data is not available from spring 2023 due to no enrollment. Clinical competence was demonstrated. 2024 = 4.0 (n=1) Previous data: 2023 = no data available 2022 = 4.0 (n=1) 2021 = 3.88 (n=3) 2020 = 3.88 (n=3) 2019 = 3.96 (n=1) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the clinical instructors continue to educate the students on the importance of patient preparation and safety as it relates to MRI in the clinical environment. The clinical instructors utilized the evaluation process as a way to determine the student's growth and development throughout their clinical rotation. When completing the competency evaluations, the students demonstrate the ability to properly educate the patient, screen the patient, obtain appropriate patient history, and position the patient on the MRI exam table. The program faculty ensured that all staff and students had the resources needed to provide quality patient care. An evaluation process is in place at each clinical site to ensure that the students have the ability to obtain feedback on the patient preparation process and has the opportunity to demonstrate growth throughout their clinical rotation. **Actions** **Action Date**: 09/26/2024 **Action**: Clinical instructors will continue to educate the students in the MRI clinical environment. Clinical instructors will continue to use an evaluation process throughout the student's clinical rotation to provide them with the opportunity to demonstrate growth. Program faculty will continue to work closely with the clinical instructors to ensure that all staff and students have the tools necessary to provide appropriate care to the patient. The instructor will continue to use the competency evaluation forms as it provides a consistent foundation for all students to learn and grow from. **Follow-up**

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** MI: 445 Competency Evaluation/CCE Part I, numbers 4, 5, 6 and CCE Part II, numbers 1, 2 **Target:** Average score of >= 3 (0-4 pt. scale). **Timeframe:** Spring Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/ HS Curriculum Committee	**Result Date**: 09/26/2024 **Result**: In Spring 2024, the average score of the MI445 Competency Evaluation/CCE Part 1, numbers 4-6, and Part 2 numbers 1-2, is 4.0. This year's score is comparable to the Spring 2022 average score of 4.0. Data is not available from spring 2023 due to no enrollment. Clinical competence was demonstrated. 2024 = 4.0 (n=1) Previous data: 2023 = no data available 2022 = 4.0 (n=1) 2021 = 3.75 (n=1) 2020 = (n=0) 2019= 3.81 (n=1) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the clinical instructors continue to educate the students on the importance of patient preparation and safety as it relates to CT in the clinical environment. The clinical instructors utilized the evaluation process as a way to determine the student's growth and development throughout their clinical rotation. When completing the competency evaluations, the students demonstrate the ability to properly educate the patient, screen the patient, obtain appropriate patient history, and position the patient on the CT exam table. An evaluation process is in place at each clinical site to ensure that the students have the ability to obtain feedback on the patient preparation process and has the opportunity to demonstrate growth throughout their clinical rotation. The program faculty ensured that all staff and students had the resources needed to provide quality patient care. Clinical competence was demonstrated. **Actions** **Action Date**: 09/26/2024 **Action**: Clinical instructors will continue to educate the students in the CT clinical environment. Clinical instructors will continue to use an evaluation process throughout the student's clinical rotation to provide them with the opportunity to demonstrate growth. Program faculty will continue to work closely with the clinical instructors to ensure that all staff and students have the tools necessary to provide appropriate care to the patient. The instructor will continue to use the competency evaluation forms as it provides a consistent foundation for all students to learn and grow from. **Follow-up**

MI 1.2

AU Outcome
Outcome: Students will demonstrate appropriate protocol and parameter selection for imaging procedures.

Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** MI: 460 Competency Evaluation/CCE Part II, numbers 3, 4, 5 **Target:** Average score of >= 3 (0-4 pt. scale). **Timeframe:** Spring Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/ HS Curriculum Committee	**Result Date**: 09/26/2024 **Result**: In Spring 2024, the MI 460 Competency Evaluation/CCE Part II, numbers 3-5 average score is 4.0. This is consistent with prior data. There is no data available for 2023 due to no enrollment. The students continue to exceed benchmark. 2024 = 4.0 (n=1) Previous data: 2023 = no data available 2022 = 4.0 (n=1) 2021 = 3.9 (n=3) 2020 = 3.88 (n=3) 2019 = 3.98 (n=1) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the clinical instructors continued to work with the students in the clinical environment educating them on proper protocol, coil, and scan parameter selections for various MRI procedures. The students are able to gain valuable feedback from their clinical instructors through non-graded and graded evaluations throughout their clinical rotation. This evaluation process allows the students to better know how they can show growth throughout the semester and improve their imaging procedure knowledge. The students take MI 450 MRI Procedures I in this same semester, so they are able to take what they learn in their online didactic course and apply it in their clinical environment. Clinical Competence was demonstrated. <ins>**Actions**</ins> **Action Date**: 09/26/2024 **Action**: Clinical instructors will continue to educate the students in the MRI clinical environment. Clinical instructors will continue to use an evaluation process throughout the student's clinical rotation to provide them with the opportunity to demonstrate growth. Program faculty will continue to work closely with the clinical instructors to ensure that all students have adequate/diverse imaging procedures to perform. The instructor will continue to use the competency evaluation forms as it provides a consistent foundation for all students to learn and grow from. <ins>**Follow-up**</ins>
Assessment Measure Status: Active **Assessment Type:** SL: Didactic	**Result Date**: 09/26/2024

Measures	Result
Measure: MI: 445 Competency Evaluation/CCE Part II, numbers 3, 4 **Target:** Average score of >= 3. (0-4 pt. scale) **Timeframe:** Spring Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/ HS Curriculum Committee	**Result**: In Spring 2024, the MI 445 Competency Evaluation/CCE Part II, numbers 3-4 average score is 4.0. This is consistent with prior data. There is no data in 2023 due to no enrollment. The students continue to exceed benchmark. 2024 = 4.0 (n=1) Previous data: 2023 = no data available 2022 = 4.0 (n=1) 2021 = 3.75 (n=1) 2020 = (n=0) 2019= 3.82 (n=1) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the clinical instructors continued to work with the students in the clinical environment educating them on proper protocol and scan parameter selections for various CT procedures. The students are able to gain valuable feedback from their clinical instructors through non-graded and graded evaluations throughout their clinical rotation. This evaluation process allows the students to better know how they can show growth throughout the semester and improve their imaging procedure knowledge. The students take MI 435 CT Procedures I in this same semester, so they are able to take what they learn in their online didactic course and apply it in their clinical environment. Clinical Competence was demonstrated. <u>**Actions**</u> **Action Date**: 09/26/2024 **Action**: Clinical instructors will continue to educate the students in the CT clinical environment. Clinical instructors will continue to use an evaluation process throughout the student's clinical rotation to provide them with the opportunity to demonstrate growth. Program faculty will continue to work closely with the clinical instructors to ensure that all students have adequate/diverse imaging procedures to perform. The instructor will continue to use the competency evaluation forms as it provides a consistent foundation for all students to learn and grow from. <u>**Follow-up**</u>

MI 2.1

AU Outcome
Students will demonstrate effective communication skills in the clinical setting.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** AD: Report - Internal **Measure:** MI: 480 Clinical Instructor Evaluations Numbers 3, 6,10,11 **Target:** Average score >= 3 (0-4 pt. scale) **Timeframe:** Summer Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/HS Curriculum Committee	**Result Date**: 09/26/2024 **Result**: In Summer 2022, the average score of the MI480 Clinical Instructor Evaluations Numbers 3,6,10,11 was 4.0. This year's average score of 4.0 is consistent with prior data. There was no data available in 2023 due to no enrollment. Students continue to demonstrate effective communication skills in the clinical setting. 2024 = 4.0 (n=1) Previous data: 2023 = no data available 2022 = 4.0 (n=1) 2021 = 3.54 (n=3) 2020 = 3.75 (n=3) 2019 (n=0) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the clinical instructors continue to work with each individual student in the clinical environment while providing direct patient care. The instructors did a great job at focusing their attention on helping students to improve their overall communication with patients and other healthcare professionals. This specific student scored a 4.0 (on a 0-4 point scale) in all areas on the evaluation form. A non-graded evaluation was completed mid-semester to provide feedback to the student on how they can show growth. Effective communication skills in the clinical setting were demonstrated. **<u>Actions</u>** **Action Date**: 09/26/2024 **Action**: The clinical instructors will continue to work with each individual student in the clinical environment while providing direct patient care. The evaluation process will remain in effect as it has proven to be beneficial to the student's ability to show growth. Moving forward, program faculty will continue working on revising the curriculum for primary pathway students to provide additional clinical coursework with a patient care focus. **<u>Follow-up</u>**
Assessment Measure Status: Active **Assessment Type:** AD: Report - Internal **Measure:** MI: 465 Clinical Instructor Evaluations Numbers 3, 6,10,11 **Target:** Average score >= 3 (0-4 pt. scale) **Timeframe:** Summer Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/ HS Curriculum Committee	**Result Date**: 09/26/2024

Measures	Result
	Result: In Summer 2022, the average score of the MI465 Clinical Instructor Evaluations Numbers 3,6,10,11 is 3.38. This year's average score is higher at 4.0. There was no data from 2023 due to no enrollment. The students continue to demonstrate effective communication in the clinical setting. 2024 = 4.0 (n=1) Previous data: 2023 = no data available 2022 = 3.38 (n=1) 2021 (n=0) 2020 (n=0) 2019 = 4 (n=1) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the clinical instructors continue to work with each individual student in the clinical environment. The clinical instructors assisted the student in learning how to effectively communicate with all patients and healthcare professionals. A non-graded evaluation was completed mid-semester to provide feedback to the student on how they can show growth. Effective communication skills in the clinical setting were demonstrated. **Actions** **Action Date**: 09/26/2024 **Action**: The clinical instructors will continue to work with each individual student in the clinical environment while providing direct patient care. The evaluation process will remain in effect as it has proven to be beneficial to the student's ability to show growth. **Follow-up**

MI 2.2

AU Outcome
Students will practice written communication skills.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Measure:** MI: 410 Research PowerPoint Presentation (MRI) **Target:** Average score of >= 80%	**Result Date**: 09/26/2024

Measures	Result
Timeframe: Fall Semester **Responsible Parties:** MI: 410 Course Instructor/HS Curriculum Committee	**Result**: Data is not available from fall 2022 due to no enrollment in the course. This year's average score of 99% is consistent with prior data. Benchmark continues to be exceeded with students continually achieving above 94% over the last 5 years. 2023 = 99% (n=3) Previous data: 2022 = no data available 2021 = 96% (n=1) 2020 = 98.2% (n=4) 2019 = 94% (n=3) 2018 = 97% (n=1) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the instructor broke down the rubric to make it more specific in regards to APA formatting and content. Proper APA formatting examples were provided to the student within their Blackboard course which included a PowerPoint presentation. This cohort did not struggle with APA formatting. One student did forget to alphabetize the reference information. Minor points were deducted from one presentation due to complex information not being simplified for the reader. Each student is required to submit a portion of their presentation part way through the semester and feedback is provided to the student at the time regarding APA formatting, content, etc. **Actions** **Action Date**: 09/26/2024 **Action**: The instructor will continue to provide a detailed rubric so each student understands how they will be graded with regards to APA formatting. The instructor will continue to provide APA formatting examples within their Blackboard course. The instructor will continue to require each student to submit a partial submission part way through the semester for feedback. APA will remain a focus moving forward even though this cohort did not struggle in that area. **Follow-up**
Assessment Measure Status: Active **Measure:** MI: 435 CT Procedures I Reflection Paper **Target:** Average score of >= 80% **Timeframe:** Spring Semester **Responsible Parties:** MI: 435 Course Instructor/ HS Curriculum Committee	**Result Date**: 09/26/2024 **Result**: The MI 435 CT Procedures I Reflection Paper average score was 100% in Spring 2022. This year's score of 100% demonstrates that the students continue to exceed expectations of written communication skills. No data is available for 2023 due to no enrollment. 2024 = 100% (n=1) Previous data: 2023 = no data available 2022 = 100% (n=1) 2021 = 100% (n=1) 2020 = (n=0) 2019 = 100% (n=3)

Measures	Result
	Reporting Year: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, all assignment expectations/requirements were provided to the student within Blackboard. Multiple aspects of the course and corresponding content was reflected on adequately. APA formatting requirements were provided to the student, along with APA resources. Written communication skills were effectively demonstrated. **Actions** **Action**: The instructor will provide a rubric to ensure that each student is reflecting on what they learned throughout the course. The instructor will implement APA requirements within the rubric to ensure that each student follows proper APA format. **Follow-up**

MI 3.1

AU Outcome
Students will demonstrate critical thinking skills in the clinical environment.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Measure:** MI: 480 Clinical Instructor Evaluations Numbers 2, 4, 7, 8 **Target:** Average score >= 3 (0-4 pt. scale) **Timeframe:** Summer Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/ HS Curriculum Committee	**Result Date**: 09/26/2024 **Result**: In Summer 2022, the average score of the MI480 Clinical Instructor Evaluations Numbers 2,4,7,8 is 4.0. This year's average score of 4.0 is consistent with prior data. No data is available for 2023 due to no enrollment. Students continue to demonstrate critical thinking skills in the clinical environment. 2024 = 4.0 (n=1) Previous data: 2023 = no data available 2022 = 4.0 (n=1) 2021 = 3.46 (n=3) 2020 = 3.63 (n=3) 2019 (n=0) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: As proposed in the 2022-2023 action plan, the clinical instructors continue to work with each individual student to ensure they are provided with the opportunities needed to enhance their critical thinking skills in the clinical environment. The action plan was effective. This specific student scored a 4.0 (on a 0-4 point scale) in all areas on the evaluation form: application of knowledge, ability to follow directions, self-image, and composure and adaptability. A non-graded evaluation was completed mid-semester to provide feedback to the student on how they can show growth. The students continue to demonstrate critical thinking skills in the clinical environment. <u>**Actions**</u> **Action Date**: 09/26/2024 **Action**: The clinical instructors will continue to work with each student to ensure they are provided with the opportunities needed to enhance their critical thinking skills in the clinical environment. The evaluation process will remain in effect as it has proven to be beneficial to the student's ability to show growth. <u>**Follow-up**</u>
Assessment Measure Status: Active **Measure:** MI: 465 Clinical Instructor Evaluations Numbers 2, 4, 7, 8 **Target:** Average score >= 3 (0-4 pt. scale) **Timeframe:** Summer Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/ HS Curriculum Committee	**Result Date**: 09/26/2024 **Result**: In Summer 2022, the average score of the MI465 Clinical Instructor Evaluations Numbers 2,4,7,8 is 3.13. This year's average score of 4.0 is higher when compared to prior data. No data is available from 2023 due to no enrollment. The students continue to demonstrate critical thinking skills in the clinical environment. 2024 = 4.0 (n=1) Previous data: 2023 = no data available 2022 = 3.13 (n=1) 2021 (n=0) 2020 (n=0) 2019 = 4 (n=1) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the clinical instructors continue to work with each individual student in the clinical environment to ensure they are given the opportunity to use and demonstrate critical thinking while providing direct patient care. The action plan was effective. A non-graded evaluation was completed mid-semester to provide feedback to the student on how they can show growth. The students were able to demonstrate their ability to use and practice critical thinking skills in the clinical environment. <u>**Actions**</u> **Action Date**: 09/26/2024

Measures	Result
	Action: The clinical instructors will continue to work with each student to ensure they are provided with the opportunities needed to enhance their critical thinking skills in the clinical environment. The evaluation process will remain in effect as it has proven to be beneficial to the student's ability to show growth.
	Follow-up

MI 3.2

AU Outcome
Students will demonstrate the ability to practice critical thinking skills.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Measure:** MI: 480 Board Review Exam (MRI) **Target:** >= 80% of the students will achieve a passing score of 75 or greater on one of the three exams. **Timeframe:** Summer Semester **Responsible Parties:** MI: 480 Course Instructor/HS Curriculum Committee	**Result Date**: 09/26/2024 **Result**: In Summer 2024, 100% of the students achieved a passing score of 75 or greater on one of the three assigned mock board exams. This is consistent when compared to data from 2021. There is no data available for 2022 due to the student electing to not complete the exams. There is no data available for 2023 due to no enrollment. The students continue to demonstrate the ability to practice critical thinking skills. 2024 100% (n=1) Previous Data: 2023 no data available 2022 (n=0) 2021 (n=2) 100% 2020 (n=3) 100% 2019 (n=0) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the instructor began the registry review assignments in the spring semester to allow each student 16 additional weeks of board preparation. Additional structured quizzes and exams in each of the four categories were assigned and completed by the student. The action plan was effective. The student scored very well on all three mock board exams, achieving scores of 98%, 92%, and 91%. The student stated that the board review assignments were beneficial in preparing them for the mock board exams at the end of the semester. Critical thinking skills were demonstrated. **Actions** **Action Date**: 09/26/2024

Measures	Result
	Action: The instructor will continue to begin the registry review assignments in the spring semester. The instructor will continue to provide structured quizzes and exams in each of the four key categories to help students prepare for the mock board exams. The instructor will discuss with the students the importance of completing all registry review assignments and mock board exams. **Follow-up**
Assessment Measure Status: Active **Measure:** MI: 465 Board Review Exam (CT) **Target:** >= 80% of the students will achieve a passing score of 75 or greater on one of the three exams. **Timeframe:** Summer Semester **Responsible Parties:** MI: 465 Course Instructor/HS Curriculum Committee	**Result Date**: 09/26/2024 **Result**: In Summer 2024, 100% of the students achieved a passing score of 75 or greater on one of the three assigned mock board exams. This is consistent when compared to 2022. There is no data available for 2023 due to no enrollment. The students continue to demonstrate the ability to practice critical thinking skills. 2024 100% (n=1) Previous data: 2023 no data available 2022 (n=1) 100% 2021 (n=0) 2020 (n=0) 2019 (n=1) 100% **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the instructor began the registry review assignments in the spring semester to allow each student 16 additional weeks of board preparation. Additional structured quizzes and exams in each of the four categories were assigned and completed by the student. The action plan was effective. The student scored very well on all three mock board exams, achieving scores of 94%, 84%, and 88%. The student stated that the board review assignments were beneficial in preparing them for the mock board exams at the end of the semester. Critical thinking skills were demonstrated. **Actions** **Action Date**: 09/26/2024 **Action**: The instructor will continue to begin the registry review assignments in the spring semester. Structured quizzes that include questions from each of the four categories will be assigned to help each student prepare for the mock board exams. **Follow-up**

MI 4.1

AU Outcome
Students will integrate leadership skills and construct professional practices.

Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Measure:** MI: 460 Service Learning Project (MRI) **Target:** Average score of >= 80% **Timeframe:** Spring Semester **Responsible Parties:** MI: 460 Course Instructors/HS Curriculum Committee	**Result Date**: 09/26/2024 **Result**: The Spring 2024 MI 460 Service-Learning Project average score is 90%. This is slightly higher but still comparable to the Spring 2022 average score of 88%. There is no data available for 2023 due to no enrollment. The students continue to demonstrate leadership skills and professionalism. 2024 = 90% (n=1) Previous data: 2023 = no data available 2022 = 88% (n=1) 2021 = 91.5% (n=2) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the instructor provided a detailed rubric at the beginning of the course. Information was provided to the students throughout the semester regarding service-learning opportunities. APA formatting information was available to all students within their Blackboard course. Minor points were deducted in the categories of APA format and overall writing. This student elected to not submit a draft of the paper for feedback prior to submission for a final grade. Professionalism and leadership skills were demonstrated. **Actions** **Action Date**: 09/26/2024 **Action**: The instructor will continue to provide a detailed rubric at the beginning of the course. APA format information will be available to all students within their Blackboard course. Each student will be encouraged to submit a rough draft of their assignment to obtain feedback and comments prior to submitting the paper for a final grade. **Follow-up**
Assessment Measure Status: Active **Measure:** MI: 445 Service Learning Project (CT) **Target:** Average score of >= 80%. **Timeframe:** Spring Semester **Responsible Parties:** MI: 445 Course Instructors/HS Curriculum Committee	**Result Date**: 09/26/2024 **Result**: The Spring 2022 MI 445 Service-Learning Project average score is 95%. This year's data is slightly lower but still comparable to prior data. There is no data available for 2023 due to no enrollment. The students continue to demonstrate leadership skills and professionalism. 2024 = 95% (n=1) Previous Data: 2023 = no data available 2022 = 100% (n=1) **Reporting Year**: 2023 - 2024 (Year 2)

Measures	Result
	Target Met: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the instructor provided a detailed rubric at the beginning of the course. Information was provided to the students throughout the semester regarding service-learning opportunities. APA formatting information was available to all students within their Blackboard course. Minor points were deducted in the overall writing category due to one question not being adequately addressed. The student elected to not submit a draft of the paper for feedback prior to submission for a final grade. Leadership skills and professionalism were demonstrated. **Actions** **Action Date**: 09/26/2024 **Action**: The instructor will continue to provide a detailed rubric at the beginning of the course. APA format information will be available to all students within their Blackboard course. Each student will be encouraged to submit a rough draft of their assignment to obtain feedback and comments prior to submitting the paper for a final grade. **Follow-up**

MI 4.2

AU Outcome
Students will practice professionalism.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Measure:** MI: 480 Clinical Instructor Evaluations Numbers 1,5,9,12,13 **Target:** Average score >= 3 (0-4 pt. scale) **Timeframe:** Summer Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/HS Curriculum Committee	**Result Date**: 09/26/2024 **Result**: In Summer 2022, the average score of the MI480 Clinical Instructor Evaluations Numbers 1,5,9,12,13 is 4.0. This year's average score is the same at 4.0. There is no data available for 2023 due to no enrollment. Students continue to demonstrate their ability to establish, develop, and practice professionalism. 2024 = 4.0 (n=1) Previous data: 2023 = no data available 2022 = 4.0 (n=1) 2021 = 3.63 (n=3) 2020 = 3.78 (n=3) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: As proposed in the 2022-2024 action plan, the clinical instructors continue to provide feedback through non-graded evaluations throughout the semester to allow students the opportunity to develop and practice professionalism. The clinical instructors continue to work directly with each student in the clinical environment to help them establish and develop professionalism as they provide direct patient care. The action plan was effective. This specific student scored a 4.0 (on a 0-4 point scale) in all areas on the evaluation form: organization of assignments, initiative, appearance, policies and procedures, and ethical and professional behaviors. The student demonstrated their ability to establish, develop, and practice professionalism in the clinical setting. **Actions** **Action Date**: 09/26/2024 **Action**: The clinical instructors will continue to work directly with each student in the clinical environment to help them establish and develop professionalism as they provide patient care. The clinical instructors will continue to provide feedback through non-graded evaluations to allow students the opportunity to develop and practice professionalism. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** MI: 465 Clinical Instructor Evaluations Numbers 1,5,9,12,13 **Target:** Average score >= 3 (0-4 pt. scale) **Timeframe:** Summer Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/HS Curriculum Committee	**Result Date**: 09/26/2024 **Result**: In Summer 2022, the average score of the MI465 Clinical Instructor Evaluations Numbers 1,5,9,12,13 is 3.5. This year's average score of 4.0 is higher when compared to prior data. The students continue to demonstrate their ability to establish, develop, and practice professionalism. 2024 = 4.0 (n=1) Previous data: 2023 = no data available 2022 = 3.5 (n=1) 2021 (n=0) 2020 (n=0) 2019 = 4 (n=1) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the program faculty met with each student prior to starting their clinical rotations to discuss professionalism. The clinical instructors continue to provide feedback through non-graded evaluations throughout the semester to allow students the opportunity to develop and practice professionalism. The action plan was effective. The student exceeded all expectations of the clinical instructors regarding the following areas on the evaluation form: organization of assignments, initiative, appearance, policies and procedures, and ethical and professional behaviors. The student demonstrated their ability to establish, develop, and practice professionalism in the clinical setting. **Actions**

Measures	Result
	Action Date: 09/26/2024 **Action**: The clinical instructors will continue to work directly with each student in the clinical environment to help them establish and develop professionalism as they provide patient care. The clinical instructors will continue to provide feedback through non-graded evaluations to allow students the opportunity to develop and practice professionalism. **Follow-up**

Program (HS) - Medical Laboratory Science (MLS)

MLS 1.1

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** Exam scores – MLS 440: Clinical Hematology and Hemostasis **Target:** 75% of students will receive an average score of >= 80% **Timeframe:** Annually **Responsible Parties:** Program Chair/HS Curriculum Committee	**Result Date**: 08/15/2024 **Result**: Fall 2023 – (n=12) 75% (9/12) earned an average exam score of >80%. Overall average exam score = 81.4% Fall 2022 = 33.3% Fall 2021 = 68.75% Fall 2020 = 79.5% Fall 2019 = 71.2% Fall 2018 = 69.2% Fall 2017 = 88.3% Fall 2015 = 91.3% **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: Per the 2022-2023 action plan proposed for 2023-2024, a mandatory virtual session was to be added prior to Exam 2 and the final exam review assignment was mandatory. A virtual review session was offered prior to the final exam. Statistics will be used to analyze each individual exam to examine any trends or outside influences on exam scores. In looking at the data students performed well on Exams 1, 3, and 4. Exam 1 and 3 had a mandatory virtual session prior to the exam and Exam 4 students were allowed to use 1 page of notes. The final exam had the lowest overall exam scores. An optional final exam review assignment was given to student in week 14 and 8 out of 12 students completed it. **Actions** **Action**: I will remove the option to use notes for exam 4 since the data shows that isn't helping scores and students tend to not study when they rely on notes. I have also used statistics to analyze each individual exam to examine any trends or outside influences on exam scores. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** Clinical Microbiology Exam Scores (formerly Exam Scores – MLS 460: Clinical Microbiology) **Target:** 75% of students will receive an average score of >= 80% **Timeframe:** Annually **Responsible Parties:** Program Chair/HS APG Committee	**Result Date**: 08/15/2024 **Result**: Spring 2024 (n=11) 8/11 (72.7%) students received an average score of >80% Overall average = 251.4/300 points (83.8%) Spring 2023 (n=12) (58%) Average score = (82.9%) Spring 2022 (n=16) (75%) Average score = (83.3%) Spring 2021 (n=15) (80%) Average score = 84.7% Spring 2020 (n=6) 33.3% Average score = 80.5% Spring 2019 (n=14) 100% Average score = 88.1% These results demonstrate that the target has been inconsistently met (3/6 times) since the 2018-2019 academic year. This course helps students to apply theory and principles related to microbiology. The multiple-choice exams help prepare students for clinical rotations, where theory and principles of microbiology are applied. The last four cohorts have scored an overall average within one percentage point. Cohorts with less than 13 students have not met the target. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No

Measures	Result
	Action Plan Impact: The 2022-2023 CAP stated that the course would include four exams (one unproctored), with updated questions, which was the case for 2023-2024. This target has been met 50% of the time over the past six years. Given the achievement of the target for this measure for two years in a row prior to 2023, the action plan is dependent on the cohort and number of students. **Actions** **Action**: This course will continue to include four exams (one unproctored) for the next academic year, with updated questions added. Additionally, a proctored comprehensive exam will be given (for a total of five exams). Student outcomes will continue to be assessed with the same target. **Follow-up**

MLS 1.2

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** Affective Evaluation – Microbiology **Target:** 75% of students will receive an average score of >= 80% **Timeframe:** Annually **Responsible Parties:** Program Chair/HS Curriculum Committee	**Result Date**: 08/15/2024 **Result**: Spring 2024 (n=10) 9/10 (90%) of students received an average score of >80% Ave. = 23.1/25 points (92%) Spring 2023 (n=11) (90.9%) Ave. = 23.5/25 points (94%) Spring 2022 (n=13) 100% Ave. = 24.5/25 points (98%) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: This is the third year of measuring this target. This evaluation occurs in the final semester for students during the third or fourth rotation. Results indicate that students are learning and retaining behaviors needed to be successful in a professional lab setting. Students are assessed by their clinical instructors on interest in learning, initiative, communication skills, acceptance of constructive criticism, and safety.

Measures	Result
	<u>Actions</u> **Action**: We will evaluate subsequent cohorts of students on this measurement item with the same target. In addition, students will continue to receive a didactic affective evaluation at midterm and the end of each course to continue to promote professional behaviors.
	<u>Follow-up</u>
Assessment Measure Status: Active **Assessment Type:** SL: Exam/Quiz - Standardized **Measure:** MediaLab Exam Simulator Scores (formerly MediaLab Exam Simulator Scores – MLS 475: Medical Laboratory Science Review **Target:** 75% of students will achieve a CAT difficulty of 5.0 **Timeframe:** Annually **Responsible Parties:** Program Chair/HS APG Committee	**Result Date**: 08/15/2024 **Result**: Spring 2024 – 10 students 100% (10/10) achieved a CAT difficulty level of at least 5.0 on CAT exams (6 exams) Average level of difficulty = 6.1 Practice CATs = 5.7 Graded CATs = 6.5 2018 – 90%; 5.3 2019 – 83.3%; 5.9 2020 (n=6) • Proctored – 16.7%; 4.5 • Non-proctored – 83.3%; 5.8 2021 (n=17); 82.4%; 5.5 2022 (n=16); 100%; 6.8 2023 (n=10); 100%; 6.5 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Exam Simulator (ES) is a preparatory resource we purchase for students to help them prepare for the BOC exam. Students took 6 CAT exams (all non-proctored) during the last 8 weeks of the semester. Our 2022-2023 action plan for 2023-2024 academic year indicated we would provide students with additional study materials to help support their review activities. Padlets were provided for two topic areas. The graded CAT exam average was higher again this year which shows the power of incentivization. Students were provided with information about past student outcomes, different certification exam options, and recommendations on when to schedule their certification exams. <u>Actions</u> **Action**: We will continue to require students to complete practice and graded CAT exams. Students will be provided with study template to help them complete efficient reviews on all topic areas. <u>Follow-up</u>

MLS 2.1

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** Basic Manual Differential Assignments **Target:** 75% of students will receive an average score of >80% (formerly 75% of students will complete all assignments) **Timeframe:** Annually **Responsible Parties:** Program Chair/HS Curriculum Committee	**Result Date**: 08/15/2024 **Result**: Summer 2023 (n=13) 100% of students received an average score of >80% Overall average = 29.5/30 points (98.3%) 2021 (n=16) – target met; overall ave. = 99% 2022 (n=12) – target met; overall ave. = 94.3% Target has been met since the measure was first evaluated in 2021. Students are provided with tools and resources to help them learn cellular morphology including a synchronous lab session and practice differentials for which they receive feedback from Cellavision on their performance. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Per the 2022-2023 action plan proposed for 2023-2024 academic year, course faculty covered cell morphology during a virtual lab and provided numerous opportunities for students to practice classifying cells and receive feedback prior to completing a graded assignment. **Actions** **Action**: We will continue to include these assignments without any revisions. Course faculty will continue to cover cell morphology during a virtual lab session and provide numerous opportunities for students to practice classifying cells and receive feedback prior to completing a graded assignment. **Follow-up**

MLS 2.2

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

Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical **Measure:** Advanced Manual Differential Assignments **Target:** 75% of students will receive an average score of >80% **Timeframe:** Annually **Responsible Parties:** Program Chair/HS Curriculum Committee	**Result Date**: 08/15/2024 **Result**: Fall 2023 – (n=12) 100% (12/12) earned an average exam score of >80%. Fall 2022 = 91.7% Fall 2021 = 100% This assignment was introduced in 2021 and students enjoyed the assignment and engaged with this assignment by asking questions. They were able to see some higher level cells to identify and higher level cases of real patient slides. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Per the 2022-2023 action plan proposed for 2023-2024 academic year, course faculty covered advanced cell morphology in the coursework and then provided students a chance to review slides from actual patients with advanced morphological abnormalities. **Actions** **Action**: We will continue to use this program (CellaVision) to teach and assess advanced cell morphology and competency within this course. No plans to change this assignment. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** Program Comprehensive Exam (FKA: MLS Program Final Exam [formerly MLS 475: Medical Laboratory Science Review - Final Exam]) **Target:** 75% of students will receive a score of >55% (target prior to 2021-2022 = 75% of students will receive an average score of >=80%) **Timeframe:** Annually **Responsible Parties:** Program Chair/HS Faculty Org Committee	**Result Date**: 08/15/2024

Measures	Result
	Result: Spring 2024 – 10 students
	90% of students (9/10) received a score of >55%
	Overall average score = 74.7%
	Spring 2020 (n=6)
	• 0 met target
	• 51.2% average score
	Spring 2021 (n=17)
	• 0 met target
	• 59.1% average score
	Spring 2022 (n=16)
	• 12 met target
	• 65.7% average score
	Spring 2023 (n=10)
	• 10 met target
	• 72.0% average score
	Reporting Year: 2023 - 2024 (Year 2)
	Target Met: Yes
	Action Plan Impact: Our 2022-2023 action plan for the 2023-2024 academic year indicated we would continue to offer the expanded comprehensive final exam and evaluate the subsections of the exam for trends related to course material that we can emphasize during the review section of the course. Both parts of the final exam were minimally updated from spring 2023 to improve question clarity. The spring 2023 course continued to include resources on how to study for a comprehensive exam. Weeks 1-9 allowed students to review summer and fall topics and create study outlines. Weeks 10-15 included subject-specific review activities for all program topics. Some new review materials were provided for some of the topics. The course was also organized using the latest QM rubric.
	Actions
	Action: We will continue to offer the expanded comprehensive final exam and evaluate the subsections of the exam for trends related to course material that we can emphasize during the review section of the course. A review template will be provided to help students to efficiently review material. The Week 9 synchronous session will be moved to Week 2. Additional work to meet the QM rubric will be completed.
	Follow-up

MLS 3.1

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

Measures	Result
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** Annotated Bibliographies – MLS 426: Evidence-Based Laboratory Medicine **Target:** 75% of students will receive an average score of >80% **Timeframe:** Annually **Responsible Parties:** Program Chair/HS APG Committee	**Result Date**: 08/15/2024 **Result**: No results. Course no longer offered. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: NA **Actions** **Action**: NA **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Exam/Quiz - Standardized **Measure:** Immunohematology Competency Exercises (MediaLab and MedTraining) **Target:** 75% of students will receive an average score of >80% **Timeframe:** Annually **Responsible Parties:** Program Chair/HS Curriculum Committee	**Result Date**: 10/17/2024 **Result**: No results - New item starting during the 2024-2025 academic year **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: None **Actions** **Follow-up**

MLS 3.2

AU Outcome
Students will integrate team-building skills into professional practice
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Service **Measure:** Service Learning Project **Target:** 75% of students will receive an average score of >80% **Timeframe:** Annually **Responsible Parties:** Program Chair/HS APG Committee	**Result Date**: 08/15/2024 **Result**: Fall 2023 41.7% (5/12) of students earned an average score of >80%. Overall average score 22.9/30 = 76.3% Overall Averages 2022 (n=12) = 80.8%; 66.7% of students met target 2021 (n=16) = 98.3%; 100% of students met target 2020 (n=15) = 90%; 73% of students met target 2019 (n=6) = 98.9% (target met) 2018 = 98.9% 2017 = 95.5% 2016 = 90.0% 2015 = 92.5% 2014 = 95.6% 2013 = 95.7% 2012 = 97.3% These results demonstrate the target (75% of students will receive an average score of >= 80%) has been consistently met (9/11 times) since the 2012-2013 academic year with the exception of the 2020-2021, 2022-2023, and the current academic years. Additionally, the overall average score for this assignment decreased for the current assessment year. Students who watched the project overview video did better than those who did not. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No **Action Plan Impact**: Our 2022-2023 action plan for the 2023-2024 academic year indicated additional emphasis would be placed on research methods within the course. This information was aligned with the evaluation criterion of the project to help students apply information to the project. Additionally, the project rubric was further developed to add more description to the scales so students had more information about expectations and could better assess their own work. **Actions** **Action**: The project handout should be expanded to include additional information about what should be included to fully meet each criterion. A project overview video provides this information, but all students did not watch the video. Providing this information in multiple formats will allow students to engage with the information in a way that best suits them. **Follow-up**

MLS 4.2

AU Outcome
Students will communicate effectively in an online environment
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** Management Topics Discussion Board Posts (formerly Management Section Discussion Board posts – MLS 470: Laboratory Management) **Target:** 75% of students will receive an average score of >= 80% **Timeframe:** Annually **Responsible Parties:** Program Chair/HS APG Committee	**Result Date**: 08/15/2024 **Result**: Spring 2024 (n=11) 100% students earned an average score of >80% (Ave. score = 97.3%) Spring 2023 (n=11):100%Spring 2022 (n=16): 100% Spring 2021 (n=17): 100% Spring 2020:100% Spring 2019: 98% This target has been consistently met for the past six years. Approximately half of the course modules contained discussion. Any deductions in posts were due to late work and APA formatting errors. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Our 2022-2023 action plan for the 2023-2024 academic year indicated that discussion assignments would be used to foster student interaction and effective communication skills. The variety of discussion assignments based on student experiences and perspectives continue to positively impact this target. <u>**Actions**</u> **Action**: Discussion board assignments will continue to be used in this course to foster student interaction and effective communication skills in the online environment. <u>**Follow-up**</u>

Program (HS) - Public Health (PH)

PH 1.1

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Exam/Quiz - Teacher-made **Measure:** PH: 430 Final exam **Target:** Average score of >80% **Timeframe:** Fall Semester **Responsible Parties:** Program faculty / HS APG committee	**Result Date**: 01/14/2025 **Result**: In Fall 2023, the average score on the PH:430 final exam was 84%. This average score of 84% is slightly higher, yet consistent, with prior year's data where the average score was 80%. This data shows that students understand the determinants that contribute to health and illness. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Per the action plan for 2023-2024 that was proposed in the 2022-2023 report for this measure, it was difficult to determine what impact, if any, the proposed action had on the outcome. The proposed action stated that the course is being revised with a different exam used so difficult to identify trends since two versions of the exam. **Actions** **Action Date**: 01/15/2025 **Action**: For Fall 2024, a final exam guide will be provided to the students to better assist them in focusing their attention to topics that align with module objectives and learning objectives for the course. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** PH420 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	**Result Date**: 08/07/2024 **Result**: In Summer 2023, nine students earned an average of 77.2% on the project. In Summer 2022, four students earned an average of 85% on the project. After reviewing data trends, it appears that the scores for the mid-term project have decreased over time. In reviewing the assignment instructions, this was a very complex project which would benefit from additional instructions. Another explanation is that one student earned a zero on the assignment which reduces overall scores. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No **Action Plan Impact**: Per the 2022-2023 report for this measure, the action plan proposed for 2023-2024 was that "an outline of the paper will be due along with the proposed data sources two weeks before the final project is due." In reviewing the course, it doesn't appear that the action plan was implemented. There was no evidence of these assignments in the Blackboard course. **Actions** **Action Date**: 01/16/2025 **Action**: For summer 2024, the rough draft for the assignment will be removed with a meeting held between the student and the instructor to ensure that project is progressing. **Follow-up**

PH 1.2

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** 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	**Result Date**: 05/10/2024 **Result**: In Summer 2023, nine students earned an average of 76.6% on the project which was a significant decrease from Summer 2022 where the average was 85%. The percentage has decreased over the past five years creating the need to examine the course structure and preparation for the project. Since there is an abundance of public health information on the Internet, the students may need additional guidance on where to find that information. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No **Action Plan Impact**: Per the action plan proposed for 2023-2024 in the 2022-2023 CAP report, starting summer of 2023, an early draft would be required instead of optional. This requirement had no impact on the results for 2023-2024. This is likely because this was large project - about five pages - and the early draft was only worth five points. Only four of nine students opted to complete it. However, one student did not turn in the project at all and subsequently failed the course. When that student's grade is removed, the average was 86.52%, or a slight improvement. **Actions** **Action Date**: 05/01/2023 **Action**: In Summer 2024, the rough draft requirement will be removed and replaced with a required meeting to discuss the project. **Follow-up**

PH 2.1

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Exam/Quiz - Teacher-made **Measure:** PH 495 Final Exam **Target:** Average score >= 80% **Timeframe:** Summer semester **Responsible Parties:** PH 495 Course Instructor/HS Curriculum Committee	**Result Date**: 05/10/2024 **Result**: In Summer 2023, eight students scored an average of 94.75% on the final exam which was a significant increase from 86% in the previous year. The scores indicate that the students are knowledgeable about health care policies, are able to locate them and analyze them for their effectiveness. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Per the action plan proposed for 2023-2024 in the 2022-2023 CAP report, the instructor will continue to revise the final exam and encourage students to take advantage of the second attempt on the exam. As a result, the scores improved significantly which demonstrates the students' ability to locate health care policies related to a variety of health services. **Actions** **Action Date**: 01/15/2025 **Action**: For Summer 2024, to maintain the high scores on the final exam, the instructor will create a study guide for the final exam and continue to provide resources for the students on where to find policies related to different functions in health care and public health. **Follow-up**

PH 2.2

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Exam/Quiz - Teacher-made **Measure:** 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	**Result Date**: 05/10/2024 **Result**: In Spring 2024, 10 students earned an average of 94% on the final exam, which was slightly higher, yet consistent, from the previous year of 91%. These data demonstrate that students are knowledgeable about basic research designs and methods of evaluation. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: The action plan for 2023-2024 as specified in the 2022-2023 CAP Report was that "the contract instructor teaching the course will offer an optional review session before the final exam." Although the instructor offered an option review session before the final exam, no students RSVP'd to attend so it was not held. Even though the review session was not held, students performed at a high level, so not having the review session did not impact final exam scores. **Actions** **Action Date**: 01/15/2025 **Action**: For spring semester 2025, a study guide will be provided to the students to prepare them for the final exam. There are numerous research designs for the students to learn, so an optional review session will also be held to ensure that students understand the material and have the opportunity to ask questions. The instructor will also add short videos that explain the concepts as well. **Follow-up**

PH 3.2

AU Outcome
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	Result
Assessment Measure Status: Active **Assessment Type:** SL: Exam/Quiz - Teacher-made **Measure:** PH: 410 Final exam **Target:** Average score of >80% **Timeframe:** Fall semester **Responsible Parties:** Program faculty / HS Faculty Org. committee	**Result Date**: 01/07/2025 **Result**: In Fall 2023, nine students earned an average of 84.9% on the final exam, an increase over the past five years. The course is an overview of the U.S. health care system and students have a good understanding of the differences between governmental associations, such as the CDC, and non-governmental organizations such as the American Cancer Society. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Per the action plan proposed for 2023-2024 in the 2022-2023 CAP report, the course was being revised to include a new textbook and new final exam. Since the scores increased, the action made a slight impact possibly due to a more effective textbook and different final exam. A variety of activities are included to reinforce the course material to compare the roles of governmental agencies and non-governmental agencies, provide examples of each, and describe what services are offered. **Actions** **Action Date**: 01/15/2025

Measures	Result
	Action: In Fall 2024, the instructor will provide a study guide for both the midterm and final exams to reinforce student learning. **Follow-up**

PH 4.1

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Exam/Quiz - Teacher-made **Measure:** 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	**Result Date**: 01/07/2025 **Result**: In Fall 2023, four students earned an average of 95.9% on the midterm exam, consistent with the cohort from the previous year taking PH same exam. In looking at trends over time, the scores have been in the 90s which demonstrate that the students have a good understanding of historical events that led to the scientific foundation of public health, such as the Cholera outbreak in London. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The action plan for 2023-2024, as proposed in the 2022-2023 CAP report, was "extra credit questions will be removed since they appear to be unnecessary." Accordingly, two of the three extra credit questions were removed to adjust scores but this action had no impact on the results for 2023-2024. **Actions** **Action Date**: 01/15/2025 **Action**: For Fall 2024, to maintain high scores on this measure, the instructor will continue to provide students with information on historical events that led to the scientific foundation of public health, such as epidemiology, the discovery of vaccines, and experimental research. The course content will be complemented by short videos and readings. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Exam/Quiz - Teacher-made **Measure:** PH: 430 Final exam **Target:** Average score of >80% **Timeframe:** Fall semester **Responsible Parties:** Program faculty / HS Faculty Org. committee	**Result Date**: 12/20/2024

Measures	Result
	Result: In Fall 2023, five students took the final exam and had an average score of 86.5%. The scores increased from the previous year when the average score was 80%. In looking at the history of scores, they have remained fairly consistent. As mentioned previously, biostatistics and epidemiological principles are complex, so the students are grasping the scientific foundation in the field of public health - especially epidemiological principles. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The action plan for 2023-2024, as specified in the 2022-2023 CAP report for this measure, was "In Fall 2023, the program director will be taking over a newly formatted course so results will again be difficult to compare." This statement is a result of the course being revised with a new textbook being used, as well as a final exam. Since the scores did increase slightly, it could be the result of the new textbook being more understandable. **Actions** **Action Date**: 01/16/2025 **Action**: In Fall 2024, there will be weekly sessions held with the students to review content. The reinforcement of content and practice problems are beneficial to student learning. **Follow-up**

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

BSN 1.0 Lead

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** NU 251 & NU 252 Nursing Leadership Reflection	**Result Date**: 10/07/2024 **Result**: In Fall 2023, 100% (26/26) of the students achieved at least 75% on the leadership reflection paper. In Spring 2023, 100% (21/21) of the students achieved at least 75% on the leadership reflection paper. These results remain the same as last year.

Measures	Result
Target: 100% of students achieve at least 73% on nursing leadership reflection paper. **Timeframe:** Annually **Responsible Parties:** BSN Curriculum Committee	**Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Leadership paper guidelines were clarified. Clinical scenarios were developed where students identified leadership skills and qualities. Increased class content and discussion on leadership qualities and roles. **Related Documents**: Outcome 1 NU 251 & 252 Leadership Reflection .docx **Actions** **Action Date**: 10/07/2024 **Action**: The BSN program will be implementing new graduate outcomes for the 2024-2025 academic year; thus, an action plan for this target and measure is not needed. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** NU 460 Change Proposal Team Assignment **Target:** 100% of students achieve at least 73% on change proposal team assignment. **Timeframe:** Annually **Responsible Parties:** BSN Curriculum Committee	**Result Date**: 10/07/2024 **Result**: In Summer of 2023 100% (21/21) of the Acc track achieved at least a 73% on the change proposal, In Fall of 2023 100% (45/45) of the Traditional and Accelerated track achieved at least a 73% on the change proposal, In Spring of 2024 100% (32/32) of the Traditional and Accelerated track achieved at least a 73% on the change proposal. The results show consistent performance from the previous academic year. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The action plan from the previous year showed students are being given good instruction on the assignment and ample time to ask questions and complete in class while their instructor was available. **Related Documents**: Outcome 1 NU 460 Change Proposal Team Assignment.docx **Actions** **Action Date**: 10/07/2024 **Action**: The BSN program will be implementing new graduate outcomes for the 2024-2025 academic year; thus, an action plan for this target and measure is not needed. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** RN NU 462 Cause and Effect-Root Cause **Target:** 100% of students achieve at least 80% on this assignment **Timeframe:** Annually **Responsible Parties:** BSN Curriculum Committee	**Result Date**: 10/07/2024 **Result**: In Fall 2023, 100% (5/5) of the students achieved at least 80% on the cause and effect root cause assignment. These results show an increase in performance from the previous academic year. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: o help students successfully complete the cause and effect assignment, written instructions were provided along with a recorded Panopto demonstrating how to do a 5 Why's root cause analysis. Two outside videos were also uploaded to the module for examples of how to complete a root cause analysis. The IHI worksheet on 5 Why's was used as a guide for students to complete the assignment thoroughly. **Related Documents**: [Outcome 1 NU 462 Root Cause Assignment.pdf](#) **Actions** **Action Date**: 10/07/2024 **Action**: The RN-BSN program is being discontinued at the end of Summer 2024; thus, an action plan for this target and measure is not needed. **Follow-up**

BSN 2.0 EBP

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** NU 380 Evidence Appraisal Assignment **Target:** 100% of students achieve at least 73% on Evidence Appraisal Assignment **Timeframe:** Annually **Responsible Parties:** BSN Curriculum Committee	**Result Date**: 10/09/2024 **Result**: In Fall 2023, 100% (40/40) students achieved at least 75% on the Evidence Appraisal Assignment. In Spring 2024, 100% (27/27) of students achieved at least 75% on the Evidence Appraisal Assignment. These scores are consistent with the previous academic year. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Faculty provided clarification of key information that was needed to successfully complete this assignment, and provided class time for students to work on the assignment and ask questions. **Related Documents**: [Outcome 2 NU 380 Evidence Appraisal Assignment Instructions.docx](#) **Actions** **Action Date**: 10/09/2024 **Action**: The BSN program will be implementing new graduate outcomes for the 2024-2025 academic year; thus, an action plan for this target and measure is not needed.

Measures	Result
	Follow-up
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** RN-NU 380 Evidence Appraisal Assignment **Target:** 100% of students will achieve at least 73% on the Evidence Appraisal Assignment **Timeframe:** Annually **Responsible Parties:** BSN Curriculum Committee	**Result Date**: 10/07/2024 **Result**: In Spring 2024, 100% (8/8) of the students achieved at least 73% on the Evidence Appraisal assignment. These scores are consistent from the 2022-2023 scores. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Faculty focused on providing key information throughout the semester so that students were well-prepared to complete this assignment (i.e. this is information you will use to write your paper and complete your evidence appraisal). This resulted in 100% 100% (8/8) of the students achieved at least 73% on the Evidence Appraisal assignment. **Related Documents**: [Outcome 2 NU 380 RN Evidence Appraisal Assignment SP 24.docx](#) **Actions** **Action Date**: 10/07/2024 **Action**: This course will not be offered in the future and no action plan is required. **Follow-up**

BSN 3.0 Informatics

AU Outcome
Manage healthcare data, information, knowledge, and technology.
Outcome Status
Active
Start Date
08/01/2015

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** NU335 Clinical Evaluation tool **Target:** 100% of students will achieve rating of "S" in Informatics Competencies on the Clinical Evaluation tool. **Timeframe:** Annually (as of 2019-2020 reporting year; assessed in Year 1 prior to 2019-2020 reporting year) **Responsible Parties:** BSN Curriculum Committee	**Result Date**: 10/07/2024 **Result**: In Summer 2023, 100% (21/21)(acclerated students) of the students achieved "S" in the Informatics Competency on the clinical evaluation tool. In Fall 2023, 100% (46/46) (accelerated and traditional students) achieved "S: in the Informatics Competency on the clinical evaluation tool. In the Spring 2024, 100% (21/21) (traditional students) achieved "S" in the Informatics Competency on the clinical evaluation tool. This year's outcomes were consistent with the 2022-2023 academic year. These results show consistency in meeting this outcome. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: To ensure this outcome was met, students were required to complete institutional EHR training which included online modules. ATI EHR product was utilized in the lab setting for documentation of learned nursing skills and graded skills testing. Students continued to utilize their clinical site documentation format. Clinical instructors reviewed data inputted by students and gave students feedback. **Related Documents**: [Outcome 3 NU 335 Level I &II Final Clinical Evaluation Funds.pdf](#) **Actions** **Action Date**: 10/07/2024 **Action**: The BSN program will be implementing new graduate outcomes for the 2024-2025 academic year; thus, an action plan for this target and measure is not needed. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** 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	**Result Date**: 10/07/2024 **Result**: In Summer 2023, 100% (8/8 students) achieved at least 75% on the Informatics competencies paper. This is consistent with previous data. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Course faculty used a rubric to assist the students in examining the competencies when they complete the assignment. **Related Documents**: [Outcome 3 RN NU 447B Quality Measures and Informatics Competencies.pdf](#) **Actions** **Action Date**: 10/07/2024 **Action**: This course will not be offered in the future and no action plan is required. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** NU 460 ATI Informatics and Technology Module **Target:** 100% of students will achieve at least 75% on the ATI informatics and technology module. **Timeframe:** Annually **Responsible Parties:** BSN Curriculum Committee	**Result Date**: 10/10/2024 **Result**: In Summer 2023, 100% (21/21) of the Acc students achieved at least 75% on the ATI Informatics and Technology modules, In Fall 2023, 100% (45/45) of the Traditional and Accelerated students achieved at least 75% on the ATI Informatics and Technology modules, In Spring 2024, 100% (32/32) of the Traditional and Accelerated students achieved at least 75% on the ATI Informatics and Technology modules. These results are consistent with the performance from the previous academic year. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The action plan was helpful in keeping the students in touch with what they needed to complete. The students were given the instructions during the course orientation and were checked to make sure they could access the site. The content was reviewed during the informatics lecture and through assignments/exam. **Actions**

Measures	Result
	Action Date: 10/10/2024 **Action**: The BSN program will be implementing new graduate outcomes for the 2024-2025 academic year; thus, an action plan for this target and measure is not needed. **Follow-up**

BSN 4.0 HC Policy & Finance

AU Outcome
Demonstrate understanding of healthcare policy, finance, and regulatory environments.
Outcome Status
Active
Start Date
08/01/2014

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** NU 251 & NU 252 Health Care Policy and Finance Quiz **Target:** 100% of students will achieve at least 75% on the health care policy and finance quiz. **Timeframe:** Annually **Responsible Parties:** BSN Curriculum Committee	**Result Date**: 10/09/2024 **Result**: NU 251 was not offered during the 2023-2024 academic year due to curriculum changes in the Traditional BSN track. Rather, NU 252 was offered for the traditional track (previously offered in the Accelerated track) and NU 253 was offered in the Accelerated track (new course). Both courses continued to include information related to health care policy and finance where student knowledge was tested on either a quiz or an exam. In Fall 2023, 84.6% (22/26) of the students achieved at least 75% on the health care policy and finance quiz. In Spring 2024, 23.8% (5/21) of the students achieved at least 75% on the health care policy and finance quiz. Results in the traditional track vary from semester to semester, but have shown a decline from the previous academic year. In NU 253, the health care policy and finance questions were part of a larger exam, so it was not possible to determine the % of students who achieved a 75% of these questions. Rather, the average percentage of correct answers for these questions was calculated. In Summer 2023, there were 15 questions on the exam, and the average percentage of correct answers on these questions was 69.07%. In Fall 2023, there were 16 questions on the exam, and the average percentage of correct answers on these questions was 66.43%. This was a new measure for 2023-2024 so there was no previous data or action plan. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No **Action Plan Impact**: In NU 252, a health debate was done in class with a study guide given for the quiz. Quiz was taken as a collaborative quiz. **Related Documents**: Outcome 4 NU 252 Health Care Policy and Finance Quiz.docx **Actions**

Measures	Result
	Action Date: 10/09/2024 **Action**: The BSN program will be implementing new graduate outcomes for the 2024-2025 academic year; thus, an action plan for this target and measure is not needed. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** NU 415 & NU 425 Health Care Issues Assignment **Target:** 100% of students will achieve at least 75% on the health care issues assignment. **Timeframe:** Annually **Responsible Parties:** BSN Curriculum Committee	**Result Date**: 10/09/2024 **Result**: As the new Traditional and new Accelerated BSN tracks were implemented in the 2023-2024 academic year, NU 415 was no longer offered after Fall 2023. NU 425 had previously been offered in the Accelerated Track and became a new course in the Traditional Track in Spring 2024. NU 427 was offered in the Accelerated Track and the health care issues assignment was placed in this course. In Spring 2024, 100% (20/20) of the students in NU 427 achieved at least 75% on the Health Care Issues Assignment. In Summer 2023, 100% (23/23) of the students in NU 425 achieved at least 75% on the Health Care Issues Assignment. In Fall 2023, 100% (21/21) of the students in NU 415 achieved at least 75% on the Health Care Issues Assignment. In Spring 2024, 100% (38/38) of the students in NU 425 achieved at least 75% on the Health Care Issues Assignment. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: For NU 415 and NU 425, general assignment information was initially conveyed to students in a Panopto recording, with activity details (including group assignments, potential topics, and presentation requirements) being provided during the next face-to-face class meeting. Groups were allotted 3-4 weeks to prepare for the presentation. Topics were predetermined, and groups were encouraged to come to a consensus on 3 topics that they were most interested in. The instructor assigned groups their topics based on student feedback. Groups were provided with a portion of a face-to-face class to work on their projects. Presentations occurred during a face-to-face class meeting, with groups being evaluated on the overall quality of the presentation and, individually, on the quality of discussion board responses and completion of peer speaker worksheets. NU 427 was a new course and there was no previous action plan for this item in this course. **Related Documents**: [Outome 4 NU 427 Health Care Issues Assignment.docx](#); [Outcome 4 NU 415 and NU 425 Health Care Issues Assignment.docx](#) **Actions** **Action Date**: 10/09/2024 **Action**: The BSN program will be implementing new graduate outcomes for the 2024-2025 academic year; thus, an action plan for this target and measure is not needed. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic	**Result Date**: 10/09/2024

Measures	Result
Measure: 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	**Result**: In Spring 2024, 100% (5/5) of the students achieved at least 73% on the NU 421 Health Care Delivery and Finance Paper. These results are equivalent to the academic performance of students in the 2022-2023 academic year. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Instructor monitored health care financing and delivery changes within the local and state governments and within the United States government and updated the assignment accordingly. The instructor encouraged students to email with questions thru the semester and reminded students of due dates. The instructor ensured the directions for the assignment were clear and organized in the module directions and that these directions were accessible to students at the start of the semester. **Related Documents**: [Outcome 4 NU 421 RN Health Care Delivery and Finance Paper.pdf](#) **Actions** **Action Date**: 10/09/2024 **Action**: This course will no longer be offered in the future, so no action plan is required. **Follow-up**

BSN 5.0 Teamwork & Collaboration

AU Outcome
Facilitate inter-professional communication and collaboration in healthcare teams.
Outcome Status
Active
Start Date
08/01/2014

Measures	Result
Assessment Measure Status: Active **Assessment Type:** AD: Report - Internal **Measure:** BSN Simulation Summary Report **Target:** 100% of students completing simulation will achieve at least 73% on the simulation rubric. **Timeframe:** Annual **Responsible Parties:** BSN curriculum Committee	**Result Date**: 10/09/2024 **Result**: For Summer and Fall 2023, a simulation rubric was used in the simulation lab. However, in Spring 2024, the simulation team moved away from the simulation rubric to a simulation performance summary. There was no log kept of the scores that the students received on the first attempt with either the simulation rubric or the simulation performance summary. However, if a student did not achieve a "pass" on the first attempt of the simulation, they were required to remediate to demonstrate competency and receive a "passing score". So, ultimately, all students passed simulation on either the first attempt or following remediation. The students "passing" simulation has been similar to academic performance in previous academic years as the simulation space is a learning space and opportunity for students.

Measures	Result
	Reporting Year: 2023 - 2024 (Year 2) **Target Met**: No **Action Plan Impact**: Faculty completed a longer "pre-briefing session" for each scenario with the students prior to performing the simulation. This change aligns with the INACL standard for pre-briefing. This has allowed for students to perform better during the simulation and has decreased student anxiety. Student feedback to this change has been very positive. **Related Documents**: [Outcome 5 BSN Simulation Summary 2023-2024.docx](#) **Actions** **Action Date**: 10/09/2024 **Action**: The BSN program will be implementing new graduate outcomes for the 2024-2025 academic year; thus, an action plan for this target and measure is not needed. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** AD: Report - Internal **Measure:** BSN Collaboration Summary Report **Target:** 100% of students will complete at least one interprofessional collaboration activity during each semester of the BSN program. **Timeframe:** Annual **Responsible Parties:** BSN curriculum Committee	**Result Date**: 10/09/2024 **Result**: During the 2023-2024 academic year, students had multiple opportunities to participate in Interprofessional collaboration activities. Although, IPE activities were offered during each semester of the pre-licensure BSN program, there were some semesters where participation of all students in a cohort was not possible due to the large number of BSN students in comparison to that of the other professions that the program collaborated with. The RN-BSN program did implement an IPE activity in NU 493 in Spring 2024. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: IPE activities are listed as a standing item on the Undergraduate Nursing Curriculum Committee agenda. This item is discussed at this committee's monthly meeting and the committee and simulation faculty continue to explore opportunities to expand IPE activities in the BSN program. **Related Documents**: [Outcome 5 Interprofessional Collaboration Summary 2023-2024.docx](#) **Actions** **Action Date**: 10/09/2024 **Action**: The BSN program will be implementing new graduate outcomes for the 2024-2025 academic year; thus, an action plan for this target and measure is not needed. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** RN-NU 497 EBP Summary **Target:** 100% of students will achieve at least 76% on EBP Summary.	**Result Date**: 10/09/2024 **Result**: In Spring 2024, 100% (6/6) students achieved the target outcome of 75%. These results are consistent with student performance from the previous academic years. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
Timeframe: Annually (starting 2019-2020; assessed Year 4 prior to 2019-2020) **Responsible Parties:** BSN Curriculum Committee	**Action Plan Impact**: The course was structured to ensure student success with the use of weekly assignments that prepare students for the specific components of the EBP project summary. The individual assignments are incorporated into the students EBP paper. Students received instructor feedback on each assignment that allowed students to revise or refine content that included in the EBP summary paper. **Related Documents**: Outcome 5 NU 497 EBP Project Paper.pdf **Actions** **Action Date**: 10/09/2024 **Action**: This course will not be offered in the future and no action plan is required. **Follow-up**

BSN 8.0 QI

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** NU320 Nursing Safety Assignment **Target:** 100% of students will achieve at least 73% on Nursing Safety Assignment **Timeframe:** Annually (starting 2019-2020; assessed Year 1 prior to 2019-2020) **Responsible Parties:** BSN Curriculum Committee	**Result Date**: 10/09/2024 **Result**: Fall 2023 - 42/42 (100%) of students achieved at least a 73% on the Medication Safety in the Clinical Setting Assignment. Spring 2024 - 43/43 (100%) of students achieved at least a 73% on the Medication Safety in the Clinical Setting Assignment. The results for the 2023-2024 academic year are consistent with the results from past academic years. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: This assignment required students to work together with 3 peers to complete the assignment. During the fall semester, students were aware of their group members prior to the assignment due date; this led to some groups each taking a specific discussion question and answering it and not working as a group on the questions. This was changed for the spring semester, students were put into groups on the date the assignment was due, so they had to meet to discuss the patient profiles and complete the discussion questions. Students are put into groups according to their cohort (traditional students are grouped with traditional students, accelerated students are grouped with accelerated students) and were given time during class to work on this assignment.

Measures	Result
	Related Documents: [Outcome 8 NU 320 Medication Safety in the Clinical Setting Assignment.docx](#) **Actions** **Action Date**: 10/09/2024 **Action**: The BSN program will be implementing new graduate outcomes for the 2024-2025 academic year; thus, an action plan for this target and measure is not needed. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** RN NU 441 Quality Improvement Project Plan **Target:** 100% of students will achieve at least 75% on the quality improvement project plan. **Timeframe:** Annually **Responsible Parties:** BSN Curriculum Committee	**Result Date**: 10/09/2024 **Result**: In Fall 2023, 100% (6/6) of the students achieved at least 75% on the quality improvement project plans. These results are the same as the performance from the previous academic year. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Course faculty worked with students regarding project choice and contact person for quality improvement project throughout the course to assist with student success at the end of the semester in presenting their quality improvement project. Students are required to have faculty review of topic prior to moving forward with the project. This made it easier to streamline projects and ensure students were focusing on a specific area relevant to their place of employment/experience. **Related Documents**: [Outcome 8 NU 441 Final Presentation Rubric.docx](#) **Actions** **Action Date**: 10/09/2024 **Action**: This course will not be offered in the future and no action plan is required. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** NU 460 IHI Quality Improvement Modules **Target:** 100% of students will complete the IHI Quality Improvement modules. **Timeframe:** Annually **Responsible Parties:** BSN Curriculum Committee	**Result Date**: 10/09/2024 **Result**: In Summer 2023, 100% (21/21) of the Acc students achieved a 100% on the IHI Quality Improvement Modules, In Fall 2023 (45/45) and Spring of 2024 (32/32) no students completed the IHI modules as they were no longer available for free on the IHI website. These results were not consistent but decreased from the previous academic year. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The action plan from the from the previous year ensured the summer students new how to complete the modules. The fall and spring students were unable to complete these modules due to a change at IHI. **Actions** **Action Date**: 10/09/2024 **Action**: The BSN program will be implementing new graduate outcomes for the 2024-2025 academic year; thus, an action plan for this target and measure is not needed.

Measures	Result
	Follow-up

BSN 9.0 Safe Care

AU Outcome
Deliver safe care through system effectiveness and individual performance.
Outcome Status
Active
Start Date
08/01/2014

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** NU 320 Nursing Safety Assignment **Target:** 100% of students will achieve at least 73% on Nursing Safety Assignment **Timeframe:** Annually **Responsible Parties:** BSN Curriculum Committee	**Result Date**: 10/09/2024 **Result**: Fall 2023 Results: Safety Check #1 42/42 (100%) achieved at least a 73% Safety Check #2 42/42 (100%) achieved at least a 73% Safety Check #3 38/42 (90.4%) achieved at least a 73% Safety Check #4 32/42 (76%) achieved at least a 73% Spring 2024 Results: Safety Check #1 42/43 (97.6%) achieved at least a 73% Safety Check #2 40/43 (93%) achieved at least a 73% Safety Check #3 18/43 (41.8%) achieved at least a 73% Safety Check #4 32/43 (74.4%) achieved at least a 73% Safety Checks 1 & 2 trended upward for the 2023-2024 academic year; Safety checks 3 & 4 trended downward, especially during the spring 2024 semester. One explanation for the decline in scores for safety checks 3 & 4 is that they are due during the 2nd half of the semester and students may not be putting as much effort into the latter two safety checks as their scores do not impact their exam %. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No **Action Plan Impact**: The action plan for these assignments does not vary from academic year to academic year. The nursing process was integrated into the safety checks last academic year such that each phase of the nursing process (except Nursing Diagnosis) is evident in the 5 questions for each safety check. Students used resources/books/notes to complete these assignments. **Related Documents**:

Measures	Result
	[Outcome 9 NU 320 Safety Check Assignments.docx](#) **Actions** **Action Date**: 10/09/2024 **Action**: The BSN program will be implementing new graduate outcomes for the 2024-2025 academic year; thus, an action plan for this target and measure is not needed. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Clinical **Measure:** NU405 Safety assessment activity **Target:** 100% of students will achieve at least 80% on safety assessment activity **Timeframe:** Annually (starting 2019-2020; assessed Year 3 prior to 2019-2020) **Responsible Parties:** BSN Curriculum Committee	**Result Date**: 10/09/2024 **Result**: In Summer 2023, 100% (21/21) (Accelerated) of the student achieved at least 80% on the Safety Assignment. In Fall 2023, 100% (45/45) (Accelerated and Traditional) of the students achieved at least 80% on the Safety Assignment. In Spring 2024, 100% (22/22) (Traditional) of the students achieved at least 80% on the Safety Assignment. These results show an increase in performance from the previous academic year. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: In order to meet this outcome, the course faculty spent time in class explaining the assignment to students and answering any questions the students had about the assignment. The course faculty will also post reminders of due dates for course assignments so the outcome can be met in the future. **Related Documents**: [Outcome 9 NU 405 Saftey Assignment SP24.docx](#) **Actions** **Action Date**: 10/09/2024 **Action**: The BSN program will be implementing new graduate outcomes for the 2024-2025 academic year; thus, an action plan for this target and measure is not needed. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** 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	**Result Date**: 10/09/2024 **Result**: The Fall 2023, 100% (9/9) of the students who completed clinical achieved at least "S" rating for Safety clinical competencies on the clinical evaluation tool. These results are consistent from the previous academic year. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The instructor and clinical instructor emphasized the importance of safety in different clinical settings. The students were provided the evaluation tool at the beginning of the course and clinical. **Related Documents**: [Outcome 9 NU 450RN Clinical Evaluation Form - Completed by Preceptor.doc](#) **Actions** **Action Date**: 10/09/2024 **Action**: This course will not be offered in the future and no action plan is required.

Measures	Result
	Follow-up

BSN 10.0 Synthesis of Knowledge

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** AD: Report - Internal **Measure:** ATI Summary Report **Target:** 100% of Allen College BSN cohorts will exceed the norming data set by ATI on the ATI Content Mastery proctored assessments. **Timeframe:** Annual **Responsible Parties:** BSN Curriculum Committee	**Result Date**: 10/09/2024 **Result**: With the transition to the 2023 ATI Content Mastery assessment series for the proctored assessments, ATI changed the data that was available for comparative data. Instead of using the percentage of student who obtained a Level 2 mastery on the assessment, ATI now reports the mean raw score for each assessment. As for comparison data for the BSN program to the ATI data, we are provided with our average score and then the percentage of the cohort who performed better than the national average score. Both of these data points are not equivalent to the previously reported data by ATI, thus the anticipated target for this measure is not met for this academic year. The target will need to be changed for this data set after a deeper dive into the data so that the program can set a target that is realistic for the program to achieve. Based on these changes, it is not possible to compare this year's data to previous years. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No **Action Plan Impact**: Faculty encouraged BSN students to prepare for the Content Mastery Assessments by reviewing the content that requires additional remediation. Additionally, faculty consistently implemented the ATI policy in regards to preparing for the exam, completing the exam, and remediating after the exam. **Related Documents**: Outcome 10 ATI Summary and RN Predictor Report 2023-2024.docx **Actions** **Action Date**: 10/09/2024 **Action**: The BSN program will be implementing new graduate outcomes for the 2024-2025 academic year; thus, an action plan for this target and measure is not needed. **Follow-up**
Assessment Measure Status: Active	**Result Date**: 10/09/2024

Measures	Result
Assessment Type: SL: Didactic **Measure:** 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	**Result**: In Spring 2024,100% (6/6) students achieved the target outcome of 75%. These results are consistent with student performance from the previous academic years. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The course was structured to ensure student success with the use of weekly assignments that prepare students for the specific components of the EBP project summary. The individual assignments are incorporated into the students EBP paper. Students received instructor feedback on each assignment that allowed students to revise or refine content that included in the EBP summary paper. **Related Documents**: Outcome 10 NU 497 EBP Project Paper.pdf **Actions** **Action Date**: 10/09/2024 **Action**: This course will not be offered in the future and no action plan is required. **Follow-up**

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

1.0 Practice at the highest level

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Summative Evaluation **Measure:** Summative Evaluation Tool: 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	**Result Date**: 09/27/2024 **Result**: 100% (10/10) of students achieved an acceptable level (1) on a scale of 0-2 on all criteria included in the DNP Outcome 1.0. Results are consistent with the following academic year (2022-2023) when 100% (4/4) students achieved an acceptable rating on DNP Outcome 1.0. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Per the 2022-2023 action plan for 2023-2024, summative evaluations were completed for all students. The summative evaluation is completed at program completion and it is expected that all students would demonstrate achievement of program outcomes as reflected in the summative evaluation tool. **Actions**

Measures	Result
	Action Date: 09/27/2024 **Action**: The graduate programs will be implementing new graduate outcomes for the 2024-2025 academic year; thus, an action plan for this target and measure is not needed. <u>**Follow-up**</u>
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** NU805 Educational Concepts for Advanced Nursing Practice, Developing an Instructional Module assignment **Target:** 95% of students will achieve 80% or higher on the "Developing an Instructional Module" assignment **Timeframe:** Annually **Responsible Parties:** Graduate Curriculum Committee, Course Faculty	**Result Date**: 09/27/2024 **Result**: Summer 2023 - NA Fall 2023 - NA Spring 2024- 100% (11/11) of students scored 80% or higher on the assignment. Results are consistent with the results during the 2022-2023 academic year when all students scored 80% or higher on the assignment. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: per the 2022-2023 action plan for 2023-2024 faculty worked on developing rubrics for all assignments for this course to provide students with grading criteria for assignments. While not all assignments have rubrics, students appreciate knowing the criteria for grading assignments and being able to follow a rubric. <u>**Actions**</u> **Action Date**: 09/27/2024 **Action**: The graduate programs will be implementing new graduate outcomes for the 2024-2025 academic year; thus, an action plan for this target and measure is not needed. <u>**Follow-up**</u>
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** Clinical Evaluation Tool: "critical thinking" criterion **Target:** 95% of students achieve an acceptable level (1) on all criteria on "critical thinking" criterion on the Faculty Clinical Evaluation tool. **Timeframe:** Annually **Responsible Parties:** Course Faculty	**Result Date**: 09/27/2024 **Result**: 100% (32/32) of students achieved an acceptable level (1) on all 'critical thinking' criteria on the faculty evaluation tool. See attached report. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Faculty continued to review preceptor evaluations and/or assess with OSCE/Lab performance experiences; faculty also maintained contact with preceptors. These actions seem to be effective for assessing and evaluating demonstration of critical thinking in clinical experiences. <u>**Actions**</u> **Action Date**: 09/27/2024 **Action**: The graduate programs will be implementing new graduate outcomes for the 2024-2025 academic year; thus, an action plan for this target and measure is not needed. <u>**Follow-up**</u>

2.0 Demonstrate organizational and systems leadership

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** NU505 Nursing Leader Exemplar Assignment **Target:** 95% of students will achieve 80% or higher on the Exemplar Leader Assignment **Timeframe:** Annually **Responsible Parties:** Course Faculty	**Result Date**: 10/15/2024 **Result**: Summer 2023 - NA Fall 2023 - 100% (5/5) of students achieved 80% or higher. Spring 2023 - 100% (3/3) of students achieved 80% or higher. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: per the 2022-2023 action plan, detailed instructions and rubric were provided to students with an explanation of the purpose of the assignment; however the assignment instructions were not recorded. **Actions** **Action**: The graduate programs will be implementing new graduate outcomes for the 2024-2025 academic year; thus, an action plan for this target and measure is not needed. **Follow-up** **Result Date**: 10/13/2024 **Result**: Summer 2023- NA Fall 2023 - 100% (5/5) of students scored 80% or higher on the assignment. Spring 2024 - 100% (3/3) of students scored 80% or higher on the assignment. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: per the 2022-2023 action plan for 2023-2024 detailed instructions and rubric were provided to students, as well as an explanation of the purpose of the assignment. **Actions** **Action**: The graduate programs will be implementing new graduate outcomes for the 2024-2025 academic year; thus, an action plan for this target and measure is not needed. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** NU720 Quality Outcomes for Organizations and Systems CQI Analysis Paper	**Result Date**: 10/13/2024 **Result**: Summer 2023 - NA Fall 2023 - NA Spring 2024 - 89% (16/18) of students achieved 80% or higher. **Reporting Year**: 2023 - 2024 (Year 2)

Measures	Result
Target: 95% of students will achieve 80% or higher on the CQI Analysis paper. **Timeframe:** Annually **Responsible Parties:** Course Faculty	**Target Met**: No **Action Plan Impact**: per the 2022-2023 action plan the assignment was reviewed for applicability and found to meet Outcome #2. Students completed the assignment and feedback was positive. The assignment was changed from a discussion board to a paper. **Actions** **Action**: The graduate programs will be implementing new graduate outcomes for the 2024-2025 academic year; thus, an action plan for this target and measure is not needed. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** Clinical Evaluation Tool "Safety/ Outcome" Criterion **Target:** 95% of students achieve an acceptable level on "Safety/ Outcome" criterion on the Faculty Clinical Evaluation Tool **Timeframe:** Annually **Responsible Parties:** Course Faculty	**Result Date**: 10/13/2024 **Result**: 100% (32/32) of students achieved an acceptable level (1) on all 'Safety/Outcomes' criteria on the faculty evaluation tool. See attached report. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Faculty continued to review preceptor evaluations and/or assess with OSCE/Lab performance experiences; faculty also maintained contact with preceptors. These actions seem to be effective for assessing and evaluating demonstration of critical thinking in clinical experiences. **Actions** **Action**: The graduate programs will be implementing new graduate outcomes for the 2024-2025 academic year; thus, an action plan for this target and measure is not needed. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Summative Evaluation **Measure:** Summative Evaluation Tool: 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	**Result Date**: 10/16/2024 **Result**: 100% (10/10) of students achieved an acceptable level (1) on a scale of 0-2 on all criteria included in the DNP outcome 2.0. Results are consistent with the following academic year (2022-2023) when 100% (4/4) students achieved an acceptable rating on DNP outcome 2.0. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Per the 2022-2023 action plan for 2023-2024, summative evaluations were completed for all students. The summative evaluation is completed at program completion and it is expected that all students would demonstrate achievement of program outcomes as reflected in the summative evaluation tool. **Actions** **Action**: The graduate programs will be implementing new graduate outcomes for the 2024-2025 academic year; thus, an action plan for this target and measure is not needed. **Follow-up**

3.0 Apply analytical methods and research

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Summative Evaluation **Measure:** Summative Evaluation Tool: 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 **Timeframe:** Annually upon program completion **Responsible Parties:** Assistant Dean, Graduate Nursing /Graduate Curriculum Committee	**Result Date**: 10/13/2024 **Result**: 100% (10/10) of students achieved an acceptable level (1) on a scale of 0-2 on all criteria included in the DNP Outcome 3.0. Results are consistent with the following academic year (2022-2023) when 100% (4/4) students achieved an acceptable rating on DNP Outcome 3.0. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Per the 2022-2023 action plan for 2023-2024, summative evaluations were completed for all students. The summative evaluation is completed at program completion and it is expected that all students would demonstrate achievement of program outcomes as reflected in the summative evaluation tool. **Actions** **Action**: The graduate programs will be implementing new graduate outcomes for the 2024-2025 academic year; thus, an action plan for this target and measure is not needed. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** NU535 Evidence Synthesis Assignment **Target:** 95% of students will achieve at least 80% on the Evidence Synthesis assignment **Timeframe:** Annually **Responsible Parties:** Course Faculty: NU535 Evidence-Based Practice I: Finding & Appraising Evidence	**Result Date**: 06/10/2024

Measures	Result
	Result: Summer 2023: All 4 students (100%) scored 88.8%-97.5% on ASA. Fall 2023: 5/7 students (71%) scored > 80% (85.5%-98%) and 2/7 students (29%) scored <80% (69%, 78.50%) on ESA. Spring 2024: 6/7 students completed the course (1 had an incomplete grade contract). 5/6 students who completed course (83%) scored >80% (80.25%-96%) on ESA; one student scored 79%. Summary: 14/17 (82.4%) students scored at least 80% on assignment, indicating a decrease in performance compared to the last two academic years when 100% of students scored at least 80% on the assignment. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No

Measures	Result
	Action Plan Impact: Per the action plan proposed for 2023-2024, the change to the Iowa Model textbook occurred summer 2023 and was accompanied by changes to the major assignments. The Appraisal and Synthesis Assignment (ASA) was modified to incorporate both appraisal and synthesis competencies and the target was met. Also per the 2023-2024 action plan, faculty continued to search for and implement effective teaching strategies to facilitate student understanding of research methods and statistics and redesigned learning activities and assignments to incorporate concepts and tools of the Iowa Model. However, it became apparent during the summer term that the textbook did not provide adequate background information for many aspects of the literature search, appraisal, and synthesis competencies, so the decision was made to revert to Melnyk & Fineout-Overholt's textbook but adopt the 5th edition, and use of the previous major course assignments was resumed (ASA was replaced with the Evidence Synthesis Assignment that had been used as a measure of this outcome prior to summer of 2024). Fall semester, open-book quizzes over research methods and statistics content were reviewed and updated to reflect course content and all students scored > 80% on the ESA. For spring 2024, the Module 4 Classifying Evidence (research methods) quiz was replaced with a wiki activity that involved working with a partner to identify the type and level of evidence represented in an evidence scenario. Extensive feedback was provided, and students were required to post a reflection on the feedback based on the Module 4 objectives. The Module 5 statistics interpretation quiz was reviewed and modified to reflect course lecture, video, and reading content. Nevertheless, students did poorly on the quiz, reflecting deficient competency interpreting statistics in reports of research, could have adversely affected the performance on the ESA, resulting in < 95% of students scoring at least 80%. **Actions** **Action**: The graduate programs will be implementing new graduate outcomes for the 2024-2025 academic year; thus, an action plan for this target and measure is not needed. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** NU741 Analytic Methods for Evidence-Based Practice I Literature Synthesis Table **Target:** 95% of students will achieve 80% or higher on the Literature Synthesis Table Assignment 100% of students will achieve 80% or higher on the Literature Synthesis Table Assignment (Target changed 100% of students to 95% for 2021-2022; Target changed from score of 83% to 80% for 2020-2021) **Timeframe:** Annually	**Result Date**: 10/14/2024 **Result**: Summer 2023 - NA Fall 2023 - 93% (14/15) of students achieved at least 80% Spring 2024 - NA **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: per the 2022-2023 action plan proposed for 2023-2024 was to incorporate recorded lectures related to the literature review process and continue to review current assignments and update as needed to ensure understanding of finding evidence to support the proposed practice change. Panopto recordings were incorporated in the literature review search module but not the synthesis modules. Students have been successful on assignments.

Measures	Result
Responsible Parties: Course Faculty	**Actions** **Action**: The graduate programs will be implementing new graduate outcomes for the 2024-2025 academic year; thus, an action plan for this target and measure is not needed. **Follow-up**

4.0 Use information systems and technology-based resources

AU Outcome
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	Result
Assessment Measure Status: Active **Assessment Type:** SL: Summative Evaluation **Measure:** Summative Evaluation Tool: 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	**Result Date**: 10/13/2024 **Result**: 100% (10/10) of students achieved an acceptable level (1) on a scale of 0-2 on all criteria included in the DNP Outcome 4.0. Results are consistent with the following academic year (2022-2023) when 100% (4/4) students achieved an acceptable rating on DNP Outcome 4.0. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Per the 2022-2023 action plan for 2023-2024, summative evaluations were completed for all students. The summative evaluation is completed at program completion and it is expected that all students would demonstrate achievement of program outcomes as reflected in the summative evaluation tool. **Actions** **Action**: The graduate programs will be implementing new graduate outcomes for the 2024-2025 academic year; thus, an action plan for this target and measure is not needed. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** NU541 Literature Synthesis and Critical Response Assignment [Formerly called Health Care Informatics Annotated Bibliography and Critical Response assignment; assignment title change for 2021-2022 academic year)	**Result Date**: 10/13/2024 **Result**: Summer 2023 - 100% (8/8) of students achieved 80% or higher on the measure Fall 2023 - NA Spring 2024 - 100% (3/3) of students achieved **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
Target: 95% of students will achieve 80% or higher on the Annotated Bibliography and Critical Response assignment (Target was decreased from "100% of students will achieve 85% or higher on ... assignment" for 2020-2021). **Timeframe:** Annually **Responsible Parties:** Course Faculty	**Action Plan Impact**: Target met for Summer 2023, and Spring 2024; (course not offered Fall 23) Faculty changed instructions to clarify sources that may be used and include further information about the "Patient Care" section of the paper and created a Panopto to detail and explain the requirements. **Actions** **Action**: The graduate programs will be implementing new graduate outcomes for the 2024-2025 academic year; thus, an action plan for this target and measure is not needed. **Follow-up**

5.0 Advocate for healthcare change

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Summative Evaluation **Measure:** Summative Evaluation Tool: Advocate for healthcare change through policy development and evaluation. **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	**Result Date**: 10/13/2024 **Result**: 100% (10/10) of students achieved an acceptable level (1) on a scale of 0-2 on all criteria included in the DNP Outcome 5.0. Results are consistent with the following academic year (2022-2023) when 100% (4/4) students achieved an acceptable rating on DNP Outcome 5.0. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Per the 2022-2023 action plan for 2023-2024, summative evaluations were completed for all students. The summative evaluation is completed at program completion and it is expected that all students would demonstrate achievement of program outcomes as reflected in the summative evaluation tool. **Actions** **Action**: The graduate programs will be implementing new graduate outcomes for the 2024-2025 academic year; thus, an action plan for this target and measure is not needed. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** NU520 Policy, Organization, and Financing of Health Care Paper III: Health Care Policy Brief	**Result Date**: 10/13/2024 **Result**: Summer 2023 - NA Fall 2023 - 100% (5/5) of students achieved 80% or higher on Paper III: Health Care Policy Brief Assignment Spring 2024 - 100% (2/2) of students achieved 80% or higher on Paper III: Health Care Policy Brief Assignment

Measures	Result
Target: 95% of students will achieve 80% or higher on Paper III: Health Care Policy Brief (Target decreased from "100% of students will achieve 83% or higher on" assignment for 2020-2021). **Timeframe:** Annually **Responsible Parties:** Course Faculty	**Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Faculty used updated Issue Brief (Paper III) template and rubric, which students found helpful in the past. Students also commented on helpfulness of feedback on written assignments during virtual presentations. Written assignments information was provided earlier in the course. Panopto overview of assignments were also provided. **Actions** **Action**: The graduate programs will be implementing new graduate outcomes for the 2024-2025 academic year; thus, an action plan for this target and measure is not needed. **Follow-up**

6.0 Assume leadership roles in interprofessional collaboration

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Summative Evaluation **Measure:** Summative Evaluation Tool: 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	**Result Date**: 10/13/2024 **Result**: 100% (10/10) of students achieved an acceptable level (1) on a scale of 0-2 on all criteria included in the DNP Outcome 6.0. Results are consistent with the following academic year (2022-2023) when 100% (4/4) students achieved an acceptable rating on DNP Outcome 6.0. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Per the 2022-2023 action plan for 2023-2024, summative evaluations were completed for all students. The summative evaluation is completed at program completion and it is expected that all students would demonstrate achievement of program outcomes as reflected in the summative evaluation tool. **Actions** **Action**: The graduate programs will be implementing new graduate outcomes for the 2024-2025 academic year; thus, an action plan for this target and measure is not needed. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** NU750 Leadership and Collaboration Service-Learning Project assignment	**Result Date**: 10/13/2024 **Result**: Summer 2023 - NA Fall 2023 - 100% 15/15 of students achieved 80% or higher on the Service-Learning Project Assignment

Measures	Result
Target: 95% of students will achieve 80% or higher on the Service-Learning Project assignment (Target changed from "100% of students will achieve 80% or higher on the Service-Learning Project assignment" for 2021-2022). **Timeframe:** Annually **Responsible Parties:** Course Faculty	**Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The Service Learning project was presented earlier in the semester with updated instruction for clarity. Student feedback indicates it was still confusing with unclear instructions. <u>Actions</u> **Action**: The graduate programs will be implementing new graduate outcomes for the 2024-2025 academic year; thus, an action plan for this target and measure is not needed. <u>Follow-up</u>
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** Clinical Evaluation Tool "collaboration" criterion **Target:** 95% of students will achieve an acceptable level on "collaboration" criterion on the faculty clinical evaluation tool **Timeframe:** Annually **Responsible Parties:** Course Faculty	**Result Date**: 10/13/2024 **Result**: 100% (32/32) of students achieved an acceptable level (1) on all 'collaboration' criteria on the clinical evaluation tool. See attached report. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Faculty continued to review preceptor evaluations and/or assess with OSCE/Lab performance experiences; faculty also maintained contact with preceptors. These actions seem to be effective for assessing and evaluating demonstration of critical thinking in clinical experiences. <u>Actions</u> **Action**: The graduate programs will be implementing new graduate outcomes for the 2024-2025 academic year; thus, an action plan for this target and measure is not needed. <u>Follow-up</u>

7.0 Incorporate a firm conceptual foundation

AU Outcome
Incorporate a firm conceptual foundation for clinical prevention and population health.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Summative Evaluation **Measure:** Summative Evaluation Tool: 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	**Result Date**: 10/13/2024 **Result**: 100% (10/10) of students achieved an acceptable level (1) on a scale of 0-2 on all criteria included in the DNP Outcome 7.0. Results are consistent with the following academic year (2022-2023) when 100% (4/4) students achieved an acceptable rating on DNP Outcome 7.0. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
Timeframe: Annually upon program completion **Responsible Parties:** Assistant Dean, Graduate Nursing /Graduate Curriculum Committee	**Action Plan Impact**: Per the 2022-2023 action plan for 2023-2024, summative evaluations were completed for all students. The summative evaluation is completed at program completion and it is expected that all students would demonstrate achievement of program outcomes as reflected in the summative evaluation tool. **Actions** **Action**: The graduate programs will be implementing new graduate outcomes for the 2024-2025 academic year; thus, an action plan for this target and measure is not needed. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** NU530 Population Health Issues Paper assignment **Target:** 95% of students will achieve at least 80% on Population Health Issues Paper assignment **Timeframe:** Annually **Responsible Parties:** Course faculty	**Result Date**: 10/13/2024 **Result**: Summer 2023 - 100% (1/1) of students achieved 80% or higher Fall 2023 - 100% 1/1 of students achieved 80% or higher. Spring 2024 - 75% (6/8) of students achieved 80% or higher. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No **Action Plan Impact**: Target met SU 23, FA 23, but not met SP 24.The course faculty utilized the action plan from the previous year and used student comments from the course evaluations as a guide to make adjustments to course. A Panopto was developed to explain assignment and an example of a table was provided within the BB course. **Actions** **Action**: The graduate programs will be implementing new graduate outcomes for the 2024-2025 academic year; thus, an action plan for this target and measure is not needed. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** NU731 Epidemiology and Biostatistics Epidemiology Application Brief written assignment #2 **Target:** 95% of students will achieve 80% or higher on Epidemiology Application Brief written assignment (Target decreased from "100% of students will achieve 73% or higher on Epidemiology Application Brief written assignment" for 2020-2021 academic year). **Timeframe:** Annually **Responsible Parties:** Course Faculty	**Result Date**: 10/13/2024 **Result**: Summer 2023 - NA Fall 2023 - 100% (15/15) achieved 80% or higher Spring 2024 - NA **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Additional readings and videos were offered in each module to help supplement the readings and enhance understanding of epidemiological concepts. **Actions** **Action**: The graduate programs will be implementing new graduate outcomes for the 2024-2025 academic year; thus, an action plan for this target and measure is not needed. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** Clinical Evaluation Tool "patient-centered care" criterion	**Result Date**: 10/13/2024 **Result**: 100% (32/32) of students achieved an acceptable level (1) on all 'patient-centered care' criteria on the faculty evaluation tool. See attached report. **Reporting Year**: 2023 - 2024 (Year 2)

Measures	Result
Target: 95% of students will achieve an acceptable level on "patient centered care" criterion on the faculty clinical evaluation tool. **Timeframe:** Annually **Responsible Parties:** Course Faculty	**Target Met**: Yes **Action Plan Impact**: Faculty continued to review preceptor evaluations and/or assess with OSCE/Lab performance experiences; faculty also maintained contact with preceptors. These actions seem to be effective for assessing and evaluating demonstration of critical thinking in clinical experiences. **Actions** **Action**: The graduate programs will be implementing new graduate outcomes for the 2024-2025 academic year; thus, an action plan for this target and measure is not needed. **Follow-up**

8.0 Synthesize advanced practice nursing knowledge

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Summative Evaluation **Measure:** Summative Evaluation Tool: 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	**Result Date**: 10/13/2024 **Result**: 100% (10/10) of students achieved an acceptable level (1) on a scale of 0-2 on all criteria included in the DNP Outcome 8.0. Results are consistent with the following academic year (2022-2023) when 100% (4/4) students achieved an acceptable rating on DNP Outcome 8.0. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Per the 2022-2023 action plan for 2023-2024, summative evaluations were completed for all students. The summative evaluation is completed at program completion and it is expected that all students would demonstrate achievement of program outcomes as reflected in the summative evaluation tool. **Actions** **Action**: The graduate programs will be implementing new graduate outcomes for the 2024-2025 academic year; thus, an action plan for this target and measure is not needed. **Follow-up**

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

MSN 1.0

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** Clinical Evaluations-Critical thinking" criterion **Target:** 95% of students achieve an acceptable level (1) on all criteria on "Critical thinking" criterion on the faculty clinical evaluation tool. **Timeframe:** Annually **Responsible Parties:** MSN Program Director / Graduate Curriculum Committee	**Result Date**: 07/25/2024 **Result**: Target met with all clinical courses- 100% See attached report - 2023-2024 CAP Summary MSN Outcomes 1,3,7,8 Results are improved from 2022-2023. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Faculty continued to review preceptor evaluations and/or assess with OSCE/Lab performance experiences. Faculty maintained contact with preceptors. These actions seem to be effective for assessing and evaluating demonstration of critical thinking in clinical experiences. **Related Documents**: 2023-2024 CAP Summary MSN Outcomes 1,3,7,8.pdf **Actions** **Action**: The graduate programs will be implementing new graduate outcomes for the 2024-2025 academic year; thus, an action plan for this target and measure is not needed. **Follow-up**

MSN 2.0

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** NU505 Exemplar Leader Assignment	**Result Date**: 07/18/2024

Measures	Result
Target: 95% of students will achieve 80% or better **Timeframe:** Annually **Responsible Parties:** Graduate Curriculum Committee	**Result**: Summer 2023 - N/A Course not offered Fall 2023 - 100% (10 of 10) achieved at least an 80% Spring 2024 - 100% (10 of 10) achieved at least 80% Cumulative 100% achieved at least 80%. Results same as last reporting year **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Detailed instructions and rubric were provided to students. An explanation of the purpose of the assignment was provided to students. This assignment aligns with Outcome #2 **Actions** **Action**: The graduate programs will be implementing new graduate outcomes for the 2024-2025 academic year; thus, an action plan for this target and measure is not needed. **Follow-up**

MSN 3.0

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** Clinical Evaluations-"Safety/Outcomes" criterion **Target:** 95% of students achieve an acceptable level (1) on "Safety/Outcomes" criterion on Faculty Clinical Evaluation Tool **Timeframe:** Annually **Responsible Parties:** MSN Program Director / Graduate Curriculum Committee	**Result Date**: 07/25/2024 **Result**: Target met with all clinical courses -100% See attached report - 2023-2024 CAP Summary MSN Outcomes 1,3,7,8 Results are improved from last reporting year (2022-2023). **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Faculty continued to review preceptor evaluations and/or assess with OSCE/Lab performance experiences. Faculty maintained contact with preceptors. These actions seem to be effective for assessing and evaluating demonstration of critical thinking in clinical experiences. **Related Documents**: 2023-2024 CAP Summary MSN Outcomes 1,3,7,8.pdf **Actions**

Measures	Result
	Action: The graduate programs will be implementing new graduate outcomes for the 2024-2025 academic year; thus, an action plan for this target and measure is not needed. **Follow-up**

MSN 4.0

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** NU535: Evidence-Based Practice I: Finding and Appraising Evidence, Evidence Synthesis Assignment (Appraisal & Synthesis Assignment Summer 2023) **Target:** At least 95% of student will achieve a score of 80% or higher on the assignment (Target increased from 73% to 80% for 2020-2021) **Timeframe:** Annual **Responsible Parties:** NU535 Course Instructor, Graduate Curriculum Committee	**Result Date**: 06/10/2024 **Result**: Summer 2023: All 4 MSN students (100%) scored 85%-96% on ASA. Fall 2023: All 10 MSN students (100%) scored >80% (81.5%-99.25%) on ESA. Spring 2024: 11/13 MSN students (85%) scored > 80% (81.25%-99.3%); 2/13 students (15%) scored < 80% (70.25%, 72%) on ESA. Summary: 25/27 (93%) MSN students scored at least 80% on the assignment. During the 2 previous academic years (21-22, 22-23) 97% to 100% of students scored at least 80% on the assignment. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No

Measures	Result
	Action Plan Impact: Per the action plan proposed for 2023-2024, the change to the Iowa Model textbook occurred summer 2023 and was accompanied by changes to the major assignments. The Appraisal and Synthesis Assignment (ASA) was modified to incorporate both appraisal and synthesis competencies and the target was met. Also per the 2023-2024 action plan, faculty continued to search for and implement effective teaching strategies to facilitate student understanding of research methods and statistics and redesigned learning activities and assignments to incorporate concepts and tools of the Iowa Model. However, it became apparent during the summer term that the textbook did not provide adequate background information for many aspects of the literature search, appraisal, and synthesis competencies, so the decision was made to revert to Melnyk & Fineout-Overholt's textbook but adopt the 5th edition, and use of the previous major course assignments was resumed (ASA was replaced with the Evidence Synthesis Assignment that had been used as a measure of this outcome prior to summer of 2024). Fall semester, open-book quizzes over research methods and statistics content were reviewed and updated to reflect course content and all students scored > 80% on the ESA. For spring 2024, the Module 4 Classifying Evidence (research methods) quiz was replaced with a wiki activity that involved working with a partner to identify the type and level of evidence represented in an evidence scenario. Extensive feedback was provided, and students were required to post a reflection on the feedback based on the Module 4 objectives. The Module 5 statistics interpretation quiz was reviewed and modified to reflect course lecture, video, and reading content. Nevertheless, students did poorly on the quiz, reflecting deficient competency interpreting statistics in reports of research, could have adversely affected the performance on the ESA, resulting in < 95% of students scoring at least 80%. **Actions** **Action**: The graduate programs will be implementing new graduate outcomes for the 2024-2025 academic year; thus, an action plan for this target and measure is not needed. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** NU536: Evidence-Based Practice II: Applying Evidence for Practice Change Final Paper (Formerly Paper 3: First Draft of MSN Grad Project Proposal) **Target:** 95% of students will achieve 80% or better on Final Paper (Formerly Paper 3: First Draft of MSN Grad Project Proposal). **Timeframe:** Annual **Responsible Parties:** NU536 Course Instructor, Graduate Curriculum Committee	**Result Date**: 07/18/2024 **Result**: Summer 2023 - N/A Course not offered Fall 23 - 100% (15 of 15) achieved 80% or better Spring 24 - 92% (12 of 13) achieved 80% or better Cumulative - 96% (27 of 28) achieved 80% Results are similar to previous year. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: Target unmet in the Spring due to a course failure. After discussion with all faculty, it was determined to keep the current textbook. Recorded lectures were provided, and course assignments were reviewed. **Actions** **Action**: The graduate programs will be implementing new graduate outcomes for the 2024-2025 academic year; thus, can action plan for this target and measure is not needed. **Follow-up**

MSN 5.0

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** NU541 Health Care Informatics Literature Synthesis and Critical Response (formerly called "Health Care Informatics Annotated Bibliography and Critical Response assignment;" Assignment title changed for 2021-2022 academic year). **Target:** 95% of students will achieve an average of 80% or higher on the Annotated Bibliography and Critical Response assignment. (Target increased from 73% to 80% for 2020-2021) **Timeframe:** Annually **Responsible Parties:** Graduate Curriculum Committee	**Result Date**: 07/18/2024 **Result**: Summer 2023 - 82% (9 of 11) achieved 80% on assignment Fall 2023 - N/A Course not offered Spring 2024 - 86% (6 of 7) achieved at least 80% Cumulative - 83% achieved at least 80% Compared to 2022-2023 (81%) the results are slightly better. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No **Action Plan Impact**: In order to meet this target course faculty changed instructions to clarify sources that may be used and included further information about the "Patient Care" section of the paper within the Panopto of Instructions. **Actions** **Action**: The graduate programs will be implementing new graduate outcomes for the 2024-2025 academic year; thus, an action plan for this target and measure is not needed. **Follow-up**

MSN 6.0

AU Outcome
Employ advocacy strategies to influence health policy and to improve outcomes of care.

Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** NU520 Policy, Organization, and Financing of Health Care Paper III: Health Care Policy Brief **Target:** 95% of students achieve 80% or higher on Paper III: Health Care Policy Brief. (Target increased from 73% to 80% for 2020-2021) **Timeframe:** Annually **Responsible Parties:** Graduate Curriculum Committee	**Result Date**: 07/18/2024 **Result**: Summer 2023 - N/A course not offered Fall 2023 - 100% (6 of 6) achieved at least 80% on the Paper III Health Care Policy Brief Spring 2024 - 100% (11 of 12) achieved at least 80% on the Paper III Health Care Policy Brief Cumulative - 94% Results slightly improved from last year (93%) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No **Action Plan Impact**: Target met for Fall 2023 and unmet for Spring 2024. Overall, in Fall students met the established target, which improved from the previous academic year. The one student in Spring 2024 failed to follow one section of the issue brief losing more than half the points earning only 44/60. Panopto overview of assignments were provided which students found helpful. Feedback also given in previous two papers leading up to final paper. **Actions** **Action**: The graduate programs will be implementing new graduate outcomes for the 2024-2025 academic year; thus, an action plan for this target and measure is not needed. **Follow-up**

MSNO 7.0

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** Clinical Evaluations-Collaboration Criterion **Target:** 95% of students achieve an acceptable level (1) on "Collaboration" criterion on Faculty Clinical Evaluation tool. **Timeframe:** Annually **Responsible Parties:** MSN Program Director / Graduate Curriculum Committee	**Result Date**: 07/25/2024 **Result**: Target met with all clinical courses -100% See attached report - 2023-2024 CAP Summary MSN Outcomes 1,3,7,8 Results are improved from last reporting year (2022-2023) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: Faculty continued to review preceptor evaluations and/or assess with OSCE/Lab performance experiences. Faculty maintained contact with preceptors. These actions seem to be effective for assessing and evaluating demonstration of critical thinking in clinical experiences. **Related Documents**: 2023-2024 CAP Summary MSN Outcomes 1,3,7,8.pdf **Actions** **Action**: The graduate programs will be implementing new graduate outcomes for the 2024-2025 academic year; thus, an action plan for this target and measure is not needed. **Follow-up**

MSN 8.0

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** Clinical Evaluations-"Patient-Centered Care" criterion **Target:** 95% of students achieve an acceptable level (1) on "Patient-Centered Care" criterion on Faculty Clinical Evaluation tool. **Timeframe:** Annually **Responsible Parties:** MSN Program Director / Graduate Curriculum Committee	**Result Date**: 07/25/2024 **Result**: Target met with all clinical courses -100% See attached report - 2023-2024 CAP Summary MSN Outcomes 1,3,7,8 Results are improved from last reporting year (2022-2023) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Faculty continued to review preceptor evaluations and/or assess with OSCE/Lab performance experiences. Faculty maintained contact with preceptors. These actions seem to be effective for assessing and evaluating demonstration of critical thinking in clinical experiences. **Related Documents**: 2023-2024 CAP Summary MSN Outcomes 1,3,7,8.pdf **Actions** **Action**: The graduate programs will be implementing new graduate outcomes for the 2024-2025 academic year; thus, an action plan for this target and measure is not needed. **Follow-up**
Assessment Measure Status: Active	**Result Date**: 07/18/2024

Measures	Result
Assessment Type: SL: Didactic **Measure:** NU530 Population Health Issues Paper **Target:** 95% of students will achieve 80% or better on Population Health Issues Paper. (Target increased from 73% to 80% for 2020-2021) **Timeframe:** Annually **Responsible Parties:** Graduate Curriculum Committee	**Result**: Summer 2023- 93% (14 of 15) achieved at least 80% on Population Health Issues Paper Fall 2023 - 82% (9 of 11) achieved at least 80% on the Population Health Issues Paper Spring 2023 - 67% (6 of 9) achieved at least 80% on the Population Health Issues Paper Cumulative - 83% (29 of 35) achieved at least 80% Results are lower than the previous year (88%) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No **Action Plan Impact**: Target not met. The course faculty utilized the action plan from the previous year and used student comments from the course evaluations as a guide to make adjustments to course. A Panopto was developed to explain assignment and an example of a table was provided within the BB course <u>**Actions**</u> **Action**: The graduate programs will be implementing new graduate outcomes for the 2024-2025 academic year; thus, an action plan for this target and measure is not needed. <u>**Follow-up**</u>

Program (Nursing) - Post-Graduate Certificate APRN

PGC 1.0

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical **Measure:** Clinical evaluation tool Clinical Evaluations- "Critical Thinking" criterion **Target:** 95% of students achieve an acceptable level on all criteria on "Critical thinking" criterion on the Faculty Clinical Evaluation Tool. **Timeframe:** Annually **Responsible Parties:** Director MSN Program / Graduate Curriculum Committee	**Result Date**: 07/25/2024 **Result**: Target met with all clinical courses at 100%. See attached report -2023-2024 CAP Summary PGC Outcomes 1,2,3,4. 2022-2023 Results are the same. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: Faculty continued to review preceptor evaluations and/or assess with OSCE performance experiences. Faculty maintained contact with preceptors. These actions seem to be effective for assessing and evaluating demonstration of critical thinking in clinical experiences. **Related Documents**: [2023-2024 CAP Summary PGC Outcomes 1,2 3, 4.pdf](#) **Actions** **Action**: The graduate programs will be implementing new graduate outcomes for the 2024-2025 academic year; thus, an action plan for this target and measure is not needed. **Follow-up**

PGC 2.0

AU Outcome
Apply quality principles to promote patient safety and positive individual and systems outcomes
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** Clinical evaluation tool Clinical Evaluations- "Safety Outcomes" criterion **Target:** 95% of students achieve an acceptable level on "Safety/Outcomes" criterion on Faculty Clinical Evaluation Tool. **Timeframe:** Annually **Responsible Parties:** Director MSN Program / Graduate Curriculum Committee	**Result Date**: 07/25/2024 **Result**: Target met with all clinical courses at 100%. See attached report -2023-202 CAP Summary PGC Outcomes 1,2,3,4. 2022-2023 Results are the same. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Faculty continued to review preceptor evaluations and/or assess with OSCE performance experiences. Faculty maintained contact with preceptors. These actions seem to be effective for assessing and evaluating demonstration of critical thinking in clinical experiences. **Related Documents**: [2023-2024 CAP Summary PGC Outcomes 1,2 3, 4.pdf](#) **Actions** **Action**: The graduate programs will be implementing new graduate outcomes for the 2024-2025 academic year; thus, an action plan for this target and measure is not needed. **Follow-up**

PGC 3.0

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** Clinical evaluation tool Clinical Evaluations-"Collaboration" criterion **Target:** 95% of students achieve an acceptable level on "Collaboration" criterion on Faculty Clinical Evaluation Tool. **Timeframe:** Annually **Responsible Parties:** Director MSN Program / Graduate Curriculum Committee	**Result Date**: 07/25/2024 **Result**: Target met with all clinical courses at 100%. See attached report -2023-2024 CAP Summary PGC Outcomes 1,2,3,4. 2022-2023 Results are the same. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Faculty continued to review preceptor evaluations and/or assess with OSCE performance experiences. Faculty maintained contact with preceptors. These actions seem to be effective for assessing and evaluating demonstration of critical thinking in clinical experiences. **Related Documents**: 2023-2024 CAP Summary PGC Outcomes 1,2 3, 4.pdf **Actions** **Action**: The graduate programs will be implementing new graduate outcomes for the 2024-2025 academic year; thus, an action plan for this target and measure is not needed. **Follow-up**

PGC 4.0

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool	**Result Date**: 07/25/2024

Measures	Result
Measure: Clinical evaluation tool Clinical Evaluations- "Patient-Centered Care" criterion. **Target:** 95% of students achieve an acceptable level on all criteria on "Patient-Centered Care" criterion on the Faculty Clinical Evaluation Tool. **Timeframe:** Annually **Responsible Parties:** Director MSN Program / Graduate Curriculum Committee	**Result**: Target met with all clinical courses at 100%. See attached report -2023-2024 CAP Summary PGC Outcomes 1,2,3,4. 2022-2023 Results are the same. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Faculty continued to review preceptor evaluations and/or assess with OSCE performance experiences. Faculty maintained contact with preceptors. These actions seem to be effective for assessing and evaluating demonstration of critical thinking in clinical experiences. **Related Documents**: [2023-2024 CAP Summary PGC Outcomes 1,2 3, 4.pdf](#) **Actions** **Action**: The graduate programs will be implementing new graduate outcomes for the 2024-2025 academic year; thus, an action plan for this target and measure is not needed. **Follow-up**

College Goal 2

College Goal
Allen College is committed to developing and implementing accessible academic programs of excellence that are responsive to the workforce needs of Iowa and the nation.

College Goal Status
Active

Admin - Administration

Admin 1.0

AU Outcome
Remain a fiscally sound institution
Outcome Status
Active

Measures	Result
Assessment Method Status: Active	**Result Date**: 09/26/2024

Measures	Result
Assessment Type: AD: Report - Internal **Measure:** Grant proposal writer's record of submissions **Target:** Maintain the minimum number of applications submitted at 20 while increasing the total dollar value of approved grants **Timeframe:** Annually **Responsible Parties:** President	**Result**: For the reporting year 2023-2024, Allen College submitted a total 14 grants that had a potential cumulative value of $358,214. The number of grants submitted (n=14) in 2023-2024 fell short of meeting the target of grant applications to submit (n=20). The potential cumulative value for grant funding was 94% lower in 2023-2024 compared to 2022-2023. As of July 1, 2024, two of the 14 submitted grants remained pending for a combined potential value of $123,000. Of note, it was suggested in the 2022-2023 action plan to reduce the number of grants to submit at 18 and the measure was not updated and remained at 20. Regardless, the target would not have been met if it was lowered to 18. 2023-2024 # Grants Submitted: 14 Potential Value: $358,214 # Grants Funded: 8 Value of Grants Funded: $166,017 2022-2023 # Grants Submitted: 19 Potential Value: $ 7,322,260 # Grants Funded: 6 Value of Grants Funded: $ 147,145 2021-2022 # Grants Submitted: 13 Potential Value: $3,666,687 # Grants Funded: 9 Value of Grants Funded: $1,696,249 2020-2021 # Grants Submitted: 19 Potential Value: $378,277 # Grants Funded: 13 Value of Grants Funded: $449,183 2019-2020 # Grants Submitted: 20 Potential Value: $359,500 # Grants Funded: 7 Value of Grants Funded: $359,500 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No

Measures	Result
	Action Plan Impact: Even though this measure did not meet the target of submitting 20 (18) grants for the reporting cycle, this was still a successful grant cycle. Based upon last year's action plan, it was decided to lower the target to 18 grants from 20. Even lowering the target, we were not successful in achieving the target. Even thought we were unsuccessful in meeting this target, the results are not indicative of an issue or problem with the action plan or grant writing services as we have been very deliberate on the grants that are pursued. **Actions** **Action Date**: 09/26/2024 **Action**: For 2024-2025, it is recommended to continue to employ the strategy from 2023-2024 where the College's Leadership will continue to work with the Grant Writer on being very deliberate on what grants to apply for and search for opportunities that have high probability for funding. In addition, Leadership will be more active in involving faculty/staff in the grant writing process if they have a particular expertise in an area the grant is pursuing. The intent of this is to increase quality of the grant application which will hopefully increase the amount of funding (quality over quantity). For 2024-2025, it is recommended to have the target remain at submitting 18 grants in the reporting year. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Allen foundation record of scholarships **Target:** Annual increase in number of endowed scholarships **Timeframe:** Annually **Responsible Parties:** Administrative Assistant to the President	**Result Date**: 09/26/2024

Measures	Result
	Result: The number of newly established endowed scholarships was slightly higher in 2023-2024 (n=8) compared to 2022-2023 (n=6). 2023-2024 • # New Endowed Scholarships: 8 • # New Scholarships Established (includes endowed and non-endowed): 12 • # Endowed Scholarships 1st-Time Awarded: 2 2022-2023 • # New Endowed Scholarships: 6 • # New Scholarships Established (includes endowed and non-endowed): 11 • # Endowed Scholarships 1st-Time Awarded: 5 2021-2022 • # New Endowed Scholarships: 6 • # New Scholarships Established (includes endowed and non-endowed): 6 • # Endowed Scholarships 1st-Time Awarded: 2 2020-2021 • # New Endowed Scholarships: 4 • # New Scholarships Established (includes endowed and non-endowed): 9 • # Endowed Scholarships 1st-Time Awarded: 6 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The 2022-2023 Action Plan was effective, as the College president and Foundation staff increased scholarship support by establishing new endowed scholarships. The Foundation continues to identify donors and present information on establishing an endowed scholarship as a donation option. In some instances, the College President is involved in the conversation with the donors to answer questions and provide additional information. **Actions** **Action Date**: 09/26/2024 **Action**: The College and Foundation will continue to pursue donors to establish additional scholarships during the 2024-2025 academic year and no changes are recommended to the goal or target. One issue did persist during the 2023-2024 academic year was some communication challenges from the Foundation notifying the College when gifts were received and relevant circumstances surrounding the gifts. The President will work with the Executive Director of the Foundation to increase communication between the two entities for 2024-2025. **Follow-up**
Assessment Method Status: Active	**Result Date**: 09/09/2024

Measures	Result
Assessment Type: AD: Report - External **Measure:** Iowa Student Aid Commission data used to compare Allen college tuition and fees to tuition and fees of other comparable private institutions **Target:** Allen College tuition is in bottom 25th percentile of Iowa Private Colleges offering prelicensure baccalaureate nursing programs [Target prior to 2024-2025 was "Allen College is among the least expensive private colleges offering pre-licensure BSN programs"] **Timeframe:** Annually **Responsible Parties:** DOBAS	**Result**: Please see attached chart which is for 2023-24, which shows us as second out of twelve for all and first out of eleven when excluding the state institution. Allen College remains competitive with tuition and fees and the Board of Trustees approves any increases on an annual basis. In 2022-2023, the Board approved a 1.5% increase in tuition and fees, which is the same increase that we did in 2021-2022. The tuition increase is a data-driven decision each year and our action item from 2022-2023 on monitoring other institutions' tuition and fees to inform the decision. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Our action plan for 2022-23 to monitor tuition and fees compared to other colleges was successful based on the information gathered for the 2024 budget process, Allen College currently is one of the least expenses private colleges in Iowa offering pre-licensure BSN programs. **Related Documents**: Tuition and fees 2023-24.pdf **Actions** **Action Date**: 09/09/2024 **Action**: We continue to be a tuition driven institution; therefore, we will continue to monitor tuition and fees to and reduce expenses when feasible to keep Allen College competitively affordable for current and prospective students. Allen College will need to remain diligent in monitoring price competitiveness. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Allen College balance sheet: Compare December 31 of current year to prior year. **Target:** Annual increase in College's endowment **Timeframe:** Annually **Responsible Parties:** DOBAS	**Result Date**: 09/09/2024 **Result**: Upon review of our December 31, 2023, balance sheet, the permanently restricted assets which represent non-spendable net asset balances, which is account 2540-10000-33000-0000, and primarily represents scholarship endowments increased. Our action to continue to increase funds was successful as this account increased from $9,850,562.82 as 12/31/22 to $10,577,809.39 of as of 12/31/23, which is an increase of 7.4%. The change in beneficial interest (2540-10000-33000-1000) represents market fluctuation which decreased from the prior year by $351,632 or -48.3%. The total permanently restricted net assets (both accounts) increased between 2022 and 2023 by $375,631.92 or 3.6%. The percent increase does reflect the efforts of the College Leadership and the Foundation staff who work diligently to identify donors and funding sources (e.g., large grants and estate gifts) to increase the College's permanently restricted endowment. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: Our action to continue to increase fund was successful as this account increased from $9,850,563 as 12/31/22 to $10,577,809 of as of 12/31/23, which is an increase of 7.4%. **Related Documents**: 12-31-23 Balance Sheet.pdf **Actions** **Action Date**: 09/09/2024 **Action**: The college and foundation will continue to raise funds for permanently and temporarily restricted net assets for the benefit of the college and its students. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Projected credit hours compared to actual credit hours. **Target:** Actual credit hours meet or exceed projected credits hours annually. **Timeframe:** Annually **Responsible Parties:** Dean of Enrollment Management & DOBAS	**Result Date**: 09/09/2024 **Result**: During the 2023 calendar year, 12,323 actual credit hours were taught compared to 13,892 budgeted credit hours. The decreases in credit hours compared to budget were in all programs except MI, DNP and EdD. Our total credit hours decreased from 2022 to 2023 from 13,164 to 12,323. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No **Action Plan Impact**: Per the action plan proposed for 2022-2023 we did use existing enrollment forecast for 2023 budget due to trends, however we did not reach our goal and will continue to look at trends and attrition to budget credit hours accordingly. **Related Documents**: 12-31-23 Balance Sheet.pdf **Actions** **Action Date**: 09/09/2024 **Action**: For budget for the 2023 year we used credit hour projections as an estimate based on student plans of study, attrition is difficult to predict in the various programs, as is final number of incoming students in new and smaller programs. We will continue to monitor credit hour trends and budget accordingly. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Allen College year-end income statement: Actual performance compared to budget performance **Target:** Allen College's annual actual operating margin percentage meets or exceeds its annual budgeted operating margin percentage. **Timeframe:** Annually **Responsible Parties:** DOBAS	**Result Date**: 09/09/2024 **Result**: We budgeted a 0.3% operating margin for 2023 but we ended 2023 with a -4.8% operating margin due to not meeting our budgeted credit hours for the year. Our action plan to help mitigate did help us save in expenses but our revenue was short $1,369,872 and we could not mitigate enough to overcome the revenue shortfall. We came in $585,865 under budget for the year. Our operating margin dropped from 2022 .9% to -4.8% in 2023. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No

Measures	Result
	Action Plan Impact: We did implement mitigation measures in 2023 as prescribed by the 2022 action plan. The 2022 mitigation action plan was not successful due to that fact that our revenue short fall was too great to be able to mitigate more than a million dollars in expenses. **Related Documents**: UPH Flex Income Statement December 2023.xls **Actions** **Action Date**: 09/09/2024 **Action**: We continue to use actual financials to come up with a starting budget for the following year. When revenue targets are not met, mitigation takes place to reduce our expenses so that we can attempt to meet budget targets. Since we are credit hour driven for revenue and when those credit hours are not there, we can only mitigate to help offset expenses to point that we can still operate. **Follow-up**

Admin 2.0

AU Outcome
Environment encourages Allen College employees to maximize their performance
Outcome Status
Active

Measures	Result
Assessment Method Status: Active **Assessment Type:** AD: Report - External **Measure:** Salary comparison tools (e.g., IAICU, etc.) **Target:** Faculty salaries will be at the average comparable salary for rank at peer institutions. **Timeframe:** Annually **Responsible Parties:** DOBAS	**Result Date**: 09/09/2024 **Result**: Allen College is at or above 2022-23 average salaries for all ranks when compared to Iowa colleges with nursing pre-licensure programs. Iowa private colleges (IAICU) was used and for the pre-licensure colleges that reported, Allen salaries met or exceeded the average in all ranks. These results are comparable to those of the previous reporting year, during which the target was also met. Faculty salary market adjustments were made based on our data. Staff salary comparisons were completed in 2023 and 2024 and market adjustments and GEO adjustments were made. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Allen College compared all data as indicated in our action plan for comparison data which resulted in a few market adjustments being needed for faculty. The 2023-2024 results were influenced by the 2022-2023 action plan by conducting the annual salary audit using all available sources of information and presenting the findings to the Allen College President who made the final determinations of appropriate adjustments. Staff market adjustments were also made using data and approved by HR and College President.

Measures	Result
	Related Documents: [VI.A. UPH Allen College 2024-25 Faculty Salary Review BOT.pptx](#) **Actions** **Action Date**: 09/09/2024 **Action**: Continue to compare annually faculty and staff salaries with state, regional and national data if available. Make salary market adjustments as necessary based on data and trends if budget allows. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Annual report of Faculty Goal Achievement- short term teaching goals **Target:** 85% of faculty completely meet short-term teaching goals **Timeframe:** Annually **Responsible Parties:** Provost	**Result Date**: 09/27/2024 **Result**: 90.5% (48/53) met the short-term teaching goals. These results are slightly lower than, but comparable to 2022-2023 where 96.2% (51/53) faculty met the short-term teaching goals. As described in the 2022-2023 action plan, the academic leadership, including both academic Deans, communicated the information to faculty during the fall semester and reviewed during the faculty evaluation process. The academic leaders also provided examples for implementation to newer faculty members. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The strategy of discussing at time of evaluation has proven to be a successful strategy in continuing to meet this goal. **Actions** **Action**: For the next academic year, the academic deans will continue to discuss short-term teaching goals during the faculty evaluation process. The deans will intentionally connect with newer faculty to ensure they understand the importance of meeting short-term teaching goals while providing specific examples. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Annual report of Faculty Goal Achievement- progress on scholarly enrichment **Target:** 85% of faculty demonstrate progress on scholarly enrichment plans. **Timeframe:** Annually **Responsible Parties:** Provost	**Result Date**: 09/27/2024 **Result**: 88.6% (47/53) of faculty demonstrated progress on scholarly enrichment plans. These results are lower than the 2022-2023 results where 98.1% (51/52) of faculty made progress on plans, but it is still above the target of 85%. Some of the discrepancy could be related to several new faculty being hired, particularly in health sciences, have not had an opportunity to work toward their scholarly enrichment plan. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The strategy of discussing with faculty at the time of evaluation has proven to be an effective strategy in meeting this goal. The 2023 the deans focused on the timing of having discussions with faculty prior to the evaluation cycle. **Actions**

Measures	Result
	Action: For the 2024-2025 academic year, the academic deans will continue to discuss the individual needs of faculty and importance of long-term goals in the academic setting. Timing this with annual evaluations is appropriate, as these take place during the first two months of the calendar year. They will also focus on newer faculty to give them feedback and advice on how to achieve their scholarly enrichment plans. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Summary of Expenditures for Faculty and Staff Professional Development [e.g., total dollars spent for meetings, travel, and educational expenses]. **Target:** College provided financial support to college faculty and staff to attend educational and/or professional development activities **Timeframe:** Annually **Responsible Parties:** DOBAS	**Result Date**: 09/09/2024 **Result**: In 2023 we budgeted for our education and travel expenses and were successful as $33,376 was spent on tuition assistance for faculty and staff and $51,992 was spent on conference and meeting travel totaling $85,368 for faculty and staff. For 2023 there was $114,456 budgeted for education and travel. These results met target and did increase when compared with prior year due to increase educational assistance requested and increases in travel compared to prior year. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As mentioned in the 2022 action plan, the College appropriately budgets for professional development opportunities. In the event of revenue shortfalls, the executive leaders determine if and how much savings can be mitigated from the professional development/travel budgets. **Actions** **Action Date**: 09/09/2024 **Action**: Continue to budget education and travel expenses annually for faculty and staff professional development. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Professional Development and Welfare (PDW) committee annual scholarly recognition report. **Target:** 55% of faculty and staff are recognized for their service and scholarly accomplishments **Timeframe:** Annually **Responsible Parties:** Chair--Professional Development and Welfare Committee	**Result Date**: 09/30/2024 **Result**: 15/69 (21%) of faculty and staff were recognized for a scholarly achievement (down 11% from last year) during 2022. 18/69 (26%) of faculty and staff were recognized for a service award (down 3% from last year) during 2022. Previous results for comparison: 2022-2023: 32% of faculty and staff were recognized for a scholarly achievement during 2022. 2021-2022: 35% of faculty and staff were recognized for a scholarly achievement and 16% were recognized for service during 2021. 2020-2021: 35% of faculty and staff were recognized for a scholarly achievement and 20.3% were recognized for service during 2020. 2019-2020: 33.3% of faculty and staff were recognized for a scholarly achievement and 22.8% were recognized for service during 2019.

Measures	Result
	Reporting Year: 2023 - 2024 (Year 2)
	Target Met: No
	Action Plan Impact: According to the action plan for 2023-2024 (specified in the 2022-2023 CAP report), during the 2023-2024 academic year, scholarship activities were collected using Microsoft Forms. To collect activities completed in 2023, an email with the link to the form was sent every three months with the final collection being in January 2024. The information is then auto populated in an excel spreadsheet for easy tracking.
	Actions
	Action Date: 09/30/2024
	Action: During the 2024-2025 academic year, data will continue to be collected every three months using Microsoft forms. It is important to note that some faculty may complete scholarly activities but do not report them despite the ease of filling out a prescribed form. It is also important to note the amount of faculty included in 2024-2025 academic year of collection has increased due to new hires as well as inclusion of other staff members. This will impact reporting numbers for calendar year 2024.
	Follow-up

Admin 4.0

AU Outcome
Allen College has appropriate technology for facilities, resources, and education services.
Outcome Status
Active

Measures	Result
Assessment Method Status: Inactive **Assessment Type:** AD: Report - Internal **Measure:** Number of FTEs allocated for instructional technology, media services, and instructional, designer. **Target:** College provides at least 2.0 FTEs to support faculty technology needs. **Timeframe:** Annually **Responsible Parties:** DOBAS	**Result Date**: 09/26/2024 **Result**: The college currently has 3.0 full time equivalents (FTEs) to support the college technology needs which meets the target of 2 FTEs. 2.0 FTEs are specifically instructional technology, 1.0 FTE is an instructional designer and the other 1.0 FTE is an AV specialist. Both are supervised by the Dean of Nursing. There is a 1.0 FTE who is a SIS coordinator that writes scripts for our student information system (previously CAMS and now Anthology Student) who is supervised by the Executive Director of Business & Finance. The SIS Coordinator also assists with behind the scenes scripts as needed for Blackboard Learn. During the 2023-24 academic year we had turnover in the instructional designer and LMS admin role, which required us to keep a PRN instructional designer to keep our LMS activities current for our students. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: The Dean of Nursing and Executive Director of Business & Finance completed the action recommended in the 2022-2023 plan of reviewing the instructional design and AV work volume and determined that the current FTES were sufficient for our needs. The PRN position was no longer needed and only covered the time when the position was vacant and/or the new hire was getting up to speed in their role. **Actions** **Action**: Monitor workload of current technology staff and review prior to 2025-26 budget cycle and budget additional staff if deemed necessary. **Follow-up**
Assessment Method Status: Inactive **Assessment Type:** AD: Report - Internal **Measure:** Number of major requests by Allen College for hardware-software **Target:** 50% of requests approved **Timeframe:** Annually **Responsible Parties:** DOBAS	**Result Date**: 09/26/2024 **Result**: Based on a list of incidents and tasks from UPH IT, 1,307 tickets were opened for variety of Allen College items/issues in from July 1, 2023 - June 30, 2024. Of those 1,307 items, 47 were closed incomplete which represents 3.6%, leaving 96.4% as closed complete. One of the closed incomplete tickets involved hardware/software requests which was a duplicate ticket, which means those were completed at 100%. When compared to prior academic years, the hardware/software requests have been fulfilled at 100%. Furthermore, the closed complete ticket rate for all other items were 98.7% in 2021-22, 98.3% in 2022-23 and now 96.7% in 2023-24. Even though this year decreased slightly these are consistently high completion rates well above the 50% target. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The action plan for the 2022-23 year was to will continue to monitor results and work closely with UPH IT regional management to ensure our requests are completed/approved. The reports showed that incidents/tasks completed for Allen College by UPH IT department continued to be at a very high rate, well above 50%. Last year's action requested an updated target percentage to 90%, will work with the CIRE to update it for future years. **Actions** **Action**: Monitoring the tickets for to ensure the target of 50% is met was sufficient as the completion rates are still consistently high over 90%. **Follow-up** **Follow-up**: For the 2024-25 year we will continue to monitor results and work closely with UPH IT regional management to ensure our requests are completed/approved. Results will be available going forward as a report was written for Allen College for the needed information can be obtained. Consider changing item to number of major requests (incidents/tasks) completed for Allen College by UPH IT department, with target being 90%, as reporting data has been refined and can now be requested. With the current reporting we can still determine if hardware/software requests are completed at 100%.

Measures	Result
Assessment Method Status: Active **Assessment Type:** SL: Survey **Measure:** Library Survey Question: How would you rate the quality of service provided by Barrett Library? (poor, average, good, excellent) **Target:** 85% (previous target prior to 2022-2023 was 75% favorable responses good or excellent) **Timeframe:** Biannually (e.g., Year 2, Year 4; 2019-2020; 2021-2022, etc.) **Responsible Parties:** Director of Library Services	**Result Date**: 04/11/2024 **Result**: Of the 43 students who answered this question, 93.02% rated the quality of services provided by the library staff as excellent (n=27, 62.79%) or good (n=13, 30.23%). 2021-2022: 95.29% rated quality of services provided by the Barrett Library staff as good or excellent. 2019-20: 95% rated quality of services provided by the Barrett Library staff as good or excellent. When compared with prior surveys the percentage rating the quality of services provided by the library staff as excellent or good decreased slightly from an average of 95% to 93%. While this is a downward trend, it is well above the target of 85%. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Per the action plan proposed for 2022-2023 and 2023-2024, library staff continued to monitor and upgrade on-line library resources, library services, and hours to meet the increasing needs of faculty and students to ensure target was met or exceeded. It was also decided to increase target to 85% ratings of good or excellent. This action plan was effective in ensuring the new target was met. <u>**Actions**</u> **Action**: Proposed action plan for 2024-2025 to ensure target continues to be met or exceeded is for the library staff to continue to monitor and upgrade on-line library resources, library services, and hours to meet the increasing needs of faculty and students to ensure target is met or exceeded. <u>**Follow-up**</u>
Assessment Method Status: Active **Assessment Type:** SL: Survey **Measure:** Library Survey Question: How would you rate the quality of Barrett Library's online resources (poor, average, good excellent)? **Target:** 85% favorable responses (good or excellent) **Timeframe:** Biannually (e.g., Year 2, Year 4; 2019-2020; 2021-2022, etc.) **Responsible Parties:** Director of Library Services	**Result Date**: 04/11/2024 **Result**: There are 90.32% favorable responses to this question---(the target has consistently been exceeded by more than 5.32% than that of last year 2021-22: 86% of students who had used online resources rated them excellent or good. 2019-2020: 86% of students who had used online resources rated them excellent good When compared to prior year survey results, the trend is positive. It went from 86% average to 90% **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Per action plan proposed for 2022-2023-2023-2024 library staff continued to monitor and upgrade on-line library resources to meet the increasing needs of faculty and students. This action plan was effective in ensuring the target was exceeded.

Measures	Result
	Actions **Action**: The action plan proposed for 2024-25 is for library staff to monitor and upgrade on-line library resources to meet the increasing needs of faculty and students. **Follow-up**
Assessment Method Status: Active **Assessment Type:** SL: Survey **Measure:** Library Survey Question: How would you rate the quality of the collections and physical resources in the Barrett Library (poor, average, good excellent)? (previously "How would you rate the quality of Barrett Library's physical and online collections (poor, average, good excellent)?") **Target:** 85% favorable responses (good or excellent) **Timeframe:** Biannually (e.g., Year 2, Year 4; 2019-2020; 2021-2022, etc.) **Responsible Parties:** Director of Library Services	**Result Date**: 04/11/2024 **Result**: Of the 46 students answering this question, 67.39% reported favorably about the physical collections (n=17, Excellent 36.96%) (n=14, Good 30.43%) 2021-2022: 93% of students who reported using the resources rated the library's collections and physical resources excellent or good. The percentage of favorable responses has decreased when compared to the prior year's 93% favorable responses. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No **Action Plan Impact**: Action Plan Impact Per the action plan proposed for 202-2023 and 2023-2024, library staff continued to monitor and upgrade library resources to meet the increasing needs of faculty and students which changes annually due to program curricular updates. Action plan was not effective in ensuring target was met or exceeded. Last year it was determined that the target should be increased from 75% to 85% for future academic years. **Actions** **Action**: The library will monitor and upgrade library resources in diverse formats to meet the increasing needs of faculty and students which changes annually due to program curricular updates; this will ensure target is met or exceeded. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Survey **Measure:** Library Survey Question: How easy is it to find the physical materials you're looking for in Barrett Library? (very difficult, somewhat difficult, somewhat easy, very easy) **Target:** 85% of respondents who use the library report that it is very easy to find the physical materials they are looking for in the library (prior to 2022-2023/2023-2024, target as 75%) **Timeframe:** Biannually (e.g., Year 2, Year 4; 2019-2020; 2021-2022, etc.)	**Result Date**: 09/27/2024 **Result**: For 2023-24, of the 44 students answering this question, 42 (95.45%) reported it is very easy (n = 18, 40.91%) or somewhat easy (n=24, 54.54 %) to find the physical materials they are looking for in the library. In previous years the results were: 2021-2022: out of 97, 92 (95%) reported it is very easy (38%) or somewhat easy (57 %). 2019-2020: 132 (93.6%) rated searching very easy (32.6%) or somewhat easy (61%). 2017-2018: 76 (89%) rated searching very easy (27.1%) or somewhat easy (62.4%). The target for this measure has consistently been exceeded and is trending positively when compared to previous results.

Measures	Result
Responsible Parties: Director of Library Services	**Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Per the previously proposed action plan the Barrett Library continued to budget to purchase more books to offer greater variety in checkout methods (e.g., home use or use in library, or e-book formats), and continued to train students to use library research tools during orientation and provided tutorials and instruction for references. Based on the current and previous results, this action plan appears to have been effective in facilitating achievement of the target for the current reporting year. **Actions** **Action**: The Barrett Library will continue to monitor the collection and provide various book formats and continue to train students to use library research tools and provide tutorials and instruction for reference. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Survey **Measure:** Ruffalo Noel Levitz Student Satisfaction Inventory—Satisfaction with "24. The equipment in the lab facilities is kept up to date." **Target:** 80% of students report satisfied or very satisfied [need to verify target] **Timeframe:** Annually **Responsible Parties:** Buildings & Grounds	**Result Date**: 09/23/2024 **Result**: Lab facilities from the SSI reports that 87% of students rated this item important or very important and 74% were satisfied or very satisfied, indicating a 13% performance gap. When compared to 2022-23 results of 91% of students rated this item important or very important and 66% were satisfied or very satisfied, this is a 4% decrease in importance and an 8% increase in satisfaction which is an upward trend with a goal of at least 80% **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No

Measures	Result
	Action Plan Impact: The previous action plan from 2022-23 was to continue to update lab facilities for appropriate equipment and setting. The acute care gerontology nurse practitioner track has new task trainer models that were purchased in fall 2023/spring 2024. These include an ultrasound guided central line insertion model, epidural and lumbar puncture model, and a chest tube insertion model. There was new AV equipment installed in the simulation lab in spring 2024. The equipment allows for better recording and viewing of simulation experiences. A ROAM cart was also purchased, and this cart allows simulations to take place anywhere on campus. It is essentially a mobile AV system that will provide us the option to run simulations outside of the simulation center. In spring 2024 there was a purchase of a pediatric manikin, the size of a 5–7-year-old for use in the pediatric course. He has the most technology out of our simulator "family" in which he can turn his head to look at the person talking, cry actual tears, and be hooked up to any real hospital grade equipment for training. Students will begin using this simulator in the fall, but training has already started with the faculty that will be running the simulator. Simulation equipment including audio visual and manikin equipment are planned for 2023-24 as well as sonography equipment upgrades. We will continue to collaborate with the hospital and other UPH facilities to acquire lab equipment as well as plan for capital expenses as appropriate. **Actions** **Action**: Continue to update lab facilities for appropriate equipment and setting. The DCS lab is planned for completion by fall 2024. The ROAM cart and new fidelity simulators will be in use for our students in 2024-2025. Several programs are receiving simulation demonstrations for equipment consideration. Planning has started for possible skills lab and simulation lab renovation/expansion. The college will continue to research and plan for renovation/expansion of our labs and simulation equipment. We will continue to collaborate with the hospital and other UPH facilities to acquire lab equipment as well as plan for capital expenses as appropriate. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Survey **Measure:** Ruffalo Noel Levitz Student Satisfaction Inventory—Satisfaction with "39. On the whole, the school is well-maintained." **Target:** 80% of students report satisfied or very satisfied [need to verify target] **Timeframe:** Annually **Responsible Parties:** Buildings & Grounds	**Result Date**: 09/23/2024 **Result**: The maintaining of the school from the SSI reports that 92% of students rated this item important or very important and 98% were satisfied, indicating a -6% performance gap. When compared to 2022-23 SSI survey results this is a 6% increase in importance and a 7% increase in student satisfaction, still well above the 80% target for satisfaction. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: Our 2022-23 action plan was to continue to monitor that the school is well-maintained to make sure it meets the needs of our students. In fall 2023 the McElroy Hall patio was replaced; this is where student enjoy lunch breaks in the picnic areas and outside activities. This needed update was also in response to student satisfaction surveys. Campus updates such as the patio replacement and landscaping maintenance most likely contributed to this consistently positive outcome. **Actions** **Action**: Continue to monitor that the school is well-maintained to ensure it meets the needs of our students, which includes planned initiatives such as parking lot and sidewalk maintenance at Gerard and Winter Hall and Barrett Forum, as well as Barrett Forum clock tower cleaning. **Follow-up**

Admin 5.0

AU Outcome
Classroom and Lab facilities are available for students
Outcome Status
Active

Measures	Result
Assessment Method Status: Active **Assessment Type:** AD: Survey **Measure:** Ruffalo Noel Levitz Student Satisfaction Inventory (replaced Allen College Student Opinion Survey spring 2021)—Satisfaction with Classrooms **Target:** 80% of students report satisfied or very satisfied [need to verify target] **Timeframe:** Annually **Responsible Parties:** Buildings & Grounds	**Result Date**: 09/23/2024 **Result**: Question 46 - Classrooms from the SSI reports that 86% of students rated this item important or very important and 91% were satisfied or very satisfied, indicating a -5% performance gap. In 2022-23 this item was rated important or very important by 85% of students and 85% were satisfied or very satisfied. This is an increase of 1% in importance and an increase of 6% in student satisfaction from the 2022-23 SSI survey, still meets the goal of 80% satisfaction rate. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Our 2022-23 action plan was to continue to monitor and maintain classroom furniture and technology to ensure classrooms meet the needs of our students. In January 2024, the new audiovisual system was installed in the simulation rooms. Intelligent Video Solutions with the Video Audio Learning Tool (VALT) system has allowed for better viewing of the simulations for students who were not physically in the space while peers were working with the "patient." As audiovisual equipment fails or is outdated, the college plans for replacement of outdated equipment, and does replace equipment when it fails.

Measures	Result
	<u>Actions</u> **Action**: Continue to monitor and maintain classroom furniture and technology to ensure classrooms meet the needs of our students. The projector in McElroy Hall #132 is being replaced in 2024-25. A facilities meeting occurred in summer 2024 to discuss campus improvements such as flooring and furniture, it was determined that the classrooms did not need upgrading in the coming year. <u>Follow-up</u>
Assessment Method Status: Active **Assessment Type:** AD: Survey **Measure:** Ruffalo Noel Levitz Student Satisfaction Inventory—"18. Computer labs are adequate and accessible." **Target:** 80% of students report satisfied or very satisfied [need to verify target] **Timeframe:** Annually **Responsible Parties:** Buildings & Grounds	**Result Date**: 09/23/2024 **Result**: Results from the Spring 2024 RNLSSI survey indicate students' level of importance and satisfaction that computers and/or Wi-Fi are adequate and accessible. 94% indicate that this is important or very important and 93% indicate that they are satisfied or very satisfied, indicating a performance gap favoring importance of 1%. This satisfaction still meets the goal of 80% satisfaction rate. This is an improvement in importance by 3% and in student satisfaction by 7% when comparing to the 2022-23 SSI survey results. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The plan for 2022-23 was to continue to monitor and maintain our computer labs and Wi-Fi to ensure they meet the needs of our students. Because students require laptops for their studies, printing is the main reason for campus computer use in the lab and library. There were no campus Wi-Fi outages in the 2022-23 academic year. The action plan appears to have worked as the survey results met or exceeded the 80% target. <u>Actions</u> **Action**: We will continue to monitor and maintain our computer labs to ensure they meet the needs of our students. Plans are underway for students being able to print from their own devices in 2024. Another plan is to monitor computer use in the lab and library through quarterly/annual reports to determine sufficient computer/printer availability while being good stewards of our resources. The computer lab computers are end of lease in summer 2024 and plans are underway to reduce the number of devices in the computer lab once students can print from their own laptops. <u>Follow-up</u>
Assessment Method Status: Inactive **Assessment Type:** AD: Survey **Measure:** Ruffalo Noel Levitz Student Satisfaction Inventory –"21. The amount of student parking space is adequate."	**Result Date**: 09/23/2024

Measures	Result
Target: 80% of students report satisfied or very satisfied [need to verify target] **Timeframe:** Annually **Responsible Parties:** Buildings & Grounds	**Result**: Results from 2024 RNLSSI item percentages report: 85% rated this item important or very important and 94% were satisfied with adequacy of parking space, indicating a performance gap favoring satisfaction of -9%. This is an improvement in importance by 6% and in student satisfaction by 5% when comparing to the 2022-23 SSI survey results and still well above the satisfaction threshold of 80%. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The 2022-23 action plan was to continue to monitor our parking space to make sure they meet the needs of our students. Based on students on campus due to more an increase in virtual offerings, this has continued to ease parking constrictions. **Actions** **Action**: We will continue to monitor our parking space to make sure they meet the needs of our students. **Follow-up**
Assessment Method Status: Inactive **Assessment Type:** AD: Survey **Measure:** Ruffalo Noel Levitz Student Satisfaction Inventory—Satisfaction with "10. Parking lots are well-lighted and secure." **Target:** 80% of students report satisfied or very satisfied [need to verify target] **Timeframe:** Annually **Responsible Parties:** Buildings & Grounds	**Result Date**: 09/23/2024 **Result**: Results from the spring 2023 RNL SSI where the students think that the parking lots are well lighted and secure: 86% think it is important or very important and 97% are satisfied or very satisfied. This indicates a performance gab favoring satisfaction of -11%. When compared to the 2023 RNL SSI the importance of 80% and satisfaction of 94% shows a increase in importance of 6% and a satisfaction increase of 3%. These results continue to be well over the 80% target. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The action plan for 2022-23 was to continue to monitor the parking lots to ensure that they are well-lighted and secure for our students. Updated LED lighting was added to the parking lots and sidewalks several years ago, which continues to increase the light and security on campus. **Actions** **Action**: The 2024-25 plan is to continue to monitor the parking lots to keep them well lighted and secure. UPH Security does regular rounds in our parking lots daily to monitor the safety of our lots. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Survey	**Result Date**: 09/23/2024

Measures	Result
Measure: Ruffalo Noel Levitz Student Satisfaction Inventory (replaced Allen College Student Opinion Survey spring 2021)--Satisfaction with Study Areas **Target:** 80% of students report satisfied or very satisfied [need to verify target] **Timeframe:** Annually **Responsible Parties:** Buildings & Grounds	**Result**: Question 45 - Study Areas from the SSI reports that 86% of students rated this item important or very important and 89% were satisfied or very satisfied, indicating a -3% performance gap. 2022-23 SSI reports that 83% of students rated this item important or very important and 76% were satisfied or very satisfied, indicating a increase in importance of 3% and a increase in satisfaction of 13%. These results are well over the 80% target. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The action plan for 2022-23 was to continue to monitor and maintain study areas to ensure that they meet the needs of our students. The Musgrave Study Room was transitioned from offices to three individual private study spaces for students. **Actions** **Action**: For 2024-25 continue to monitor and maintain study areas for student use and review the current study spaces with the ability to add more if needed. Providing private study spaces can be challenging due to limited campus space; however, we are working with faculty, staff, and students to improve our study space offerings. **Follow-up**

Admin 6.0

AU Outcome
Financial Aid policies and processes are fair and timely
Outcome Status
Active

Measures	Result
Assessment Method Status: Active **Assessment Type:** AD: Survey **Measure:** Ruffalo Noel Levitz Student Satisfaction Inventory (replaced Allen College Student Opinion Survey spring 2021)—Satisfaction with Access to financial aid Information during admissions process. **Target:** 80% of students report satisfied or very satisfied on questions [need to verify target] **Timeframe:** Annually **Responsible Parties:** Financial Aid	**Result Date**: 09/19/2024 **Result**: The SSI results from spring 2024 showed 83% of students reported as either extremely satisfied or satisfied with access to financial aid during admissions. This is a 5% increase from the prior year's rate of 78%. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: We communicated with students immediately upon receiving their application for admission via email and met with students on individual requests when they were on-campus for admission visits. Doing these actions for a full reporting cycle contributed to a positive impact and resulted in a 5% increase in students' satisfaction.

Measures	Result
	Actions
	Follow-up
Assessment Method Status: Active **Assessment Type:** AD: Survey **Measure:** Ruffalo Noel Levitz Student Satisfaction Inventory—Satisfaction with "5. Financial aid awards are announced in time to be helpful in planning." **Target:** 80% of students report satisfied or very satisfied on questions [need to verify target] **Timeframe:** Annually **Responsible Parties:** Financial Aid	**Result Date**: 09/19/2024 **Result**: The SSI results from spring 2024 showed 69% of students reported as either extremely satisfied or satisfied with financial aid awards being announced in a timely manner. This is a 5% increase from the prior year's rate of 64%. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No **Action Plan Impact**: For 2023-24, a new student information system (SIS) was implemented late spring semester. Federally, the Department of Education also overhauled the FAFSA and was delayed in releasing the application and delayed in releasing the results of the application to schools. Although our target was not met, even with the new SIS implementation and FAFSA delays, the results improved 5%. **Actions** **Action Date**: 09/19/2024 **Action**: With the new SIS fully implemented, new processes are being established to create awards as timely and efficiently as possible. The Department of Education has already announced the FAFSA for 2025-26 will be delayed completed to 2022-23 years and prior but not as delayed as it was for 2023-24. With a new, simplified FAFSA and new SIS fully implemented, results should improve for the reporting year of 2025-26 but may not reflect for 2024-25 as the delays in 2023-24 would have directly impacted 2024-25 financial aid awards. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Survey **Measure:** Ruffalo Noel Levitz Student Satisfaction Inventory—Satisfaction with "15. Financial aid counseling is available if I need it." **Target:** 80% of students report satisfied or very satisfied on questions [need to verify target] **Timeframe:** Annually **Responsible Parties:** Financial Aid	**Result Date**: 09/19/2024 **Result**: The SSI results from spring 2024 showed 86% of students reported as either extremely satisfied or satisfied with financial aid counseling being available. This is favorable to the target of 80% of students reporting satisfied or very satisfied. This compares favorably with 2023 when 76% of students reported being satisfied or very satisfied on the SSI. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Effective spring 2023, we implemented new counseling opportunities through collaboration with the Enrollment Management team and had access to additional emergency funding raised through the foundation and available to award through financial aid. These efforts of extra funding and counseling proved effective and resulted in a 10% increase in students' satisfaction. **Actions** **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Survey	**Result Date**: 09/19/2024

Measures	Result
Measure: Ruffalo Noel Levitz Student Satisfaction Inventory—Satisfaction with "23. This institution helps me identify resources to finance my education." **Target:** 80% of students report satisfied or very satisfied on questions [need to verify target] **Timeframe:** Annually **Responsible Parties:** Financial Aid	**Result**: The SSI results from spring 2024 showed 77% of students reported as either extremely satisfied or satisfied with the institution helping to identify resources to fund their education. This is unfavorable to our 80% target, however it compares favorably with last year when 59% of students reported being satisfied or highly satisfied. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No **Action Plan Impact**: We have increased the number of students receiving Rural Tuition Grant, Last Dollar Scholar and participants in the Legacy Program. The 2023-24 academic year was the first year students were able to receive Last Dollar Scholar. These programs being in full effect were able to contribute to a 18% increase in results. **Actions** **Action Date**: 09/19/2024 **Action**: We will continue to promote newer institutional programs such as the Legacy program as well as state and federal grant opportunities. It is also recommended to reduce the target from 80% to 70-75% of reporting satisfied or extremely satisfied. With a score of 77%, we were favorable to the national average of 66% by 11%. **Follow-up**

Admin - Enrollment Management

EM 1.0

AU Outcome
Retain Students

Outcome Status
Active

Measures	Result
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Program Completion Rates (Graduation Rates Spreadsheet) **Target:** 70% of graduate students complete their program **Timeframe:** Annually	**Result Date**: 09/10/2024

Measures	Result
Responsible Parties: Dean of Enrollment Management	**Result**: Spring 19 MSN/PGC: 32/45, or 71% completed their program Fall 18 MSN/PGC: 32/44 or 73% completed their program Spring 19 BSN-DNP: (no data yet) Fall 18 BSN-DNP: (no data yet) Spring 20 DNP: 1/1, or 100% completed their program Fall 20 DNP: 1/1, or 100% completed their program Fall 20 MS in OT: 18/18, or 100% completed their program Spring 19 EdD: no students started this semester Fall 18 EdD: no students started this semester DPT (no data yet) Total: 84/109, or 77% completed their program How do they compare to last year? The results for 23-24 academic year were slightly lower than the year before. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: How did last year's action plan contribute to the success of lack of success shown in the results? There were nine graduate students in attendance at one of the Health Career's Night out. Of those nine students, two are either accepted or in progress with an application. It does not appear that attendance at Health Career's Night out contributed to the results. **Actions** **Follow-up**
Assessment Method Status: Active	**Result Date**: 09/12/2024

Measures	Result
Assessment Type: AD: Report - Internal **Measure:** Graduation Rates within 150% **Target:** 70% of undergraduate students complete their program within 150% of the program completion time. **Timeframe:** Annually **Responsible Parties:** Dean of Enrollment Management	**Result**: 2020 Cohorts School of Health Sciences: ASR – 17/23 = 74% MLS – 15/16 = 94% DMS – 6/8 = 75% PH – 3/3 = 100% MI – 4/4 = 100% School of Nursing Accelerated BSN – 57/62 = 92% (summer and fall starts) Traditional BSN - 48/55 = 87% (fall and spring starts) RN-BSN – 5/7 = 71% (fall and spring starts) All Undergraduates: 155/178 = 87% The results this year were better than last year, as all undergraduate programs met the 70% benchmark. Undergraduates, overall, had an 87% graduation rate. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: MLS: Our increased planned communication with students based on last year's action plan did support our continued high graduation rate. We also followed up with students who were referred to Shanna to ensure they were using all available resources to support their work. ASR: The previous action plan made a small positive impact, with a 2% increase. I would not consider this increase significant. With the recent changes that the program has made to improve communication and student success, the program is anticipating to see a continual positive increase with future cohorts. MI: I would not consider the percentage decrease to be significant at this time due to the smaller cohort sizes. With the recent curriculum revision changes that have been initiated, MI faculty expect to see a positive increase in percentage with future cohorts. **Actions** **Action Date**: 09/12/2024

Measures	Result
	Action: MLS: We are going to follow the same action plan from last year with these additional plans of action: Program director has incorporated virtual sign-up student hours for all students Weekly newsletters that share mindfulness and study resources ASR Action Plan: The ASR faculty will continue to initiate communication with new students upon admission. Faculty will continue to ensure that all student questions are answered and that they are aware of the program's structure, policies, and procedures prior to the start of the program. Faculty will continue to provide resources and referrals to students in need. Professional development sessions regarding professionalism, study habits, and APA will be offered to the students. A curriculum revision has been initiated that will provide more structured professional development opportunities to students in the first year of the program. This curriculum revision is expected to be implemented beginning in Summer 2025. Program faculty will implement a curriculum revision beginning in Fall 2024 to help better align course content in the second year of the program. This will allow students to be more prepared for the board prep coursework that is conducted in the last semester of the program. MI Action Plan: The MI faculty have initiated a curriculum revision to help provide more hands-on experience to those students who wish to come into the program without any radiology experience. This curriculum revision will be implemented beginning in Fall 2025. MI faculty will continue to update the program's website to be more transparent regarding the program's policies and procedures. Changes have been implemented with the admission process that will ensure that all prospective MI students communicate with the program director prior to admission. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Retention Plan--Tutoring Outcomes **Target:** 100% of tutees achieve a C or higher in tutored courses **Timeframe:** Annually	**Result Date**: 09/10/2024

Measures	Result
Responsible Parties: Student Success Coordinator	**Result**: Summer 2023: 91.7% of Pathophysiology tutees passed the course. Fall 2023: 69.2% of Pathophysiology tutees passed the course. 40% of Pharmacology tutees passed the course. Spring 2024: 86.7% of Pathophysiology tutees passed the course. 86.4% of Pharmacology tutees passed the course. How do they compare to last year? While the summer term saw great increase in pass rates, the fall and spring terms showed a decrease. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No **Action Plan Impact**: How did last year's action plan contribute to the success of lack of success shown in the results? While the information was shared, I do not feel the action plan assisted in the success/lack of success in the results. While it made faculty more aware of who/who was not attending tutoring, it is unclear if faculty urged those students who needed it to attend tutoring. Coordinator of Student Success did encourage students to attend. **Actions** **Action Date**: 09/10/2024

Measures	Result
	Action: What is the action plan for next year? Tutors will start using a clocking-in system, meaning their three hours allotted a week could be used for their regularly scheduled tutoring times or 1-on-1 tutoring times on campus. The goal is that by offering 1-on-1 tutoring times that tutees can schedule privately with tutors, students will have more regular access to tutoring services and their success will be increased. **Follow-up**
Assessment Method Status: Inactive **Assessment Type:** AD: Report - Internal **Measure:** First Year Retention Rates **Target:** 90% of first year students retained in all programs. **Timeframe:** Annually **Responsible Parties:** Dean of Enrollment Management	**Result Date**: 09/12/2024 **Result**: Of the 224 new students in the fall 2022, 194 were retained (87%) How do they compare to last year? The percentage of students retained was the same as last year. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No **Action Plan Impact**: Needs updated **Actions** **Follow-up**

EM 8.0

AU Outcome
Increase the number of underrepresented students enrolled at Allen College.

Outcome Status
Active

Measures	Result
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Admissions Reports; Dashboard Statistics, Census Report found at http://quickfacts.census.gov/qfd/states/19/19013.html	**Result Date**: 09/13/2024 **Result**: As of September 15, 2023, 49/469 (10.4%) of Allen College's enrollment reported being an ethnic minority. The Black Hawk County ethnic minority percentage as of July 1, 2023 is 22.1% The gap between ethnic minority enrollment and Black Hawk County grew from 6.6% to 11.7%. Although the gap widened significantly (5.1%), this was due to the increase in the number of ethnic minority population of Black Hawk County, not due to college enrollment. **Reporting Year**: 2023 - 2024 (Year 2)

Measures	Result
Target: The diverse population of Allen College is equal to or greater than the diverse population of Iowa [Prior to 2024-2025, target was "Diverse population at Allen College is equal to the diverse population of Black Hawk County."] **Timeframe:** Annually **Responsible Parties:** Dean of Enrollment Management	**Target Met**: No **Action Plan Impact**: One-year retention of ethnic minorities was 90%, while the entire colleges new student retention was 87%. While this is a positive outcome, there is no evidence that retaining ethnic minority students impacted the target. **Related Documents**: Dashboard - Student Body Profile 23-24.xlsx **Actions** **Action Date**: 09/16/2024 **Action**: Next year's action plan is to change the comparison of Black Hawk County to the state of Iowa. The committee believes that the state of Iowa is more representative of Allen College. **Follow-up**

Admin - Teaching & Learning Committee

TLC 1.0

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

Measures	Result
Assessment Method Status: Active **Assessment Type:** SL: Survey **Measure:** 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:** 95% 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.	**Result Date**: 09/26/2024

Measures	Result
Responsible Parties: TLC Chair and Committee Members	**Result**: 100% (20/20) of Undergrad Nursing courses / 100% (8/8) of graduate nursing courses reviewed had an average course evaluation rating of 3.0 or above (agree, strongly agree), demonstrating maintenance of 100% of graduate and undergraduate nursing courses having average course evaluation ratings of 3.0 or above. Overall, 100% (28/28) nursing courses reviewed met criteria. 93% (81/87) of Health Science Courses reviewed had an average course evaluation rating of 3.0 or above compared to 97% of courses reviewed the previous year and 100% the year before. This demonstrates the first time this target has not been met in 4 years. DPT 100% (18/18) MI 100% (6/6) EdD 100% (8/8) OT 71% (15/21) PH 100% (10/10) MLS 100% (12/12) ASR 100% (12/12) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No **Action Plan Impact**: Target not met due to MSOT scores notably changed from prior years. Reached out to MSOT PD to determine if there was cause/feedback. DPT program received accreditation, otherwise no significant changes/events reported by any PD. Graduate nursing reported " Approval of RN-DNP program to start Fall 2024 " Majority of course syllabi updated to reflect the AACN Essentials " Transition to Practice Residency moved to on-campus requirement " NU801 DNP Clinical Enrichment developed for students entering the DNP program with less than 550 clinical hours. This course will also be added to BSN-DNP LEAD program track to meet the 1,000-hour requirement of the DNP degree. **Actions** **Action**: Action Plan: 1. Maintain current target of "95% 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." Nursing and majority of school of health sciences programs retained 100% compliance despite some reported changes, notably in graduate nursing. 2. Continue to assess the average course evaluation ratings in nursing and health science courses. Evaluate MSOT PD response as program moves into OTD next year and evaluate impact of DPT data now that program fully accredited and regularly admitting students.

Measures	Result
	Follow-up

TLC 3.0

AU Outcome
Graduates will demonstrate commitment to lifelong learning
Outcome Status
Active

Measures	Result
Assessment Method Status: Active **Assessment Type:** AD: Survey **Measure:** Alumni survey lifelong learning item: Which of the following activities have you been involved in since graduating from Allen College? Select all that apply. **Target:** 100% of alumni will report at least one lifelong learning activity since graduating from Allen College. **Timeframe:** Annually **Responsible Parties:** Evaluation and Study Committee/TLC Committee **Related Documents:** Lifelong Learning Activities Reported by 2022-2023 Grads For 2023-2024 CAP Report.pdf	**Result Date**: 09/26/2024 **Result**: Of the 2022-2023 graduates surveyed (n = 215), 72 (33%) returned the alumni survey for their respective programs. Of the 72 alumni who returned the survey, 58 (81%) reported engaging in one or more lifelong learning activities since graduating from Allen College. Although these results do not represent achievement of the target for this measure, they do demonstrate improvement since the survey of 2020-2021 graduates (Covid-19 pandemic era), when 75% reported engaging in at least one lifelong learning activity since graduating from Allen College. The results of the survey of 2020-2021 graduates demonstrate a decrease in performance compared to the 2020-2021 academic year when 89% of 2019-2020 grads who received the lifelong learning question on their alumni surveys selected at least one lifelong learning activity. Previous results for comparison: 2020-2021 graduates: 75% 2019-2020 graduates: 89% 2018-2019 graduates: 32% The DPT program had no 2021-2022 graduates, and therefore, no data to report. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No

Measures	Result
	Action Plan Impact: Action Plan Impact: The proposed action plan for 2023-2024 as stated in the 2022-2023 TLC CAP report was (1) to attain 5-year trend analysis and identify any programmatic trends, (2) Reach out to directors of programs with specific trends to solicit feedback and input from program faculty and outgoing students, and (3) Identify college-level vs. individual academic program-level interventions. A 5-year trend analysis was completed, revealing inconsistent data collection for the lifelong learning survey item and gaps in how data were reported by several programs and TLC, preventing a valid trend analysis. **Related Documents**: Lifelong Learning Activities Reported by 2022-2023 Grads For 2023-2024 CAP Report.pdf **Actions** **Action**: Action: 1. TLC Committee to CONTINUE 5-year trend analysis and identify any programmatic trends. 2. Reach out to directors of programs with specific trends to solicit/suggest actions to improve LLL pursuits in first year, define them for outgoing graduates, and encourage greater survey return vs. "n" 3. Assess timing of alumni survey / Speak to Lisa B regarding length of list, wording, "validity of the question". How/where do these responses appear in the survey and is this impacting responses. **Follow-up**

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

ASR 1.1

AU Outcome
Students will practice proper radiation protection
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** RA: 135 Competency Testing/CCE Part II, numbers 5, 7, 9, 15, 17	**Result Date**: 09/24/2024

Measures	Result
Target: Average score of >= 3 (0-4 pt. scale) **Timeframe:** Level 1-Fall Semester **Responsible Parties:** Lab Instructor/ Program Faculty/HS APG Committee	**Result**: In Fall 2022, the average score of the RA135 Competency Testing/CCE Part II, numbers 5,7,9,15,17, was 3.96. This year's average score of 3.99 is slightly higher, yet consistent, with prior year's data. This data shows that the students continue to practice proper radiation protection at a high level. 2023 = 3.99(n=22) Previous data: 2022 = 3.96 (n=16) 2021 = 3.95 (n=13) 2020 = 3.94 (n=23) 2019 = 3.91 (n=19) 2018 = 3.90 (n=13) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the instructors continue to have students practice radiation protection in each lab and in the clinical environment. The program faculty provided guidance and instruction for students to enable them to practice and apply radiation protection principles in the clinical setting. Students demonstrated clinical competence by applying proper radiation protection. A variety of radiation protection practices and principles are emphasized throughout the curriculum and students continue to evidence the application of this knowledge in the clinical setting. **<u>Actions</u>** **Action Date**: 09/24/2024 **Action**: ASR faculty will continue to instruct and reinforce radiation protection practices and concepts in classes and labs. A variety of radiation protection practices and principles will continue to be emphasized throughout the curriculum. The program will continue to use and assess this measurement tool with each new cohort. **<u>Follow-up</u>**
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** 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	**Result Date**: 09/24/2024 **Result**: In Spring 2023, the average score of the RA275 Final Clinical Competency Testing/CCE Part II, numbers 5,7,9,15,17, was 3.97. This year's average score is slightly higher at 4.0. This year's data, along with prior year's data, shows that the students continue to practice proper radiation protection at a high level consistently. 2024 = 4.0 (n=13) Previous data: 2023 = 3.97 (n=10) 2022 = 4.0 (n=17) 2021= 3.98 (n=16)

Measures	Result
	Reporting Year: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the program's curriculum continues to integrate radiation protection concepts each semester. The action plan from 2022-2023 was successful. All students demonstrated clinical proficiency and competency in providing radiation protection. Each student's performance demonstrated clinical competence. Students continue to have access to an appropriate exam volume in a variety of settings to prepare them for their final competencies. Clinical instructors continue to instruct students in the clinical setting and evaluate them regarding their level of competency with practicing proper radiation protection. **Actions** **Action Date**: 09/24/2024 **Action**: During the 2024-2025 academic year, the program's curriculum will continue to integrate radiation protection concepts each semester. The recommendation is the continued use of this assessment tool since there are variations in patients and exams. This evaluation will continue to be completed by the clinical instructors. **Follow-up**

ASR 1.2

AU Outcome
Students will apply correct positioning skills
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** 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	**Result Date**: 09/24/2024 **Result**: In Spring 2024, the average score of the RA145 Certification Testing/Part I, numbers 3,12,14,15 was 3.97. This is slightly higher than last year's average of 3.94. Students continue to exceed benchmark, but the average scores have continued to increase over the last 5 years. This data shows that the student's consistently apply correct positioning skills during radiography procedures. 2024=3.97(n=21) Previous data: 2023=3.94(n=14) 2022= 3.98 (n=10) 2021= 3.93 (n=17) 2020= 3.92 (n=16)

Measures	Result
	Reporting Year: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, course instructors continued to assess this item since certification testing is completed at various clinical sites and with different clinical instructors. The action plan was effective. All students demonstrated clinical competence while applying correct positioning skills. The clinical instructors encouraged the students to continually practice and review positioning principles. The students demonstrated knowledge of positioning in relation to their level of placement in the program. <u>**Actions**</u> **Action Date**: 09/24/2024 **Action**: The clinical instructors will continue to work with the students and encourage them to practice and review positioning principles while in the clinical setting. Certification testing will continue to be completed at various clinical sites with different clinical instructors. The course instructors recommend continuing to assess this item. <u>**Follow-up**</u>
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** 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	**Result Date**: 09/24/2024 **Result**: In Fall 2023, the average score of the RA265 Certification Testing/Part I, numbers 3,12,14,15, was 3.97. This score is very consistent when comparing it to all prior data through 2019. All cohorts starting in 2019 have scored an average of 3.9 or higher each year. Students continually exceed benchmark demonstrating their ability to apply correct positioning skills while performing radiography procedures. 2023= 3.97(n=13) Previous data: 2022=4.0 (n=10) 2021=3.96(n=17) 2020=3.95(n=16) 2019=3.9(n= 10) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the faculty continue to communicate with the clinical instructors and encourage them to select from more advanced and challenging exams to correlate with the student's level in the program. Faculty continue to provide effective instruction in the classroom and lab which permits success in the clinical setting. The action plan was effective. All students demonstrated clinical competence and applied correct positioning skills for the certifications. Students are guided by the program faculty and are well prepared in the classroom and lab which equates to success in the clinical setting. <u>**Actions**</u> **Action Date**: 09/24/2024

Measures	Result
	Action: The faculty will continue to communicate with the clinical instructors and encourage them to select from more advanced and challenging exams to correlate with the student's level in the program. Faculty will continue to provide effective instruction in the classroom and lab. **Follow-up**

ASR 2.1

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** 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	**Result Date**: 09/24/2024 **Result**: In Fall 2022, the average score of the RA135 Clinical Instructor/Preceptor Evaluations/Numbers 3,6,10,11, was 3.85. This year's average score of 3.82 is comparable to the prior academic year. This data shows that students are able to demonstrate effective communication skills in the clinical setting. 2023 = 3.82 (n=22) Previous data: 2022 3.85 (n=16) 2021 3.52(n=13) 2020 3.27(n=22) 2019 3.47(n=19) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the clinical instructors/preceptors continue to provide instruction to students in the areas of patient care, interpersonal relationships, multicultural diversity and age-appropriate care in the clinical setting. The clinical site rotations provide each student with the opportunity to work in diverse environments and with diverse patients. The action plan was effective. The students' average scores increased in patient care when compared to the previous academic year. In the areas of interpersonal relationships, multicultural diversity, and age-appropriate care, there was an overall drop in scores of 0.04. This is a very minimal drop, and when compared with the increased number of students over the prior year, it is considered insignificant. **Actions** **Action Date**: 09/24/2024

Measures	Result
	Action: The clinical instructors/preceptors will continue to provide instruction to students in the areas of patient care, interpersonal relationships, multicultural diversity and age-appropriate care in the clinical setting. The ASR faculty will continue to provide diverse clinical sites to all students with the opportunity to work with diverse patients.
	Follow-up
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** 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	**Result Date**: 09/24/2024 **Result**: In Spring 2023, the average score of the RA275 Clinical Instructor/Preceptor Evaluations/Numbers 3,6,10,11, was 3.84. This year's average score of 3.91 demonstrated an increase when compared to the prior academic year. Cohorts continue to exceed benchmark each year. Students continue to demonstrate effective communication skills in the clinical setting. Spring 2024 =3.91 (N = 13) Previous data: 2023 = 3.84 (N =10) 2022 = 3.92 (N = 17) 2020-2021 = 3.66 (N =16) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the clinical instructors/preceptors continue to instruct students by exhibiting effective communication in the clinical environment. The action plan was effective. The current data shows that exceptional instruction and supervision was conducted by clinical instructors/preceptors allowing for communication skills to be assessed adequately. There was an increase in the areas of interpersonal relationships, multicultural diversity, and age-appropriate care. In the category of overall patient care, there was a drop of 0.04. Overall, students continue to demonstrate effective communication skills in the clinical setting. Faculty continue to work and communicate with clinical instructors and preceptors to ensure student success in the clinical setting. **Actions** **Action Date**: 09/24/2024 **Action**: Clinical instructors and preceptors will continue to instruct students by exhibiting effective communication in the clinical environment. Faculty will continue to work and communicate with clinical instructors and preceptors to ensure student success in the clinical setting. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool	**Result Date**: 09/24/2024

Measures	Result
Measure: 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	**Result**: This year's average score of the RA135 Clinical Competency Evaluation/Part I Number 4, Part III Numbers 1,3,6-8, was 4.0. This score is slightly higher yet consistent with prior years, with students continually receiving an average score of 3.94 or above since 2020. Based on the consistency from cohort to cohort, students continue to demonstrate effective communication skills in the clinical setting. 2023=4.0 (n=22) Previous data: 2022=3.98(n=16) 2021=3.94(n=13) 2020=3.96(n=23) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the program faculty continue to provide the students with the skills needed for effective clinical communication. The program faculty also continue to assist the clinical instructors as they provide effective instruction, supervision, and feedback to the students in the clinical setting. The action plan was effective. All students demonstrated communication skills reflective of their level in the program in the clinical setting. The program curriculum and faculty continue to provide students with the necessary skills to progress from the classroom and lab setting to the clinical setting. **<u>Actions</u>** **Action Date**: 09/24/2024 **Action**: The program faculty will continue to provide the students with the skills needed for effective clinical communication. The program faculty will continue to guide and assist the clinical instructors as they provide effective instruction, supervision, and feedback to the students in the clinical setting. **<u>Follow-up</u>**
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** 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	**Result Date**: 09/24/2024 **Result**: This year's average score of the RA275 Final Clinical Competency Evaluation/Part I Number 4, Part III Numbers 1,3,6-8, was 4 on a 0–4-point scale. Students exceeded benchmark with the highest score possible. This data is consistent with prior years as students have achieved an average score of 3.98 or higher since 2021. Students consistently demonstrate effective communication skills in the clinical setting. 2024=4 (n=13) Previous data: 2023= 4 (n=10) 2022=4 (n=17) 2021=3.98 (n=16) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: As proposed in the 2022-2023 action plan, the students will continue to be instructed and guided in effective clinical communication skills in every semester of the program. All clinical instructors and preceptors at all clinical sites assist with this instruction and guidance. The action plan was effective. Students continue to exceed benchmark. Students demonstrated excellent communication skills in the clinical setting. Many of this year's final CCEs were performed on patients that required multiple exams and extensive patient communication. **Actions** **Action Date**: 09/24/2024 **Action**: Students will continue be instructed and guided in effective clinical communication skills in every semester of the program. All clinical instructors and preceptors at all clinical sites assist with this instruction and guidance. **Follow-up**

ASR 2.2

AU Outcome
Students will practice and demonstrate communication skills (formerly Students will practice written communication skills)
Outcome Status
Active
Start Date
09/25/2023

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** RA: 115 Patient Care Presentation **Target:** Average score of >= 85% **Timeframe:** Level I-Fall Semester **Responsible Parties:** RA: 115 Course Instructor/HS APG Committee	**Result Date**: 09/24/2024 **Result**: This year's average score of 97% is comparable when looking at prior academic year. This academic year the oral and written communication goals were combined into one goal. This data shows that students consistently continue to practice effective communication skills. 2023 = 97% (n = 22) Written Communication - 2022= 97.7% (n=15) Oral Communication – 2022=94.3% (n=15) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: As proposed in the 2022-2023 action plan, the course instructor continues to discuss the paper requirements with the students. This academic year the oral and written communication goal were combined into one goal. The students' presentations combine both written and oral communication by writing on an assigned topic and presenting that paper to the class with PowerPoint slides to correlate with the paper. The student success coordinator presented on APA formatting to the students for the written portion and proper references. The students worked in partners for critique of the slides and the instructor answered questions and gave guidance to the students. Students consistently continue to practice effective communication skills. **Actions** **Action**: The course instructor will continue to discuss the paper requirements with the students and remind them of the resources available to them, including the student succuss coordinator, the Allen College Website, and the resources available on Blackboard. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** RA:258 Pathology Systems Presentation **Target:** Average score of >= 85% **Timeframe:** Level II-Fall Semester **Responsible Parties:** RA: 258 Course Instructor/ HS APG Committee	**Result Date**: 09/24/2024 **Result**: This year's average score of 96% is comparable when looking at prior academic year. This academic year the oral and written communication goals were combined into one goal. This data shows that students consistently continue to practice effective communication skills. 2023 = 96% (n = 13) Written Communication- 2022=93.9% (n=10) Oral Communication – 2022=94.2% (n=10 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the course instructor continues to discuss the paper requirements with the students and encourages them to review APA guidelines. This academic year the oral and written communication goal were combined into one goal. The students' presentations combine both written and oral communication by writing on an assigned topic and presenting that paper to the class with PowerPoint slides to correlate with the paper. The students worked in partners for critique of the slides and the instructor answered questions and gave guidance to the students. The students were allowed scheduled class times to work on the presentations with guidance from the instructor. Students consistently continue to practice effective communication skills. **Actions** **Action Date**: 09/24/2024

Measures	Result
	Action: The course instructor will continue to discuss the paper requirements with the students and remind them of the resources available to them, including the student succuss coordinator, the Allen College Website, and the resources available on Blackboard.
	Follow-up

ASR 3.1

AU Outcome
Students will appropriately critique radiographic images
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** RA: 255 Radiographic image analysis worksheets **Target:** Average score of >= 80% **Timeframe:** Level II-Summer Semester **Responsible Parties:** RA: 255 Course Instructors/HS APG Committee	**Result Date**: 09/24/2024 **Result**: This year's average score of the RA255 Radiographic Image Analysis Worksheets was 89.85%. This is lower than last year's average score of 94.7%, but still comparable when looking at average scores since 2019. Overall, the students have consistently exceeded benchmark demonstrating their ability to appropriately critique radiographic images. 2023 = 89.85% (n =13) Previous data: 2022 = 94.7% (n = 10) 2021 = 90% (n=17) 2020 = 91.94% (n=16) 2019 = 92.72% (n=11) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the faculty continue to assign learning opportunities from the new 5th edition textbook. This text offers multiple images to assist the students in mastering critically analyzing and critiquing images. The action plan was effective. Overall, the students applied critical thinking skills and critiqued radiographs. A few students in this cohort put forth minimal effort and/or submitted a few of their worksheets late which reduced the average score for this cohort. Multiple reminders for due dates were shared and faculty used multiple forms of communication including face to face reminders. Overall, all students demonstrated the ability to apply critical thinking skills while correctly analyzing radiographic images. **Actions** **Action Date**: 09/24/2024

Measures	Result
	Action: The faculty will continue to use the new 5th edition textbook. A variety of learning opportunities will continue to be provided to the students to assist them with critiquing radiographic images. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** RA: 265 Radiographic image analysis worksheets **Target:** Average score of >= 80% **Timeframe:** Level II- Fall Semester **Responsible Parties:** RA: 265 Course Instructors/HS APG Committee	**Result Date**: 09/24/2024 **Result**: In Fall 2022, the average score of the RA265 Radiographic Image Analysis Worksheets was 89.7%. This year's average score is slightly higher at 90.61%, yet comparable when looking at prior data. Since 2020, all cohorts consistently score an average of 88-92%. The students demonstrated the ability to appropriately critique radiographic images. 2023= 90.61% (n=13) Previous data 2022= 89.7% (n=10) 2021=88.88% (n=17) 2020 = 91.69% (n=16) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the faculty continue to assign learning opportunities from the new 5th edition textbook and review each item on the worksheets for clarity and accuracy with the new edition text. The action plan was effective. All students demonstrated the ability to apply their critical thinking skills and accurately critique radiographic images. The student is permitted two attempts to complete the worksheet and the scores are averaged. Some students chose to only complete one attempt, one student submitted lower scores even though encouraged by the instructor to spend more time on the activity and complete it more than once. **Actions** **Action Date**: 09/24/2024 **Action**: The instructor will continue to assign learning opportunities from the new 5th edition textbook. The instructor will continue to review each item on the worksheets for clarity and accuracy with the new edition text. ASR faculty will continue to communicate with the students encouraging them to take advantage of the 2 attempts allowed. **Follow-up**

ASR 3.2

AU Outcome
Students will demonstrate ability to practice critical thinking
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Exam/Quiz - Standardized **Measure:** 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	**Result Date**: 09/24/2024 **Result**: In Spring 2024, 62% of the students achieved a score of 70 or greater on one of the four Corectec Exams assigned in RA203B. This is a significant decrease from last year's average of 90%. Benchmark was not met. The students did not demonstrate their ability to practice critical thinking. 2024 = 62% (n = 13) achieved a 70 or greater on one of the four exams. Previous data: 2023 = 90% (n= 10) 2022 = 71% (n = 17) 2021 = 69% (n = 16) 2020 = 90% (n=10) 2019 = 100% (n=12) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No **Action Plan Impact**: As proposed in the 2022-2023 action plan, the instructor made a few revisions to the guided review assignments. All students were required to attend both days of the student educator seminar and the mock board exam score completed at the seminar was included in the RA275 course grade. This cohort did not perform as well on the 4 Corectec comprehensive exams when compared to prior cohorts. All students are provided with multiple tools to assist them with achieving a 70 on a Corectec exam. Any student not earning a 70 Corectec score is also required to complete additional guided review assignments with a specific due date. All steps in the guided review assignments are assigned to be completed prior to the next exam. Three students were late on portions of the first guided review assignment. One student completed all steps in all three guided review assignments late. **Actions** **Action Date**: 09/24/2024 **Action**: The course instructor will make a few changes to the guided review assignment instructions and increase the grade reduction for late submission of work to encourage timely completion of all assignments. The instructor may also review a new learning resource for possible implementation for Sp26. ASR faculty will continue requiring attendance for both days of the student seminar and will apply the mock board exam score towards the RA275 course grade. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** RA:154 CT Topic Presentation **Target:** Average score of >= 80%	**Result Date**: 09/24/2024

Measures	Result
Timeframe: Level I- Spring Semester **Responsible Parties:** Program Faculty/HS Curriculum Committee	**Result**: In Spring 2023, the average score of the RA154 CT Topic Presentation was 96.4%. This year's average score of 99% is slightly higher yet consistent with prior data. Benchmark continues to be exceeded. The students continue to demonstrate their ability to practice critical thinking consistently. Spring 2024 = 99% (n=16) Previous data: Spring 2023 = 96.4% (n=10) Spring 2022 = 96.75% (n=8) Spring 2021 = 96.24% (n=13) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the instructor provided each student with a grading rubric and a presentation example within Blackboard. The instructor also had each student conduct 2 peer reviews on their classmate's presentations. Students are expected to use critical thinking skills to help teach the class about specific CT topics. The topics presented this year included various procedures, pathologies, animal radiography, and trauma. Each student is evaluated on presentation format, content, audio/professionalism, and creativity. The entire cohort excelled when it came to format, content, and audio/professionalism. Minor points were deducted from a select few presentations for creativity; a few presentations were too "wordy" taking the focus away from the audio portion of the presentation. The student peer review feedback was taken into consideration when the instructor completed the final grade/feedback for each presentation. Through the creation of their presentations, the students did a great job at demonstrating their ability to practice critical thinking in the learning environment. **Actions** **Action Date**: 09/24/2024 **Action**: The instructor will continue to provide each student with a grading rubric and a presentation example within Blackboard. The instructor will continue to have each student conduct peer reviews on their classmate's presentations. The feedback provided by the students during their peer reviews will be used by the instructor when they complete a final grade for each presentation. **Follow-up**

ASR 3.3

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** 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 APG Committee	**Result Date**: 09/24/2024 **Result**: In Spring 2023, the average score of the RA145 Clinical Instructor/Preceptor Evaluations/Numbers 2,4,7,8 was 3.74. This year's average score is slightly higher yet comparable at 3.83. All students continue to exceed benchmark with consistently averaging 3.6 and higher for the last 5 years. Students continue to demonstrate their ability to critically think in the clinical setting. Spring 2024 = 3.83 (N =21) Previous data: 2023 = 3.74 (N =15) 2022 = 3.66 (N =10) 2020-2021 = 3.65 (N=18) 2019-2020 = 3.6 (N=16) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the clinical instructors/preceptors in the clinical setting continued to provide excellent instruction and supervision of students to assess their critical thinking skills. The student scores were higher than the previous year in the Self-Image for Level in the ASR Program, Ability to follow directions, of Applications of Knowledge, and Composure and Adaptability. Overall, the action plan was effective. Students demonstrated the ability to critically think in the clinical setting. <u>**Actions**</u> **Action Date**: 09/24/2024 **Action**: The clinical instructors/preceptors will continue to provide the needed instruction and supervision of the students to evaluate their critical thinking skills in the clinical setting. <u>**Follow-up**</u>
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** 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	**Result Date**: 09/24/2024 **Result**: In Fall 2022, the average score of the RA265 Clinical Instructor/Preceptor Evaluations/Numbers 2,4,7,8, was 3.86. This year's score was slightly lower at 3.82, but this decrease is not considered significant. The benchmark continues to be exceeded, and the students continue to demonstrate their ability to critically think in the clinical setting. 2023 = 3.82 (n=13) Previous Data: 2022 3.86 (n=10) 2021 3.57 (n=17) 2020 3.75 (n=16) 2019 3.86 (n=11) **Reporting Year**: 2023 - 2024 (Year 2)

Measures	Result
	Target Met: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the clinical instructors/preceptors continue to instruct, explain, and demonstrate to students how to practice critically thinking skills in the clinical environment. The action plan was effective to meet benchmark. The students' scores decreased by an average of 0.04 in all four performance criteria areas; application of knowledge, ability to follow directions, self-image for level in the ASR program, and composure and adaptability. There was an increased number of students compared to the prior cohort that accounts for the slight drop in overall performance. Students have immediate access to their completed evaluations on Trajecsys. Students continue to be able to critically think in the clinical setting. **Actions** **Action Date**: 09/24/2024 **Action**: The clinical instructors/preceptors will continue to instruct, explain and demonstrate to students how to practice critical thinking skills in the clinical environment. **Follow-up**

ASR 4.1

AU Outcome
Students will integrate leadership skills and construct professional practices
Outcome Status
Inactive

Measures	Result
Assessment Measure Status: Inactive **Assessment Type:** SL: Service **Measure:** 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	**Result Date**: 09/24/2024 **Result**: This year's average score of the RA135 Community Service/Service Learning Evaluation was 80.64%. This is a significant decrease from last year's score of 86.75%, but benchmark continues to be exceeded. The students continue to demonstrate their ability to integrate leadership skills and construct professional practices. 2023 = 80.64% (n=22) Previous data: 2022 = 86.75% (n=16) 2021 = 77.46% (n=13) 2020 = 88.80% (n=18) 2019 = 87.71% (n=19) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: As proposed in the 2022-2023 action plan, the course instructors continue to assess the assignment instructions and make modifications accordingly. The action plan from the prior academic year was successful in assisting the students in achieving the benchmark for the current academic year. Additional APA resources were provided to the students. Small improvements and clarifications to the assignment instructions may have assisted this cohort in meeting benchmark. The course instructors may consider removing this goal and outcome from the assessment plan. **Actions** **Action Date**: 09/24/2024 **Action**: The course instructors will continue to assess the assignment instructions and make modifications accordingly. Additional APA resources will be provided to the students. The course instructors may consider removing this goal and outcome from the assessment plan. **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Service **Measure:** 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	**Result Date**: 09/24/2024 **Result**: In Fall 2022, the average score of the RA265 Community Service/Service Learning Evaluation was 73.3%. This year's score was significantly higher at 89%. Benchmark was exceeded this year. All students demonstrated their ability to integrate leadership skills and construct professional practices. 2023 = 89% (n=13) Previous data: 2022 = 73.3% (n=10) 2021 = 71.41% (n=17) 2020 = 84.56% (n=16) 2019 = 85.6% (n = 10) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the instructors placed the paper assignment instructions and the grade rubric within the assignment drop box in the Blackboard course. Students were also provided with additional APA resources. This action plan was effective in significantly increasing the student's average scores. Small improvements and clarifications to the assignment instructions may have assisted this cohort in meeting benchmark. All students demonstrated their ability to integrate leadership skills and construct professional practices. Course instructors may consider removing this goal and outcome from the assessment plan. **Actions** **Action Date**: 09/24/2024 **Action**: The course instructors will continue to assess the assignment instructions and make modifications accordingly. Additional APA resources will be provided to the students. Course instructors may consider removing this goal and outcome from the assessment plan.

Measures	Result
	Follow-up

ASR 4.2

AU Outcome
Students will practice professionalism
Outcome Status
Inactive

Measures	Result
Assessment Measure Status: Inactive **Assessment Type:** SL: Clinical evaluation tool **Measure:** 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	**Result Date**: 09/24/2024 **Result**: In Fall 2022, the average score of the RA135 Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13, was 3.79. This year's average score of 3.76 was slightly lower, yet consistent and comparable with prior data. The benchmark continues to be exceeded, and all students continue to demonstrate their ability to practice professionalism. 2023 = 3.76 (n=22) Previous data: 2022 3.79 (n=16) 2021 3.47 (n=13) 2020 3.34 (n=22) 2019 3.51 (n=19) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the clinical instructors/preceptors continue to provide instruction to students in the areas of organization of assignments, initiative, appearance, policies and procedures, and ethical and professional behavior. The action plan was effective. The students are measured in a total of five areas. There was a slight decrease in the areas of initiative, appearance, and policies and procedures. The final two areas of ethics and professional behavior and organization of assignments slightly increased. Looking at the overall score, there was only a decrease of 0.03% with an increase of 6 students within the cohort. All students continue to practice professionalism. **Actions** **Action Date**: 09/24/2024 **Action**: The clinical instructors/preceptors will continue to provide instruction to students in the areas of organization of assignments, initiative, appearance, policies and procedures, and ethical and professional behavior. **Follow-up**
Assessment Measure Status: Inactive	**Result Date**: 09/24/2024

Measures	Result
Assessment Type: SL: Clinical evaluation tool **Measure:** 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	**Result**: In Spring 2023, the average score of the RA275 Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13, was 3.77. This year's average score was higher at 3.83, yet comparable to prior data. The benchmark continues to be exceeded, and the students continue to demonstrate their ability to practice professionalism. Spring 2024 = 3.83 (n =13) Previous data: Spring 2023 = 3.77 (n =10) Spring 2022 = 3.86 (N = 17) Spring 2021 = 3.65 (n=16) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the clinical instructors/preceptors continue to deliver prompt feedback to students when issues arise concerning initiative and professionalism. Faculty continue to discuss the importance of initiative and professionalism in the clinical setting to the students. Overall, the action plan was effective. The students' average scores in all areas increased compared to prior year by 0.06%; these include Organization of Assignments, Initiative, Appearance, Policies and Procedures, and Ethical and Professional Behaviors. The students continue to demonstrate their ability to practice professionalism. **Actions** **Action Date**: 09/24/2024 **Action**: The clinical instructors/preceptors will continue to deliver prompt feedback to students when issues arise concerning initiative and professionalism. Faculty will continue to discuss the importance of initiative and professionalism in the clinical setting to all students. **Follow-up**

Program (HS) - Diagnostic Medical Sonography (DMS)

DMS 1.1

AU Outcome
Students will show knowledge of ultrasound transducers
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic	**Result Date**: 02/19/2025

Measures	Result
Measure: Ultrasound Transducer Exam **Target:** Students will receive an average score of >= 80% **Timeframe:** Annually **Responsible Parties:** Program Chair HS Curriculum Committee	**Result**: 2023-2024: 87.5% (7of8) = 80% Results: **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Result is improved from previous year. Per the 2022-2023 action plan, faculty provided rubric identifying project requirements and associated scoring. The course also included topic lecture/discussion, graded homework assignments, and offered tutoring. This action plan appears to have been effective in promoting student success on this assignment. <u>**Actions**</u> **Action**: To meet the target during the 2024-2025, faculty will continue to provide lecture content regarding topic, provide additional remedial/tutor sessions and referral to Student Success Coordinator for assistance if needed. <u>**Follow-up**</u>
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** Students will construct transducer model **Target:** Each student will receive a score of >= 80% **Timeframe:** Annually **Responsible Parties:** Program Chair HS Curriculum Committee	**Result Date**: 02/19/2025 **Result**: 2023-2024 100% of students received greater than 80% (n=8) Result comparable to previous years. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Per the 2022-2023 action plan, faculty provided rubric identifying project requirements and associated scoring. The course also included topic lecture/discussion, graded homework assignments, and offered tutoring. This action plan appears to have been effective in promoting student success on this assignment. <u>**Actions**</u> **Action**: o meet the target during the 2024-2025, faculty will continue to provide lecture content regarding topic, provide additional remedial/tutor sessions and referral to Student Success Coordinator for assistance if needed. <u>**Follow-up**</u>

DMS 1.2

AU Outcome
Students will apply correct scanning skills
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Lab **Measure:** Final Lab Practical **Target:** Students will achieve an average score of >= 80%. **Timeframe:** Didactic Level - Fall Semester **Responsible Parties:** Program Faculty/ HS Curriculum Committee	**Result Date**: 02/19/2025 **Result**: Fall 2023 100% = 80% (n=8) Result was comparable to previous years. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Per the 2022-2023 action plan, faculty members provided instruction in areas of basic anatomy, sonographic anatomy, imaging techniques and instrumentation, and protocols though demonstration, verbal and written instruction, and individual and group image and technique review. Faulty required scanning sessions and offered additional scanning sessions supervised by various instructors. This action plan appears to have been effective in helping students be successful on the assignment. <u>**Actions**</u> **Action**: Action To meet the target during the 2024-2025, faculty will continue to provide lecture content regarding topic, provide additional scanning sessions and referral to Student Success Coordinator for assistance if needed. <u>**Follow-up**</u>
Assessment Measure Status: Active **Assessment Type:** SL: Lab **Measure:** 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	**Result Date**: 02/19/2025 **Result**: Spring 2024 100% (8/8) passed of student's lab practical on 1st attempt. Result were comparable to previous years. Students adequately demonstrated appropriate knowledge of anatomy, exam protocols and imaging techniques **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Per the 2022-2023 action plan, faculty members provided instruction in areas of basic anatomy, sonographic anatomy, imaging techniques and instrumentation, and protocols though demonstration, verbal and written instruction, and individual and group image and technique review. Faulty required scanning sessions and offered additional scanning sessions supervised by various instructors. This action plan appears to have been effective in helping students be successful on the assignment. <u>**Actions**</u> **Action**: To meet the target during the 2024-2025, faculty will continue to provide lecture content regarding topic, provide additional scanning sessions and referral to Student Success Coordinator for assistance if needed. <u>**Follow-up**</u>

DMS 2.1

AU Outcome

Students will demonstrate effective communication skills in the imaging lab setting

Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** 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	**Result Date**: 02/19/2025 **Result**: Fall 2023 avg score 4.79 (n=7) Scores remain high and comparable to previous years. Students continue to demonstrate effective communication in the clinical setting **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Per the 2022-2023 action plan, the CI's provided excellent instruction and supervision of students to enhance communication skills **Actions** **Action**: To continue to meet or exceed the target/benchmark for this measure during the 2023-2024 academic year, the clinical instructors/preceptors in the clinical setting will continue to provide instruction and supervision of students to assess their communication and critical thinking skills. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** 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	**Result Date**: 02/19/2025 **Result**: Spring 2024 avg >4 4.9 Scores remain high and comparable to previous years. Students continue to demonstrate effective communication in the clinical setting **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Per the 2022-2023 action plan, the CI's provided excellent instruction and supervision of students to enhance the student's communication skills **Actions** **Action**: To continue to meet or exceed the target/benchmark for this measure during the 2023-2024 academic year, the clinical instructors/preceptors in the clinical setting will continue to provide excellent instruction and supervision of students to assess their communication and critical thinking skills. **Follow-up**

DMS 2.2

AU Outcome
Students will successfully obtain patient history
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** 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	**Result Date**: 02/19/2025 **Result**: Fall 2023 avg 4.25 Fall 2022 avg 4.67 Fall 2021 avg 4.65 Although scores are high, there is slight decrease from previous year. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Per the 2022-2023 action plan, this was to be changed. However, faculty elected to continue using present evaluation form. Faculty obtained and assessed feedback from clinical instructors. Faculty reviewed evaluations with clinical instructors and student at each site visit and identified /made recommendations for student improvement. **Actions** **Action**: To continue to meet or exceed the target/benchmark for this measure during the 2024-2025 academic year, faculty will continue to use current forms. Faculty will continue to review evaluations with students at each site visit, and identify areas of concern, and make recommendations/plan for student improvement. **Follow-up**

DMS 3.1

AU Outcome
Students will successfully analyze sonographic images
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** Ultrasound Imaging Imaging Portfolio **Target:** Each student will receive score >= 80% **Timeframe:** Didactic Level - Fall Semester	**Result Date**: 02/19/2025 **Result**: Fall 2023 87.5 % scored =80% n=8 (7/8) Fall 2022 42% scored =80% n=7 (3/7) Fall 2021 100% scored =80% n=7 Fall 2020 100% scored =80% n=8 Result greatly increased from previous year. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
Responsible Parties: Course Instructor/ Program Faculty/ HS Faculty Org. Committee	**Action Plan Impact**: Per the 2022-2023 action plan, faculty required image portfolios to be submitted with expectations that students would demonstrate the necessary skills to acquire quality diagnostic images, which in turn would require that students could successfully analyze those sonographic images for instrumentation factors and diagnostic quality. The opportunity for faculty and students to identify what factors contributed to make an exam "diagnostic" appears to have been effective in helping students be successful on the assignment and achieve the target. **Actions** **Action**: To meet or exceed the target for during the 2024-2025 academic year, faculty will continue to require image portfolios to be submitted with expectations that students would demonstrate the necessary skills to acquire quality diagnostic images, which in turn would require that students could successfully analyze those sonographic images for instrumentation factors and diagnostic quality. The opportunity for faculty and students to identify what factors contributed to make an exam "diagnostic" appears to have been effective in helping students be successful on the assignment and achieve the target. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** ABD II Thyroid Image Assessment **Target:** Each student will receive score >= 80% **Timeframe:** Annually-Spring semester **Responsible Parties:** ABD II Course Instructor	**Result Date**: 02/19/2025 **Result**: Sp 2024 100% scored =80% n=8 Sp 2023 100% scored =80% n=7 Sp 2022 100% scored =80% n=6 Sp 2021 100% (8/8) scored =80% Result comparable to previous years. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Per the 2022-2023 action plan, faculty would continue to include both didactic and labs sessions to enhance the student's knowledge and skills level to evaluate images successfully. The consistent results for this measure demonstrate that this action plan is effective. **Actions** **Action**: To continue to meet or exceed the target for this measure during the 2024-2025 academic year, faculty will continue to include both didactic and labs sessions to enhance the student's knowledge and skills level to evaluate images successfully. Faculty will also distribute an image assessment rubric and will also demonstrate the image assessment process prior to submission of the image assessment assignmen **Follow-up**

DMS 3.2

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** 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	**Result Date**: 02/19/2025 **Result**: Fall 2023 avg 3.0 (n=7) Fall 2022 avg – 3.17 (n=6) Fall 2021 avg – 2.86 (n=7) Fall 2020 avg -3.4 (n=5) Results decreased from previous year. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Per the 2023-2024action plan, faculty will continue use of current self-evaluation forms to assess student self -assess. This process is effective in helping students identify areas of concern so that the outcome will be that the student can be successful in the clinical setting. <u>**Actions**</u> **Action**: To meet the target during the 2024-2025, faculty will continue use of current self-evaluation forms. Faculty will continue to obtain and assess self-evaluations from students and compare them to the evaluations from clinical instructors. Faculty will continue to review evaluations with students at each site visit, and identify areas of concern, and make recommendations/plan for student improvement. <u>**Follow-up**</u>
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** 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	**Result Date**: 02/19/2025 **Result**: Spring 2024 avg 3.0 9n=6) Spring 2023 avg- 3.37 (n= 6) Although meeting benchmark, review of the self-evaluations identified that several students did not feel confident regarding their critical thinking skills, thus contributing to a lower self-evaluation score. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
Responsible Parties: Program Faculty/HS Curriculum Committee	**Action Plan Impact**: Per the 2023-2024 action plan, the faculty continued use of current self-evaluation forms to assess student self -assess and identify areas of concern so that the outcome will be that the student can be successful in the clinical setting. **Actions** **Action**: To meet the target during the 2024-2025, faculty will continue use of current self-evaluation forms. Faculty will continue to obtain and assess self-evaluations from students and compare them to the evaluations from clinical instructors. Faculty will continue to review evaluations with students at each site visit, and identify areas of concern, and make recommendations/plan for student improvement. **Follow-up**

DMS 4.1

AU Outcome
Students will demonstrate professional growth or learning
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** Innovations in Sonography - Presentation **Target:** Each student will receive score >= 90% **Timeframe:** Annually **Responsible Parties:** Program Faculty/HS Curriculum Committee	**Result Date**: 02/19/2025 **Result**: Spring 2024 100% of students receive score = 90% (n=8) Spring 2023 100% of students receive score = 90% (n=7) Spring 2022 100% of students receive score = 90% (n=6) Results are consistent with previous 3 years **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Per the 2023-2024action plan, the faculty required students to develop and give a presentation on sonography issues or topics and that faculty would continue to provide feedback and tips on development of presentations. This action plan appears to have been effective in helping students be successful on the assignment and to achieve the target. **Actions** **Action**: To meet the target during 2024-2025, faculty will continue to require that students develop and give a presentation on sonography issues or topics. Faculty and fellow students will continue to provide feedback regarding classmates' presentations.

Measures	Result
	Follow-up
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** B- Sonography webinar **Target:** Each student will receive score >= 90% **Timeframe:** Annually **Responsible Parties:** Program Faculty/HS Curriculum Committee	**Result Date**: 02/19/2025 **Result**: Spring 2024 100% of students receive score = 90% (n=8) Spring 2023 100% of students receive score = 90% (n=7) Spring 2022 100% of students receive score = 90% (n=6) Spring 2021:100% scored = 90% (n=8) Spring 2020 100% scored = 90% (n=7) Results are consistent with previous 4 years. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Per the 2022-2023 action plan, the faculty required students to develop and give a presentation on sonography issues or topics and that faculty would continue to provide feedback and tips on development of presentations. This action plan appears to have been effective in helping students be successful on the assignment and to achieve the target. **Actions** **Action**: To meet the target during 2024-2025, faculty will continue to require that students develop and give a presentation on sonography issues or topics. Faculty and fellow students will continue to provide feedback regarding classmates' presentations. **Follow-up** **Result Date**: 02/19/2025 **Result**: Sp 2024 100% (8/8) received score = 90% Sp 2023 100% (7/7) received score = 90% Sp 2022 100% received score = 90% (n=6) Result comparable to previous years. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Per the action plan of 2022-2023, faculty continued to require students to view webinar and complete a worksheet as a course assignment which assisted the students in their professional growth and learning. **Actions** **Action**: To meet or exceed the target for this measure during the 2024=2025 school year academic year, faculty will continue to use the same activity/ requirement for the course **Follow-up**

DMS 4.2

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** 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	**Result Date**: 02/19/2025 **Result**: Fall 2023 avg score = 4.62 (n=7) Fall 2022 average score 4.86 (n=6) Fall 2021 avg 4.88 Scores remain high. Students continue to demonstrate professional in the clinical setting. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Per the 2022-2023 action plan, faculty evaluated feedback from clinical instructors. At each site visit, faculty reviewed evaluations with clinical instructors and the student. Areas of concern were identified and recommendations for student improvement were developed. This action plan appears to have been effective in helping students be successful in the clinical setting. **Actions** **Action**: To continue to meet or exceed the target/benchmark for this measure during the 2023-2025 academic year, the clinical instructors/preceptors in the clinical setting will continue to provide excellent instruction and supervision of students to assess their critical thinking skills. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** DMS:409 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 - Spring Semester **Responsible Parties:** DMS 408 Instructor/ Program Faculty/HS Curriculum Committee	**Result Date**: 02/19/2025 **Result**: Spring 2024 avg score 4.8 (n=6) Spring 2023 4.9 Spring 2022 average score 4.94 (n=6) Spring 2021 average score 5.0 (n=5) Spring 2020 average score 4.95(n=6) Scores remain high **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: Per the 2022-2023 action plan, was to be changed. However, due to the additions of new clinical sites, faculty elected to continue using present evaluation form. Faculty obtained and assessed feedback from clinical instructors. Faculty reviewed evaluations with clinical instructors and student at each site visit and identified /made recommendations for student improvement. This appears to have been effective in helping students be successful in the clinical setting and in achieving the target for this **Actions** **Action**: To continue to meet or exceed the target/benchmark for this measure during the 2024-2025 academic year, faculty will continue to use current forms. Faculty will continue to review evaluations with students at each site visit, and identify areas of concern, and make recommendations/plan for student improvement. **Follow-up**

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

EdD 1.1

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** 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	**Result Date**: 08/16/2024 **Result**: For the Spring 2024 semester, 100% of students (n=2) scored >80% on the budget assignment. This compares similarly to the results from the last time the course was offered in Spring 2022 when 100% of students (n=3) scored >80%. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The budget assignment directly supports the outcome that the students can demonstrate competence in a faculty and/or leadership role. The action plan from the 2022 CAP report suggested that the assignment release and due dates be evaluated to ensure students have enough time to complete it since this is now an 8-week course vs. a 16-week course. As a result, the dates were adjusted to give one more additional week for the students to complete this assignment. **Actions**

Measures	Result
	Action: The next time the course is offered, it is planned to do a pre/post test assessment of the students' perception of budgetary planning to reinforce the importance of developing this knowledge to be an effective leader in higher education. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 740: Today's Health Sciences Student: Trends, Issues and Challenges – Final Paper **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	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions** **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 780: Integrating Evolving Technology in Health Professions Education --Technology 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	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions** **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** 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	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions** **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** EdD 795: Practicum in Health Professions Education – Let's Get Creative Assignment **Target:** 100% of students will receive a score of >= 85%	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions**

Measures	Result
Timeframe: When course is taught **Responsible Parties:** Program Chair/ HS Grad Curriculum Committee	**Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 700: 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	**Result Date**: 08/16/2024 **Result**: Fall 2023 – 2 students 100% of students received a score of >85% Overall average score = 93.8% (52.5/56) Fall 2014 – 98.7% (average) Fall 2017 – 86.2% (average) Fall 2019 – Met; 98.3% (average); n=2 Fall 2021 – Not Met; 66.1% (average); n=1 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The 2021-2022 action plan for the 2023-2024 academic year indicated no changes would be made to this assignment based on performance. The fall 2021 showed the importance of using the feedback assignments alongside the project rubric to help students develop the final project. 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. Students placed themselves in the role of the change agent and developed a change proposal applicable to their educational settings. Feedback given on the smaller assignments was framed according to the rubric used to assess the final project to help students make revisions. This course is QM certified. **Actions** **Action**: Continue to use the feedback assignments in line with the project rubric to help students develop the final project **Follow-up**

EdD 1.2

AU Outcome
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	Result
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** 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% **Timeframe:** When course is taught (e.g., 2015, 2018, etc.) **Responsible Parties:** Program Chair/ HS Grad Curriculum Committee	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions** **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** 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	**Result Date**: 08/16/2024 **Result**: For the FA2023 cohort, 100% (n=2) of the students earned an average score of >80% on the literature review. This compares to 75% (n=4) of the students earned an average score of >80% on the literature review the previous time the course was offered in 2021. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The target was met for the 2023 cohort. Some changes were implemented after the 2021 offering of this course when the target was not met. Most notably, the due dates for several of the assignments (e.g., the literature map) were moved up to an earlier due date to allow more time to incorporate the feedback. Additionally, the 2021 cohort was the first time the class was offered over 8 weeks vs. 16 weeks in prior courses. As a result, the module release times were staggered in 2023 to give the students sufficient time to complete the assignments. **Actions** **Action**: As a result of all of these changes, this target was met and it is recommended not to make any changes prior to the 2025 offering of this course. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Service **Measure:** 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	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions** **Follow-up**

EdD 2.1

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 750: Curriculum Theory and Design in the Health Professions – Final 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	**Result Date**: 08/16/2024 **Result**: Summer 2023 – 1 student 100% of students received a score of >85% Overall average score = 100% (100/100) Summer 2022 – Met; 100% (average); n=1 Fall 2019 – Met; 100% (average); n=1 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The 2022-2023 action plan for the 2023-2024 academic year indicated no changes would be made to this assignment based on the past successes. The action plan stated a course textbook would be replaced. An online resource was used, and a new textbook was trialed. The final project requires students to develop a unit of instruction following a curriculum development framework. Students worked on different sections of the project throughout the course and received feedback prior to assembling the final project. **Actions** **Action**: This assignment will be included the next time this course is taught with no revisions. A new required textbook will be added for the summer 2024 section. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 760: Pedagogy in Health Professions Education – Teaching Evaluation **Target:** 100% of students will receive a score of >=85% **Timeframe:** When course is taught (e.g., 2014, 2017, etc.)	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions** **Follow-up**

Measures	Result
Responsible Parties: Program Chair/HS Graduate Curriculum Committee	
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** 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	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions** **Follow-up**

EdD 3.1

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** 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	**Result Date**: 08/16/2024 **Result**: Fall 2023 – 2 students 100% of students received a score of >90% Overall average score = 100% (210/210) Fall 2014 – 100% (average) Fall 2017 – 100% (average) Fall 2019 – Met; 98.3% (average); n=2 Fall 2021 – Met; 100% (average); n=1 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: The 2021-2022 action plan for the 2023-2024 academic year indicated no changes would be made to this assignment. Within each module, students discussed a variety of organization development and change topics as they related to educational environments. Discussion board posts are graded using a rubric and both written and verbal discussions are assigned. New, standardized rubrics were used to grade these discussion assignments in this section. Many of the discussions were designed to help students process and apply information to written paper assignments. Students were engaged and active in these discussions. This course is QM certified. **Actions** **Action**: This assignment will be included the next time this course is taught with no revisions. Students will continue to be assessed according to the rubric and provided feedback on their performance. **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** 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	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions** **Follow-up**

EdD 4.1

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 760: Pedagogy in Health Professions Education – Personal Statement of Teaching Philosophy	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions**

Measures	Result
Target: 100% of students will receive an average score of >=85% **Timeframe:** When course taught (e.g., spring, Year 1) **Responsible Parties:** Program Chair/HS Graduate APG Committee	**Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** 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	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions** **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** EdD 810: Methods of Inquiry – Collaborative Group Activity: Mock Qualitative Research Project **Target:** 100% of students will receive a score of >= 85% **Timeframe:** When course is taught (e.g., 2021, 2024, etc.) **Responsible Parties:** Program Chair/HS Graduate APG Committee	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions** **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** EdD 820: Methods of Inquiry - Quantitative Research – 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	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions** **Follow-up**
Assessment Measure Status: Inactive	**Result Date**: 08/16/2024

Measures	Result
Assessment Type: SL: Didactic **Measure:** 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	**Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions** **Follow-up**

EdD 5.1

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 780: Integrating Evolving Technology in Health Professions Education –Tech Topic Assignment **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	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions** **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** 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	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions** **Follow-up**

EdD 5.2

AU Outcome

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	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 770: Assessment and Evaluation in Health Sciences Education – Assessment Process 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	**Result Date**: 08/16/2024 **Result**: Spring 2024 – 2 students 100% of students received a score of >85% Overall average score = 100% (120/120) 2016 – 98.7% 2019 – Met; 100% average; n=2 2022 – Met; 85% **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The 2021-2022 action plan for the 2023-2024 academic year indicated no changes would be made to this assignment, and ungraded feedback assignments aligned with the final project rubric would guide development of the final project. Students were provided with an overview of the final project at the beginning of the course and had the opportunity to receive ungraded feedback on assignments within each module that were aligned with the final project. The rubric was used to provide additional ungraded feedback in Week 6. Discussion boards were also used with the course that allowed students to ask questions that pertained to each section of the paper. **Actions** **Action**: This assignment will be included the next time this course is taught with no revisions. We will continue to use ungraded feedback assignments aligned with the final project rubric to guide development of the final project. A new textbook may be used the next time this course is offered. **Follow-up**

Program (HS) - Doctor of Physical Therapy (DPT)

CAPTE 1C2

AU Outcome
CAPTE 1C2:the program to meet the expectation for an ultimate two-year licensure pass rate of at least 85%.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Licensure Passing Rate (FSBPT) **Target:** Licensure passing rate will be over 85% **Timeframe:** Annually @ Faculty Retreat **Responsible Parties:** Assessment Committee	**Result Date**: 06/20/2024 **Result**: The program reached 100% ultimate passing rate **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Due to 2023-2024 being the first reporting year for the program, there is no previous action plan on which to reflect. **Actions** **Action**: In addition to an up-to-date and evidence-based curriculum we will continue to make mandatory taking a board exam prep course and take the PEAT examination. **Follow-up**

CAPTE 1C1

AU Outcome
CAPTE 1C1: Graduation rates are at least 80%.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Graduation Rate **Target:** Graduation Rate of at last 80% **Timeframe:** Annually @ Faculty Retreat **Responsible Parties:** Assessment Committee	**Result Date**: 06/20/2024 **Result**: The program reached 100% graduation rate of its inaugural cohort. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Due to 2023-2024 being the first reporting year for the program, there is no previous action plan on which to reflect. **Actions** **Action**: In addition to an up-to-date and evidence-based curriculum we will continue to support students in the didactic and face-to-face component by mentorship and advisement strategies. **Follow-up**

CAPTE 1C4

AU Outcome
CAPTE 1C4: Students demonstrate entry-level clinical performance during clinical education experiences prior to graduation.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** PTMACS: Entry-Level Performance **Target:** 100% of students reach entry-level performance in their last clinical education experience. **Timeframe:** Annually @ end of last clinical experience. **Responsible Parties:** Director Clinical Education	**Result Date**: 06/20/2024 **Result**: 100% of graduates reached entry-level performance **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Due to 2023-2024 being the first reporting year for the program, there is no previous action plan on which to reflect. **Actions** **Action**: In addition to using an evidence-based and up-to-date curriculum we will continue using high stake practical examination mimicking complex clinical scenarios. **Follow-up**

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

MS in OT 3.0 Incorporate models of practice

AU Outcome
Students will incorporate models of practice/frames of reference with client-centered strategies that consider a variety of underlying factors.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** OT 601 –Care Plan Assignment **Target:** Average cohort score of 90% or higher **Timeframe:** 2nd Year of program, Semester 4 (Fall) **Responsible Parties:** Course Instructor/ OT Faculty /HS Grad Curriculum Committee	**Result Date**: 10/03/2024 **Result**: Cohort completed Evaluation/Treatment plan assignment with average percentage of 95% these results are compared to fall 2022 Cohort completed Evaluation/Treatment plan assignment with average percentage of 96%. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: Action Plan proposed in 2022-2023 CAP report for implementation during 2023-2024 academic year: Continue to implement live case study, to allow students to ask questions of therapists or be present with intervention. Consider use of electronic documentation method via EPIC training platform if possible for upcoming years. Live lab maybe scheduled outside of class and lab times as a means of achieving more volunteers allowing students to perform evaluation within smaller groups. The write up assignment will maintain being an individual assignment. Impact Statement: Volunteer Children attended campus and were evaluated within a groups of students in which students then independently wrote the report as planned. This allowed for hands on and in person reactions with the child and the caregiver. This action plan resulted in students continuing to meet the goal as indicated in student performance from 96% during the past reporting period to 95% this reporting period, suggesting the action plan was effective for achieving the target. **Actions** **Action Date**: 10/03/2024 **Action**: Continue to implement live case study, to allow students to ask questions of therapists or be present with intervention. Consider the use of electronic documentation method via EPIC training platform if possible, for upcoming years. Live lab maybe scheduled outside of class and lab times as a means of achieving more volunteers allowing students to perform evaluation within smaller groups. The write up assignment will maintain being an individual assignment. Consider allotting time for debrief to occur with same OT supervisor as was present in the live evaluation to allow for more in depth debriefing to be reflected on within their write up and chosen FOR. Consider interprofessional evaluation opportunities with Allen PT program. **Follow-up**

MS in OT 4.0 Collaborative decision-making

AU Outcome
Students will demonstrate collaborative approaches to decision-making with patients/clients/consumers/families that includes client-specific culture and context.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical **Measure:** OT 523 Care Plan/Occupational Profile	**Result Date**: 10/03/2024

Measures	Result
Target: Average cohort score of 90% or higher **Timeframe:** 1st Year of program, Semester 3 (Summer) **Responsible Parties:** Course Instructor/ OT Faculty /HS Grad Curriculum Committee	**Result**: Addressed in Patient Observation & Interaction: On-campus Experience: POC's & Intervention; Average score for this assignment was 100%. The average score for this assignment in 2022 was 96%, and 92% in 2021. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Action Plan proposed in 2022-2023 CAP report for implementation during 2023-2024 academic year: Faculty will determine the need to include the final exam questions as part of this report. The written action plan did not impact the results as written, however there was an improvement of average score on POC for this group of students. **Actions** **Action Date**: 10/03/2024 **Action**: Student's will be provided with face-to-face simulated opportunities to practice collaboration with patients/clients/consumers/families with a focus on the occupational profile to include client specific culture and contexts. The care plan/occupational profile will then first be written in small groups with feedback as appropriate with the aim of continuing to meet or improving student success this outcome next timeframe. **Follow-up**

MS in OT 7.0 Adaptive equipment

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Exam/Quiz - Teacher-made **Measure:** Final Exam Video Case **Target:** Average cohort score of 90% or higher **Timeframe:** 1st Year of program, Semester 3 (Summer) **Responsible Parties:** Course Instructor/ OT Faculty /HS Grad Curriculum Committee	**Result Date**: 10/03/2024 **Result**: Average cohort score 97.0%, this is a significant increase from the 2022 average cohort score of 91.6%. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: Action Plan proposed in 2022-2023 CAP report for implementation during 2023-2024 academic year Faculty will continue to review the exam and make appropriate changes to capture student learning. Lab opportunities for clinical reasoning and practice with justification for assistive technology recommendations will be modified and implemented. Impact: Students had multiple opportunities for clinical reasoning and practice with justification for assistive technology which resulted in a significant increase in student performance on the assessment measure for this timeframe, suggesting the action plan was effective for achieving the target. **Actions** **Action Date**: 10/03/2024 **Action**: Faculty will continue to provide lab opportunities for clinical reasoning and practice with justification for assistive technology recommendations. **Follow-up**

MS in OT 8.0 Ability to modify environments

AU Outcome
Students demonstrate the ability to modify environments to support best outcomes in care.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** OT 523 – Case Study Assignment **Target:** Average cohort score of 90% or higher **Timeframe:** 1st Year of program, Semester 3 (Summer) **Responsible Parties:** Course Instructor/ OT Faculty /HS Grad Curriculum Committee	**Result Date**: 10/03/2024 **Result**: Average score 100%, compared to an Average score of 100% in 2022, compared to Average cohort score 96% in 2021. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Action Plan proposed in 2022-2023 CAP report for implementation during 2023-2024 academic year: Faculty will continue to coordinate with other course instructors to ensure the information is appropriate and foundational for the other course with similar information. Benchmark continues to be met suggesting this action plan was successful. **Actions** **Action Date**: 10/03/2024 **Action**: Faculty will continue to provide enriching experiences through hands-on activities to support student success in modifying environments to support best outcomes in care. **Follow-up**

MS in OT 11.0 Collaborate to meet patient outcomes

AU Outcome
Students will collaborate with interdisciplinary care teams in determining appropriate occupational therapy service delivery to meet patient outcomes.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Exam/Quiz - Teacher-made **Measure:** OT 611 – Documentation Assessment for IPE Experience **Target:** Average cohort score of 90% or higher **Timeframe:** 2nd Year of program, Semester 5 (Spring) **Responsible Parties:** Course Instructor/ OT Faculty /HS Grad Curriculum Committee	**Result Date**: 02/24/2025 **Result**: Average cohort score of 94.6%. Compared to an average cohort score is 93% in 2023, and a 2022 average of 95%. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Action Plan proposed in 2022-2023 CAP report for implementation during 2023-2024 academic year: Faculty will continue to modify this assignment develop continued experiential interprofessional clinical reasoning opportunities and facilitate interprofessional OSCEs on an annual basis. This outcome is a slight increase from a 2023 average of 93% indicating that the action plan appeared to be a success. **Actions** **Action**: Faculty will continue to evolve experiential interprofessional clinical reasoning opportunities and facilitate interprofessional OSCEs on an annual basis. **Follow-up**

MS in OT 12.0 Collaborate to meet education outcomes

AU Outcome
Students will collaborate with an interdisciplinary educational team in determining appropriate occupational therapy service delivery to meet student-client educational outcomes.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** OT 602 Case Study Evaluation Report **Target:** Average cohort score of 90% or higher **Timeframe:** 2nd Year of program, Semester 4 (Fall)	**Result Date**: 10/03/2024 **Result**: Average cohort score of 88%, compared to an Average cohort score of 87% in 2022 and a 2021 cohort score of 91.1%. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No

Measures	Result
Responsible Parties: Course Instructor/ OT Faculty /HS Grad Curriculum Committee	**Action Plan Impact**: Action Plan implemented during 2023-2024 (proposed in 2022-2023 CAP report): The faculty of the course will review lessons to offer examples of a completed school-based evaluation report and additional opportunities for question and answer and peer review along with opportunities to practice completion of this assignment in lab activities. The assignment will be positioned after fieldwork opportunities with a class day for question and answers with course instructor to allow students to experience this type of report within the natural environment of the school-based OT practice with their clinical instructors. Impact: This cohort demonstrated an increase in performance given the action plan stated above indicating that the action plan may have been partially successful. **Actions** **Action Date**: 10/03/2024 **Action**: The faculty of the course will review lessons to offer examples of a completed school-based evaluation report and additional opportunities for question and answer and peer review along with opportunities to practice completion of this assignment in lab activities. **Follow-up**

Program (HS) - Medical Imaging (MI)

MI 1.1

AU Outcome
Students will demonstrate appropriate patient preparation for imaging procedures.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** MI: 460 Competency Evaluation/CCE Part I, numbers 4, 5, 6, 7 and CCE Part II, numbers 1, 2 **Target:** Average score of >= 3. (0-4 pt. scale) **Timeframe:** Spring Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/ Health Sciences(HS) Curriculum Committee	**Result Date**: 09/26/2024 **Result**: In Spring 2024, the average score of the MI460 Competency Evaluation/CCE Part 1, numbers 4-7, and Part 2 numbers 1-2, is 4.0. This year's score is comparable to the Spring 2022 average score of 4.0. Data is not available from spring 2023 due to no enrollment. Clinical competence was demonstrated. 2024 = 4.0 (n=1) Previous data: 2023 = no data available 2022 = 4.0 (n=1) 2021 = 3.88 (n=3) 2020 = 3.88 (n=3) 2019 = 3.96 (n=1)

Measures	Result
	Reporting Year: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the clinical instructors continue to educate the students on the importance of patient preparation and safety as it relates to MRI in the clinical environment. The clinical instructors utilized the evaluation process as a way to determine the student's growth and development throughout their clinical rotation. When completing the competency evaluations, the students demonstrate the ability to properly educate the patient, screen the patient, obtain appropriate patient history, and position the patient on the MRI exam table. The program faculty ensured that all staff and students had the resources needed to provide quality patient care. An evaluation process is in place at each clinical site to ensure that the students have the ability to obtain feedback on the patient preparation process and has the opportunity to demonstrate growth throughout their clinical rotation. **Actions** **Action Date**: 09/26/2024 **Action**: Clinical instructors will continue to educate the students in the MRI clinical environment. Clinical instructors will continue to use an evaluation process throughout the student's clinical rotation to provide them with the opportunity to demonstrate growth. Program faculty will continue to work closely with the clinical instructors to ensure that all staff and students have the tools necessary to provide appropriate care to the patient. The instructor will continue to use the competency evaluation forms as it provides a consistent foundation for all students to learn and grow from. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** MI: 445 Competency Evaluation/CCE Part I, numbers 4, 5, 6 and CCE Part II, numbers 1, 2 **Target:** Average score of >= 3 (0-4 pt. scale). **Timeframe:** Spring Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/ HS Curriculum Committee	**Result Date**: 09/26/2024 **Result**: In Spring 2024, the average score of the MI445 Competency Evaluation/CCE Part 1, numbers 4-6, and Part 2 numbers 1-2, is 4.0. This year's score is comparable to the Spring 2022 average score of 4.0. Data is not available from spring 2023 due to no enrollment. Clinical competence was demonstrated. 2024 = 4.0 (n=1) Previous data: 2023 = no data available 2022 = 4.0 (n=1) 2021 = 3.75 (n=1) 2020 = (n=0) 2019= 3.81 (n=1) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: As proposed in the 2022-2023 action plan, the clinical instructors continue to educate the students on the importance of patient preparation and safety as it relates to CT in the clinical environment. The clinical instructors utilized the evaluation process as a way to determine the student's growth and development throughout their clinical rotation. When completing the competency evaluations, the students demonstrate the ability to properly educate the patient, screen the patient, obtain appropriate patient history, and position the patient on the CT exam table. An evaluation process is in place at each clinical site to ensure that the students have the ability to obtain feedback on the patient preparation process and has the opportunity to demonstrate growth throughout their clinical rotation. The program faculty ensured that all staff and students had the resources needed to provide quality patient care. Clinical competence was demonstrated. **Actions** **Action Date**: 09/26/2024 **Action**: Clinical instructors will continue to educate the students in the CT clinical environment. Clinical instructors will continue to use an evaluation process throughout the student's clinical rotation to provide them with the opportunity to demonstrate growth. Program faculty will continue to work closely with the clinical instructors to ensure that all staff and students have the tools necessary to provide appropriate care to the patient. The instructor will continue to use the competency evaluation forms as it provides a consistent foundation for all students to learn and grow from. **Follow-up**

MI 1.2

AU Outcome
Outcome: Students will demonstrate appropriate protocol and parameter selection for imaging procedures.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** MI: 460 Competency Evaluation/CCE Part II, numbers 3, 4, 5 **Target:** Average score of >= 3 (0-4 pt. scale). **Timeframe:** Spring Semester	**Result Date**: 09/26/2024

Measures	Result
Responsible Parties: Clinical Instructors/ Program Faculty/ HS Curriculum Committee	**Result**: In Spring 2024, the MI 460 Competency Evaluation/CCE Part II, numbers 3-5 average score is 4.0. This is consistent with prior data. There is no data available for 2023 due to no enrollment. The students continue to exceed benchmark. 2024 = 4.0 (n=1) Previous data: 2023 = no data available 2022 = 4.0 (n=1) 2021 = 3.9 (n=3) 2020 = 3.88 (n=3) 2019 = 3.98 (n=1) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the clinical instructors continued to work with the students in the clinical environment educating them on proper protocol, coil, and scan parameter selections for various MRI procedures. The students are able to gain valuable feedback from their clinical instructors through non-graded and graded evaluations throughout their clinical rotation. This evaluation process allows the students to better know how they can show growth throughout the semester and improve their imaging procedure knowledge. The students take MI 450 MRI Procedures I in this same semester, so they are able to take what they learn in their online didactic course and apply it in their clinical environment. Clinical Competence was demonstrated. <u>**Actions**</u> **Action Date**: 09/26/2024 **Action**: Clinical instructors will continue to educate the students in the MRI clinical environment. Clinical instructors will continue to use an evaluation process throughout the student's clinical rotation to provide them with the opportunity to demonstrate growth. Program faculty will continue to work closely with the clinical instructors to ensure that all students have adequate/diverse imaging procedures to perform. The instructor will continue to use the competency evaluation forms as it provides a consistent foundation for all students to learn and grow from. <u>**Follow-up**</u>
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** MI: 445 Competency Evaluation/CCE Part II, numbers 3, 4 **Target:** Average score of >= 3. (0-4 pt. scale) **Timeframe:** Spring Semester	**Result Date**: 09/26/2024

Measures	Result
Responsible Parties: Clinical Instructors/ Program Faculty/ HS Curriculum Committee	**Result**: In Spring 2024, the MI 445 Competency Evaluation/CCE Part II, numbers 3-4 average score is 4.0. This is consistent with prior data. There is no data in 2023 due to no enrollment. The students continue to exceed benchmark. 2024 = 4.0 (n=1) Previous data: 2023 = no data available 2022 = 4.0 (n=1) 2021 = 3.75 (n=1) 2020 = (n=0) 2019= 3.82 (n=1) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the clinical instructors continued to work with the students in the clinical environment educating them on proper protocol and scan parameter selections for various CT procedures. The students are able to gain valuable feedback from their clinical instructors through non-graded and graded evaluations throughout their clinical rotation. This evaluation process allows the students to better know how they can show growth throughout the semester and improve their imaging procedure knowledge. The students take MI 435 CT Procedures I in this same semester, so they are able to take what they learn in their online didactic course and apply it in their clinical environment. Clinical Competence was demonstrated. **Actions** **Action Date**: 09/26/2024 **Action**: Clinical instructors will continue to educate the students in the CT clinical environment. Clinical instructors will continue to use an evaluation process throughout the student's clinical rotation to provide them with the opportunity to demonstrate growth. Program faculty will continue to work closely with the clinical instructors to ensure that all students have adequate/diverse imaging procedures to perform. The instructor will continue to use the competency evaluation forms as it provides a consistent foundation for all students to learn and grow from. **Follow-up**

MI 2.1

AU Outcome
Students will demonstrate effective communication skills in the clinical setting.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** AD: Report - Internal **Measure:** MI: 480 Clinical Instructor Evaluations Numbers 3, 6,10,11 **Target:** Average score >= 3 (0-4 pt. scale) **Timeframe:** Summer Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/HS Curriculum Committee	**Result Date**: 09/26/2024 **Result**: In Summer 2022, the average score of the MI480 Clinical Instructor Evaluations Numbers 3,6,10,11 was 4.0. This year's average score of 4.0 is consistent with prior data. There was no data available in 2023 due to no enrollment. Students continue to demonstrate effective communication skills in the clinical setting. 2024 = 4.0 (n=1) Previous data: 2023 = no data available 2022 = 4.0 (n=1) 2021 = 3.54 (n=3) 2020 = 3.75 (n=3) 2019 (n=0) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the clinical instructors continue to work with each individual student in the clinical environment while providing direct patient care. The instructors did a great job at focusing their attention on helping students to improve their overall communication with patients and other healthcare professionals. This specific student scored a 4.0 (on a 0-4 point scale) in all areas on the evaluation form. A non-graded evaluation was completed mid-semester to provide feedback to the student on how they can show growth. Effective communication skills in the clinical setting were demonstrated. **Actions** **Action Date**: 09/26/2024 **Action**: The clinical instructors will continue to work with each individual student in the clinical environment while providing direct patient care. The evaluation process will remain in effect as it has proven to be beneficial to the student's ability to show growth. Moving forward, program faculty will continue working on revising the curriculum for primary pathway students to provide additional clinical coursework with a patient care focus. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** AD: Report - Internal **Measure:** MI: 465 Clinical Instructor Evaluations Numbers 3, 6,10,11 **Target:** Average score >= 3 (0-4 pt. scale) **Timeframe:** Summer Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/ HS Curriculum Committee	**Result Date**: 09/26/2024

Measures	Result
	Result: In Summer 2022, the average score of the MI465 Clinical Instructor Evaluations Numbers 3,6,10,11 is 3.38. This year's average score is higher at 4.0. There was no data from 2023 due to no enrollment. The students continue to demonstrate effective communication in the clinical setting. 2024 = 4.0 (n=1) Previous data: 2023 = no data available 2022 = 3.38 (n=1) 2021 (n=0) 2020 (n=0) 2019 = 4 (n=1) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the clinical instructors continue to work with each individual student in the clinical environment. The clinical instructors assisted the student in learning how to effectively communicate with all patients and healthcare professionals. A non-graded evaluation was completed mid-semester to provide feedback to the student on how they can show growth. Effective communication skills in the clinical setting were demonstrated. **Actions** **Action Date**: 09/26/2024 **Action**: The clinical instructors will continue to work with each individual student in the clinical environment while providing direct patient care. The evaluation process will remain in effect as it has proven to be beneficial to the student's ability to show growth. **Follow-up**

MI 2.2

AU Outcome
Students will practice written communication skills.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Measure:** MI: 410 Research PowerPoint Presentation (MRI) **Target:** Average score of >= 80%	**Result Date**: 09/26/2024

Measures	Result
Timeframe: Fall Semester **Responsible Parties:** MI: 410 Course Instructor/HS Curriculum Committee	**Result**: Data is not available from fall 2022 due to no enrollment in the course. This year's average score of 99% is consistent with prior data. Benchmark continues to be exceeded with students continually achieving above 94% over the last 5 years. 2023 = 99% (n=3) Previous data: 2022 = no data available 2021 = 96% (n=1) 2020 = 98.2% (n=4) 2019 = 94% (n=3) 2018 = 97% (n=1) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the instructor broke down the rubric to make it more specific in regards to APA formatting and content. Proper APA formatting examples were provided to the student within their Blackboard course which included a PowerPoint presentation. This cohort did not struggle with APA formatting. One student did forget to alphabetize the reference information. Minor points were deducted from one presentation due to complex information not being simplified for the reader. Each student is required to submit a portion of their presentation part way through the semester and feedback is provided to the student at the time regarding APA formatting, content, etc. **<u>Actions</u>** **Action Date**: 09/26/2024 **Action**: The instructor will continue to provide a detailed rubric so each student understands how they will be graded with regards to APA formatting. The instructor will continue to provide APA formatting examples within their Blackboard course. The instructor will continue to require each student to submit a partial submission part way through the semester for feedback. APA will remain a focus moving forward even though this cohort did not struggle in that area. **<u>Follow-up</u>**
Assessment Measure Status: Active **Measure:** MI: 435 CT Procedures I Reflection Paper **Target:** Average score of >= 80% **Timeframe:** Spring Semester **Responsible Parties:** MI: 435 Course Instructor/ HS Curriculum Committee	**Result Date**: 09/26/2024 **Result**: The MI 435 CT Procedures I Reflection Paper average score was 100% in Spring 2022. This year's score of 100% demonstrates that the students continue to exceed expectations of written communication skills. No data is available for 2023 due to no enrollment. 2024 = 100% (n=1) Previous data: 2023 = no data available 2022 = 100% (n=1) 2021 = 100% (n=1) 2020 = (n=0) 2019 = 100% (n=3)

Measures	Result
	Reporting Year: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, all assignment expectations/requirements were provided to the student within Blackboard. Multiple aspects of the course and corresponding content was reflected on adequately. APA formatting requirements were provided to the student, along with APA resources. Written communication skills were effectively demonstrated. **Actions** **Action**: The instructor will provide a rubric to ensure that each student is reflecting on what they learned throughout the course. The instructor will implement APA requirements within the rubric to ensure that each student follows proper APA format. **Follow-up**

MI 3.1

AU Outcome
Students will demonstrate critical thinking skills in the clinical environment.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Measure:** MI: 480 Clinical Instructor Evaluations Numbers 2, 4, 7, 8 **Target:** Average score >= 3 (0-4 pt. scale) **Timeframe:** Summer Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/ HS Curriculum Committee	**Result Date**: 09/26/2024 **Result**: In Summer 2022, the average score of the MI480 Clinical Instructor Evaluations Numbers 2,4,7,8 is 4.0. This year's average score of 4.0 is consistent with prior data. No data is available for 2023 due to no enrollment. Students continue to demonstrate critical thinking skills in the clinical environment. 2024 = 4.0 (n=1) Previous data: 2023 = no data available 2022 = 4.0 (n=1) 2021 = 3.46 (n=3) 2020 = 3.63 (n=3) 2019 (n=0) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: As proposed in the 2022-2023 action plan, the clinical instructors continue to work with each individual student to ensure they are provided with the opportunities needed to enhance their critical thinking skills in the clinical environment. The action plan was effective. This specific student scored a 4.0 (on a 0-4 point scale) in all areas on the evaluation form: application of knowledge, ability to follow directions, self-image, and composure and adaptability. A non-graded evaluation was completed mid-semester to provide feedback to the student on how they can show growth. The students continue to demonstrate critical thinking skills in the clinical environment. **Actions** **Action Date**: 09/26/2024 **Action**: The clinical instructors will continue to work with each student to ensure they are provided with the opportunities needed to enhance their critical thinking skills in the clinical environment. The evaluation process will remain in effect as it has proven to be beneficial to the student's ability to show growth. **Follow-up**
Assessment Measure Status: Active **Measure:** MI: 465 Clinical Instructor Evaluations Numbers 2, 4, 7, 8 **Target:** Average score >= 3 (0-4 pt. scale) **Timeframe:** Summer Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/ HS Curriculum Committee	**Result Date**: 09/26/2024 **Result**: In Summer 2022, the average score of the MI465 Clinical Instructor Evaluations Numbers 2,4,7,8 is 3.13. This year's average score of 4.0 is higher when compared to prior data. No data is available from 2023 due to no enrollment. The students continue to demonstrate critical thinking skills in the clinical environment. 2024 = 4.0 (n=1) Previous data: 2023 = no data available 2022 = 3.13 (n=1) 2021 (n=0) 2020 (n=0) 2019 = 4 (n=1) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the clinical instructors continue to work with each individual student in the clinical environment to ensure they are given the opportunity to use and demonstrate critical thinking while providing direct patient care. The action plan was effective. A non-graded evaluation was completed mid-semester to provide feedback to the student on how they can show growth. The students were able to demonstrate their ability to use and practice critical thinking skills in the clinical environment. **Actions** **Action Date**: 09/26/2024

Measures	Result
	Action: The clinical instructors will continue to work with each student to ensure they are provided with the opportunities needed to enhance their critical thinking skills in the clinical environment. The evaluation process will remain in effect as it has proven to be beneficial to the student's ability to show growth. **Follow-up**

MI 3.2

AU Outcome
Students will demonstrate the ability to practice critical thinking skills.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Measure:** MI: 480 Board Review Exam (MRI) **Target:** >= 80% of the students will achieve a passing score of 75 or greater on one of the three exams. **Timeframe:** Summer Semester **Responsible Parties:** MI: 480 Course Instructor/HS Curriculum Committee	**Result Date**: 09/26/2024 **Result**: In Summer 2024, 100% of the students achieved a passing score of 75 or greater on one of the three assigned mock board exams. This is consistent when compared to data from 2021. There is no data available for 2022 due to the student electing to not complete the exams. There is no data available for 2023 due to no enrollment. The students continue to demonstrate the ability to practice critical thinking skills. 2024 100% (n=1) Previous Data: 2023 no data available 2022 (n=0) 2021 (n=2) 100% 2020 (n=3) 100% 2019 (n=0) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the instructor began the registry review assignments in the spring semester to allow each student 16 additional weeks of board preparation. Additional structured quizzes and exams in each of the four categories were assigned and completed by the student. The action plan was effective. The student scored very well on all three mock board exams, achieving scores of 98%, 92%, and 91%. The student stated that the board review assignments were beneficial in preparing them for the mock board exams at the end of the semester. Critical thinking skills were demonstrated. **Actions** **Action Date**: 09/26/2024

Measures	Result
	Action: The instructor will continue to begin the registry review assignments in the spring semester. The instructor will continue to provide structured quizzes and exams in each of the four key categories to help students prepare for the mock board exams. The instructor will discuss with the students the importance of completing all registry review assignments and mock board exams.
	Follow-up
Assessment Measure Status: Active **Measure:** MI: 465 Board Review Exam (CT) **Target:** >= 80% of the students will achieve a passing score of 75 or greater on one of the three exams. **Timeframe:** Summer Semester **Responsible Parties:** MI: 465 Course Instructor/HS Curriculum Committee	**Result Date**: 09/26/2024 **Result**: In Summer 2024, 100% of the students achieved a passing score of 75 or greater on one of the three assigned mock board exams. This is consistent when compared to 2022. There is no data available for 2023 due to no enrollment. The students continue to demonstrate the ability to practice critical thinking skills. 2024 100% (n=1) Previous data: 2023 no data available 2022 (n=1) 100% 2021 (n=0) 2020 (n=0) 2019 (n=1) 100% **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the instructor began the registry review assignments in the spring semester to allow each student 16 additional weeks of board preparation. Additional structured quizzes and exams in each of the four categories were assigned and completed by the student. The action plan was effective. The student scored very well on all three mock board exams, achieving scores of 94%, 84%, and 88%. The student stated that the board review assignments were beneficial in preparing them for the mock board exams at the end of the semester. Critical thinking skills were demonstrated. **Actions** **Action Date**: 09/26/2024 **Action**: The instructor will continue to begin the registry review assignments in the spring semester. Structured quizzes that include questions from each of the four categories will be assigned to help each student prepare for the mock board exams. **Follow-up**

MI 4.1

AU Outcome
Students will integrate leadership skills and construct professional practices.

Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Measure:** MI: 460 Service Learning Project (MRI) **Target:** Average score of >= 80% **Timeframe:** Spring Semester **Responsible Parties:** MI: 460 Course Instructors/HS Curriculum Committee	**Result Date**: 09/26/2024 **Result**: The Spring 2024 MI 460 Service-Learning Project average score is 90%. This is slightly higher but still comparable to the Spring 2022 average score of 88%. There is no data available for 2023 due to no enrollment. The students continue to demonstrate leadership skills and professionalism. 2024 = 90% (n=1) Previous data: 2023 = no data available 2022 = 88% (n=1) 2021 = 91.5% (n=2) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the instructor provided a detailed rubric at the beginning of the course. Information was provided to the students throughout the semester regarding service-learning opportunities. APA formatting information was available to all students within their Blackboard course. Minor points were deducted in the categories of APA format and overall writing. This student elected to not submit a draft of the paper for feedback prior to submission for a final grade. Professionalism and leadership skills were demonstrated. **Actions** **Action Date**: 09/26/2024 **Action**: The instructor will continue to provide a detailed rubric at the beginning of the course. APA format information will be available to all students within their Blackboard course. Each student will be encouraged to submit a rough draft of their assignment to obtain feedback and comments prior to submitting the paper for a final grade. **Follow-up**
Assessment Measure Status: Active **Measure:** MI: 445 Service Learning Project (CT) **Target:** Average score of >= 80%. **Timeframe:** Spring Semester **Responsible Parties:** MI: 445 Course Instructors/HS Curriculum Committee	**Result Date**: 09/26/2024 **Result**: The Spring 2022 MI 445 Service-Learning Project average score is 95%. This year's data is slightly lower but still comparable to prior data. There is no data available for 2023 due to no enrollment. The students continue to demonstrate leadership skills and professionalism. 2024 = 95% (n=1) Previous Data: 2023 = no data available 2022 = 100% (n=1) **Reporting Year**: 2023 - 2024 (Year 2)

Measures	Result
	Target Met: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the instructor provided a detailed rubric at the beginning of the course. Information was provided to the students throughout the semester regarding service-learning opportunities. APA formatting information was available to all students within their Blackboard course. Minor points were deducted in the overall writing category due to one question not being adequately addressed. The student elected to not submit a draft of the paper for feedback prior to submission for a final grade. Leadership skills and professionalism were demonstrated. **Actions** **Action Date**: 09/26/2024 **Action**: The instructor will continue to provide a detailed rubric at the beginning of the course. APA format information will be available to all students within their Blackboard course. Each student will be encouraged to submit a rough draft of their assignment to obtain feedback and comments prior to submitting the paper for a final grade. **Follow-up**

MI 4.2

AU Outcome
Students will practice professionalism.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Measure:** MI: 480 Clinical Instructor Evaluations Numbers 1,5,9,12,13 **Target:** Average score >= 3 (0-4 pt. scale) **Timeframe:** Summer Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/HS Curriculum Committee	**Result Date**: 09/26/2024 **Result**: In Summer 2022, the average score of the MI480 Clinical Instructor Evaluations Numbers 1,5,9,12,13 is 4.0. This year's average score is the same at 4.0. There is no data available for 2023 due to no enrollment. Students continue to demonstrate their ability to establish, develop, and practice professionalism. 2024 = 4.0 (n=1) Previous data: 2023 = no data available 2022 = 4.0 (n=1) 2021 = 3.63 (n=3) 2020 = 3.78 (n=3) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: As proposed in the 2022-2024 action plan, the clinical instructors continue to provide feedback through non-graded evaluations throughout the semester to allow students the opportunity to develop and practice professionalism. The clinical instructors continue to work directly with each student in the clinical environment to help them establish and develop professionalism as they provide direct patient care. The action plan was effective. This specific student scored a 4.0 (on a 0-4 point scale) in all areas on the evaluation form: organization of assignments, initiative, appearance, policies and procedures, and ethical and professional behaviors. The student demonstrated their ability to establish, develop, and practice professionalism in the clinical setting. **<u>Actions</u>** **Action Date**: 09/26/2024 **Action**: The clinical instructors will continue to work directly with each student in the clinical environment to help them establish and develop professionalism as they provide patient care. The clinical instructors will continue to provide feedback through non-graded evaluations to allow students the opportunity to develop and practice professionalism. **<u>Follow-up</u>**
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** MI: 465 Clinical Instructor Evaluations Numbers 1,5,9,12,13 **Target:** Average score >= 3 (0-4 pt. scale) **Timeframe:** Summer Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/HS Curriculum Committee	**Result Date**: 09/26/2024 **Result**: In Summer 2022, the average score of the MI465 Clinical Instructor Evaluations Numbers 1,5,9,12,13 is 3.5. This year's average score of 4.0 is higher when compared to prior data. The students continue to demonstrate their ability to establish, develop, and practice professionalism. 2024 = 4.0 (n=1) Previous data: 2023 = no data available 2022 = 3.5 (n=1) 2021 (n=0) 2020 (n=0) 2019 = 4 (n=1) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the program faculty met with each student prior to starting their clinical rotations to discuss professionalism. The clinical instructors continue to provide feedback through non-graded evaluations throughout the semester to allow students the opportunity to develop and practice professionalism. The action plan was effective. The student exceeded all expectations of the clinical instructors regarding the following areas on the evaluation form: organization of assignments, initiative, appearance, policies and procedures, and ethical and professional behaviors. The student demonstrated their ability to establish, develop, and practice professionalism in the clinical setting. **<u>Actions</u>**

Measures	Result
	Action Date: 09/26/2024 **Action**: The clinical instructors will continue to work directly with each student in the clinical environment to help them establish and develop professionalism as they provide patient care. The clinical instructors will continue to provide feedback through non-graded evaluations to allow students the opportunity to develop and practice professionalism. **Follow-up**

Program (HS) - Medical Laboratory Science (MLS)

MLS 1.1

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** Exam scores – MLS 440: Clinical Hematology and Hemostasis **Target:** 75% of students will receive an average score of >= 80% **Timeframe:** Annually **Responsible Parties:** Program Chair/HS Curriculum Committee	**Result Date**: 08/15/2024 **Result**: Fall 2023 – (n=12) 75% (9/12) earned an average exam score of >80%. Overall average exam score = 81.4% Fall 2022 = 33.3% Fall 2021 = 68.75% Fall 2020 = 79.5% Fall 2019 = 71.2% Fall 2018 = 69.2% Fall 2017 = 88.3% Fall 2015 = 91.3% **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: Per the 2022-2023 action plan proposed for 2023-2024, a mandatory virtual session was to be added prior to Exam 2 and the final exam review assignment was mandatory. A virtual review session was offered prior to the final exam. Statistics will be used to analyze each individual exam to examine any trends or outside influences on exam scores. In looking at the data students performed well on Exams 1, 3, and 4. Exam 1 and 3 had a mandatory virtual session prior to the exam and Exam 4 students were allowed to use 1 page of notes. The final exam had the lowest overall exam scores. An optional final exam review assignment was given to student in week 14 and 8 out of 12 students completed it. **Actions** **Action**: I will remove the option to use notes for exam 4 since the data shows that isn't helping scores and students tend to not study when they rely on notes. I have also used statistics to analyze each individual exam to examine any trends or outside influences on exam scores. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** Clinical Microbiology Exam Scores (formerly Exam Scores – MLS 460: Clinical Microbiology) **Target:** 75% of students will receive an average score of >= 80% **Timeframe:** Annually **Responsible Parties:** Program Chair/HS APG Committee	**Result Date**: 08/15/2024 **Result**: Spring 2024 (n=11) 8/11 (72.7%) students received an average score of >80% Overall average = 251.4/300 points (83.8%) Spring 2023 (n=12) (58%) Average score = (82.9%) Spring 2022 (n=16) (75%) Average score = (83.3%) Spring 2021 (n=15) (80%) Average score = 84.7% Spring 2020 (n=6) 33.3% Average score = 80.5% Spring 2019 (n=14) 100% Average score = 88.1% These results demonstrate that the target has been inconsistently met (3/6 times) since the 2018-2019 academic year. This course helps students to apply theory and principles related to microbiology. The multiple-choice exams help prepare students for clinical rotations, where theory and principles of microbiology are applied. The last four cohorts have scored an overall average within one percentage point. Cohorts with less than 13 students have not met the target. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No

Measures	Result
	Action Plan Impact: The 2022-2023 CAP stated that the course would include four exams (one unproctored), with updated questions, which was the case for 2023-2024. This target has been met 50% of the time over the past six years. Given the achievement of the target for this measure for two years in a row prior to 2023, the action plan is dependent on the cohort and number of students.
	Actions
	Action: This course will continue to include four exams (one unproctored) for the next academic year, with updated questions added. Additionally, a proctored comprehensive exam will be given (for a total of five exams). Student outcomes will continue to be assessed with the same target.
	Follow-up

MLS 1.2

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** Affective Evaluation – Microbiology **Target:** 75% of students will receive an average score of >= 80% **Timeframe:** Annually **Responsible Parties:** Program Chair/HS Curriculum Committee	**Result Date**: 08/15/2024 **Result**: Spring 2024 (n=10) 9/10 (90%) of students received an average score of >80% Ave. = 23.1/25 points (92%) Spring 2023 (n=11) (90.9%) Ave. = 23.5/25 points (94%) Spring 2022 (n=13) 100% Ave. = 24.5/25 points (98%) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: This is the third year of measuring this target. This evaluation occurs in the final semester for students during the third or fourth rotation. Results indicate that students are learning and retaining behaviors needed to be successful in a professional lab setting. Students are assessed by their clinical instructors on interest in learning, initiative, communication skills, acceptance of constructive criticism, and safety.

Measures	Result
	Actions **Action**: We will evaluate subsequent cohorts of students on this measurement item with the same target. In addition, students will continue to receive a didactic affective evaluation at midterm and the end of each course to continue to promote professional behaviors.
	Follow-up
Assessment Measure Status: Active **Assessment Type:** SL: Exam/Quiz - Standardized **Measure:** MediaLab Exam Simulator Scores (formerly MediaLab Exam Simulator Scores − MLS 475: Medical Laboratory Science Review **Target:** 75% of students will achieve a CAT difficulty of 5.0 **Timeframe:** Annually **Responsible Parties:** Program Chair/HS APG Committee	**Result Date**: 08/15/2024 **Result**: Spring 2024 − 10 students 100% (10/10) achieved a CAT difficulty level of at least 5.0 on CAT exams (6 exams) Average level of difficulty = 6.1 Practice CATs = 5.7 Graded CATs = 6.5 2018 − 90%; 5.3 2019 − 83.3%; 5.9 2020 (n=6) • Proctored − 16.7%; 4.5 • Non-proctored − 83.3%; 5.8 2021 (n=17); 82.4%; 5.5 2022 (n=16); 100%; 6.8 2023 (n=10); 100%; 6.5 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Exam Simulator (ES) is a preparatory resource we purchase for students to help them prepare for the BOC exam. Students took 6 CAT exams (all non-proctored) during the last 8 weeks of the semester. Our 2022-2023 action plan for 2023-2024 academic year indicated we would provide students with additional study materials to help support their review activities. Padlets were provided for two topic areas. The graded CAT exam average was higher again this year which shows the power of incentivization. Students were provided with information about past student outcomes, different certification exam options, and recommendations on when to schedule their certification exams. **Actions** **Action**: We will continue to require students to complete practice and graded CAT exams. Students will be provided with study template to help them complete efficient reviews on all topic areas. **Follow-up**

MLS 2.1

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** Basic Manual Differential Assignments **Target:** 75% of students will receive an average score of >80% (formerly 75% of students will complete all assignments) **Timeframe:** Annually **Responsible Parties:** Program Chair/HS Curriculum Committee	**Result Date**: 08/15/2024 **Result**: Summer 2023 (n=13) 100% of students received an average score of >80% Overall average = 29.5/30 points (98.3%) 2021 (n=16) – target met; overall ave. = 99% 2022 (n=12) – target met; overall ave. = 94.3% Target has been met since the measure was first evaluated in 2021. Students are provided with tools and resources to help them learn cellular morphology including a synchronous lab session and practice differentials for which they receive feedback from Cellavision on their performance. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Per the 2022-2023 action plan proposed for 2023-2024 academic year, course faculty covered cell morphology during a virtual lab and provided numerous opportunities for students to practice classifying cells and receive feedback prior to completing a graded assignment. **Actions** **Action**: We will continue to include these assignments without any revisions. Course faculty will continue to cover cell morphology during a virtual lab session and provide numerous opportunities for students to practice classifying cells and receive feedback prior to completing a graded assignment. **Follow-up**

MLS 2.2

AU Outcome
Students will assess the accuracy of laboratory test results by correlating laboratory data with clinical diagnoses
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical **Measure:** Advanced Manual Differential Assignments **Target:** 75% of students will receive an average score of >80% **Timeframe:** Annually **Responsible Parties:** Program Chair/HS Curriculum Committee	**Result Date**: 08/15/2024 **Result**: Fall 2023 – (n=12) 100% (12/12) earned an average exam score of >80%. Fall 2022 = 91.7% Fall 2021 = 100% This assignment was introduced in 2021 and students enjoyed the assignment and engaged with this assignment by asking questions. They were able to see some higher level cells to identify and higher level cases of real patient slides. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Per the 2022-2023 action plan proposed for 2023-2024 academic year, course faculty covered advanced cell morphology in the coursework and then provided students a chance to review slides from actual patients with advanced morphological abnormalities. **Actions** **Action**: We will continue to use this program (CellaVision) to teach and assess advanced cell morphology and competency within this course. No plans to change this assignment. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** Program Comprehensive Exam (FKA: MLS Program Final Exam [formerly MLS 475: Medical Laboratory Science Review - Final Exam]) **Target:** 75% of students will receive a score of >55% (target prior to 2021-2022 = 75% of students will receive an average score of >=80%) **Timeframe:** Annually **Responsible Parties:** Program Chair/HS Faculty Org Committee	**Result Date**: 08/15/2024

Measures	Result
	Result: Spring 2024 – 10 students 90% of students (9/10) received a score of >55% Overall average score = 74.7% Spring 2020 (n=6) • 0 met target • 51.2% average score Spring 2021 (n=17) • 0 met target • 59.1% average score Spring 2022 (n=16) • 12 met target • 65.7% average score Spring 2023 (n=10) • 10 met target • 72.0% average score **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Our 2022-2023 action plan for the 2023-2024 academic year indicated we would continue to offer the expanded comprehensive final exam and evaluate the subsections of the exam for trends related to course material that we can emphasize during the review section of the course. Both parts of the final exam were minimally updated from spring 2023 to improve question clarity. The spring 2023 course continued to include resources on how to study for a comprehensive exam. Weeks 1-9 allowed students to review summer and fall topics and create study outlines. Weeks 10-15 included subject-specific review activities for all program topics. Some new review materials were provided for some of the topics. The course was also organized using the latest QM rubric. **Actions** **Action**: We will continue to offer the expanded comprehensive final exam and evaluate the subsections of the exam for trends related to course material that we can emphasize during the review section of the course. A review template will be provided to help students to efficiently review material. The Week 9 synchronous session will be moved to Week 2. Additional work to meet the QM rubric will be completed. **Follow-up**

MLS 3.2

AU Outcome
Students will integrate team-building skills into professional practice
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Service **Measure:** Service Learning Project **Target:** 75% of students will receive an average score of >80% **Timeframe:** Annually **Responsible Parties:** Program Chair/HS APG Committee	**Result Date**: 08/15/2024 **Result**: Fall 2023 41.7% (5/12) of students earned an average score of >80%. Overall average score 22.9/30 = 76.3% Overall Averages 2022 (n=12) = 80.8%; 66.7% of students met target 2021 (n=16) = 98.3%; 100% of students met target 2020 (n=15) = 90%; 73% of students met target 2019 (n=6) = 98.9% (target met) 2018 = 98.9% 2017 = 95.5% 2016 = 90.0% 2015 = 92.5% 2014 = 95.6% 2013 = 95.7% 2012 = 97.3% These results demonstrate the target (75% of students will receive an average score of >= 80%) has been consistently met (9/11 times) since the 2012-2013 academic year with the exception of the 2020-2021, 2022-2023, and the current academic years. Additionally, the overall average score for this assignment decreased for the current assessment year. Students who watched the project overview video did better than those who did not. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No

Measures	Result
	Action Plan Impact: Our 2022-2023 action plan for the 2023-2024 academic year indicated additional emphasis would be placed on research methods within the course. This information was aligned with the evaluation criterion of the project to help students apply information to the project. Additionally, the project rubric was further developed to add more description to the scales so students had more information about expectations and could better assess their own work. **Actions** **Action**: The project handout should be expanded to include additional information about what should be included to fully meet each criterion. A project overview video provides this information, but all students did not watch the video. Providing this information in multiple formats will allow students to engage with the information in a way that best suits them. **Follow-up**

MLS 4.2

AU Outcome
Students will communicate effectively in an online environment
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** Management Topics Discussion Board Posts (formerly Management Section Discussion Board posts – MLS 470: Laboratory Management) **Target:** 75% of students will receive an average score of >= 80% **Timeframe:** Annually **Responsible Parties:** Program Chair/HS APG Committee	**Result Date**: 08/15/2024 **Result**: Spring 2024 (n=11) 100% students earned an average score of >80% (Ave. score = 97.3%) Spring 2023 (n=11):100%Spring 2022 (n=16): 100% Spring 2021 (n=17): 100% Spring 2020:100% Spring 2019: 98% This target has been consistently met for the past six years. Approximately half of the course modules contained discussion. Any deductions in posts were due to late work and APA formatting errors. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Our 2022-2023 action plan for the 2023-2024 academic year indicated that discussion assignments would be used to foster student interaction and effective communication skills. The variety of discussion assignments based on student experiences and perspectives continue to positively impact this target.

Measures	Result
	Actions
	Action: Discussion board assignments will continue to be used in this course to foster student interaction and effective communication skills in the online environment.
	Follow-up

Program (HS) - Public Health (PH)

PH 1.1

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Exam/Quiz - Teacher-made **Measure:** PH: 430 Final exam **Target:** Average score of >80% **Timeframe:** Fall Semester **Responsible Parties:** Program faculty / HS APG committee	**Result Date**: 01/14/2025 **Result**: In Fall 2023, the average score on the PH:430 final exam was 84%. This average score of 84% is slightly higher, yet consistent, with prior year's data where the average score was 80%. This data shows that students understand the determinants that contribute to health and illness. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Per the action plan for 2023-2024 that was proposed in the 2022-2023 report for this measure, it was difficult to determine what impact, if any, the proposed action had on the outcome. The proposed action stated that the course is being revised with a different exam used so difficult to identify trends since two versions of the exam. **Actions** **Action Date**: 01/15/2025 **Action**: For Fall 2024, a final exam guide will be provided to the students to better assist them in focusing their attention to topics that align with module objectives and learning objectives for the course. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** PH420 Community needs assessment as part of mid-term project. **Target:** Average score of >80% **Timeframe:** Spring semester	**Result Date**: 08/07/2024

Measures	Result
Responsible Parties: Program faculty / Health Science (HS) Curriculum committee	**Result**: In Summer 2023, nine students earned an average of 77.2% on the project. In Summer 2022, four students earned an average of 85% on the project. After reviewing data trends, it appears that the scores for the mid-term project have decreased over time. In reviewing the assignment instructions, this was a very complex project which would benefit from additional instructions. Another explanation is that one student earned a zero on the assignment which reduces overall scores. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No **Action Plan Impact**: Per the 2022-2023 report for this measure, the action plan proposed for 2023-2024 was that "an outline of the paper will be due along with the proposed data sources two weeks before the final project is due." In reviewing the course, it doesn't appear that the action plan was implemented. There was no evidence of these assignments in the Blackboard course. **Actions** **Action Date**: 01/16/2025 **Action**: For summer 2024, the rough draft for the assignment will be removed with a meeting held between the student and the instructor to ensure that project is progressing. **Follow-up**

PH 1.2

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** 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	**Result Date**: 05/10/2024 **Result**: In Summer 2023, nine students earned an average of 76.6% on the project which was a significant decrease from Summer 2022 where the average was 85%. The percentage has decreased over the past five years creating the need to examine the course structure and preparation for the project. Since there is an abundance of public health information on the Internet, the students may need additional guidance on where to find that information. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No

Measures	Result
	Action Plan Impact: Per the action plan proposed for 2023-2024 in the 2022-2023 CAP report, starting summer of 2023, an early draft would be required instead of optional. This requirement had no impact on the results for 2023-2024. This is likely because this was large project - about five pages - and the early draft was only worth five points. Only four of nine students opted to complete it. However, one student did not turn in the project at all and subsequently failed the course. When that student's grade is removed, the average was 86.52%, or a slight improvement. **Actions** **Action Date**: 05/01/2023 **Action**: In Summer 2024, the rough draft requirement will be removed and replaced with a required meeting to discuss the project. **Follow-up**

PH 1.3

AU Outcome
Student will be able to analyze data
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Exam/Quiz - Teacher-made **Measure:** PH: 430 Final exam **Target:** Average score of >80% **Timeframe:** Fall semester **Responsible Parties:** Program faculty / HS Faculty Org. committee	**Result Date**: 05/10/2024 **Result**: In Fall 2023, five students earned an average of 84%, which is a slight increase from the previous year. PH 430, Epidemiology and Biostatistics, includes challenging content so it is expected that scores may fall into this range and show a good understanding of data analyses and biostatistical principles. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Per the action plan proposed for 2023-2024 in the 2022-2023 CAP report, weekly meetings were held with the instructor and the student to go over content. That opportunity provided the student with the chance to receive tutoring in biostatical calculations, which are somewhat challenging. Due to the increase in exam scores, the action plan had a slight impact on exam scores. **Actions** **Action Date**: 01/15/2025 **Action**: For Fall 2024, a study guide will also be provided to the students to help focus their studying on the module objectives and course objectives. **Follow-up**

PH 2.2

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Exam/Quiz - Teacher-made **Measure:** 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	**Result Date**: 05/10/2024 **Result**: In Spring 2024, 10 students earned an average of 94% on the final exam, which was slightly higher, yet consistent, from the previous year of 91%. These data demonstrate that students are knowledgeable about basic research designs and methods of evaluation. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The action plan for 2023-2024 as specified in the 2022-2023 CAP Report was that "the contract instructor teaching the course will offer an optional review session before the final exam." Although the instructor offered an option review session before the final exam, no students RSVP'd to attend so it was not held. Even though the review session was not held, students performed at a high level, so not having the review session did not impact final exam scores. **Actions** **Action Date**: 01/15/2025 **Action**: For spring semester 2025, a study guide will be provided to the students to prepare them for the final exam. There are numerous research designs for the students to learn, so an optional review session will also be held to ensure that students understand the material and have the opportunity to ask questions. The instructor will also add short videos that explain the concepts as well. **Follow-up**

PH 3.1

AU Outcome
Student will be able to recognizes the role of cultural factors in the delivery of public health services
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active	**Result Date**: 01/07/2025

Measures	Result
Assessment Type: SL: Didactic **Measure:** PH: 420 Final report **Target:** Average score of >80% **Timeframe:** Fall semester **Responsible Parties:** Program faculty / HS Curriculum committee	**Result**: In Summer 2023, nine students earned an average of 85.6% on the final project, a significant decrease from the year before. In reviewing prior data, the percentages continue to decrease questioning the validity of the measure. Cultural factors play a significant role in the delivery of health services. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Per the action plan proposed for 2023-2024 in the 2022-2023 CAP report, the project was to be evaluated for its relevance to course objectives. It is unclear whether or not this action was performed. Since the scores have decreased significantly, it is assumed this action plan was not completed and did impact final project scores. This topic is of importance and even though student scores are good, there is room for improvement. **Actions** **Action Date**: 01/15/2025 **Action**: In Summer 2024 there will be a required meeting to go over the project a week before it is due to check progress. **Follow-up**

PH 3.2

AU Outcome
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	Result
Assessment Measure Status: Active **Assessment Type:** SL: Exam/Quiz - Teacher-made **Measure:** PH: 410 Final exam **Target:** Average score of >80% **Timeframe:** Fall semester **Responsible Parties:** Program faculty / HS Faculty Org. committee	**Result Date**: 01/07/2025 **Result**: In Fall 2023, nine students earned an average of 84.9% on the final exam, an increase over the past five years. The course is an overview of the U.S. health care system and students have a good understanding of the differences between governmental associations, such as the CDC, and non-governmental organizations such as the American Cancer Society. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Per the action plan proposed for 2023-2024 in the 2022-2023 CAP report, the course was being revised to include a new textbook and new final exam. Since the scores increased, the action made a slight impact possibly due to a more effective textbook and different final exam. A variety of activities are included to reinforce the course material to compare the roles of governmental agencies and non-governmental agencies, provide examples of each, and describe what services are offered.

Measures	Result
	Actions **Action Date**: 01/15/2025 **Action**: In Fall 2024, the instructor will provide a study guide for both the midterm and final exams to reinforce student learning.
	Follow-up

PH 4.1

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Exam/Quiz - Teacher-made **Measure:** 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	**Result Date**: 01/07/2025 **Result**: In Fall 2023, four students earned an average of 95.9% on the midterm exam, consistent with the cohort from the previous year taking the same exam. In looking at trends over time, the scores have been in the 90s which demonstrate that the students have a good understanding of historical events that led to the scientific foundation of public health, such as the Cholera outbreak in London. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The action plan for 2023-2024, as proposed in the 2022-2023 CAP report, was "extra credit questions will be removed since they appear to be unnecessary." Accordingly, two of the three extra credit questions were removed to adjust scores but this action had no impact on the results for 2023-2024. **Actions** **Action Date**: 01/15/2025 **Action**: For Fall 2024, to maintain high scores on this measure, the instructor will continue to provide students with information on historical events that led to the scientific foundation of public health, such as epidemiology, the discovery of vaccines, and experimental research. The course content will be complemented by short videos and readings. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Exam/Quiz - Teacher-made **Measure:** PH: 430 Final exam **Target:** Average score of >80% **Timeframe:** Fall semester	**Result Date**: 12/20/2024

Measures	Result
Responsible Parties: Program faculty / HS Faculty Org. committee	**Result**: In Fall 2023, five students took the final exam and had an average score of 86.5%. The scores increased from the previous year when the average score was 80%. In looking at the history of scores, they have remained fairly consistent. As mentioned previously, biostatistics and epidemiological principles are complex, so the students are grasping the scientific foundation in the field of public health - especially epidemiological principles. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The action plan for 2023-2024, as specified in the 2022-2023 CAP report for this measure, was "In Fall 2023, the program director will be taking over a newly formatted course so results will again be difficult to compare." This statement is a result of the course being revised with a new textbook being used, as well as a final exam. Since the scores did increase slightly, it could be the result of the new textbook being more understandable. **Actions** **Action Date**: 01/16/2025 **Action**: In Fall 2024, there will be weekly sessions held with the students to review content. The reinforcement of content and practice problems are beneficial to student learning. **Follow-up**

College Goal 3

College Goal
Allen College is committed to recruiting and retaining 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.

College Goal Status
Active

Admin - Administration

Admin 1.0

AU Outcome
Remain a fiscally sound institution

Outcome Status
Active

Measures	Result
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Grant proposal writer's record of submissions **Target:** Maintain the minimum number of applications submitted at 20 while increasing the total dollar value of approved grants **Timeframe:** Annually **Responsible Parties:** President	**Result Date**: 09/26/2024

Measures	Result
	Result: For the reporting year 2023-2024, Allen College submitted a total 14 grants that had a potential cumulative value of $358,214. The number of grants submitted (n=14) in 2023-2024 fell short of meeting the target of grant applications to submit (n=20). The potential cumulative value for grant funding was 94% lower in 2023-2024 compared to 2022-2023. As of July 1, 2024, two of the 14 submitted grants remained pending for a combined potential value of $123,000. Of note, it was suggested in the 2022-2023 action plan to reduce the number of grants to submit at 18 and the measure was not updated and remained at 20. Regardless, the target would not have been met if it was lowered to 18. 2023-2024 # Grants Submitted: 14 Potential Value: $358,214 # Grants Funded: 8 Value of Grants Funded: $166,017 2022-2023 # Grants Submitted: 19 Potential Value: $ 7,322,260 # Grants Funded: 6 Value of Grants Funded: $ 147,145 2021-2022 # Grants Submitted: 13 Potential Value: $3,666,687 # Grants Funded: 9 Value of Grants Funded: $1,696,249 2020-2021 # Grants Submitted: 19 Potential Value: $378,277 # Grants Funded: 13 Value of Grants Funded: $449,183 2019-2020 # Grants Submitted: 20 Potential Value: $359,500 # Grants Funded: 7 Value of Grants Funded: $359,500 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No

Measures	Result
	Action Plan Impact: Even though this measure did not meet the target of submitting 20 (18) grants for the reporting cycle, this was still a successful grant cycle. Based upon last year's action plan, it was decided to lower the target to 18 grants from 20. Even lowering the target, we were not successful in achieving the target. Even thought we were unsuccessful in meeting this target, the results are not indicative of an issue or problem with the action plan or grant writing services as we have been very deliberate on the grants that are pursued. **Actions** **Action Date**: 09/26/2024 **Action**: For 2024-2025, it is recommended to continue to employ the strategy from 2023-2024 where the College's Leadership will continue to work with the Grant Writer on being very deliberate on what grants to apply for and search for opportunities that have high probability for funding. In addition, Leadership will be more active in involving faculty/staff in the grant writing process if they have a particular expertise in an area the grant is pursuing. The intent of this is to increase quality of the grant application which will hopefully increase the amount of funding (quality over quantity). For 2024-2025, it is recommended to have the target remain at submitting 18 grants in the reporting year. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Allen foundation record of scholarships **Target:** Annual increase in number of endowed scholarships **Timeframe:** Annually **Responsible Parties:** Administrative Assistant to the President	**Result Date**: 09/26/2024

Measures	Result
	Result: The number of newly established endowed scholarships was slightly higher in 2023-2024 (n=8) compared to 2022-2023 (n=6). 2023-2024 • # New Endowed Scholarships: 8 • # New Scholarships Established (includes endowed and non-endowed): 12 • # Endowed Scholarships 1st-Time Awarded: 2 2022-2023 • # New Endowed Scholarships: 6 • # New Scholarships Established (includes endowed and non-endowed): 11 • # Endowed Scholarships 1st-Time Awarded: 5 2021-2022 • # New Endowed Scholarships: 6 • # New Scholarships Established (includes endowed and non-endowed): 6 • # Endowed Scholarships 1st-Time Awarded: 2 2020-2021 • # New Endowed Scholarships: 4 • # New Scholarships Established (includes endowed and non-endowed): 9 • # Endowed Scholarships 1st-Time Awarded: 6 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The 2022-2023 Action Plan was effective, as the College president and Foundation staff increased scholarship support by establishing new endowed scholarships. The Foundation continues to identify donors and present information on establishing an endowed scholarship as a donation option. In some instances, the College President is involved in the conversation with the donors to answer questions and provide additional information. **Actions** **Action Date**: 09/26/2024 **Action**: The College and Foundation will continue to pursue donors to establish additional scholarships during the 2024-2025 academic year and no changes are recommended to the goal or target. One issue did persist during the 2023-2024 academic year was some communication challenges from the Foundation notifying the College when gifts were received and relevant circumstances surrounding the gifts. The President will work with the Executive Director of the Foundation to increase communication between the two entities for 2024-2025. **Follow-up**
Assessment Method Status: Active	**Result Date**: 09/09/2024

Measures	Result
Assessment Type: AD: Report - External **Measure:** Iowa Student Aid Commission data used to compare Allen college tuition and fees to tuition and fees of other comparable private institutions **Target:** Allen College tuition is in bottom 25th percentile of Iowa Private Colleges offering prelicensure baccalaureate nursing programs [Target prior to 2024-2025 was "Allen College is among the least expensive private colleges offering pre-licensure BSN programs"] **Timeframe:** Annually **Responsible Parties:** DOBAS	**Result**: Please see attached chart which is for 2023-24, which shows us as second out of twelve for all and first out of eleven when excluding the state institution. Allen College remains competitive with tuition and fees and the Board of Trustees approves any increases on an annual basis. In 2022-2023, the Board approved a 1.5% increase in tuition and fees, which is the same increase that we did in 2021-2022. The tuition increase is a data-driven decision each year and our action item from 2022-2023 on monitoring other institutions' tuition and fees to inform the decision. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Our action plan for 2022-23 to monitor tuition and fees compared to other colleges was successful based on the information gathered for the 2024 budget process, Allen College currently is one of the least expenses private colleges in Iowa offering pre-licensure BSN programs. **Related Documents**: Tuition and fees 2023-24.pdf <u>Actions</u> **Action Date**: 09/09/2024 **Action**: We continue to be a tuition driven institution; therefore, we will continue to monitor tuition and fees to and reduce expenses when feasible to keep Allen College competitively affordable for current and prospective students. Allen College will need to remain diligent in monitoring price competitiveness. <u>Follow-up</u>
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Allen College balance sheet: Compare December 31 of current year to prior year. **Target:** Annual increase in College's endowment **Timeframe:** Annually **Responsible Parties:** DOBAS	**Result Date**: 09/09/2024 **Result**: Upon review of our December 31, 2023, balance sheet, the permanently restricted assets which represent non-spendable net asset balances, which is account 2540-10000-33000-0000, and primarily represents scholarship endowments increased. Our action to continue to increase funds was successful as this account increased from $9,850,562.82 as 12/31/22 to $10,577,809.39 of as of 12/31/23, which is an increase of 7.4%. The change in beneficial interest (2540-10000-33000-1000) represents market fluctuation which decreased from the prior year by $351,632 or -48.3%. The total permanently restricted net assets (both accounts) increased between 2022 and 2023 by $375,631.92 or 3.6%. The percent increase does reflect the efforts of the College Leadership and the Foundation staff who work diligently to identify donors and funding sources (e.g., large grants and estate gifts) to increase the College's permanently restricted endowment. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: Our action to continue to increase fund was successful as this account increased from $9,850,563 as 12/31/22 to $10,577,809 of as of 12/31/23, which is an increase of 7.4%. **Related Documents**: [12-31-23 Balance Sheet.pdf](#) **Actions** **Action Date**: 09/09/2024 **Action**: The college and foundation will continue to raise funds for permanently and temporarily restricted net assets for the benefit of the college and its students. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Projected credit hours compared to actual credit hours. **Target:** Actual credit hours meet or exceed projected credits hours annually. **Timeframe:** Annually **Responsible Parties:** Dean of Enrollment Management & DOBAS	**Result Date**: 09/09/2024 **Result**: During the 2023 calendar year, 12,323 actual credit hours were taught compared to 13,892 budgeted credit hours. The decreases in credit hours compared to budget were in all programs except MI, DNP and EdD. Our total credit hours decreased from 2022 to 2023 from 13,164 to 12,323. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No **Action Plan Impact**: Per the action plan proposed for 2022-2023 we did use existing enrollment forecast for 2023 budget due to trends, however we did not reach our goal and will continue to look at trends and attrition to budget credit hours accordingly. **Related Documents**: [12-31-23 Balance Sheet.pdf](#) **Actions** **Action Date**: 09/09/2024 **Action**: For budget for the 2023 year we used credit hour projections as an estimate based on student plans of study, attrition is difficult to predict in the various programs, as is final number of incoming students in new and smaller programs. We will continue to monitor credit hour trends and budget accordingly. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Allen College year-end income statement: Actual performance compared to budget performance **Target:** Allen College's annual actual operating margin percentage meets or exceeds its annual budgeted operating margin percentage. **Timeframe:** Annually **Responsible Parties:** DOBAS	**Result Date**: 09/09/2024 **Result**: We budgeted a 0.3% operating margin for 2023 but we ended 2023 with a -4.8% operating margin due to not meeting our budgeted credit hours for the year. Our action plan to help mitigate did help us save in expenses but our revenue was short $1,369,872 and we could not mitigate enough to overcome the revenue shortfall. We came in $585,865 under budget for the year. Our operating margin dropped from 2022 .9% to -4.8% in 2023. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No

Measures	Result
	Action Plan Impact: We did implement mitigation measures in 2023 as prescribed by the 2022 action plan. The 2022 mitigation action plan was not successful due to that fact that our revenue short fall was too great to be able to mitigate more than a million dollars in expenses. **Related Documents**: UPH Flex Income Statement December 2023.xls **Actions** **Action Date**: 09/09/2024 **Action**: We continue to use actual financials to come up with a starting budget for the following year. When revenue targets are not met, mitigation takes place to reduce our expenses so that we can attempt to meet budget targets. Since we are credit hour driven for revenue and when those credit hours are not there, we can only mitigate to help offset expenses to point that we can still operate. **Follow-up**

Admin 2.0

AU Outcome
Environment encourages Allen College employees to maximize their performance
Outcome Status
Active

Measures	Result
Assessment Method Status: Active **Assessment Type:** AD: Report - External **Measure:** Salary comparison tools (e.g., IAICU, etc.) **Target:** Faculty salaries will be at the average comparable salary for rank at peer institutions. **Timeframe:** Annually **Responsible Parties:** DOBAS	**Result Date**: 09/09/2024 **Result**: Allen College is at or above 2022-23 average salaries for all ranks when compared to Iowa colleges with nursing pre-licensure programs. Iowa private colleges (IAICU) was used and for the pre-licensure colleges that reported, Allen salaries met or exceeded the average in all ranks. These results are comparable to those of the previous reporting year, during which the target was also met. Faculty salary market adjustments were made based on our data. Staff salary comparisons were completed in 2023 and 2024 and market adjustments and GEO adjustments were made. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Allen College compared all data as indicated in our action plan for comparison data which resulted in a few market adjustments being needed for faculty. The 2023-2024 results were influenced by the 2022-2023 action plan by conducting the annual salary audit using all available sources of information and presenting the findings to the Allen College President who made the final determinations of appropriate adjustments. Staff market adjustments were also made using data and approved by HR and College President.

Measures	Result
	Related Documents: [VI.A. UPH Allen College 2024-25 Faculty Salary Review BOT.pptx](#) **Actions** **Action Date**: 09/09/2024 **Action**: Continue to compare annually faculty and staff salaries with state, regional and national data if available. Make salary market adjustments as necessary based on data and trends if budget allows. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Annual report of Faculty Goal Achievement-short term teaching goals **Target:** 85% of faculty completely meet short-term teaching goals **Timeframe:** Annually **Responsible Parties:** Provost	**Result Date**: 09/27/2024 **Result**: 90.5% (48/53) met the short-term teaching goals. These results are slightly lower than, but comparable to 2022-2023 where 96.2% (51/53) faculty met the short-term teaching goals. As described in the 2022-2023 action plan, the academic leadership, including both academic Deans, communicated the information to faculty during the fall semester and reviewed during the faculty evaluation process. The academic leaders also provided examples for implementation to newer faculty members. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The strategy of discussing at time of evaluation has proven to be a successful strategy in continuing to meet this goal. **Actions** **Action**: For the next academic year, the academic deans will continue to discuss short-term teaching goals during the faculty evaluation process. The deans will intentionally connect with newer faculty to ensure they understand the importance of meeting short-term teaching goals while providing specific examples. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Annual report of Faculty Goal Achievement-progress on scholarly enrichment **Target:** 85% of faculty demonstrate progress on scholarly enrichment plans. **Timeframe:** Annually **Responsible Parties:** Provost	**Result Date**: 09/27/2024 **Result**: 88.6% (47/53) of faculty demonstrated progress on scholarly enrichment plans. These results are lower than the 2022-2023 results where 98.1% (51/52) of faculty made progress on plans, but it is still above the target of 85%. Some of the discrepancy could be related to several new faculty being hired, particularly in health sciences, have not had an opportunity to work toward their scholarly enrichment plan. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The strategy of discussing with faculty at the time of evaluation has proven to be an effective strategy in meeting this goal. The 2023 the deans focused on the timing of having discussions with faculty prior to the evaluation cycle. **Actions**

Measures	Result
	Action: For the 2024-2025 academic year, the academic deans will continue to discuss the individual needs of faculty and importance of long-term goals in the academic setting. Timing this with annual evaluations is appropriate, as these take place during the first two months of the calendar year. They will also focus on newer faculty to give them feedback and advice on how to achieve their scholarly enrichment plans. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Summary of Expenditures for Faculty and Staff Professional Development [e.g., total dollars spent for meetings, travel, and educational expenses]. **Target:** College provided financial support to college faculty and staff to attend educational and/or professional development activities **Timeframe:** Annually **Responsible Parties:** DOBAS	**Result Date**: 09/09/2024 **Result**: In 2023 we budgeted for our education and travel expenses and were successful as $33,376 was spent on tuition assistance for faculty and staff and $51,992 was spent on conference and meeting travel totaling $85,368 for faculty and staff. For 2023 there was $114,456 budgeted for education and travel. These results met target and did increase when compared with prior year due to increase educational assistance requested and increases in travel compared to prior year. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As mentioned in the 2022 action plan, the College appropriately budgets for professional development opportunities. In the event of revenue shortfalls, the executive leaders determine if and how much savings can be mitigated from the professional development/travel budgets. **Actions** **Action Date**: 09/09/2024 **Action**: Continue to budget education and travel expenses annually for faculty and staff professional development. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Professional Development and Welfare (PDW) committee annual scholarly recognition report. **Target:** 55% of faculty and staff are recognized for their service and scholarly accomplishments **Timeframe:** Annually **Responsible Parties:** Chair--Professional Development and Welfare Committee	**Result Date**: 09/30/2024 **Result**: 15/69 (21%) of faculty and staff were recognized for a scholarly achievement (down 11% from last year) during 2022. 18/69 (26%) of faculty and staff were recognized for a service award (down 3% from last year) during 2022. Previous results for comparison: 2022-2023: 32% of faculty and staff were recognized for a scholarly achievement during 2022. 2021-2022: 35% of faculty and staff were recognized for a scholarly achievement and 16% were recognized for service during 2021. 2020-2021: 35% of faculty and staff were recognized for a scholarly achievement and 20.3% were recognized for service during 2020. 2019-2020: 33.3% of faculty and staff were recognized for a scholarly achievement and 22.8% were recognized for service during 2019.

Measures	Result
	Reporting Year: 2023 - 2024 (Year 2) **Target Met**: No **Action Plan Impact**: According to the action plan for 2023-2024 (specified in the 2022-2023 CAP report), during the 2023-2024 academic year, scholarship activities were collected using Microsoft Forms. To collect activities completed in 2023, an email with the link to the form was sent every three months with the final collection being in January 2024. The information is then auto populated in an excel spreadsheet for easy tracking. **Actions** **Action Date**: 09/30/2024 **Action**: During the 2024-2025 academic year, data will continue to be collected every three months using Microsoft forms. It is important to note that some faculty may complete scholarly activities but do not report them despite the ease of filling out a prescribed form. It is also important to note the amount of faculty included in 2024-2025 academic year of collection has increased due to new hires as well as inclusion of other staff members. This will impact reporting numbers for calendar year 2024. **Follow-up**

Admin 4.0

AU Outcome
Allen College has appropriate technology for facilities, resources, and education services.
Outcome Status
Active

Measures	Result
Assessment Method Status: Inactive **Assessment Type:** AD: Report - Internal **Measure:** Number of FTEs allocated for instructional technology, media services, and instructional, designer. **Target:** College provides at least 2.0 FTEs to support faculty technology needs. **Timeframe:** Annually **Responsible Parties:** DOBAS	**Result Date**: 09/26/2024 **Result**: The college currently has 3.0 full time equivalents (FTEs) to support the college technology needs which meets the target of 2 FTEs. 2.0 FTEs are specifically instructional technology, 1.0 FTE is an instructional designer and the other 1.0 FTE is an AV specialist. Both are supervised by the Dean of Nursing. There is a 1.0 FTE who is a SIS coordinator that writes scripts for our student information system (previously CAMS and now Anthology Student) who is supervised by the Executive Director of Business & Finance. The SIS Coordinator also assists with behind the scenes scripts as needed for Blackboard Learn. During the 2023-24 academic year we had turnover in the instructional designer and LMS admin role, which required us to keep a PRN instructional designer to keep our LMS activities current for our students. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: The Dean of Nursing and Executive Director of Business & Finance completed the action recommended in the 2022-2023 plan of reviewing the instructional design and AV work volume and determined that the current FTES were sufficient for our needs. The PRN position was no longer needed and only covered the time when the position was vacant and/or the new hire was getting up to speed in their role. **Actions** **Action**: Monitor workload of current technology staff and review prior to 2025-26 budget cycle and budget additional staff if deemed necessary. **Follow-up**
Assessment Method Status: Inactive **Assessment Type:** AD: Report - Internal **Measure:** Number of major requests by Allen College for hardware-software **Target:** 50% of requests approved **Timeframe:** Annually **Responsible Parties:** DOBAS	**Result Date**: 09/26/2024 **Result**: Based on a list of incidents and tasks from UPH IT, 1,307 tickets were opened for variety of Allen College items/issues in from July 1, 2023 - June 30, 2024. Of those 1,307 items, 47 were closed incomplete which represents 3.6%, leaving 96.4% as closed complete. One of the closed incomplete tickets involved hardware/software requests which was a duplicate ticket, which means those were completed at 100%. When compared to prior academic years, the hardware/software requests have been fulfilled at 100%. Furthermore, the closed complete ticket rate for all other items were 98.7% in 2021-22, 98.3% in 2022-23 and now 96.7% in 2023-24. Even though this year decreased slightly these are consistently high completion rates well above the 50% target. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The action plan for the 2022-23 year was to will continue to monitor results and work closely with UPH IT regional management to ensure our requests are completed/approved. The reports showed that incidents/tasks completed for Allen College by UPH IT department continued to be at a very high rate, well above 50%. Last year's action requested an updated target percentage to 90%, will work with the CIRE to update it for future years. **Actions** **Action**: Monitoring the tickets for to ensure the target of 50% is met was sufficient as the completion rates are still consistently high over 90%. **Follow-up** **Follow-up**: For the 2024-25 year we will continue to monitor results and work closely with UPH IT regional management to ensure our requests are completed/approved. Results will be available going forward as a report was written for Allen College for the needed information can be obtained. Consider changing item to number of major requests (incidents/tasks) completed for Allen College by UPH IT department, with target being 90%, as reporting data has been refined and can now be requested. With the current reporting we can still determine if hardware/software requests are completed at 100%.

Measures	Result
Assessment Method Status: Active **Assessment Type:** SL: Survey **Measure:** Library Survey Question: How would you rate the quality of service provided by Barrett Library? (poor, average, good, excellent) **Target:** 85% (previous target prior to 2022-2023 was 75% favorable responses good or excellent) **Timeframe:** Biannually (e.g., Year 2, Year 4; 2019-2020; 2021-2022, etc.) **Responsible Parties:** Director of Library Services	**Result Date**: 04/11/2024 **Result**: Of the 43 students who answered this question, 93.02% rated the quality of services provided by the library staff as excellent (n=27, 62.79%) or good (n=13, 30.23%). 2021-2022: 95.29% rated quality of services provided by the Barrett Library staff as good or excellent. 2019-20: 95% rated quality of services provided by the Barrett Library staff as good or excellent. When compared with prior surveys the percentage rating the quality of services provided by the library staff as excellent or good decreased slightly from an average of 95% to 93%. While this is a downward trend, it is well above the target of 85%. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Per the action plan proposed for 2022-2023 and 2023-2024, library staff continued to monitor and upgrade on-line library resources, library services, and hours to meet the increasing needs of faculty and students to ensure target was met or exceeded. It was also decided to increase target to 85% ratings of good or excellent. This action plan was effective in ensuring the new target was met. **Actions** **Action**: Proposed action plan for 2024-2025 to ensure target continues to be met or exceeded is for the library staff to continue to monitor and upgrade on-line library resources, library services, and hours to meet the increasing needs of faculty and students to ensure target is met or exceeded. **Follow-up**
Assessment Method Status: Active **Assessment Type:** SL: Survey **Measure:** Library Survey Question: How would you rate the quality of Barrett Library's online resources (poor, average, good excellent)? **Target:** 85% favorable responses (good or excellent) **Timeframe:** Biannually (e.g., Year 2, Year 4; 2019-2020; 2021-2022, etc.) **Responsible Parties:** Director of Library Services	**Result Date**: 04/11/2024 **Result**: There are 90.32% favorable responses to this question---(the target has consistently been exceeded by more than 5.32% than that of last year 2021-22: 86% of students who had used online resources rated them excellent or good. 2019-2020: 86% of students who had used online resources rated them excellent good When compared to prior year survey results, the trend is positive. It went from 86% average to 90% **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Per action plan proposed for 2022-2023-2023-2024 library staff continued to monitor and upgrade on-line library resources to meet the increasing needs of faculty and students. This action plan was effective in ensuring the target was exceeded.

Measures	Result
	Actions **Action**: The action plan proposed for 2024-25 is for library staff to monitor and upgrade on-line library resources to meet the increasing needs of faculty and students. **Follow-up**
Assessment Method Status: Active **Assessment Type:** SL: Survey **Measure:** Library Survey Question: How would you rate the quality of the collections and physical resources in the Barrett Library (poor, average, good excellent)? (previously "How would you rate the quality of Barrett Library's physical and online collections (poor, average, good excellent)?") **Target:** 85% favorable responses (good or excellent) **Timeframe:** Biannually (e.g., Year 2, Year 4; 2019-2020; 2021-2022, etc.) **Responsible Parties:** Director of Library Services	**Result Date**: 04/11/2024 **Result**: Of the 46 students answering this question, 67.39% reported favorably about the physical collections (n=17, Excellent 36.96%) (n=14, Good 30.43%) 2021-2022: 93% of students who reported using the resources rated the library's collections and physical resources excellent or good. The percentage of favorable responses has decreased when compared to the prior year's 93% favorable responses. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No **Action Plan Impact**: Action Plan Impact Per the action plan proposed for 202-2023 and 2023-2024, library staff continued to monitor and upgrade library resources to meet the increasing needs of faculty and students which changes annually due to program curricular updates. Action plan was not effective in ensuring target was met or exceeded. Last year it was determined that the target should be increased from 75% to 85% for future academic years. **Actions** **Action**: The library will monitor and upgrade library resources in diverse formats to meet the increasing needs of faculty and students which changes annually due to program curricular updates; this will ensure target is met or exceeded. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Survey **Measure:** Library Survey Question: How easy is it to find the physical materials you're looking for in Barrett Library? (very difficult, somewhat difficult, somewhat easy, very easy) **Target:** 85% of respondents who use the library report that it is very easy to find the physical materials they are looking for in the library (prior to 2022-2023/2023-2024, target as 75%) **Timeframe:** Biannually (e.g., Year 2, Year 4; 2019-2020; 2021-2022, etc.)	**Result Date**: 09/27/2024 **Result**: For 2023-24, of the 44 students answering this question, 42 (95.45%) reported it is very easy (n = 18, 40.91%) or somewhat easy (n=24, 54.54 %) to find the physical materials they are looking for in the library. In previous years the results were: 2021-2022: out of 97, 92 (95%) reported it is very easy (38%) or somewhat easy (57 %). 2019-2020: 132 (93.6%) rated searching very easy (32.6%) or somewhat easy (61%). 2017-2018: 76 (89%) rated searching very easy (27.1%) or somewhat easy (62.4%). The target for this measure has consistently been exceeded and is trending positively when compared to previous results.

Measures	Result
Responsible Parties: Director of Library Services	**Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Per the previously proposed action plan the Barrett Library continued to budget to purchase more books to offer greater variety in checkout methods (e.g., home use or use in library, or e-book formats), and continued to train students to use library research tools during orientation and provided tutorials and instruction for references. Based on the current and previous results, this action plan appears to have been effective in facilitating achievement of the target for the current reporting year. **Actions** **Action**: The Barrett Library will continue to monitor the collection and provide various book formats and continue to train students to use library research tools and provide tutorials and instruction for reference. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Survey **Measure:** Ruffalo Noel Levitz Student Satisfaction Inventory—Satisfaction with "24. The equipment in the lab facilities is kept up to date." **Target:** 80% of students report satisfied or very satisfied [need to verify target] **Timeframe:** Annually **Responsible Parties:** Buildings & Grounds	**Result Date**: 09/23/2024 **Result**: Lab facilities from the SSI reports that 87% of students rated this item important or very important and 74% were satisfied or very satisfied, indicating a 13% performance gap. When compared to 2022-23 results of 91% of students rated this item important or very important and 66% were satisfied or very satisfied, this is a 4% decrease in importance and an 8% increase in satisfaction which is an upward trend with a goal of at least 80% **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No

Measures	Result
	Action Plan Impact: The previous action plan from 2022-23 was to continue to update lab facilities for appropriate equipment and setting. The acute care gerontology nurse practitioner track has new task trainer models that were purchased in fall 2023/spring 2024. These include an ultrasound guided central line insertion model, epidural and lumbar puncture model, and a chest tube insertion model. There was new AV equipment installed in the simulation lab in spring 2024. The equipment allows for better recording and viewing of simulation experiences. A ROAM cart was also purchased, and this cart allows simulations to take place anywhere on campus. It is essentially a mobile AV system that will provide us the option to run simulations outside of the simulation center. In spring 2024 there was a purchase of a pediatric manikin, the size of a 5−7-year-old for use in the pediatric course. He has the most technology out of our simulator "family" in which he can turn his head to look at the person talking, cry actual tears, and be hooked up to any real hospital grade equipment for training. Students will begin using this simulator in the fall, but training has already started with the faculty that will be running the simulator. Simulation equipment including audio visual and manikin equipment are planned for 2023-24 as well as sonography equipment upgrades. We will continue to collaborate with the hospital and other UPH facilities to acquire lab equipment as well as plan for capital expenses as appropriate. **Actions** **Action**: Continue to update lab facilities for appropriate equipment and setting. The DCS lab is planned for completion by fall 2024. The ROAM cart and new fidelity simulators will be in use for our students in 2024-2025. Several programs are receiving simulation demonstrations for equipment consideration. Planning has started for possible skills lab and simulation lab renovation/expansion. The college will continue to research and plan for renovation/expansion of our labs and simulation equipment. We will continue to collaborate with the hospital and other UPH facilities to acquire lab equipment as well as plan for capital expenses as appropriate. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Survey **Measure:** Ruffalo Noel Levitz Student Satisfaction Inventory—Satisfaction with "39. On the whole, the school is well-maintained." **Target:** 80% of students report satisfied or very satisfied [need to verify target] **Timeframe:** Annually **Responsible Parties:** Buildings & Grounds	**Result Date**: 09/23/2024 **Result**: The maintaining of the school from the SSI reports that 92% of students rated this item important or very important and 98% were satisfied, indicating a -6% performance gap. When compared to 2022-23 SSI survey results this is a 6% increase in importance and a 7% increase in student satisfaction, still well above the 80% target for satisfaction. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: Our 2022-23 action plan was to continue to monitor that the school is well-maintained to make sure it meets the needs of our students. In fall 2023 the McElroy Hall patio was replaced; this is where student enjoy lunch breaks in the picnic areas and outside activities. This needed update was also in response to student satisfaction surveys. Campus updates such as the patio replacement and landscaping maintenance most likely contributed to this consistently positive outcome. **Actions** **Action**: Continue to monitor that the school is well-maintained to ensure it meets the needs of our students, which includes planned initiatives such as parking lot and sidewalk maintenance at Gerard and Winter Hall and Barrett Forum, as well as Barrett Forum clock tower cleaning. **Follow-up**

Admin 5.0

AU Outcome
Classroom and Lab facilities are available for students
Outcome Status
Active

Measures	Result
Assessment Method Status: Active **Assessment Type:** AD: Survey **Measure:** Ruffalo Noel Levitz Student Satisfaction Inventory (replaced Allen College Student Opinion Survey spring 2021)—Satisfaction with Classrooms **Target:** 80% of students report satisfied or very satisfied [need to verify target] **Timeframe:** Annually **Responsible Parties:** Buildings & Grounds	**Result Date**: 09/23/2024 **Result**: Question 46 - Classrooms from the SSI reports that 86% of students rated this item important or very important and 91% were satisfied or very satisfied, indicating a -5% performance gap. In 2022-23 this item was rated important or very important by 85% of students and 85% were satisfied or very satisfied. This is an increase of 1% in importance and an increase of 6% in student satisfaction from the 2022-23 SSI survey, still meets the goal of 80% satisfaction rate. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Our 2022-23 action plan was to continue to monitor and maintain classroom furniture and technology to ensure classrooms meet the needs of our students. In January 2024, the new audiovisual system was installed in the simulation rooms. Intelligent Video Solutions with the Video Audio Learning Tool (VALT) system has allowed for better viewing of the simulations for students who were not physically in the space while peers were working with the "patient." As audiovisual equipment fails or is outdated, the college plans for replacement of outdated equipment, and does replace equipment when it fails.

Measures	Result
	Actions **Action**: Continue to monitor and maintain classroom furniture and technology to ensure classrooms meet the needs of our students. The projector in McElroy Hall #132 is being replaced in 2024-25. A facilities meeting occurred in summer 2024 to discuss campus improvements such as flooring and furniture, it was determined that the classrooms did not need upgrading in the coming year. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Survey **Measure:** Ruffalo Noel Levitz Student Satisfaction Inventory—"18. Computer labs are adequate and accessible." **Target:** 80% of students report satisfied or very satisfied [need to verify target] **Timeframe:** Annually **Responsible Parties:** Buildings & Grounds	**Result Date**: 09/23/2024 **Result**: Results from the Spring 2024 RNLSSI survey indicate students' level of importance and satisfaction that computers and/or Wi-Fi are adequate and accessible. 94% indicate that this is important or very important and 93% indicate that they are satisfied or very satisfied, indicating a performance gap favoring importance of 1%. This satisfaction still meets the goal of 80% satisfaction rate. This is an improvement in importance by 3% and in student satisfaction by 7% when comparing to the 2022-23 SSI survey results. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The plan for 2022-23 was to continue to monitor and maintain our computer labs and Wi-Fi to ensure they meet the needs of our students. Because students require laptops for their studies, printing is the main reason for campus computer use in the lab and library. There were no campus Wi-Fi outages in the 2022-23 academic year. The action plan appears to have worked as the survey results met or exceeded the 80% target. **Actions** **Action**: We will continue to monitor and maintain our computer labs to ensure they meet the needs of our students. Plans are underway for students being able to print from their own devices in 2024. Another plan is to monitor computer use in the lab and library through quarterly/annual reports to determine sufficient computer/printer availability while being good stewards of our resources. The computer lab computers are end of lease in summer 2024 and plans are underway to reduce the number of devices in the computer lab once students can print from their own laptops. **Follow-up**
Assessment Method Status: Inactive **Assessment Type:** AD: Survey **Measure:** Ruffalo Noel Levitz Student Satisfaction Inventory –"21. The amount of student parking space is adequate."	**Result Date**: 09/23/2024

Measures	Result
Target: 80% of students report satisfied or very satisfied [need to verify target] **Timeframe:** Annually **Responsible Parties:** Buildings & Grounds	**Result**: Results from 2024 RNLSSI item percentages report: 85% rated this item important or very important and 94% were satisfied with adequacy of parking space, indicating a performance gap favoring satisfaction of -9%. This is an improvement in importance by 6% and in student satisfaction by 5% when comparing to the 2022-23 SSI survey results and still well above the satisfaction threshold of 80%. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The 2022-23 action plan was to continue to monitor our parking space to make sure they meet the needs of our students. Based on students on campus due to more an increase in virtual offerings, this has continued to ease parking constrictions. **Actions** **Action**: We will continue to monitor our parking space to make sure they meet the needs of our students. **Follow-up**
Assessment Method Status: Inactive **Assessment Type:** AD: Survey **Measure:** Ruffalo Noel Levitz Student Satisfaction Inventory—Satisfaction with "10. Parking lots are well-lighted and secure." **Target:** 80% of students report satisfied or very satisfied [need to verify target] **Timeframe:** Annually **Responsible Parties:** Buildings & Grounds	**Result Date**: 09/23/2024 **Result**: Results from the spring 2023 RNL SSI where the students think that the parking lots are well lighted and secure: 86% think it is important or very important and 97% are satisfied or very satisfied. This indicates a performance gab favoring satisfaction of -11%. When compared to the 2023 RNL SSI the importance of 80% and satisfaction of 94% shows a increase in importance of 6% and a satisfaction increase of 3%. These results continue to be well over the 80% target. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The action plan for 2022-23 was to continue to monitor the parking lots to ensure that they are well-lighted and secure for our students. Updated LED lighting was added to the parking lots and sidewalks several years ago, which continues to increase the light and security on campus. **Actions** **Action**: The 2024-25 plan is to continue to monitor the parking lots to keep them well lighted and secure. UPH Security does regular rounds in our parking lots daily to monitor the safety of our lots. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Survey	**Result Date**: 09/23/2024

Measures	Result
Measure: Ruffalo Noel Levitz Student Satisfaction Inventory (replaced Allen College Student Opinion Survey spring 2021)--Satisfaction with Study Areas **Target:** 80% of students report satisfied or very satisfied [need to verify target] **Timeframe:** Annually **Responsible Parties:** Buildings & Grounds	**Result**: Question 45 - Study Areas from the SSI reports that 86% of students rated this item important or very important and 89% were satisfied or very satisfied, indicating a -3% performance gap. 2022-23 SSI reports that 83% of students rated this item important or very important and 76% were satisfied or very satisfied, indicating a increase in importance of 3% and a increase in satisfaction of 13%. These results are well over the 80% target. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The action plan for 2022-23 was to continue to monitor and maintain study areas to ensure that they meet the needs of our students. The Musgrave Study Room was transitioned from offices to three individual private study spaces for students. **Actions** **Action**: For 2024-25 continue to monitor and maintain study areas for student use and review the current study spaces with the ability to add more if needed. Providing private study spaces can be challenging due to limited campus space; however, we are working with faculty, staff, and students to improve our study space offerings. **Follow-up**

Admin 6.0

AU Outcome
Financial Aid policies and processes are fair and timely
Outcome Status
Active

Measures	Result
Assessment Method Status: Active **Assessment Type:** AD: Survey **Measure:** Ruffalo Noel Levitz Student Satisfaction Inventory (replaced Allen College Student Opinion Survey spring 2021)—Satisfaction with Access to financial aid Information during admissions process. **Target:** 80% of students report satisfied or very satisfied on questions [need to verify target] **Timeframe:** Annually **Responsible Parties:** Financial Aid	**Result Date**: 09/19/2024 **Result**: The SSI results from spring 2024 showed 83% of students reported as either extremely satisfied or satisfied with access to financial aid during admissions. This is a 5% increase from the prior year's rate of 78%. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: We communicated with students immediately upon receiving their application for admission via email and met with students on individual requests when they were on-campus for admission visits. Doing these actions for a full reporting cycle contributed to a positive impact and resulted in a 5% increase in students' satisfaction.

Measures	Result
	<u>Actions</u> <u>Follow-up</u>
Assessment Method Status: Active **Assessment Type:** AD: Survey **Measure:** Ruffalo Noel Levitz Student Satisfaction Inventory—Satisfaction with "5. Financial aid awards are announced in time to be helpful in planning." **Target:** 80% of students report satisfied or very satisfied on questions [need to verify target] **Timeframe:** Annually **Responsible Parties:** Financial Aid	**Result Date**: 09/19/2024 **Result**: The SSI results from spring 2024 showed 69% of students reported as either extremely satisfied or satisfied with financial aid awards being announced in a timely manner. This is a 5% increase from the prior year's rate of 64%. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No **Action Plan Impact**: For 2023-24, a new student information system (SIS) was implemented late spring semester. Federally, the Department of Education also overhauled the FAFSA and was delayed in releasing the application and delayed in releasing the results of the application to schools. Although our target was not met, even with the new SIS implementation and FAFSA delays, the results improved 5%. <u>Actions</u> **Action Date**: 09/19/2024 **Action**: With the new SIS fully implemented, new processes are being established to create awards as timely and efficiently as possible. The Department of Education has already announced the FAFSA for 2025-26 will be delayed completed to 2022-23 years and prior but not as delayed as it was for 2023-24. With a new, simplified FAFSA and new SIS fully implemented, results should improve for the reporting year of 2025-26 but may not reflect for 2024-25 as the delays in 2023-24 would have directly impacted 2024-25 financial aid awards. <u>Follow-up</u>
Assessment Method Status: Active **Assessment Type:** AD: Survey **Measure:** Ruffalo Noel Levitz Student Satisfaction Inventory—Satisfaction with "15. Financial aid counseling is available if I need it." **Target:** 80% of students report satisfied or very satisfied on questions [need to verify target] **Timeframe:** Annually **Responsible Parties:** Financial Aid	**Result Date**: 09/19/2024 **Result**: The SSI results from spring 2024 showed 86% of students reported as either extremely satisfied or satisfied with financial aid counseling being available. This is favorable to the target of 80% of students reporting satisfied or very satisfied. This compares favorably with 2023 when 76% of students reported being satisfied or very satisfied on the SSI. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Effective spring 2023, we implemented new counseling opportunities through collaboration with the Enrollment Management team and had access to additional emergency funding raised through the foundation and available to award through financial aid. These efforts of extra funding and counseling proved effective and resulted in a 10% increase in students' satisfaction. <u>Actions</u> <u>Follow-up</u>
Assessment Method Status: Active **Assessment Type:** AD: Survey	**Result Date**: 09/19/2024

Measures	Result
Measure: Ruffalo Noel Levitz Student Satisfaction Inventory—Satisfaction with "23. This institution helps me identify resources to finance my education." **Target:** 80% of students report satisfied or very satisfied on questions [need to verify target] **Timeframe:** Annually **Responsible Parties:** Financial Aid	**Result**: The SSI results from spring 2024 showed 77% of students reported as either extremely satisfied or satisfied with the institution helping to identify resources to fund their education. This is unfavorable to our 80% target, however it compares favorably with last year when 59% of students reported being satisfied or highly satisfied. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No **Action Plan Impact**: We have increased the number of students receiving Rural Tuition Grant, Last Dollar Scholar and participants in the Legacy Program. The 2023-24 academic year was the first year students were able to receive Last Dollar Scholar. These programs being in full effect were able to contribute to a 18% increase in results. **Actions** **Action Date**: 09/19/2024 **Action**: We will continue to promote newer institutional programs such as the Legacy program as well as state and federal grant opportunities. It is also recommended to reduce the target from 80% to 70-75% of reporting satisfied or extremely satisfied. With a score of 77%, we were favorable to the national average of 66% by 11%. **Follow-up**

Admin - Diversity, Equity, & Inclusion Committee

DEI 1.1

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

Measures	Result
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Student Recruitment Assessment [Report of efforts to recruit students who represent traditionally under-represented groups, e.g., males, Hispanics, African Americans, etc.]	**Result Date**: 09/19/2024

Measures	Result
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 (Data Source); DEI Committee Chair (trends, action plan impact, action plans)	**Result:** Last year 2022-2023 results reflected Rural High School Counselor Day April 28,2023 and additional Day In The Life for rural schools March 24, 2023 where about 75 New Hartford sophomores, juniors, and seniors will visit Allen College. For the 2023-2024 the following recruiting efforts were done: 7/11/24 - Rural Summer Camp at Community Memorial Hospital in Sumner, IA - 10 students participated 4/26/24 - Health Careers Club at Buchanan County Health Center in Independence, IA - 18 students participated 4/30/24 - Health Careers Club at Community Memorial Hospital in Sumner, IA - 7 students participated 11/7/23 - Health Careers Club at Community Memorial Hospital in Sumner, IA - 15 students participated 11/14/23 - Health Careers Club at MercyOne in New Hampton, IA - 27 students attended 11/30/23 - Health Careers Club at Community Memorial Hospital in Sumner, IA - 15 students attended These results demonstrate a marked increase in our student recruitment efforts in under-represented populations. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The additional rural grant and addition of the Community Outreach Coordinator allowed an increase in recruitment efforts which was a favorable impact from the previous years action plan. As well as the addition of a Allen College DEI liaison on the UPH DEI committee which increased awareness and collaboration with UPH. **Actions** **Action**: The DEI committee has plans for collaborating with the PDW for CFO meeting in May of 2025 as well as the following planned events. The Community Outreach Coordinator has events planned for the 2024-2025 academic year which reflects the vents done last academic year. We continue to have a voice in the UPH DEI Committee (Kara Howard) & Blue Crew (Monica Berning). Communicate with the CommUNITY groups to collaborate on events/activities (Shanna Pikora). Outreach to UNI, Wartburg, and Hawkeye DEI Officers for collaboration (Monica Berning). Blue Crew Events/Activities CommUNITY Groups. Nursing Ambassadors/Recruitment Group. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal	**Result Date**: 09/19/2024

Measures	Result
Measure: Pipeline Program Development Report [Report of DEI 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 communities annually; annual summer nurse camp for at least 25 students). **Timeframe:** Annually **Responsible Parties:** DEI Committee Chair	**Result**: Last year 2022-2023 results reflected Rural High School Counselor Day April 28,2023 and additional Day In The Life for rural schools March 24, 2023 where about 75 New Hartford sophomores, juniors, and seniors will visit Allen College. For the 2023-2024 the following recruiting efforts were done: 7/11/24 - Rural Summer Camp at Community Memorial Hospital in Sumner, IA - 10 students participated 4/26/24 - Health Careers Club at Buchanan County Health Center in Independence, IA - 18 students participated 4/30/24 - Health Careers Club at Community Memorial Hospital in Sumner, IA - 7 students participated 11/7/23 - Health Careers Club at Community Memorial Hospital in Sumner, IA - 15 students participated 11/14/23 - Health Careers Club at MercyOne in New Hampton, IA - 27 students attended 11/30/23 - Health Careers Club at Community Memorial Hospital in Sumner, IA - 15 students attended These results demonstrate a marked increase in our student recruitment efforts in under-represented populations. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The additional rural grant and addition of the Community Outreach Coordinator allowed an increase in recruitment efforts which was a favorable impact from the previous years action plan. As well as the addition of a Allen College DEI liaison on the UPH DEI committee which increased awareness and collaboration with UPH. **Actions** **Action**: The DEI committee has plans for collaborating with the PDW for CFO meeting in May of 2025 as well as the following planned events. The Community Outreach Coordinator has events planned for the 2024-2025 academic year which reflects the vents done last academic year. We continue to have a voice in the UPH DEI Committee (Kara Howard) & Blue Crew (Monica Berning). Communicate with the CommUNITY groups to collaborate on events/activities (Shanna Pikora). Outreach to UNI, Wartburg, and Hawkeye DEI Officers for collaboration (Monica Berning). Blue Crew Events/Activities CommUNITY Groups. Nursing Ambassadors/Recruitment Group. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Retention of ethnic minority and male students (Recruitment Plan; Retention Plan; Graduation Rates; Dashboard Statistics)	**Result Date**: 07/22/2024 **Result**: Eighty-eight percent of Allen College students were retained from 2022 - 2023. Ninety percent of those under-represented in health care were retained during the same time period. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: DEI to determine the action plan impact.

Measures	Result
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 (data source); DEI Committee Chair (trends, action plan impact, action plans)	**Related Documents**: [Dashboard - Student Body Profile 23-24.xlsx](#) **Actions** **Follow-up**

DEI 1.2

AU Outcome
Recruit and retain a diverse faculty, staff, and administration (DEI Goal 1: Representational Diversity--Recruit, retain, advance, recognize, and promote ...)
Outcome Status
Active

Measures	Result
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** 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 for associates would be 5.5%) **Timeframe:** Year 2 **Responsible Parties:** DEI Committee Chair	**Result Date**: 09/13/2024 **Result**: The 2023-2024 academic year indicated total ethnic diversity among faculty at 9.4%. This compares slightly unfavorably to 2020 at 9.7% and 2019 (10.2%), but favorably to 2018 (7.95%) and 2017 (6.89%). As of the most recent data, Allen College is not meeting the target for this metric. More detailed information is provided below. Allen College: 54 Total Faculty which includes 50 White (92.6%), 2 Hispanic (3.7%), 1 Pacific Islander (1.9%) and 1 Asian (1.9%). These numbers do not include administration (President, Provost or Deans.) The above data is compared to the Iowa population demographic data below: racial distribution of Iowa's population in 2023: • White: Approximately 87.93% of the population. • Black or African American: Around 3.74%. • American Indian and Alaska Native: About 0.34%. • Asian: Approximately 2.49%. • Native Hawaiian and other Pacific Islander: Roughly 0.13%. • Some other race: About 1.47%. • Multiracial: Approximately 3.89%

Measures	Result
	Reporting Year: 2023 - 2024 (Year 2) **Target Met**: No **Action Plan Impact**: The previous action plan, 01/27/2021, stated Allen College is committed to increasing diversity among faculty and staff. Open positions will continued to be advertised and communicated for all qualified applicants. Allen College's Diversity and Inclusion Committee will work with UnityPoint Health's new system diversity coordinator to develop additional employment strategies to recruit highly qualified candidates who represent minority and diverse backgrounds. For this 2023-2024 academic year, the official diversity coordinator position previously listed was never filled and a new faculty appointed DEI Chair was assigned in 2022. The DEI subcommittee for prospective Faculty and Staff was created and current initiatives include reorganizing and leveraging the new Allen College webpage, which was made live in 2023-2024 to reach a wider geographic range of candidates and improve the ease of application through the website. This has not been addressed until 2024 due to the delay while the website was created. In addition, All positions are posted on HERC. According to HR we also post to local agencies, churches, etc. **Actions** **Action**: The DEI subcommittee for prospective Faculty and Staff was created and current initiatives include reorganizing and leveraging the new Allen College webpage, which was made live in 2023-2024 to reach a wider geographic range of candidates and improve the ease of application through the website. This has not been addressed until 2024 due to the delay while the website was created. In addition, All positions are posted on HERC. According to HR we also post to local agencies, churches, etc. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** 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:** DEI Committee Chair	**Result Date**: 09/13/2024

Measures	Result
	Result: The academic year of 2023-2024 indicated total gender diversity among faculty at Allen College with 14.8% male faculty. This compares favorably to 2020 (12.0%) 2019 (10.2%) and 2018 (12.5%) and slightly unfavorably to 2017 (13.79%). Due to the number of hires made for the Doctor of Physical Therapy program, the amount of gender diversity increased. However, this metric is not being completely met when compared to Iowa gender statistics in health professions. More detailed information is provided below. The action plan from 2019-2020 was followed with support from Human Resources to ensure our open positions are fairly and equitably communicated to all stakeholders and the trends being observed indicated more male applicants, somewhat due in part to the positions posted in the Doctor of Physical Therapy Program. State of the U.S. Health Care Workforce, 2023 (hrsa.gov) Page 9 of the report states that the majority of nurses of all types are women. In fact, 88% of the nursing workforce is female and 12% male, compared with 51% of the overall U.S. population. Page 19 & 20 list other healthcare professions gender diversity numbers. • Occupational Therapists – 11.6% male • Physical Therapists – 34.2% male • Radiation Therapists – 31.3% male **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No **Action Plan Impact**: The action plan from 2019-2020 was followed with support from Human Resources to ensure our open positions are fairly and equitably communicated to all stakeholders and the trends being observed indicated more male applicants, somewhat due in part to the positions posted in the Doctor of Physical Therapy Program. The action plan will continue to work with HR support to ensure faculty positions are equitably communicated due to the observed trend of an increase in male faculty members over the last noted 7 years to eventually meet the goal of comparison to healthcare gender statistics. **Actions** **Action**: The action plan will continue to work with HR support to ensure faculty positions are equitably communicated due to the observed trend of an increase in male faculty members over the last noted 7 years to eventually meet the goal of comparison to healthcare gender statistics. The Allen College website will also leverage it's new layout to make it more accessible for potential candidates. **Follow-up**
Assessment Method Status: Active	**Result Date**: 09/13/2024

Measures	Result
Assessment Type: AD: Report - Internal **Measure:** Staff 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 staff reflects diversity of the state of Iowa **Timeframe:** Year 2 **Responsible Parties:** DEI Committee Chair	**Result**: The academic year of 2023-2024 indicated total gender diversity among staff at Allen College with 9.7% male staff. This compares unfavorably to 2020 (16%) and 2019 (20%). As of the most recent data, Allen College is not meeting the target for this metric. More detailed information is provided below. The gender diversity of Iowa is approximately 50.3% female and 49.7% male. As of September, 2023 our gender rates are: 31 Total Staff which includes 28 Females (90.3%) and 3 Males (9.7%). These numbers do not include administration (President, Provost or Deans.) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No **Action Plan Impact**: The previous action plane stated on, 01/27/2021, even though the target for this metric is currently met and historically has been met, it is recommended that the College's leaders and human resources continue to closely monitor the hiring trends for the Allen College staff. Departures of male staff in 2020 could have a negative impact on this value moving forward and it is recommended to monitor to ensure the target is still being met. This 2023-2024 action plan will revisit how HR is currently advertising open staff positions and if comparison to the gender statistics of the state of Iowa is considered feasible as a target. Instead gender statistics compared to other private healthcare colleges within Iowa might be more realistic. **Actions** **Action**: The current action plan is to will revisit how HR is currently advertising open staff positions and if comparison to the gender statistics of the state of Iowa is considered feasible as a target. Instead gender statistics compared to other private healthcare colleges within Iowa might be more realistic or even a percentage increase from previous years. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** 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].	**Result Date**: 09/13/2024 **Result**: This academic year 2023-2024 according to 9/15/23 demographics there were 3 faculty positions and 3 staff positions filled, all six were white/non-Hispanic; 5 female and 1 male. This is similar in gender diversity but not favorable in race diversity compared to the previous academic year of 2022-2023 when there were 4 new faculty/staff positions filled, three were white/non-Hispanic; 1 was Chinese; 3 female and 1 male. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
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 Black faculty and staff) **Timeframe:** Annual **Responsible Parties:** Provost (data source); DEI Committee Chair (trends, action plan impact, action plans)	**Action Plan Impact**: Per the action plan proposed in the 2021-2022 CAP report for the 2022-2023 academic year, advertising would continue in HERC, Indeed, and on higher education sites. Also, a subcommittee of the DEI would focus on streamlining access to the job application link on the Allen College website to ensure easier access from outside diverse applicants, creating a "highlight corner" on the Allen College website landing page to insert videos or slide shows showing students, faculty, and staff working with and volunteering in a variety of diverse communities, and creating a short descriptive text banner that describes the main focus of Allen College's commitment to service and how it to increase diversity in the healthcare community. The website revamping was not implemented until 2024, however the initiatives of advertising on HERC and Indeed appears to have impacted the current results. All of our positions are posted on the HERC (Higher Education Recruitment Consortium) website. The Higher Education Recruitment Consortium (HERC) is a non-profit coalition of over 550 colleges, universities, hospitals, research labs, government agencies, and related non- and for-profit organizations, committed to diversifying the pipeline of faculty, staff, and executives in academia. HERC **Actions** **Action**: The website revamping will now allow us to leverage Allen College job advertising and application process. All of our positions are posted on the HERC (Higher Education Recruitment Consortium) website. The Higher Education Recruitment Consortium (HERC) is a non-profit coalition of over 550 colleges, universities, hospitals, research labs, government agencies, and related non- and for-profit organizations, committed to diversifying the pipeline of faculty, staff, and executives in academia. HERC **Follow-up**

Admin - Enrollment Management

EM 1.0

AU Outcome
Retain Students

Outcome Status
Active

Measures	Result
Assessment Method Status: Active	**Result Date**: 09/10/2024

Measures	Result
Assessment Type: AD: Report - Internal **Measure:** Program Completion Rates (Graduation Rates Spreadsheet) **Target:** 70% of graduate students complete their program **Timeframe:** Annually **Responsible Parties:** Dean of Enrollment Management	**Result**: Spring 19 MSN/PGC: 32/45, or 71% completed their program Fall 18 MSN/PGC: 32/44 or 73% completed their program Spring 19 BSN-DNP: (no data yet) Fall 18 BSN-DNP: (no data yet) Spring 20 DNP: 1/1, or 100% completed their program Fall 20 DNP: 1/1, or 100% completed their program Fall 20 MS in OT: 18/18, or 100% completed their program Spring 19 EdD: no students started this semester Fall 18 EdD: no students started this semester DPT (no data yet) Total: 84/109, or 77% completed their program How do they compare to last year? The results for 23-24 academic year were slightly lower than the year before. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: How did last year's action plan contribute to the success of lack of success shown in the results? There were nine graduate students in attendance at one of the Health Career's Night out. Of those nine students, two are either accepted or in progress with an application. It does not appear that attendance at Health Career's Night out contributed to the results. **Actions** **Follow-up**
Assessment Method Status: Active	**Result Date**: 09/12/2024

Measures	Result
Assessment Type: AD: Report - Internal **Measure:** Graduation Rates within 150% **Target:** 70% of undergraduate students complete their program within 150% of the program completion time. **Timeframe:** Annually **Responsible Parties:** Dean of Enrollment Management	**Result**: 2020 Cohorts School of Health Sciences: ASR – 17/23 = 74% MLS – 15/16 = 94% DMS – 6/8 = 75% PH – 3/3 = 100% MI – 4/4 = 100% School of Nursing Accelerated BSN – 57/62 = 92% (summer and fall starts) Traditional BSN - 48/55 = 87% (fall and spring starts) RN-BSN – 5/7 = 71% (fall and spring starts) All Undergraduates: 155/178 = 87% The results this year were better than last year, as all undergraduate programs met the 70% benchmark. Undergraduates, overall, had an 87% graduation rate. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: MLS: Our increased planned communication with students based on last year's action plan did support our continued high graduation rate. We also followed up with students who were referred to Shanna to ensure they were using all available resources to support their work. ASR: The previous action plan made a small positive impact, with a 2% increase. I would not consider this increase significant. With the recent changes that the program has made to improve communication and student success, the program is anticipating to see a continual positive increase with future cohorts. MI: I would not consider the percentage decrease to be significant at this time due to the smaller cohort sizes. With the recent curriculum revision changes that have been initiated, MI faculty expect to see a positive increase in percentage with future cohorts. **Actions** **Action Date**: 09/12/2024

Measures	Result
	Action: MLS: We are going to follow the same action plan from last year with these additional plans of action: Program director has incorporated virtual sign-up student hours for all students Weekly newsletters that share mindfulness and study resources ASR Action Plan: The ASR faculty will continue to initiate communication with new students upon admission. Faculty will continue to ensure that all student questions are answered and that they are aware of the program's structure, policies, and procedures prior to the start of the program. Faculty will continue to provide resources and referrals to students in need. Professional development sessions regarding professionalism, study habits, and APA will be offered to the students. A curriculum revision has been initiated that will provide more structured professional development opportunities to students in the first year of the program. This curriculum revision is expected to be implemented beginning in Summer 2025. Program faculty will implement a curriculum revision beginning in Fall 2024 to help better align course content in the second year of the program. This will allow students to be more prepared for the board prep coursework that is conducted in the last semester of the program. MI Action Plan: The MI faculty have initiated a curriculum revision to help provide more hands-on experience to those students who wish to come into the program without any radiology experience. This curriculum revision will be implemented beginning in Fall 2025. MI faculty will continue to update the program's website to be more transparent regarding the program's policies and procedures. Changes have been implemented with the admission process that will ensure that all prospective MI students communicate with the program director prior to admission. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Retention Plan--Tutoring Outcomes **Target:** 100% of tutees achieve a C or higher in tutored courses **Timeframe:** Annually	**Result Date**: 09/10/2024

Measures	Result
Responsible Parties: Student Success Coordinator	**Result**: Summer 2023: 91.7% of Pathophysiology tutees passed the course. Fall 2023: 69.2% of Pathophysiology tutees passed the course. 40% of Pharmacology tutees passed the course. Spring 2024: 86.7% of Pathophysiology tutees passed the course. 86.4% of Pharmacology tutees passed the course. How do they compare to last year? While the summer term saw great increase in pass rates, the fall and spring terms showed a decrease. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No **Action Plan Impact**: How did last year's action plan contribute to the success of lack of success shown in the results? While the information was shared, I do not feel the action plan assisted in the success/lack of success in the results. While it made faculty more aware of who/who was not attending tutoring, it is unclear if faculty urged those students who needed it to attend tutoring. Coordinator of Student Success did encourage students to attend. **<u>Actions</u>** **Action Date**: 09/10/2024

Measures	Result
	Action: What is the action plan for next year? Tutors will start using a clocking-in system, meaning their three hours allotted a week could be used for their regularly scheduled tutoring times or 1-on-1 tutoring times on campus. The goal is that by offering 1-on-1 tutoring times that tutees can schedule privately with tutors, students will have more regular access to tutoring services and their success will be increased. **Follow-up**
Assessment Method Status: Inactive **Assessment Type:** AD: Report - Internal **Measure:** First Year Retention Rates **Target:** 90% of first year students retained in all programs. **Timeframe:** Annually **Responsible Parties:** Dean of Enrollment Management	**Result Date**: 09/12/2024 **Result**: Of the 224 new students in the fall 2022, 194 were retained (87%) How do they compare to last year? The percentage of students retained was the same as last year. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No **Action Plan Impact**: Needs updated **Actions** **Follow-up**

EM 2.0

AU Outcome
Offer a variety of student activities

Outcome Status
Active

Measures	Result
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Ruffalo Noel Levitz Student Satisfaction Inventory (replaced Allen College Student Opinion Survey spring 2021)—Satisfaction with College sponsored social activities (e.g., student lunches, movie nights)	**Result Date**: 09/10/2024 **Result**: Satisfaction with College-sponsored social activities (student lunches, movie nights) Q42 Importance = 5.61, Satsifaction = 5.84 - Gap = .23 How do they compare to last year? The importance and the satisfaction of college sponsored social activities increased since last year. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
Target: [Options: 80% of students will report satisfied or very satisfied on scale of not satisfied at all (1), not very satisfied (2), somewhat dissatisfied (3) neutral (4), somewhat satisfied (5), satisfied (6), or very satisfied (7). Satisfaction-Importance gap is < .50 (-.14). although item is not flagged as a strength, it is also not flagged as a challenge. Item not flagged as a challenge (defined as Item above median for importance (top half) but in 25th percentile for satisfaction OR item above the median for importance (top half) but in the top quartile (75th percentile) for performance gap).] (Target prior to 2020-2021: 80% of students report satisfied or very satisfied on a scale of very satisfied, satisfied, dissatisfied, very dissatisfied, or unaware/have not used). **Timeframe:** Annually **Responsible Parties:** Director of Student Success and Engagement	**Action Plan Impact**: How did last year's action plan contribute to the success of lack of success shown in the results? Student Success and Engagement ensured there were a variety of events and activities on campus and utilized a variety of marketing strategies. Tracking attendance was helpful in determining which programs/cohorts were interested in which activity as well as seeing which events were well attended. **Actions** **Action Date**: 09/10/2024 **Action**: Student Success and Engagement will use the end of term Student Success Survey to determine new/existing events to continue for the year based on student feedback. This may include professional development opportunities, academic support sessions, and other social activities geared towards various students. Attendance will continue to be tracked by Student Success and Engagement. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Survey **Measure:** Ruffalo Noel Levitz Student Satisfaction Inventory—Satisfaction with "Extracurricular activities (e.g., chorus, Nurses Christian Fellowship)" **Target:** 80% of students report satisfied or very satisfied **Timeframe:** Annually **Responsible Parties:** Director of Student Success and Engagement	**Result Date**: 09/10/2024 **Result**: Satisfaction with Extra Curricular Activities (Student Ambassadors, NCF) Q41 Importance = 5.50, Satisfaction = 6.12 - Gap = .62 - Goal not met In the 22-23 RNLSSI, the importance was 5.23 (lower than this year) and the Satisfaction was 5.96 (also lower than this year). **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No **Action Plan Impact**: The use of a co-adviser was very beneficial for the student ambassadors and assisted in ensuring social media posts and on-campus activities were carried out. Goals were made for the sub-committees, and they were successful in reaching their goals. However, it is unclear how other student organizations worked with their executive teams to achieve their goals.

Measures	Result
	Actions **Action Date**: 09/10/2024 **Action**: For the student ambassadors, the co-adviser system will be continued. Goals will be set, not only by the sub-committee themselves but also by their adviser to ensure actions are completed. ASNA, ASRO, and SOTA will continue with their regular activities. It is important to note that NCF currently does not have a faculty adviser, and thus is in hiatus. Additionally, the Coordinator of Student Success and Engagement will have monthly communications with the faculty advisers on specific dates, activities, and events to ensure there is clear marketing and communication. **Follow-up**

EM 3.0

AU Outcome
Admissions policies and processes are fair and timely

Outcome Status
Active

Measures	Result
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Orientation Survey-Satisfaction with new student orientation **Target:** 90% of students report being satisfied or very satisfied with new student orientation [Target prior to 2022-2023 was 80% of students report being satisfied or very satisfied with new student orientation] **Timeframe:** Annually **Responsible Parties:** Admissions	**Result Date**: 09/12/2024 **Result**: Used this question: How prepared or unprepared do you feel to begin your coursework at Allen College? Fall 2022 - 83/88 - 94% Spring 2023 – 10/11 - 91% Summer 2023 – 10/10 - 100% Total 22-23 Academic Year = 103/109 - 94% - Goal met How do they compare to last year? The results from this year are lower than last year. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The action plan was to build time to take the survey into the student's schedules. That was successful. However, it did not contribute to the success of orientation. **Related Documents**: Orientation Survey Results 2022-23.xlsx

Measures	Result
	Actions **Action Date**: 09/23/2024 **Action**: The admissions team will meet with Organizational Development regarding Clifton Strengths and comments that are received about satisfaction and length of the training. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Survey **Measure:** Admissions Survey-Satisfaction with admissions process **Target:** 90% of students report being satisfied or very satisfied **Timeframe:** Annually **Responsible Parties:** Admissions	**Result Date**: 09/12/2024 **Result**: Used this question: How prepared or unprepared do you feel to begin your coursework at Allen College? Fall 2022 - 83/88 - 94% Spring 2023 – 10/11 - 91% Summer 2023 – 10/10 - 100% Total 22-23 Academic Year = 103/109 - 94% - Goal met The results from this year are lower than last year. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The action plan was to build time to take the survey into the student's schedules. That was successful. However, it did not contribute to the success of orientation. **Related Documents**: [Admissions Survey Results 2022-23.xlsx](#) **Actions** **Action Date**: 09/23/2024 **Action**: Continue to give students this survey and focus on any comments given by students regarding communication with admissions. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Survey **Measure:** Admissions Survey-Satisfaction with "Communication with the admissions office during the application process was timely." **Target:** 90% of students report being satisfied or very satisfied. **Timeframe:** Annually **Responsible Parties:** Admissions	**Result Date**: 09/12/2024 **Result**: Admitted students – 176/185 - 95% Students admitted but did not matriculate (WDAA) 12/14 - 86% Applicants who did not complete the application process (WDBA) - 3/7 - 43% Denied students - 1 out of 4 – 25% Last year 94% of survey recipients were satisfied or very satisfied with the communication with the admissions office during the application process. This year the satisfaction was slightly higher. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Need

Measures	Result
	Related Documents: Admissions Survey Results 2022-23.xlsx **Actions** **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Survey **Measure:** Admissions Survey-Satisfaction with "If I had questions, I could reach someone in the admissions office." **Target:** 90% of students report being satisfied or very satisfied **Timeframe:** Annually **Responsible Parties:** Admissions	**Result Date**: 09/13/2024 **Result**: Admitted Students = (181/185) 98% Students admitted but did not matriculate = (2/5) 40% Applicants who did not complete the application process (WDBA) = (3/4) 75% Denied students = (2/4) 50% Total surveyed – 188/198 – 95% reported being satisfied or very satisfied with "If I had questions, I could reach someone in the admissions office." There was an increase in WDAA and WDBA students who completed the surveys. Neither group of students was above the 90% threshold. Overall, satisfaction from the students was lower than last year. Comments were made by WDAA and WDBA students that supported dissatisfaction. Students mentioned having to repeat required courses as the top reason for dissatisfaction, followed by financial and unclear expectations during the admissions process. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Last year's action plan was to review comments and act based on those comments. Based on that, there is no evidence the success or lack of was related to the action plan. **Related Documents**: Admissions Survey Results 2022-23.xlsx **Actions** **Follow-up**

EM 7.0

AU Outcome
Qualified students are admitted to college programs

Outcome Status
Active

Measures	Result
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Program Enrollment (Admissions Report; Correspondence Spreadsheet; Dashboard Statistics) **Target:** Allen College programs are 100% enrolled (Formerly "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	**Result Date**: 09/13/2024

Result: Programs Capacities:

Summer 2023

ASR – 96%

MLS – 94%

ABSN-SU – 58%

Fall 2023

DMS – 113%
PH – 40%

MI – 63%

MS in OT – 46%

EdD – 50%

ABSN – 64%

TBSN – 88%

RN-BSN – 10%

ACPNP – 40%

AGACNP – 40%

FNP – 83%

PMHNP – 53%

Lead – 80%

Measures	Result
	DNP − 20%
	Spring 2024
	DPT − 4%
	TBSN − 103%
	RN-BSN − NA
	ACPNP − 0%
	AGACNP − 40%
	FNP − 54%
	PMHNP − 33%
	Lead − 40%
	DNP − 20%
	Most programs continued to decline in admission again during the 23-24 academic year.
	Reporting Year: 2023 - 2024 (Year 2) **Target Met**: No

Measures	Result
	Action Plan Impact: There are still many outside factors that contribute to the lack of admissions. There is no evidence that any of the identified action plans had a negative or positive effect on enrollment. Although a position description was created for a communications coordinator in enrollment management, there was not an FTE allotted during the 23-24 academic year. Two admissions counselors resigned their positions in the spring 2024 semester. Due to the lack of admissions counselors, we were not able to apply to host an ACAC fair. Additional counselors were invited to the High School Counselor Visit Day, including Waterloo, Cedar Falls, Cedar Rapids, Waverly. In addition, all seven high school counselors from the expanded rural grant locations were invited. Eight counselors attended. Two new clubs were added during the fall 2023 (Sumner and New Hampton). In addition, Sumner was able to have two clubs due to high interest. One new location for spring 2024 in Independence. **Related Documents**: Dashboard - Student Body Profile 23-24.xlsx **Actions** **Action Date**: 09/23/2024 **Action**: Continue to work with UPH Marketing during the 24-25 academic year. Explore the option of having a higher education marketing firm (e.g. Ruffalo Noel Levitz) help with marketing. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal	**Result Date**: 09/13/2024

Measures	Result
Measure: Increase in enrollment per Dashboard statistics [prior to 2022-2023: Enrollment increases in under enrolled programs (Admissions Report; Correspondence Spreadsheet; Dashboard Statistics)Enrollment increases in under enrolled programs)] **Target:** 10% enrollment increase in graduate programs 5% enrollment increase in undergraduate nursing programs 5% enrollment increase in Radiography program 5% enrollment increase in MLS program [Prior to 2022-2023, target was "increase enrollment;" Prior to 2021-2022 target was "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:** Reporting: Dean of Enrollment Management Action plan and tracking: Enrollment Management	**Result**: Graduate Nursing: fall 22 enrollment – 156 fall 23 enrollment - 147 Change: - 6% decrease (Goal not met) Undergraduate Nursing: fall 22 enrollment – 214 fall 23 enrollment - 184 Change: - 14% decrease (Goal not met) Radiography: fall 22 enrollment – 27 fall 23 enrollment - 35 Change: 30% increase – Goal met MLS: fall 22 enrollment – 12 fall 23 enrollment - 13 Change: 8% increase – Goal met How did last year's action plan contribute to the success of lack of success shown in the results? Since 2023 was the first full year the college was supported by UPH Marketing, it is difficult to know if there was an impact from last year's action plan. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Since 2023 was the first full year the college was supported by UPH Marketing, it is difficult to know if there was an impact from last year's action plan. **Related Documents**: Dashboard - Student Body Profile 23-24.xlsx **Actions** **Action Date**: 09/13/2024 **Action**: Continue to use UPH Marketing to develop marketing and recruitment plans.

Measures	Result
	Follow-up
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Customer Relations Management System (CRM): Increase in prospective students **Target:** 25% increase in prospective students **Timeframe:** Annually **Responsible Parties:** Admissions	**Result Date**: 09/13/2024 **Result**: During the 22-23 Academic year, there were 6,096 prospective students based on CRM activity. When compared to 21-22, there was a 114% increase in prospective students The number of prospective students grew significantly from the 21-22 academic year to the 22-23 academic year. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Several additional communications were added to the current admission plans, including personalized communication mixed with communication from the CRM. It is possible including the more personalized communication added to the number of prospective students. **Actions** **Action Date**: 09/23/2024 **Action**: Review analytics from Tri-Lix (UPH Marketing) to determine the success of the SEO work during the 23-24 academic year. **Follow-up**

EM 8.0

AU Outcome
Increase the number of underrepresented students enrolled at Allen College.

Outcome Status
Active

Measures	Result
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Admissions Reports; Dashboard Statistics, Census Report found at http://quickfacts.census.gov/qfd/states/19/19013.html	**Result Date**: 09/13/2024 **Result**: As of September 15, 2023, 49/469 (10.4%) of Allen College's enrollment reported being an ethnic minority. The Black Hawk County ethnic minority percentage as of July 1, 2023 is 22.1% The gap between ethnic minority enrollment and Black Hawk County grew from 6.6% to 11.7%. Although the gap widened significantly (5.1%), this was due to the increase in the number of ethnic minority population of Black Hawk County, not due to college enrollment. **Reporting Year**: 2023 - 2024 (Year 2)

Measures	Result
Target: The diverse population of Allen College is equal to or greater than the diverse population of Iowa [Prior to 2024-2025, target was "Diverse population at Allen College is equal to the diverse population of Black Hawk County."] **Timeframe:** Annually **Responsible Parties:** Dean of Enrollment Management	**Target Met**: No **Action Plan Impact**: One-year retention of ethnic minorities was 90%, while the entire colleges new student retention was 87%. While this is a positive outcome, there is no evidence that retaining ethnic minority students impacted the target. **Related Documents**: Dashboard - Student Body Profile 23-24.xlsx **Actions** **Action Date**: 09/16/2024 **Action**: Next year's action plan is to change the comparison of Black Hawk County to the state of Iowa. The committee believes that the state of Iowa is more representative of Allen College. **Follow-up**

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

ASR 1.1

AU Outcome
Students will practice proper radiation protection
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** 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/HS APG Committee	**Result Date**: 09/24/2024 **Result**: In Fall 2022, the average score of the RA135 Competency Testing/CCE Part II, numbers 5,7,9,15,17, was 3.96. This year's average score of 3.99 is slightly higher, yet consistent, with prior year's data. This data shows that the students continue to practice proper radiation protection at a high level. 2023 = 3.99(n=22) Previous data: 2022 = 3.96 (n=16) 2021 = 3.95 (n=13) 2020 = 3.94 (n=23) 2019 = 3.91 (n=19) 2018 = 3.90 (n=13) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: As proposed in the 2022-2023 action plan, the instructors continue to have students practice radiation protection in each lab and in the clinical environment. The program faculty provided guidance and instruction for students to enable them to practice and apply radiation protection principles in the clinical setting. Students demonstrated clinical competence by applying proper radiation protection. A variety of radiation protection practices and principles are emphasized throughout the curriculum and students continue to evidence the application of this knowledge in the clinical setting. **Actions** **Action Date**: 09/24/2024 **Action**: ASR faculty will continue to instruct and reinforce radiation protection practices and concepts in classes and labs. A variety of radiation protection practices and principles will continue to be emphasized throughout the curriculum. The program will continue to use and assess this measurement tool with each new cohort. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** 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	**Result Date**: 09/24/2024 **Result**: In Spring 2023, the average score of the RA275 Final Clinical Competency Testing/CCE Part II, numbers 5,7,9,15,17, was 3.97. This year's average score is slightly higher at 4.0. This year's data, along with prior year's data, shows that the students continue to practice proper radiation protection at a high level consistently. 2024 = 4.0 (n=13) Previous data: 2023 = 3.97 (n=10) 2022 = 4.0 (n=17) 2021= 3.98 (n=16) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the program's curriculum continues to integrate radiation protection concepts each semester. The action plan from 2022-2023 was successful. All students demonstrated clinical proficiency and competency in providing radiation protection. Each student's performance demonstrated clinical competence. Students continue to have access to an appropriate exam volume in a variety of settings to prepare them for their final competencies. Clinical instructors continue to instruct students in the clinical setting and evaluate them regarding their level of competency with practicing proper radiation protection. **Actions** **Action Date**: 09/24/2024

Measures	Result
	Action: During the 2024-2025 academic year, the program's curriculum will continue to integrate radiation protection concepts each semester. The recommendation is the continued use of this assessment tool since there are variations in patients and exams. This evaluation will continue to be completed by the clinical instructors.
	Follow-up

ASR 1.2

AU Outcome
Students will apply correct positioning skills
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** 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	**Result Date**: 09/24/2024 **Result**: In Spring 2024, the average score of the RA145 Certification Testing/Part I, numbers 3,12,14,15 was 3.97. This is slightly higher than last year's average of 3.94. Students continue to exceed benchmark, but the average scores have continued to increase over the last 5 years. This data shows that the student's consistently apply correct positioning skills during radiography procedures. 2024=3.97(n=21) Previous data: 2023=3.94(n=14) 2022= 3.98 (n=10) 2021= 3.93 (n=17) 2020= 3.92 (n=16) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, course instructors continued to assess this item since certification testing is completed at various clinical sites and with different clinical instructors. The action plan was effective. All students demonstrated clinical competence while applying correct positioning skills. The clinical instructors encouraged the students to continually practice and review positioning principles. The students demonstrated knowledge of positioning in relation to their level of placement in the program. **Actions** **Action Date**: 09/24/2024

Measures	Result
	Action: The clinical instructors will continue to work with the students and encourage them to practice and review positioning principles while in the clinical setting. Certification testing will continue to be completed at various clinical sites with different clinical instructors. The course instructors recommend continuing to assess this item.
	Follow-up
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** 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	**Result Date**: 09/24/2024 **Result**: In Fall 2023, the average score of the RA265 Certification Testing/Part I, numbers 3,12,14,15, was 3.97. This score is very consistent when comparing it to all prior data through 2019. All cohorts starting in 2019 have scored an average of 3.9 or higher each year. Students continually exceed benchmark demonstrating their ability to apply correct positioning skills while performing radiography procedures. 2023= 3.97(n=13) Previous data: 2022=4.0 (n=10) 2021=3.96(n=17) 2020=3.95(n=16) 2019=3.9(n= 10) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the faculty continue to communicate with the clinical instructors and encourage them to select from more advanced and challenging exams to correlate with the student's level in the program. Faculty continue to provide effective instruction in the classroom and lab which permits success in the clinical setting. The action plan was effective. All students demonstrated clinical competence and applied correct positioning skills for the certifications. Students are guided by the program faculty and are well prepared in the classroom and lab which equates to success in the clinical setting. **Actions** **Action Date**: 09/24/2024 **Action**: The faculty will continue to communicate with the clinical instructors and encourage them to select from more advanced and challenging exams to correlate with the student's level in the program. Faculty will continue to provide effective instruction in the classroom and lab. **Follow-up**

ASR 2.1

AU Outcome
Students will demonstrate effective communication skills in the clinical setting

Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** 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	**Result Date**: 09/24/2024 **Result**: In Fall 2022, the average score of the RA135 Clinical Instructor/Preceptor Evaluations/Numbers 3,6,10,11, was 3.85. This year's average score of 3.82 is comparable to the prior academic year. This data shows that students are able to demonstrate effective communication skills in the clinical setting. 2023 = 3.82 (n=22) Previous data: 2022 3.85 (n=16) 2021 3.52(n=13) 2020 3.27(n=22) 2019 3.47(n=19) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the clinical instructors/preceptors continue to provide instruction to students in the areas of patient care, interpersonal relationships, multicultural diversity and age-appropriate care in the clinical setting. The clinical site rotations provide each student with the opportunity to work in diverse environments and with diverse patients. The action plan was effective. The students' average scores increased in patient care when compared to the previous academic year. In the areas of interpersonal relationships, multicultural diversity, and age-appropriate care, there was an overall drop in scores of 0.04. This is a very minimal drop, and when compared with the increased number of students over the prior year, it is considered insignificant. **Actions** **Action Date**: 09/24/2024 **Action**: The clinical instructors/preceptors will continue to provide instruction to students in the areas of patient care, interpersonal relationships, multicultural diversity and age-appropriate care in the clinical setting. The ASR faculty will continue to provide diverse clinical sites to all students with the opportunity to work with diverse patients. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** RA:275 Clinical Instructor/ Preceptor Evaluations/Numbers 3, 6,10,11 **Target:** Average score >= 3 (0-4 pt. scale)	**Result Date**: 09/24/2024

Measures	Result
Timeframe: Level II -Spring Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/ HS Curriculum Committee	**Result**: In Spring 2023, the average score of the RA275 Clinical Instructor/Preceptor Evaluations/Numbers 3,6,10,11, was 3.84. This year's average score of 3.91 demonstrated an increase when compared to the prior academic year. Cohorts continue to exceed benchmark each year. Students continue to demonstrate effective communication skills in the clinical setting. Spring 2024 =3.91 (N = 13) Previous data: 2023 = 3.84 (N =10) 2022 = 3.92 (N = 17) 2020-2021 = 3.66 (N =16) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the clinical instructors/preceptors continue to instruct students by exhibiting effective communication in the clinical environment. The action plan was effective. The current data shows that exceptional instruction and supervision was conducted by clinical instructors/preceptors allowing for communication skills to be assessed adequately. There was an increase in the areas of interpersonal relationships, multicultural diversity, and age-appropriate care. In the category of overall patient care, there was a drop of 0.04. Overall, students continue to demonstrate effective communication skills in the clinical setting. Faculty continue to work and communicate with clinical instructors and preceptors to ensure student success in the clinical setting. **Actions** **Action Date**: 09/24/2024 **Action**: Clinical instructors and preceptors will continue to instruct students by exhibiting effective communication in the clinical environment. Faculty will continue to work and communicate with clinical instructors and preceptors to ensure student success in the clinical setting. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** 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	**Result Date**: 09/24/2024

Measures	Result
	Result: This year's average score of the RA135 Clinical Competency Evaluation/Part I Number 4, Part III Numbers 1,3,6-8, was 4.0. This score is slightly higher yet consistent with prior years, with students continually receiving an average score of 3.94 or above since 2020. Based on the consistency from cohort to cohort, students continue to demonstrate effective communication skills in the clinical setting. 2023=4.0 (n=22) Previous data: 2022=3.98(n=16) 2021=3.94(n=13) 2020=3.96(n=23) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the program faculty continue to provide the students with the skills needed for effective clinical communication. The program faculty also continue to assist the clinical instructors as they provide effective instruction, supervision, and feedback to the students in the clinical setting. The action plan was effective. All students demonstrated communication skills reflective of their level in the program in the clinical setting. The program curriculum and faculty continue to provide students with the necessary skills to progress from the classroom and lab setting to the clinical setting. **<u>Actions</u>** **Action Date**: 09/24/2024 **Action**: The program faculty will continue to provide the students with the skills needed for effective clinical communication. The program faculty will continue to guide and assist the clinical instructors as they provide effective instruction, supervision, and feedback to the students in the clinical setting. **<u>Follow-up</u>**
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** 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	**Result Date**: 09/24/2024 **Result**: This year's average score of the RA275 Final Clinical Competency Evaluation/Part I Number 4, Part III Numbers 1,3,6-8, was 4 on a 0–4-point scale. Students exceeded benchmark with the highest score possible. This data is consistent with prior years as students have achieved an average score of 3.98 or higher since 2021. Students consistently demonstrate effective communication skills in the clinical setting. 2024=4 (n=13) Previous data: 2023= 4 (n=10) 2022=4 (n=17) 2021=3.98 (n=16) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: As proposed in the 2022-2023 action plan, the students will continue to be instructed and guided in effective clinical communication skills in every semester of the program. All clinical instructors and preceptors at all clinical sites assist with this instruction and guidance. The action plan was effective. Students continue to exceed benchmark. Students demonstrated excellent communication skills in the clinical setting. Many of this year's final CCEs were performed on patients that required multiple exams and extensive patient communication. **Actions** **Action Date**: 09/24/2024 **Action**: Students will continue be instructed and guided in effective clinical communication skills in every semester of the program. All clinical instructors and preceptors at all clinical sites assist with this instruction and guidance. **Follow-up**

ASR 2.2

AU Outcome
Students will practice and demonstrate communication skills (formerly Students will practice written communication skills)
Outcome Status
Active
Start Date
09/25/2023

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** RA: 115 Patient Care Presentation **Target:** Average score of >= 85% **Timeframe:** Level I-Fall Semester **Responsible Parties:** RA: 115 Course Instructor/HS APG Committee	**Result Date**: 09/24/2024 **Result**: This year's average score of 97% is comparable when looking at prior academic year. This academic year the oral and written communication goals were combined into one goal. This data shows that students consistently continue to practice effective communication skills. 2023 = 97% (n = 22) Written Communication - 2022= 97.7% (n=15) Oral Communication – 2022=94.3% (n=15) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: As proposed in the 2022-2023 action plan, the course instructor continues to discuss the paper requirements with the students. This academic year the oral and written communication goal were combined into one goal. The students' presentations combine both written and oral communication by writing on an assigned topic and presenting that paper to the class with PowerPoint slides to correlate with the paper. The student success coordinator presented on APA formatting to the students for the written portion and proper references. The students worked in partners for critique of the slides and the instructor answered questions and gave guidance to the students. Students consistently continue to practice effective communication skills. **Actions** **Action**: The course instructor will continue to discuss the paper requirements with the students and remind them of the resources available to them, including the student succuss coordinator, the Allen College Website, and the resources available on Blackboard. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** RA:258 Pathology Systems Presentation **Target:** Average score of >= 85% **Timeframe:** Level II-Fall Semester **Responsible Parties:** RA: 258 Course Instructor/ HS APG Committee	**Result Date**: 09/24/2024 **Result**: This year's average score of 96% is comparable when looking at prior academic year. This academic year the oral and written communication goals were combined into one goal. This data shows that students consistently continue to practice effective communication skills. 2023 = 96% (n = 13) Written Communication- 2022=93.9% (n=10) Oral Communication – 2022=94.2% (n=10 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the course instructor continues to discuss the paper requirements with the students and encourages them to review APA guidelines. This academic year the oral and written communication goal were combined into one goal. The students' presentations combine both written and oral communication by writing on an assigned topic and presenting that paper to the class with PowerPoint slides to correlate with the paper. The students worked in partners for critique of the slides and the instructor answered questions and gave guidance to the students. The students were allowed scheduled class times to work on the presentations with guidance from the instructor. Students consistently continue to practice effective communication skills. **Actions** **Action Date**: 09/24/2024

Measures	Result
	Action: The course instructor will continue to discuss the paper requirements with the students and remind them of the resources available to them, including the student succuss coordinator, the Allen College Website, and the resources available on Blackboard. **Follow-up**

ASR 3.2

AU Outcome
Students will demonstrate ability to practice critical thinking
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Exam/Quiz - Standardized **Measure:** 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	**Result Date**: 09/24/2024 **Result**: In Spring 2024, 62% of the students achieved a score of 70 or greater on one of the four Corectec Exams assigned in RA203B. This is a significant decrease from last year's average of 90%. Benchmark was not met. The students did not demonstrate their ability to practice critical thinking. 2024 = 62% (n = 13) achieved a 70 or greater on one of the four exams. Previous data: 2023 = 90% (n= 10) 2022 = 71% (n = 17) 2021 = 69% (n = 16) 2020 = 90% (n=10) 2019 = 100% (n=12) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No **Action Plan Impact**: As proposed in the 2022-2023 action plan, the instructor made a few revisions to the guided review assignments. All students were required to attend both days of the student educator seminar and the mock board exam score completed at the seminar was included in the RA275 course grade. This cohort did not perform as well on the 4 Corectec comprehensive exams when compared to prior cohorts. All students are provided with multiple tools to assist them with achieving a 70 on a Corectec exam. Any student not earning a 70 Corectec score is also required to complete additional guided review assignments with a specific due date. All steps in the guided review assignments are assigned to be completed prior to the next exam. Three students were late on portions of the first guided review assignment. One student completed all steps in all three guided review assignments late.

Measures	Result
	Action Date: 09/24/2024 **Action**: The course instructor will make a few changes to the guided review assignment instructions and increase the grade reduction for late submission of work to encourage timely completion of all assignments. The instructor may also review a new learning resource for possible implementation for Sp26. ASR faculty will continue requiring attendance for both days of the student seminar and will apply the mock board exam score towards the RA275 course grade. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** RA:154 CT Topic Presentation **Target:** Average score of >= 80% **Timeframe:** Level I- Spring Semester **Responsible Parties:** Program Faculty/HS Curriculum Committee	**Result Date**: 09/24/2024 **Result**: In Spring 2023, the average score of the RA154 CT Topic Presentation was 96.4%. This year's average score of 99% is slightly higher yet consistent with prior data. Benchmark continues to be exceeded. The students continue to demonstrate their ability to practice critical thinking consistently. Spring 2024 = 99% (n=16) Previous data: Spring 2023 = 96.4% (n=10) Spring 2022 = 96.75% (n=8) Spring 2021 = 96.24% (n=13) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the instructor provided each student with a grading rubric and a presentation example within Blackboard. The instructor also had each student conduct 2 peer reviews on their classmate's presentations. Students are expected to use critical thinking skills to help teach the class about specific CT topics. The topics presented this year included various procedures, pathologies, animal radiography, and trauma. Each student is evaluated on presentation format, content, audio/professionalism, and creativity. The entire cohort excelled when it came to format, content, and audio/professionalism. Minor points were deducted from a select few presentations for creativity; a few presentations were too "wordy" taking the focus away from the audio portion of the presentation. The student peer review feedback was taken into consideration when the instructor completed the final grade/feedback for each presentation. Through the creation of their presentations, the students did a great job at demonstrating their ability to practice critical thinking in the learning environment. **Actions** **Action Date**: 09/24/2024

Measures	Result
	Action: The instructor will continue to provide each student with a grading rubric and a presentation example within Blackboard. The instructor will continue to have each student conduct peer reviews on their classmate's presentations. The feedback provided by the students during their peer reviews will be used by the instructor when they complete a final grade for each presentation. **Follow-up**

ASR 3.3

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** 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 APG Committee	**Result Date**: 09/24/2024 **Result**: In Spring 2023, the average score of the RA145 Clinical Instructor/Preceptor Evaluations/Numbers 2,4,7,8 was 3.74. This year's average score is slightly higher yet comparable at 3.83. All students continue to exceed benchmark with consistently averaging 3.6 and higher for the last 5 years. Students continue to demonstrate their ability to critically think in the clinical setting. Spring 2024 = 3.83 (N =21) Previous data: 2023 = 3.74 (N =15) 2022 = 3.66 (N =10) 2020-2021 = 3.65 (N=18) 2019-2020 = 3.6 (N=16) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the clinical instructors/preceptors in the clinical setting continued to provide excellent instruction and supervision of students to assess their critical thinking skills. The student scores were higher than the previous year in the Self-Image for Level in the ASR Program, Ability to follow directions, of Applications of Knowledge, and Composure and Adaptability. Overall, the action plan was effective. Students demonstrated the ability to critically think in the clinical setting. **Actions** **Action Date**: 09/24/2024

Measures	Result
	Action: The clinical instructors/preceptors will continue to provide the needed instruction and supervision of the students to evaluate their critical thinking skills in the clinical setting. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** 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	**Result Date**: 09/24/2024 **Result**: In Fall 2022, the average score of the RA265 Clinical Instructor/Preceptor Evaluations/Numbers 2,4,7,8, was 3.86. This year's score was slightly lower at 3.82, but this decrease is not considered significant. The benchmark continues to be exceeded, and the students continue to demonstrate their ability to critically think in the clinical setting. 2023 = 3.82 (n=13) Previous Data: 2022 3.86 (n=10) 2021 3.57 (n=17) 2020 3.75 (n=16) 2019 3.86 (n=11) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the clinical instructors/preceptors continue to instruct, explain, and demonstrate to students how to practice critically thinking skills in the clinical environment. The action plan was effective to meet benchmark. The students' scores decreased by an average of 0.04 in all four performance criteria areas; application of knowledge, ability to follow directions, self-image for level in the ASR program, and composure and adaptability. There was an increased number of students compared to the prior cohort that accounts for the slight drop in overall performance. Students have immediate access to their completed evaluations on Trajecsys. Students continue to be able to critically think in the clinical setting. **Actions** **Action Date**: 09/24/2024 **Action**: The clinical instructors/preceptors will continue to instruct, explain and demonstrate to students how to practice critical thinking skills in the clinical environment. **Follow-up**

ASR 4.1

AU Outcome
Students will integrate leadership skills and construct professional practices
Outcome Status
Inactive

Measures	Result
Assessment Measure Status: Inactive **Assessment Type:** SL: Service **Measure:** 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	**Result Date**: 09/24/2024 **Result**: This year's average score of the RA135 Community Service/Service Learning Evaluation was 80.64%. This is a significant decrease from last year's score of 86.75%, but benchmark continues to be exceeded. The students continue to demonstrate their ability to integrate leadership skills and construct professional practices. 2023 = 80.64% (n=22) Previous data: 2022 = 86.75% (n=16) 2021 = 77.46% (n=13) 2020 = 88.80% (n=18) 2019 = 87.71% (n=19) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the course instructors continue to assess the assignment instructions and make modifications accordingly. The action plan from the prior academic year was successful in assisting the students in achieving the benchmark for the current academic year. Additional APA resources were provided to the students. Small improvements and clarifications to the assignment instructions may have assisted this cohort in meeting benchmark. The course instructors may consider removing this goal and outcome from the assessment plan. **<u>Actions</u>** **Action Date**: 09/24/2024 **Action**: The course instructors will continue to assess the assignment instructions and make modifications accordingly. Additional APA resources will be provided to the students. The course instructors may consider removing this goal and outcome from the assessment plan. **<u>Follow-up</u>**
Assessment Measure Status: Inactive **Assessment Type:** SL: Service **Measure:** 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	**Result Date**: 09/24/2024 **Result**: In Fall 2022, the average score of the RA265 Community Service/Service Learning Evaluation was 73.3%. This year's score was significantly higher at 89%. Benchmark was exceeded this year. All students demonstrated their ability to integrate leadership skills and construct professional practices. 2023 = 89% (n=13) Previous data: 2022 = 73.3% (n=10) 2021 = 71.41% (n=17) 2020 = 84.56% (n=16) 2019 = 85.6% (n = 10) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: As proposed in the 2022-2023 action plan, the instructors placed the paper assignment instructions and the grade rubric within the assignment drop box in the Blackboard course. Students were also provided with additional APA resources. This action plan was effective in significantly increasing the student's average scores. Small improvements and clarifications to the assignment instructions may have assisted this cohort in meeting benchmark. All students demonstrated their ability to integrate leadership skills and construct professional practices. Course instructors may consider removing this goal and outcome from the assessment plan. **Actions** **Action Date**: 09/24/2024 **Action**: The course instructors will continue to assess the assignment instructions and make modifications accordingly. Additional APA resources will be provided to the students. Course instructors may consider removing this goal and outcome from the assessment plan. **Follow-up**

ASR 4.2

AU Outcome
Students will practice professionalism
Outcome Status
Inactive

Measures	Result
Assessment Measure Status: Inactive **Assessment Type:** SL: Clinical evaluation tool **Measure:** 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	**Result Date**: 09/24/2024 **Result**: In Fall 2022, the average score of the RA135 Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13, was 3.79. This year's average score of 3.76 was slightly lower, yet consistent and comparable with prior data. The benchmark continues to be exceeded, and all students continue to demonstrate their ability to practice professionalism. 2023 = 3.76 (n=22) Previous data: 2022 3.79 (n=16) 2021 3.47 (n=13) 2020 3.34 (n=22) 2019 3.51 (n=19) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: As proposed in the 2022-2023 action plan, the clinical instructors/preceptors continue to provide instruction to students in the areas of organization of assignments, initiative, appearance, policies and procedures, and ethical and professional behavior. The action plan was effective. The students are measured in a total of five areas. There was a slight decrease in the areas of initiative, appearance, and policies and procedures. The final two areas of ethics and professional behavior and organization of assignments slightly increased. Looking at the overall score, there was only a decrease of 0.03% with an increase of 6 students within the cohort. All students continue to practice professionalism. **Actions** **Action Date**: 09/24/2024 **Action**: The clinical instructors/preceptors will continue to provide instruction to students in the areas of organization of assignments, initiative, appearance, policies and procedures, and ethical and professional behavior. **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Clinical evaluation tool **Measure:** 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	**Result Date**: 09/24/2024 **Result**: In Spring 2023, the average score of the RA275 Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13, was 3.77. This year's average score was higher at 3.83, yet comparable to prior data. The benchmark continues to be exceeded, and the students continue to demonstrate their ability to practice professionalism. Spring 2024 = 3.83 (n =13) Previous data: Spring 2023 = 3.77 (n =10) Spring 2022 = 3.86 (N = 17) Spring 2021 = 3.65 (n=16) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the clinical instructors/preceptors continue to deliver prompt feedback to students when issues arise concerning initiative and professionalism. Faculty continue to discuss the importance of initiative and professionalism in the clinical setting to the students. Overall, the action plan was effective. The students' average scores in all areas increased compared to prior year by 0.06%; these include Organization of Assignments, Initiative, Appearance, Policies and Procedures, and Ethical and Professional Behaviors. The students continue to demonstrate their ability to practice professionalism. **Actions** **Action Date**: 09/24/2024 **Action**: The clinical instructors/preceptors will continue to deliver prompt feedback to students when issues arise concerning initiative and professionalism. Faculty will continue to discuss the importance of initiative and professionalism in the clinical setting to all students.

Measures	Result
	Follow-up

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

EdD 1.1

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** 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	**Result Date**: 08/16/2024 **Result**: For the Spring 2024 semester, 100% of students (n=2) scored >80% on the budget assignment. This compares similarly to the results from the last time the course was offered in Spring 2022 when 100% of students (n=3) scored >80%. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The budget assignment directly supports the outcome that the students can demonstrate competence in a faculty and/or leadership role. The action plan from the 2022 CAP report suggested that the assignment release and due dates be evaluated to ensure students have enough time to complete it since this is now an 8-week course vs. a 16-week course. As a result, the dates were adjusted to give one more additional week for the students to complete this assignment. **Actions** **Action**: The next time the course is offered, it is planned to do a pre/post test assessment of the students' perception of budgetary planning to reinforce the importance of developing this knowledge to be an effective leader in higher education. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 740: Today's Health Sciences Student: Trends, Issues and Challenges – Final Paper **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	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions** **Follow-up**

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 780: Integrating Evolving Technology in Health Professions Education --Technology 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	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions** **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** 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	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions** **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** 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	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions** **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 700: 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	**Result Date**: 08/16/2024

Measures	Result
	Result: Fall 2023 – 2 students 100% of students received a score of >85% Overall average score = 93.8% (52.5/56) Fall 2014 – 98.7% (average) Fall 2017 – 86.2% (average) Fall 2019 – Met; 98.3% (average); n=2 Fall 2021 – Not Met; 66.1% (average); n=1 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The 2021-2022 action plan for the 2023-2024 academic year indicated no changes would be made to this assignment based on performance. The fall 2021 showed the importance of using the feedback assignments alongside the project rubric to help students develop the final project. 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. Students placed themselves in the role of the change agent and developed a change proposal applicable to their educational settings. Feedback given on the smaller assignments was framed according to the rubric used to assess the final project to help students make revisions. This course is QM certified. **Actions** **Action**: Continue to use the feedback assignments in line with the project rubric to help students develop the final project **Follow-up**

EdD 1.2

AU Outcome
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	Result
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024

Measures	Result
Measure: 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% **Timeframe:** When course is taught (e.g., 2015, 2018, etc.) **Responsible Parties:** Program Chair/ HS Grad Curriculum Committee	**Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 <u>**Actions**</u> <u>**Follow-up**</u>
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** 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	**Result Date**: 08/16/2024 **Result**: For the FA2023 cohort, 100% (n=2) of the students earned an average score of >80% on the literature review. This compares to 75% (n=4) of the students earned an average score of >80% on the literature review the previous time the course was offered in 2021. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The target was met for the 2023 cohort. Some changes were implemented after the 2021 offering of this course when the target was not met. Most notably, the due dates for several of the assignments (e.g., the literature map) were moved up to an earlier due date to allow more time to incorporate the feedback. Additionally, the 2021 cohort was the first time the class was offered over 8 weeks vs. 16 weeks in prior courses. As a result, the module release times were staggered in 2023 to give the students sufficient time to complete the assignments. <u>**Actions**</u> **Action**: As a result of all of these changes, this target was met and it is recommended not to make any changes prior to the 2025 offering of this course. <u>**Follow-up**</u>
Assessment Measure Status: Active **Assessment Type:** SL: Service **Measure:** 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	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 <u>**Actions**</u> <u>**Follow-up**</u>

EdD 2.1

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 750: Curriculum Theory and Design in the Health Professions – Final 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	**Result Date**: 08/16/2024 **Result**: Summer 2023 – 1 student 100% of students received a score of >85% Overall average score = 100% (100/100) Summer 2022 – Met; 100% (average); n=1 Fall 2019 – Met; 100% (average); n=1 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The 2022-2023 action plan for the 2023-2024 academic year indicated no changes would be made to this assignment based on the past successes. The action plan stated a course textbook would be replaced. An online resource was used, and a new textbook was trialed. The final project requires students to develop a unit of instruction following a curriculum development framework. Students worked on different sections of the project throughout the course and received feedback prior to assembling the final project. **Actions** **Action**: This assignment will be included the next time this course is taught with no revisions. A new required textbook will be added for the summer 2024 section. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 760: Pedagogy in Health Professions Education – Teaching Evaluation **Target:** 100% of students will receive a score of >=85% **Timeframe:** When course is taught (e.g., 2014, 2017, etc.)	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions** **Follow-up**

Measures	Result
Responsible Parties: Program Chair/HS Graduate Curriculum Committee	
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** 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	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions** **Follow-up**

EdD 3.1

AU Outcome

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** 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	**Result Date**: 08/16/2024 **Result**: Fall 2023 – 2 students 100% of students received a score of >90% Overall average score = 100% (210/210) Fall 2014 – 100% (average) Fall 2017 – 100% (average) Fall 2019 – Met; 98.3% (average); n=2 Fall 2021 – Met; 100% (average); n=1 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: The 2021-2022 action plan for the 2023-2024 academic year indicated no changes would be made to this assignment. Within each module, students discussed a variety of organization development and change topics as they related to educational environments. Discussion board posts are graded using a rubric and both written and verbal discussions are assigned. New, standardized rubrics were used to grade these discussion assignments in this section. Many of the discussions were designed to help students process and apply information to written paper assignments. Students were engaged and active in these discussions. This course is QM certified. **Actions** **Action**: This assignment will be included the next time this course is taught with no revisions. Students will continue to be assessed according to the rubric and provided feedback on their performance. **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** 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	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions** **Follow-up**

EdD 4.1

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 760: Pedagogy in Health Professions Education – Personal Statement of Teaching Philosophy	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions**

Measures	Result
Target: 100% of students will receive an average score of >=85% **Timeframe:** When course taught (e.g., spring, Year 1) **Responsible Parties:** Program Chair/HS Graduate APG Committee	**Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** 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	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions** **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** EdD 810: Methods of Inquiry – Collaborative Group Activity: Mock Qualitative Research Project **Target:** 100% of students will receive a score of >= 85% **Timeframe:** When course is taught (e.g., 2021, 2024, etc.) **Responsible Parties:** Program Chair/HS Graduate APG Committee	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions** **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** EdD 820: Methods of Inquiry - Quantitative Research – 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	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions** **Follow-up**
Assessment Measure Status: Inactive	**Result Date**: 08/16/2024

Measures	Result
Assessment Type: SL: Didactic **Measure:** 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	**Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions** **Follow-up**

EdD 5.1

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 780: Integrating Evolving Technology in Health Professions Education –Tech Topic Assignment **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	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions** **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** 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	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions** **Follow-up**

EdD 5.2

AU Outcome

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	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 770: Assessment and Evaluation in Health Sciences Education – Assessment Process 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	**Result Date**: 08/16/2024 **Result**: Spring 2024 – 2 students 100% of students received a score of >85% Overall average score = 100% (120/120) 2016 – 98.7% 2019 – Met; 100% average; n=2 2022 – Met; 85% **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The 2021-2022 action plan for the 2023-2024 academic year indicated no changes would be made to this assignment, and ungraded feedback assignments aligned with the final project rubric would guide development of the final project. Students were provided with an overview of the final project at the beginning of the course and had the opportunity to receive ungraded feedback on assignments within each module that were aligned with the final project. The rubric was used to provide additional ungraded feedback in Week 6. Discussion boards were also used with the course that allowed students to ask questions that pertained to each section of the paper. **Actions** **Action**: This assignment will be included the next time this course is taught with no revisions. We will continue to use ungraded feedback assignments aligned with the final project rubric to guide development of the final project. A new textbook may be used the next time this course is offered. **Follow-up**

Program (HS) - Doctor of Physical Therapy (DPT)

Faculty Goal 1

AU Outcome
FG1: Faculty members demonstrate innovative teaching and learning strategies that meet the diverse needs of learners in the DPT curriculum and in the professional community.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** AD: Survey **Measure:** Student Evaluations **Target:** Faculty will be rated over 3 in a 5-point likert scale. **Timeframe:** Annually @ time of faculty evaluations **Responsible Parties:** Program Director	**Result Date**: 07/26/2024 **Result**: Faculty average teaching effectiveness scores is 4.05 for the 2023-2024 academic year. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Due to 2023-2024 being the first reporting year for the program, there is no previous action plan on which to reflect. **Actions** **Action**: Scores have been increasing throughout the academic year. Individual teaching effectiveness evaluations could help improve individual scores helping boost overall scores. **Follow-up**

CAPTE 5A

AU Outcome
CAPTE 5A
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Admissions Report **Target:** Reach admission cohort size **Timeframe:** Annually @ end of each admission cycle. **Responsible Parties:** Director of Admissions	**Result Date**: 07/26/2024 **Result**: We have not been able to reach the desired cohort size. However, admission applications have increased over time in the last academic year. At the time of this report there are a total of 9 admitted students. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No **Action Plan Impact**: Due to 2023-2024 being the first reporting year for the program, there is no previous action plan on which to reflect. **Actions**

Measures	Result
	Action: We have implemented several recruitment activities. Among those, targeting regional chapters of ACSM as the biggest congregation of undergraduate students in kinesiology and exercise science. We are also engaging in webinars and having conversations with prospective students. **Follow-up**

Program (HS) - Medical Imaging (MI)

MI 1.1

AU Outcome
Students will demonstrate appropriate patient preparation for imaging procedures.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** MI: 460 Competency Evaluation/CCE Part I, numbers 4, 5, 6, 7 and CCE Part II, numbers 1, 2 **Target:** Average score of >= 3. (0-4 pt. scale) **Timeframe:** Spring Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/ Health Sciences(HS) Curriculum Committee	**Result Date**: 09/26/2024 **Result**: In Spring 2024, the average score of the MI460 Competency Evaluation/CCE Part 1, numbers 4-7, and Part 2 numbers 1-2, is 4.0. This year's score is comparable to the Spring 2022 average score of 4.0. Data is not available from spring 2023 due to no enrollment. Clinical competence was demonstrated. 2024 = 4.0 (n=1) Previous data: 2023 = no data available 2022 = 4.0 (n=1) 2021 = 3.88 (n=3) 2020 = 3.88 (n=3) 2019 = 3.96 (n=1) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: As proposed in the 2022-2023 action plan, the clinical instructors continue to educate the students on the importance of patient preparation and safety as it relates to MRI in the clinical environment. The clinical instructors utilized the evaluation process as a way to determine the student's growth and development throughout their clinical rotation. When completing the competency evaluations, the students demonstrate the ability to properly educate the patient, screen the patient, obtain appropriate patient history, and position the patient on the MRI exam table. The program faculty ensured that all staff and students had the resources needed to provide quality patient care. An evaluation process is in place at each clinical site to ensure that the students have the ability to obtain feedback on the patient preparation process and has the opportunity to demonstrate growth throughout their clinical rotation. **Actions** **Action Date**: 09/26/2024 **Action**: Clinical instructors will continue to educate the students in the MRI clinical environment. Clinical instructors will continue to use an evaluation process throughout the student's clinical rotation to provide them with the opportunity to demonstrate growth. Program faculty will continue to work closely with the clinical instructors to ensure that all staff and students have the tools necessary to provide appropriate care to the patient. The instructor will continue to use the competency evaluation forms as it provides a consistent foundation for all students to learn and grow from. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** MI: 445 Competency Evaluation/CCE Part I, numbers 4, 5, 6 and CCE Part II, numbers 1, 2 **Target:** Average score of >= 3 (0-4 pt. scale). **Timeframe:** Spring Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/ HS Curriculum Committee	**Result Date**: 09/26/2024 **Result**: In Spring 2024, the average score of the MI445 Competency Evaluation/CCE Part 1, numbers 4-6, and Part 2 numbers 1-2, is 4.0. This year's score is comparable to the Spring 2022 average score of 4.0. Data is not available from spring 2023 due to no enrollment. Clinical competence was demonstrated. 2024 = 4.0 (n=1) Previous data: 2023 = no data available 2022 = 4.0 (n=1) 2021 = 3.75 (n=1) 2020 = (n=0) 2019= 3.81 (n=1) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: As proposed in the 2022-2023 action plan, the clinical instructors continue to educate the students on the importance of patient preparation and safety as it relates to CT in the clinical environment. The clinical instructors utilized the evaluation process as a way to determine the student's growth and development throughout their clinical rotation. When completing the competency evaluations, the students demonstrate the ability to properly educate the patient, screen the patient, obtain appropriate patient history, and position the patient on the CT exam table. An evaluation process is in place at each clinical site to ensure that the students have the ability to obtain feedback on the patient preparation process and has the opportunity to demonstrate growth throughout their clinical rotation. The program faculty ensured that all staff and students had the resources needed to provide quality patient care. Clinical competence was demonstrated. **Actions** **Action Date**: 09/26/2024 **Action**: Clinical instructors will continue to educate the students in the CT clinical environment. Clinical instructors will continue to use an evaluation process throughout the student's clinical rotation to provide them with the opportunity to demonstrate growth. Program faculty will continue to work closely with the clinical instructors to ensure that all staff and students have the tools necessary to provide appropriate care to the patient. The instructor will continue to use the competency evaluation forms as it provides a consistent foundation for all students to learn and grow from. **Follow-up**

MI 2.1

AU Outcome
Students will demonstrate effective communication skills in the clinical setting.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** AD: Report - Internal **Measure:** MI: 480 Clinical Instructor Evaluations Numbers 3, 6,10,11 **Target:** Average score >= 3 (0-4 pt. scale) **Timeframe:** Summer Semester	**Result Date**: 09/26/2024

Measures	Result
Responsible Parties: Clinical Instructors/ Program Faculty/HS Curriculum Committee	**Result**: In Summer 2022, the average score of the MI480 Clinical Instructor Evaluations Numbers 3,6,10,11 was 4.0. This year's average score of 4.0 is consistent with prior data. There was no data available in 2023 due to no enrollment. Students continue to demonstrate effective communication skills in the clinical setting. 2024 = 4.0 (n=1) Previous data: 2023 = no data available 2022 = 4.0 (n=1) 2021 = 3.54 (n=3) 2020 = 3.75 (n=3) 2019 (n=0) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the clinical instructors continue to work with each individual student in the clinical environment while providing direct patient care. The instructors did a great job at focusing their attention on helping students to improve their overall communication with patients and other healthcare professionals. This specific student scored a 4.0 (on a 0-4 point scale) in all areas on the evaluation form. A non-graded evaluation was completed mid-semester to provide feedback to the student on how they can show growth. Effective communication skills in the clinical setting were demonstrated. **<u>Actions</u>** **Action Date**: 09/26/2024 **Action**: The clinical instructors will continue to work with each individual student in the clinical environment while providing direct patient care. The evaluation process will remain in effect as it has proven to be beneficial to the student's ability to show growth. Moving forward, program faculty will continue working on revising the curriculum for primary pathway students to provide additional clinical coursework with a patient care focus. **<u>Follow-up</u>**
Assessment Measure Status: Active **Assessment Type:** AD: Report - Internal **Measure:** MI: 465 Clinical Instructor Evaluations Numbers 3, 6,10,11 **Target:** Average score >= 3 (0-4 pt. scale) **Timeframe:** Summer Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/ HS Curriculum Committee	**Result Date**: 09/26/2024

Measures	Result
	Result: In Summer 2022, the average score of the MI465 Clinical Instructor Evaluations Numbers 3,6,10,11 is 3.38. This year's average score is higher at 4.0. There was no data from 2023 due to no enrollment. The students continue to demonstrate effective communication in the clinical setting. 2024 = 4.0 (n=1) Previous data: 2023 = no data available 2022 = 3.38 (n=1) 2021 (n=0) 2020 (n=0) 2019 = 4 (n=1) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the clinical instructors continue to work with each individual student in the clinical environment. The clinical instructors assisted the student in learning how to effectively communicate with all patients and healthcare professionals. A non-graded evaluation was completed mid-semester to provide feedback to the student on how they can show growth. Effective communication skills in the clinical setting were demonstrated. **Actions** **Action Date**: 09/26/2024 **Action**: The clinical instructors will continue to work with each individual student in the clinical environment while providing direct patient care. The evaluation process will remain in effect as it has proven to be beneficial to the student's ability to show growth. **Follow-up**

MI 2.2

AU Outcome
Students will practice written communication skills.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Measure:** MI: 410 Research PowerPoint Presentation (MRI) **Target:** Average score of >= 80%	**Result Date**: 09/26/2024

Measures	Result
Timeframe: Fall Semester **Responsible Parties:** MI: 410 Course Instructor/HS Curriculum Committee	**Result**: Data is not available from fall 2022 due to no enrollment in the course. This year's average score of 99% is consistent with prior data. Benchmark continues to be exceeded with students continually achieving above 94% over the last 5 years. 2023 = 99% (n=3) Previous data: 2022 = no data available 2021 = 96% (n=1) 2020 = 98.2% (n=4) 2019 = 94% (n=3) 2018 = 97% (n=1) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the instructor broke down the rubric to make it more specific in regards to APA formatting and content. Proper APA formatting examples were provided to the student within their Blackboard course which included a PowerPoint presentation. This cohort did not struggle with APA formatting. One student did forget to alphabetize the reference information. Minor points were deducted from one presentation due to complex information not being simplified for the reader. Each student is required to submit a portion of their presentation part way through the semester and feedback is provided to the student at the time regarding APA formatting, content, etc. **Actions** **Action Date**: 09/26/2024 **Action**: The instructor will continue to provide a detailed rubric so each student understands how they will be graded with regards to APA formatting. The instructor will continue to provide APA formatting examples within their Blackboard course. The instructor will continue to require each student to submit a partial submission part way through the semester for feedback. APA will remain a focus moving forward even though this cohort did not struggle in that area. **Follow-up**
Assessment Measure Status: Active **Measure:** MI: 435 CT Procedures I Reflection Paper **Target:** Average score of >= 80% **Timeframe:** Spring Semester **Responsible Parties:** MI: 435 Course Instructor/ HS Curriculum Committee	**Result Date**: 09/26/2024 **Result**: The MI 435 CT Procedures I Reflection Paper average score was 100% in Spring 2022. This year's score of 100% demonstrates that the students continue to exceed expectations of written communication skills. No data is available for 2023 due to no enrollment. 2024 = 100% (n=1) Previous data: 2023 = no data available 2022 = 100% (n=1) 2021 = 100% (n=1) 2020 = (n=0) 2019 = 100% (n=3)

Measures	Result
	Reporting Year: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, all assignment expectations/requirements were provided to the student within Blackboard. Multiple aspects of the course and corresponding content was reflected on adequately. APA formatting requirements were provided to the student, along with APA resources. Written communication skills were effectively demonstrated. **Actions** **Action**: The instructor will provide a rubric to ensure that each student is reflecting on what they learned throughout the course. The instructor will implement APA requirements within the rubric to ensure that each student follows proper APA format. **Follow-up**

MI 3.1

AU Outcome
Students will demonstrate critical thinking skills in the clinical environment.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Measure:** MI: 480 Clinical Instructor Evaluations Numbers 2, 4, 7, 8 **Target:** Average score >= 3 (0-4 pt. scale) **Timeframe:** Summer Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/ HS Curriculum Committee	**Result Date**: 09/26/2024 **Result**: In Summer 2022, the average score of the MI480 Clinical Instructor Evaluations Numbers 2,4,7,8 is 4.0. This year's average score of 4.0 is consistent with prior data. No data is available for 2023 due to no enrollment. Students continue to demonstrate critical thinking skills in the clinical environment. 2024 = 4.0 (n=1) Previous data: 2023 = no data available 2022 = 4.0 (n=1) 2021 = 3.46 (n=3) 2020 = 3.63 (n=3) 2019 (n=0) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: As proposed in the 2022-2023 action plan, the clinical instructors continue to work with each individual student to ensure they are provided with the opportunities needed to enhance their critical thinking skills in the clinical environment. The action plan was effective. This specific student scored a 4.0 (on a 0-4 point scale) in all areas on the evaluation form: application of knowledge, ability to follow directions, self-image, and composure and adaptability. A non-graded evaluation was completed mid-semester to provide feedback to the student on how they can show growth. The students continue to demonstrate critical thinking skills in the clinical environment. **<u>Actions</u>** **Action Date**: 09/26/2024 **Action**: The clinical instructors will continue to work with each student to ensure they are provided with the opportunities needed to enhance their critical thinking skills in the clinical environment. The evaluation process will remain in effect as it has proven to be beneficial to the student's ability to show growth. **<u>Follow-up</u>**
Assessment Measure Status: Active **Measure:** MI: 465 Clinical Instructor Evaluations Numbers 2, 4, 7, 8 **Target:** Average score >= 3 (0-4 pt. scale) **Timeframe:** Summer Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/ HS Curriculum Committee	**Result Date**: 09/26/2024 **Result**: In Summer 2022, the average score of the MI465 Clinical Instructor Evaluations Numbers 2,4,7,8 is 3.13. This year's average score of 4.0 is higher when compared to prior data. No data is available from 2023 due to no enrollment. The students continue to demonstrate critical thinking skills in the clinical environment. 2024 = 4.0 (n=1) Previous data: 2023 = no data available 2022 = 3.13 (n=1) 2021 (n=0) 2020 (n=0) 2019 = 4 (n=1) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the clinical instructors continue to work with each individual student in the clinical environment to ensure they are given the opportunity to use and demonstrate critical thinking while providing direct patient care. The action plan was effective. A non-graded evaluation was completed mid-semester to provide feedback to the student on how they can show growth. The students were able to demonstrate their ability to use and practice critical thinking skills in the clinical environment. **<u>Actions</u>** **Action Date**: 09/26/2024

Measures	Result
	Action: The clinical instructors will continue to work with each student to ensure they are provided with the opportunities needed to enhance their critical thinking skills in the clinical environment. The evaluation process will remain in effect as it has proven to be beneficial to the student's ability to show growth. **Follow-up**

MI 3.2

AU Outcome
Students will demonstrate the ability to practice critical thinking skills.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Measure:** MI: 480 Board Review Exam (MRI) **Target:** >= 80% of the students will achieve a passing score of 75 or greater on one of the three exams. **Timeframe:** Summer Semester **Responsible Parties:** MI: 480 Course Instructor/HS Curriculum Committee	**Result Date**: 09/26/2024 **Result**: In Summer 2024, 100% of the students achieved a passing score of 75 or greater on one of the three assigned mock board exams. This is consistent when compared to data from 2021. There is no data available for 2022 due to the student electing to not complete the exams. There is no data available for 2023 due to no enrollment. The students continue to demonstrate the ability to practice critical thinking skills. 2024 100% (n=1) Previous Data: 2023 no data available 2022 (n=0) 2021 (n=2) 100% 2020 (n=3) 100% 2019 (n=0) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the instructor began the registry review assignments in the spring semester to allow each student 16 additional weeks of board preparation. Additional structured quizzes and exams in each of the four categories were assigned and completed by the student. The action plan was effective. The student scored very well on all three mock board exams, achieving scores of 98%, 92%, and 91%. The student stated that the board review assignments were beneficial in preparing them for the mock board exams at the end of the semester. Critical thinking skills were demonstrated. **Actions** **Action Date**: 09/26/2024

Measures	Result
	Action: The instructor will continue to begin the registry review assignments in the spring semester. The instructor will continue to provide structured quizzes and exams in each of the four key categories to help students prepare for the mock board exams. The instructor will discuss with the students the importance of completing all registry review assignments and mock board exams. **Follow-up**
Assessment Measure Status: Active **Measure:** MI: 465 Board Review Exam (CT) **Target:** >= 80% of the students will achieve a passing score of 75 or greater on one of the three exams. **Timeframe:** Summer Semester **Responsible Parties:** MI: 465 Course Instructor/HS Curriculum Committee	**Result Date**: 09/26/2024 **Result**: In Summer 2024, 100% of the students achieved a passing score of 75 or greater on one of the three assigned mock board exams. This is consistent when compared to 2022. There is no data available for 2023 due to no enrollment. The students continue to demonstrate the ability to practice critical thinking skills. 2024 100% (n=1) Previous data: 2023 no data available 2022 (n=1) 100% 2021 (n=0) 2020 (n=0) 2019 (n=1) 100% **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the instructor began the registry review assignments in the spring semester to allow each student 16 additional weeks of board preparation. Additional structured quizzes and exams in each of the four categories were assigned and completed by the student. The action plan was effective. The student scored very well on all three mock board exams, achieving scores of 94%, 84%, and 88%. The student stated that the board review assignments were beneficial in preparing them for the mock board exams at the end of the semester. Critical thinking skills were demonstrated. **Actions** **Action Date**: 09/26/2024 **Action**: The instructor will continue to begin the registry review assignments in the spring semester. Structured quizzes that include questions from each of the four categories will be assigned to help each student prepare for the mock board exams. **Follow-up**

MI 4.1

AU Outcome
Students will integrate leadership skills and construct professional practices.

Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Measure:** MI: 460 Service Learning Project (MRI) **Target:** Average score of >= 80% **Timeframe:** Spring Semester **Responsible Parties:** MI: 460 Course Instructors/HS Curriculum Committee	**Result Date**: 09/26/2024 **Result**: The Spring 2024 MI 460 Service-Learning Project average score is 90%. This is slightly higher but still comparable to the Spring 2022 average score of 88%. There is no data available for 2023 due to no enrollment. The students continue to demonstrate leadership skills and professionalism. 2024 = 90% (n=1) Previous data: 2023 = no data available 2022 = 88% (n=1) 2021 = 91.5% (n=2) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the instructor provided a detailed rubric at the beginning of the course. Information was provided to the students throughout the semester regarding service-learning opportunities. APA formatting information was available to all students within their Blackboard course. Minor points were deducted in the categories of APA format and overall writing. This student elected to not submit a draft of the paper for feedback prior to submission for a final grade. Professionalism and leadership skills were demonstrated. **Actions** **Action Date**: 09/26/2024 **Action**: The instructor will continue to provide a detailed rubric at the beginning of the course. APA format information will be available to all students within their Blackboard course. Each student will be encouraged to submit a rough draft of their assignment to obtain feedback and comments prior to submitting the paper for a final grade. **Follow-up**
Assessment Measure Status: Active **Measure:** MI: 445 Service Learning Project (CT) **Target:** Average score of >= 80%. **Timeframe:** Spring Semester **Responsible Parties:** MI: 445 Course Instructors/HS Curriculum Committee	**Result Date**: 09/26/2024 **Result**: The Spring 2022 MI 445 Service-Learning Project average score is 95%. This year's data is slightly lower but still comparable to prior data. There is no data available for 2023 due to no enrollment. The students continue to demonstrate leadership skills and professionalism. 2024 = 95% (n=1) Previous Data: 2023 = no data available 2022 = 100% (n=1) **Reporting Year**: 2023 - 2024 (Year 2)

Measures	Result
	Target Met: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the instructor provided a detailed rubric at the beginning of the course. Information was provided to the students throughout the semester regarding service-learning opportunities. APA formatting information was available to all students within their Blackboard course. Minor points were deducted in the overall writing category due to one question not being adequately addressed. The student elected to not submit a draft of the paper for feedback prior to submission for a final grade. Leadership skills and professionalism were demonstrated. **Actions** **Action Date**: 09/26/2024 **Action**: The instructor will continue to provide a detailed rubric at the beginning of the course. APA format information will be available to all students within their Blackboard course. Each student will be encouraged to submit a rough draft of their assignment to obtain feedback and comments prior to submitting the paper for a final grade. **Follow-up**

MI 4.2

AU Outcome
Students will practice professionalism.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Measure:** MI: 480 Clinical Instructor Evaluations Numbers 1,5,9,12,13 **Target:** Average score >= 3 (0-4 pt. scale) **Timeframe:** Summer Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/HS Curriculum Committee	**Result Date**: 09/26/2024 **Result**: In Summer 2022, the average score of the MI480 Clinical Instructor Evaluations Numbers 1,5,9,12,13 is 4.0. This year's average score is the same at 4.0. There is no data available for 2023 due to no enrollment. Students continue to demonstrate their ability to establish, develop, and practice professionalism. 2024 = 4.0 (n=1) Previous data: 2023 = no data available 2022 = 4.0 (n=1) 2021 = 3.63 (n=3) 2020 = 3.78 (n=3) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: As proposed in the 2022-2024 action plan, the clinical instructors continue to provide feedback through non-graded evaluations throughout the semester to allow students the opportunity to develop and practice professionalism. The clinical instructors continue to work directly with each student in the clinical environment to help them establish and develop professionalism as they provide direct patient care. The action plan was effective. This specific student scored a 4.0 (on a 0-4 point scale) in all areas on the evaluation form: organization of assignments, initiative, appearance, policies and procedures, and ethical and professional behaviors. The student demonstrated their ability to establish, develop, and practice professionalism in the clinical setting. **<u>Actions</u>** **Action Date**: 09/26/2024 **Action**: The clinical instructors will continue to work directly with each student in the clinical environment to help them establish and develop professionalism as they provide patient care. The clinical instructors will continue to provide feedback through non-graded evaluations to allow students the opportunity to develop and practice professionalism. **<u>Follow-up</u>**
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** MI: 465 Clinical Instructor Evaluations Numbers 1,5,9,12,13 **Target:** Average score >= 3 (0-4 pt. scale) **Timeframe:** Summer Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/HS Curriculum Committee	**Result Date**: 09/26/2024 **Result**: In Summer 2022, the average score of the MI465 Clinical Instructor Evaluations Numbers 1,5,9,12,13 is 3.5. This year's average score of 4.0 is higher when compared to prior data. The students continue to demonstrate their ability to establish, develop, and practice professionalism. 2024 = 4.0 (n=1) Previous data: 2023 = no data available 2022 = 3.5 (n=1) 2021 (n=0) 2020 (n=0) 2019 = 4 (n=1) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the program faculty met with each student prior to starting their clinical rotations to discuss professionalism. The clinical instructors continue to provide feedback through non-graded evaluations throughout the semester to allow students the opportunity to develop and practice professionalism. The action plan was effective. The student exceeded all expectations of the clinical instructors regarding the following areas on the evaluation form: organization of assignments, initiative, appearance, policies and procedures, and ethical and professional behaviors. The student demonstrated their ability to establish, develop, and practice professionalism in the clinical setting. **<u>Actions</u>**

Measures	Result
	Action Date: 09/26/2024 **Action**: The clinical instructors will continue to work directly with each student in the clinical environment to help them establish and develop professionalism as they provide patient care. The clinical instructors will continue to provide feedback through non-graded evaluations to allow students the opportunity to develop and practice professionalism. **Follow-up**

Program (HS) - Medical Laboratory Science (MLS)

MLS 1.1

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** Exam scores – MLS 440: Clinical Hematology and Hemostasis **Target:** 75% of students will receive an average score of >= 80% **Timeframe:** Annually **Responsible Parties:** Program Chair/HS Curriculum Committee	**Result Date**: 08/15/2024 **Result**: Fall 2023 – (n=12) 75% (9/12) earned an average exam score of >80%. Overall average exam score = 81.4% Fall 2022 = 33.3% Fall 2021 = 68.75% Fall 2020 = 79.5% Fall 2019 = 71.2% Fall 2018 = 69.2% Fall 2017 = 88.3% Fall 2015 = 91.3% **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: Per the 2022-2023 action plan proposed for 2023-2024, a mandatory virtual session was to be added prior to Exam 2 and the final exam review assignment was mandatory. A virtual review session was offered prior to the final exam. Statistics will be used to analyze each individual exam to examine any trends or outside influences on exam scores. In looking at the data students performed well on Exams 1, 3, and 4. Exam 1 and 3 had a mandatory virtual session prior to the exam and Exam 4 students were allowed to use 1 page of notes. The final exam had the lowest overall exam scores. An optional final exam review assignment was given to student in week 14 and 8 out of 12 students completed it. **Actions** **Action**: I will remove the option to use notes for exam 4 since the data shows that isn't helping scores and students tend to not study when they rely on notes. I have also used statistics to analyze each individual exam to examine any trends or outside influences on exam scores. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** Clinical Microbiology Exam Scores (formerly Exam Scores – MLS 460: Clinical Microbiology) **Target:** 75% of students will receive an average score of >= 80% **Timeframe:** Annually **Responsible Parties:** Program Chair/HS APG Committee	**Result Date**: 08/15/2024 **Result**: Spring 2024 (n=11) 8/11 (72.7%) students received an average score of >80% Overall average = 251.4/300 points (83.8%) Spring 2023 (n=12) (58%) Average score = (82.9%) Spring 2022 (n=16) (75%) Average score = (83.3%) Spring 2021 (n=15) (80%) Average score = 84.7% Spring 2020 (n=6) 33.3% Average score = 80.5% Spring 2019 (n=14) 100% Average score = 88.1% These results demonstrate that the target has been inconsistently met (3/6 times) since the 2018-2019 academic year. This course helps students to apply theory and principles related to microbiology. The multiple-choice exams help prepare students for clinical rotations, where theory and principles of microbiology are applied. The last four cohorts have scored an overall average within one percentage point. Cohorts with less than 13 students have not met the target. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No

Measures	Result
	Action Plan Impact: The 2022-2023 CAP stated that the course would include four exams (one unproctored), with updated questions, which was the case for 2023-2024. This target has been met 50% of the time over the past six years. Given the achievement of the target for this measure for two years in a row prior to 2023, the action plan is dependent on the cohort and number of students. **Actions** **Action**: This course will continue to include four exams (one unproctored) for the next academic year, with updated questions added. Additionally, a proctored comprehensive exam will be given (for a total of five exams). Student outcomes will continue to be assessed with the same target. **Follow-up**

MLS 1.2

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** Affective Evaluation – Microbiology **Target:** 75% of students will receive an average score of >= 80% **Timeframe:** Annually **Responsible Parties:** Program Chair/HS Curriculum Committee	**Result Date**: 08/15/2024 **Result**: Spring 2024 (n=10) 9/10 (90%) of students received an average score of >80% Ave. = 23.1/25 points (92%) Spring 2023 (n=11) (90.9%) Ave. = 23.5/25 points (94%) Spring 2022 (n=13) 100% Ave. = 24.5/25 points (98%) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: This is the third year of measuring this target. This evaluation occurs in the final semester for students during the third or fourth rotation. Results indicate that students are learning and retaining behaviors needed to be successful in a professional lab setting. Students are assessed by their clinical instructors on interest in learning, initiative, communication skills, acceptance of constructive criticism, and safety.

Measures	Result
	<u>Actions</u> **Action**: We will evaluate subsequent cohorts of students on this measurement item with the same target. In addition, students will continue to receive a didactic affective evaluation at midterm and the end of each course to continue to promote professional behaviors.
	<u>Follow-up</u>
Assessment Measure Status: Active **Assessment Type:** SL: Exam/Quiz - Standardized **Measure:** MediaLab Exam Simulator Scores (formerly MediaLab Exam Simulator Scores – MLS 475: Medical Laboratory Science Review **Target:** 75% of students will achieve a CAT difficulty of 5.0 **Timeframe:** Annually **Responsible Parties:** Program Chair/HS APG Committee	**Result Date**: 08/15/2024 **Result**: Spring 2024 – 10 students 100% (10/10) achieved a CAT difficulty level of at least 5.0 on CAT exams (6 exams) Average level of difficulty = 6.1 Practice CATs = 5.7 Graded CATs = 6.5 2018 – 90%; 5.3 2019 – 83.3%; 5.9 2020 (n=6) • Proctored – 16.7%; 4.5 • Non-proctored – 83.3%; 5.8 2021 (n=17); 82.4%; 5.5 2022 (n=16); 100%; 6.8 2023 (n=10); 100%; 6.5 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Exam Simulator (ES) is a preparatory resource we purchase for students to help them prepare for the BOC exam. Students took 6 CAT exams (all non-proctored) during the last 8 weeks of the semester. Our 2022-2023 action plan for 2023-2024 academic year indicated we would provide students with additional study materials to help support their review activities. Padlets were provided for two topic areas. The graded CAT exam average was higher again this year which shows the power of incentivization. Students were provided with information about past student outcomes, different certification exam options, and recommendations on when to schedule their certification exams. <u>Actions</u> **Action**: We will continue to require students to complete practice and graded CAT exams. Students will be provided with study template to help them complete efficient reviews on all topic areas. <u>Follow-up</u>

MLS 2.1

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** Basic Manual Differential Assignments **Target:** 75% of students will receive an average score of >80% (formerly 75% of students will complete all assignments) **Timeframe:** Annually **Responsible Parties:** Program Chair/HS Curriculum Committee	**Result Date**: 08/15/2024 **Result**: Summer 2023 (n=13) 100% of students received an average score of >80% Overall average = 29.5/30 points (98.3%) 2021 (n=16) – target met; overall ave. = 99% 2022 (n=12) – target met; overall ave. = 94.3% Target has been met since the measure was first evaluated in 2021. Students are provided with tools and resources to help them learn cellular morphology including a synchronous lab session and practice differentials for which they receive feedback from Cellavision on their performance. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Per the 2022-2023 action plan proposed for 2023-2024 academic year, course faculty covered cell morphology during a virtual lab and provided numerous opportunities for students to practice classifying cells and receive feedback prior to completing a graded assignment. **Actions** **Action**: We will continue to include these assignments without any revisions. Course faculty will continue to cover cell morphology during a virtual lab session and provide numerous opportunities for students to practice classifying cells and receive feedback prior to completing a graded assignment. **Follow-up**

MLS 2.2

AU Outcome
Students will assess the accuracy of laboratory test results by correlating laboratory data with clinical diagnoses
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical **Measure:** Advanced Manual Differential Assignments **Target:** 75% of students will receive an average score of >80% **Timeframe:** Annually **Responsible Parties:** Program Chair/HS Curriculum Committee	**Result Date**: 08/15/2024 **Result**: Fall 2023 – (n=12) 100% (12/12) earned an average exam score of >80%. Fall 2022 = 91.7% Fall 2021 = 100% This assignment was introduced in 2021 and students enjoyed the assignment and engaged with this assignment by asking questions. They were able to see some higher level cells to identify and higher level cases of real patient slides. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Per the 2022-2023 action plan proposed for 2023-2024 academic year, course faculty covered advanced cell morphology in the coursework and then provided students a chance to review slides from actual patients with advanced morphological abnormalities. **Actions** **Action**: We will continue to use this program (CellaVision) to teach and assess advanced cell morphology and competency within this course. No plans to change this assignment. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** Program Comprehensive Exam (FKA: MLS Program Final Exam [formerly MLS 475: Medical Laboratory Science Review - Final Exam]) **Target:** 75% of students will receive a score of >55% (target prior to 2021-2022 = 75% of students will receive an average score of >=80%) **Timeframe:** Annually **Responsible Parties:** Program Chair/HS Faculty Org Committee	**Result Date**: 08/15/2024

Measures	Result
	Result: Spring 2024 – 10 students

Result: Spring 2024 – 10 students

90% of students (9/10) received a score of >55%

Overall average score = 74.7%

Spring 2020 (n=6)
- 0 met target
- 51.2% average score

Spring 2021 (n=17)
- 0 met target
- 59.1% average score

Spring 2022 (n=16)
- 12 met target
- 65.7% average score

Spring 2023 (n=10)
- 10 met target
- 72.0% average score

Reporting Year: 2023 - 2024 (Year 2)
Target Met: Yes
Action Plan Impact: Our 2022-2023 action plan for the 2023-2024 academic year indicated we would continue to offer the expanded comprehensive final exam and evaluate the subsections of the exam for trends related to course material that we can emphasize during the review section of the course. Both parts of the final exam were minimally updated from spring 2023 to improve question clarity. The spring 2023 course continued to include resources on how to study for a comprehensive exam. Weeks 1-9 allowed students to review summer and fall topics and create study outlines. Weeks 10-15 included subject-specific review activities for all program topics. Some new review materials were provided for some of the topics. The course was also organized using the latest QM rubric.
Actions
Action: We will continue to offer the expanded comprehensive final exam and evaluate the subsections of the exam for trends related to course material that we can emphasize during the review section of the course. A review template will be provided to help students to efficiently review material. The Week 9 synchronous session will be moved to Week 2. Additional work to meet the QM rubric will be completed.
Follow-up

MLS 3.2

AU Outcome
Students will integrate team-building skills into professional practice
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Service **Measure:** Service Learning Project **Target:** 75% of students will receive an average score of >80% **Timeframe:** Annually **Responsible Parties:** Program Chair/HS APG Committee	**Result Date**: 08/15/2024 **Result**: Fall 2023 41.7% (5/12) of students earned an average score of >80%. Overall average score 22.9/30 = 76.3% Overall Averages 2022 (n=12) = 80.8%; 66.7% of students met target 2021 (n=16) = 98.3%; 100% of students met target 2020 (n=15) = 90%; 73% of students met target 2019 (n=6) = 98.9% (target met) 2018 = 98.9% 2017 = 95.5% 2016 = 90.0% 2015 = 92.5% 2014 = 95.6% 2013 = 95.7% 2012 = 97.3% These results demonstrate the target (75% of students will receive an average score of >= 80%) has been consistently met (9/11 times) since the 2012-2013 academic year with the exception of the 2020-2021, 2022-2023, and the current academic years. Additionally, the overall average score for this assignment decreased for the current assessment year. Students who watched the project overview video did better than those who did not. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No

Measures	Result
	Action Plan Impact: Our 2022-2023 action plan for the 2023-2024 academic year indicated additional emphasis would be placed on research methods within the course. This information was aligned with the evaluation criterion of the project to help students apply information to the project. Additionally, the project rubric was further developed to add more description to the scales so students had more information about expectations and could better assess their own work. **Actions** **Action**: The project handout should be expanded to include additional information about what should be included to fully meet each criterion. A project overview video provides this information, but all students did not watch the video. Providing this information in multiple formats will allow students to engage with the information in a way that best suits them. **Follow-up**

MLS 4.2

AU Outcome
Students will communicate effectively in an online environment
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** Management Topics Discussion Board Posts (formerly Management Section Discussion Board posts – MLS 470: Laboratory Management) **Target:** 75% of students will receive an average score of >= 80% **Timeframe:** Annually **Responsible Parties:** Program Chair/HS APG Committee	**Result Date**: 08/15/2024 **Result**: Spring 2024 (n=11) 100% students earned an average score of >80% (Ave. score = 97.3%) Spring 2023 (n=11):100%Spring 2022 (n=16): 100% Spring 2021 (n=17): 100% Spring 2020:100% Spring 2019: 98% This target has been consistently met for the past six years. Approximately half of the course modules contained discussion. Any deductions in posts were due to late work and APA formatting errors. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Our 2022-2023 action plan for the 2023-2024 academic year indicated that discussion assignments would be used to foster student interaction and effective communication skills. The variety of discussion assignments based on student experiences and perspectives continue to positively impact this target.

Measures	Result
	Actions
	Action: Discussion board assignments will continue to be used in this course to foster student interaction and effective communication skills in the online environment.
	Follow-up

Program (HS) - Public Health (PH)

PH 3.1

AU Outcome
Student will be able to recognizes the role of cultural factors in the delivery of public health services
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** PH: 420 Final report **Target:** Average score of >80% **Timeframe:** Fall semester **Responsible Parties:** Program faculty / HS Curriculum committee	**Result Date**: 01/07/2025 **Result**: In Summer 2023, nine students earned an average of 85.6% on the final project, a significant decrease from the year before. In reviewing prior data, the percentages continue to decrease questioning the validity of the measure. Cultural factors play a significant role in the delivery of health services. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Per the action plan proposed for 2023-2024 in the 2022-2023 CAP report, the project was to be evaluated for its relevance to course objectives. It is unclear whether or not this action was performed. Since the scores have decreased significantly, it is assumed this action plan was not completed and did impact final project scores. This topic is of importance and even though student scores are good, there is room for improvement. **Actions** **Action Date**: 01/15/2025 **Action**: In Summer 2024 there will be a required meeting to go over the project a week before it is due to check progress. **Follow-up**

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

BSN 6.0 Patient-Centered Care

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Exam/Quiz - Standardized **Measure:** Proctored ATI Fundamentals exam **Target:** Group score of at least 75% in the QSEN Category of Patient-Centered Care on proctored ATI Fundamentals exam **Timeframe:** Annually (starting 2019-2020; assessed Year 2 prior to 2019-2020) **Responsible Parties:** BSN Curriculum Committee	**Result Date**: 10/09/2024 **Result**: In Fall 2023, the group score was 74.3% for the QSEN Category of Patient Centered Care. In Spring 2024 students did not take the Fundamentals ATI in NU:350 due to revisions with graduate outcomes, so no data was available. FA 23 data was improved from previous semesters (70.5% SP 23 and 72.3% FA 23). **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No **Action Plan Impact**: It seems more active learning activities improved scores somewhat, but still did not reach the goal of 75%. <u>**Actions**</u> **Action Date**: 10/09/2024 **Action**: The BSN program will be implementing new graduate outcomes for the 2024-2025 academic year; thus, an action plan for this target and measure is not needed. <u>**Follow-up**</u>
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** 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	**Result Date**: 10/09/2024 **Result**: In Spring 2024, 100% (5/5) of the students achieved at least 73% on the Ethical and Legal Case Study. The target of 73% was consistently met in the 2022-2023 and the 2023-2024 academic years. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The instructor gave detailed instructions about the assignment and the due dates. The instructor encouraged students to email the instructor with questions about details of assignment and due dates. The instructor reviewed and evaluated the current educational strategies and methods that were provided in the modules to ensure they were effective. The instructor ensured that the assignment instructions/rubric were available to students at the start of the semester. **Related Documents**: [Outcome 6 NU 421 RN Legal and Ethical Case Study.pdf](#) <u>**Actions**</u>

Measures	Result
	Action Date: 10/09/2024 **Action**: This course will not be offered in the future and no action plan is required. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** NU450 Community Assessment paper **Target:** 100% of students will achieve at least 75% on community assessment paper. **Timeframe:** Year 3 **Responsible Parties:** BSN Curriculum Committee	**Result Date**: 10/09/2024 **Result**: In Summer 2023 100% (21/21) of students achieved at least a 75% on the Community Assessment paper. In Fall 2023 100% (45/45) of students achieved at least a 75% on the Community Assessment paper. In Spring 2024 100% (42/42) of students achieved at least a 75% on the Community Assessment Paper. The target of 75% has consistently been met over the past several academic years. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: In the 2023-2024 academic year work sessions for the completion on the paper and initial planning for the subsequent project were scheduled on the student's calendars, which allowed students to have planned time to work together as a clinical group to complete the assignment and begin to plan for their project. Clinical faculty were available for questions to ensure the students understood the expectations of the assignment. **Related Documents**: Outcome 6 NU 450 Community Assessment Assignment 2024.doc **Actions** **Action Date**: 10/09/2024 **Action**: The BSN program will be implementing new graduate outcomes for the 2024-2025 academic year; thus, an action plan for this target and measure is not needed. **Follow-up**

College Goal 4

College Goal
Allen College is committed to promoting a commitment by all members of the Allen College community to lives of service.
College Goal Status
Active

Admin - Center for Engagement, Learning, and Leadership

CELL 1.1

AU Outcome
Allen College culture supports and sustains community service and service-learning

Outcome Status
Active

Measures	Result
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Service-Learning Faculty Scholars Survey [email survey of Allen College programs to ascertain incorporation of service and/or service learning into curricula] **Target:** 100% of Allen College programs incorporate service and/or service learning activities into their curricula. **Timeframe:** Years 2 and 4 **Responsible Parties:** Center for Engagement, Learning, and Leadership Committee/CELL coordinator	**Result Date**: 08/28/2024 **Result**: An email survey was sent to all health science programs in the fall of 2023 to inquire about service built-in to program curricula, as nursing was reported (in the fall 2023 CELL meeting) to have service built-in to curricula. Programs that reported service and/or service-learning curricula included: ASR, MI, MLS, EdD, Nursing. Programs that reported student participation in professional organizations that perform service include DPT, ASR, MS in OT, Nursing. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No **Action Plan Impact**: The stipend for integrating service-learning into curricula was reintroduced in 2022-2023 (Year 1), and again in 2023-2024 (Year 2); documented in CFO minutes for both years. This did not affect the target. No applications were received, and no new programs reported adding service into curricula, despite students participating in service activities sponsored by the college. **Related Documents**: Service Survey Email Communication 2023.docx <u>**Actions**</u> **Action Date**: 09/16/2024 **Action**: This is not measured in Year 3, but will be discussed at the fall CELL meeting for potential suggestions/changes. <u>**Follow-up**</u>
Assessment Method Status: Active **Assessment Type:** AD: Survey **Measure:** Exit survey question "Do you intend to volunteer in your community in the future?" (yes, no) **Target:** 85% of exiting students report that they intend to volunteer in their communities in the future [Target decreased from 90% to 85% beginning 2024-2025 academic year.] **Timeframe:** Annually **Responsible Parties:** Center for Engagement, Learning, and Leadership Committee/CELL coordinator	**Result Date**: 08/28/2024 **Result**: For 2023-2024, 137/153 (89.54%) students who completed the survey reported they intend to volunteer in their community in the future. The target was only slightly missed by less than half of one percent. This result is slightly higher than the previous year, but nearly the same as the year before that. The target of 90% has been met 3 of the past 7 years. 2022-2023: 78.15% 2021-2022: 89% 2020-2021: 92% 2019-2020: 84.6% 2018-2019: 97% 2017-2018: 91% **Reporting Year**: 2023 - 2024 (Year 2)

Measures	Result
	Target Met: No **Action Plan Impact**: The action plan from the previous year was for the CELL committee to discuss the target and consider adjusting it. It was discussed at the first fall meeting in 2023. No changes were recommended to the target. A variety of service activities were promoted throughout the year, including the backpack activity at UNI dome on MLK, Jr. Day. Despite this, the target was not met. **Related Documents**: [Exit Survey Service Report For 2023-2024 CAP Report.pdf](#) **Actions** **Action Date**: 09/16/2024 **Action**: The CELL committee will again discuss the target and consider adjusting it. **Follow-up**

CELL 2.1

AU Outcome
Alumni will demonstrate community service
Outcome Status
Active

Measures	Result
Assessment Method Status: Active **Assessment Type:** AD: Survey **Measure:** Alumni survey item: To what extent did your educational experience influence your desire to provide service to your community? (not at all, very little, some, quite a bit, very much) **Target:** 50% of alumni reported that their educational experience influenced their desire to provide service to their communities at least "some" (i.e., not at all, very little, some, quite a bit, very much). **Timeframe:** Annually **Responsible Parties:** Center for Engagement, Learning, and Leadership Committee/CELL coordinator	**Result Date**: 08/30/2024

Measures	Result
	Result: Of the 72 alumni who returned the alumni survey, 62 answered this question. Of the 62 alumni who answered this question, 43 (69%) reported their education at Allen College influenced their desire to provide service to their communities at least "some.' There were 27 (44%) alumni who answered "some," 10 (16%) who answered "quite a bit", and 6 (10%) who answered "very much." This target has been met for the past six years: 2021-2022 Alumni: 63% of alumni reported their education at Allen College influenced their desire to provide service to their community at least "some" (41%), quite a bit (15%), or very much (7%) 2020-2021 Alumni: 52% of alumni reported their education at Allen College influenced their desire to provide service to their community at least "some" (some = 33%, quite a bit = 16%, very much = 3%). (No data provided for DMS or PH.) 2019-2020 Alumni: 79% of alumni reported their education at Allen College influenced their desire to provide service to their community at least "some" (some = 61%, quite a bit = 16%, very much = 2%). (No data provided for DMS or PH.) 2018-2019 alumni: 73.4% of alumni responding to the alumni survey reported their education at Allen College influenced their desire to provide service to their community at least "some" (some = 41%, quite a bit = 22%, very much = 11%). (No data provided for DMS, EdD, or PH.) 2017-2018 Alumni: 71% responding to alumni reported their education at Allen College influenced their desire to provide service to their community at least "some." **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The proposed action plan for 2023-2024 was for the CELL to host a variety of volunteer activities (both small and large group), and to promote volunteering on social media. Since the surveys are a year behind the CAP, the service and service-learning culture within the college environment may have influenced the desire of graduates to provide service to their community. **Related Documents**: [Service Reported by 2022-2023 Grads For 2023-2024 CAP Report.pdf](#) **Actions** **Action**: For 2024-2025, the CELL will continue to offer a variety of volunteer activities (both small and large group), and to promote volunteering on social media. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Survey	**Result Date**: 08/30/2024

Measures	Result
Measure: 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:** 40% of alumni responding to the survey report performing 1-4 hours of service during the past 12 months [Target reduced from 60% to 40% starting 2022-2023 academic year and from 1-4 hours from 5-9 hours for 2023-2024 academic year] **Timeframe:** Annually **Responsible Parties:** Center for Engagement, Learning, and Leadership Committee/CELL coordinator	**Result**: Results presented here are for 2022-2023 graduates. Of the 72 alumni who returned the alumni survey, 62 answered this question. Of the 62 alumni who answered this questions, 61% reported performing at least 1 or more hours of service during the past 12 months. There were 19 (31%) reporting 1-4 hours, 6 (10%) who reported 5-9 hours, 9 (15%) who reported 10-14 hours, 2 (3%) who reported 15-19 hours, 0 who reported 20-24 hours, and 2 (3%) who reported 25 or more hours. Twenty-four (39%) reported performing 0 hours of service during the previous 12 months. Prior to this reporting year, the target has consistently not been met for several years. For the 2021-2022 graduates, 31/102 (30%) of respondents reported at least 5-9 hours of service in the past 12 months. 5-9 hours (n = 9; 9%), 10-14 hours (n = 8; 8%), 15-19 hours (n = 4; 4%), 20-24 hours (n = 4; 4%), or 25 or more hours (n = 6; 6%). 2020-2021 grads: 20% reported being involved in at least 5-9 hours of community service in the previous 12 months (0 hrs = 36%; 1-4 hrs = 22%; 5-9 hrs = 8%, 10-14 hrs = 3%; 15-19 hrs = 3%; 20-24 hrs = 1%; 25 or more hrs = 5%). 2019-2020 grads: 26% reported being involved in at least 5-9 hours of community service in the previous 12 months (0 hrs = 45%; 1-4 hrs = 29%; 5-9 hrs = 5%, 10-14 hrs = 3%; 15-19 hrs = 0%; 20-24 hrs = 13% 25 or more hrs = 5%). 2018-2019 grads: 29.7% reported they have been involved in at least "5-9" hours of community service during the past 12 months (5-9 = 10.9%, 10-14 = 9.4%, 1 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: For 2023-2024, proposed action plan was for the CELL to consider adjusting this target to at least 1-4 hours, since it has been well below 40% despite the year-delay in collecting alumni survey results. This change was implemented following the first CELL meeting in the fall of 2023. The target was adjusted to 40% in the fall of 2022. The target was met based on the changes. **Related Documents**: **Actions** **Action**: For 2024-2025, the CELL will continue to offer a variety of service activities throughout the year to encourage student volunteering. **Follow-up**

CELL 2.2

AU Outcome
Promote leadership development through community service
Outcome Status
Active

Measures	Result
Assessment Method Status: Active **Assessment Type:** SL: Survey **Measure:** Exit Survey question: Did you participate in any on or off campus committees, organizations, or projects outside of required coursework while you were a student at Allen College? (yes or no) **Target:** 40% of the respondents report participation in either on- or off-campus committees, organizations, or projects [target decreased from 60% to 40% starting 2023-2024 academic year] **Timeframe:** Annually **Responsible Parties:** Center for Engagement, Learning, and Leadership Committee/CELL coordinator	**Result Date**: 08/29/2024 **Result**: For 2023-2024, 59/153 (38.56%) reported they participated in on- or off-campus committees, organizations, or projects while enrolled as student at Allen College. The new target was not met. 2022-2023: 40.40% 2021-2022: 39.62% 2020-2021: 50% **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No **Action Plan Impact**: Because the results for this measure have been consistently below the target of 60% for several reporting years, the action plan for 2023-2024 was to consider adjusting the target. This was discussed in the first CELL meeting, and the target was adjusted from 60% to 40%. Results fell slightly below the updated target. **Related Documents**: Exit Survey Service Report For 2023-2024 CAP Report.pdf **Actions** **Action**: The action plan for 2024-2025 is to send an email and/or post a communication in the Blackboard Student Success course to all students during the first month of the fall semester to let students know what types of committees/organizations are available at the college and to encourage participation (e.g., CELL, APG, Curriculum, professional organizations). **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Survey **Measure:** Honors Program and Service Learning course rosters **Target:** 35% of each cohort in the in the traditional BSN track enrolls in the service honors program or a service-learning elective [target changed from "...upper division pre-licensure BSN program" to "in the traditional BSN track" starting 2023-2024 academic year]	**Result Date**: 09/06/2024 **Result**: During the 2023-2024 academic year, a total of 18 of 42 Traditional track BSN students (42.8%) completed either the service honors program or a service-learning elective, specifically Mission Nursing in Guatemala. 11 of 21 graduates in Fall 2023 (52.4%) and 7 of 22 graduates in Spring 2024 (31.8%). So this target was partially met for each cohort, but met for the entire academic year when looking at total number of graduates from this BSN track. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
Timeframe: Annually **Responsible Parties:** Center for Engagement, Learning, and Leadership Committee/CELL coordinator	**Action Plan Impact**: The action plan for the previous year was for course faculty will continue to promote the importance of service and flexibility offered through both of these electives in the traditional track of the BSN program. The Assistant Dean, School of Nursing, Undergraduate Program, has promoted the service-learning courses as a great opportunity for the pre-licensure BSN students. Students appear to be very interested in providing service to both the local and global community. **Actions** **Action**: For 2024-2025, in order to continue to meet this target in the future, faculty will promote the enrollment of pre-licensure students in nursing elective courses that include service learning. Faculty will provide informational sessions to students about these options. **Follow-up**
Assessment Method Status: Active **Assessment Type:** SL: Survey **Measure:** Exit Survey question: While participating in on- or off-campus committees, organizations, or projects, did you assume a leadership role? (yes or no) **Target:** 40% of respondents report managing or leading an organization [target increased from 15% to 40% starting 2023-2024 academic year] **Timeframe:** Annually **Responsible Parties:** Center for Engagement, Learning, and Leadership Committee/CELL coordinator	**Result Date**: 08/29/2024 **Result**: For 2023-2024, of the 59 students who reported participating in an on- or off-campus committee, 34 (57.63%) reported having been involved in a leadership role. These results demonstrate continued improvement for the past five years, in which the target has consistently been exceeded. 2022-2023: 54% 2021-2022: 53% 2020-2021: 47% 2019-2020: 41% 2018-2019: 45% **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: For 2023-2024, the proposed action plan was for the CELL committee to continue to invite students to serve on committees and perform ambassador roles within the college. This was done at the start of the fall semester, and facilitated achievement of the target. **Related Documents**: Exit Survey Service Report For 2023-2024 CAP Report.pdf **Actions** **Action**: For 2024-2025, the CELL committee will continue to invite students to serve on committees and perform ambassador roles within the college. **Follow-up**

CELL 3.1

AU Outcome
Collaborate with partners in the community

Outcome Status
Active

Measures	Result
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Rosters from college-wide service activities (formerly "Signup sheets from service days") **Target:** 25% of students attend college-wide community service events yearly (formerly 15%) **Timeframe:** Annually **Responsible Parties:** Center for Engagement, Learning, and Leadership Committee/CELL coordinator	**Result Date**: 08/29/2024 **Result**: For 2022-2023, it was decided to raise the target from 15% to 25% and include student participation in all college-sponsored service activities to allow the college to more accurately reflect the number of students that are serving the community within the broader scope of college service activities. Based on the average enrollment for summer 2023 – spring 2024 of 400.6, the percentage of students participating in college-wide service events well-surpassed the target of 25% (186/400.6=46%; excluding service from service-learning courses). This may be underestimated, as only the largest total student group event was counted per organization, despite numerous additional activities with lower participation. In 2023-2024, the CELL organized several service activities. CELL volunteers participated in service with the following community partners: Salvation Army, Northeast Iowa Food Bank, Cedar Bend Humane Society, House of Hope, Special Olympics, and Cedar Valley Trails Partnership. The number of students that participated in the CELL events in 2023-2024 was 28/400.6 (6.9%), compared to 31/427.6 (7.2%) in 2022-2023. Previous results with updated target of 25% in 2022: Summer 2022 – Spring 2023: college-wide events (120/427.6=28%) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The proposed action plan for 2023-2024 was for the CELL committee to continue to collaborate with partners within the college and within the community to create opportunities for the Allen College student body and colleagues to participate in service activities. This was done throughout the academic year, as many partners were again willing to host student volunteers. **Actions** **Action**: For 2024-2025, the CELL committee will to continue to collaborate with existing partners within the college/community and create at least one new opportunity for the Allen College student body and colleagues to fill a community need. **Follow-up**
Assessment Method Status: Active **Assessment Type:** SL: Service **Measure:** Service stories posted on social media	**Result Date**: 08/28/2024

Measures	Result
Target: 95% of featured service stories on social media will reach 1500 people and/or have 15 reactions [Target adjusted beginning 2024-2025 academic year. Previous 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 coordinator	**Result**: Throughout the year, the CELL committee promoted the sharing of the college's service stories on social media to increase awareness of the college's mission of service in the community. Thirteen (separate) service stories were posted on social media during this reporting year. 11/13 (84.6%) reached at least 1500 people and 76.9% had greater than 15 "likes". While all the stories were shared by the college, not all of the stories were shared on behalf of the CELL. Previous results are provided here: 2022-2023: 13/14 (93%) reached at least 1500 people and 100% had greater than 15 "likes" 2021-2022: 9/11 (82%) reached at least 1500 people and 11/11 (100%) had at least 15 "likes" 2020-2021: 7/14 (50%) reached at least 1500 people and 13/14 (93%) had at least 15 "likes" 2019-2020: 5/15 (33%) reached at least 1500 people and 13/15 (87%) had at least 15 "likes" **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The proposed action plan impact from 2023-204 was that the CELL committee would continue to encourage college organizations and class groups to share their service stories on social media. This was done throughout the year, and positively impacted promotion of service. **Related Documents**: CELLSocialMediaReport_2023-2024 (002).docx **Actions** **Action**: For 2024-2025, the target should be discussed and clarified at one of the CELL meetings. Social media will continue to be used to share the service mission of the college. **Follow-up**

Admin - Enrollment Management

EM 2.0

AU Outcome
Offer a variety of student activities

Outcome Status
Active

Measures	Result
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Ruffalo Noel Levitz Student Satisfaction Inventory (replaced Allen College Student Opinion Survey spring 2021)—Satisfaction with College sponsored social activities (e.g., student lunches, movie nights) **Target:** [Options: 80% of students will report satisfied or very satisfied on scale of not satisfied at all (1), not very satisfied (2), somewhat dissatisfied (3) neutral (4), somewhat satisfied (5), satisfied (6), or very satisfied (7). Satisfaction-Importance gap is < .50 (-.14). although item is not flagged as a strength, it is also not flagged as a challenge. Item not flagged as a challenge (defined as Item above median for importance (top half) but in 25th percentile for satisfaction OR item above the median for importance (top half) but in the top quartile (75th percentile) for performance gap).] (Target prior to 2020-2021: 80% of students report satisfied or very satisfied on a scale of very satisfied, satisfied, dissatisfied, very dissatisfied, or unaware/have not used). **Timeframe:** Annually **Responsible Parties:** Director of Student Success and Engagement	**Result Date**: 09/10/2024 **Result**: Satisfaction with College-sponsored social activities (student lunches, movie nights) Q42 Importance = 5.61, Satsifaction = 5.84 - Gap = .23 How do they compare to last year? The importance and the satisfaction of college sponsored social activities increased since last year. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: How did last year's action plan contribute to the success of lack of success shown in the results? Student Success and Engagement ensured there were a variety of events and activities on campus and utilized a variety of marketing strategies. Tracking attendance was helpful in determining which programs/cohorts were interested in which activity as well as seeing which events were well attended. **<u>Actions</u>** **Action Date**: 09/10/2024 **Action**: Student Success and Engagement will use the end of term Student Success Survey to determine new/existing events to continue for the year based on student feedback. This may include professional development opportunities, academic support sessions, and other social activities geared towards various students. Attendance will continue to be tracked by Student Success and Engagement. **<u>Follow-up</u>**
Assessment Method Status: Active **Assessment Type:** AD: Survey **Measure:** Ruffalo Noel Levitz Student Satisfaction Inventory—Satisfaction with "Extracurricular activities (e.g., chorus, Nurses Christian Fellowship)" **Target:** 80% of students report satisfied or very satisfied **Timeframe:** Annually	**Result Date**: 09/10/2024 **Result**: Satisfaction with Extra Curricular Activities (Student Ambassadors, NCF) Q41 Importance = 5.50, Satisfaction = 6.12 - Gap = .62 - Goal not met In the 22-23 RNLSSI, the importance was 5.23 (lower than this year) and the Satisfaction was 5.96 (also lower than this year). **Reporting Year**: 2023 - 2024 (Year 2)

Measures	Result
Responsible Parties: Director of Student Success and Engagement	**Target Met**: No **Action Plan Impact**: The use of a co-adviser was very beneficial for the student ambassadors and assisted in ensuring social media posts and on-campus activities were carried out. Goals were made for the sub-committees, and they were successful in reaching their goals. However, it is unclear how other student organizations worked with their executive teams to achieve their goals. **Actions** **Action Date**: 09/10/2024 **Action**: For the student ambassadors, the co-adviser system will be continued. Goals will be set, not only by the sub-committee themselves but also by their adviser to ensure actions are completed. ASNA, ASRO, and SOTA will continue with their regular activities. It is important to note that NCF currently does not have a faculty adviser, and thus is in hiatus. Additionally, the Coordinator of Student Success and Engagement will have monthly communications with the faculty advisers on specific dates, activities, and events to ensure there is clear marketing and communication. **Follow-up**

EM 9.0

AU Outcome
Students are represented on college committees

Outcome Status
Active

Measures	Result
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Ruffalo Noel Levitz Student Satisfaction Inventory (replaced Allen College Student Opinion Survey spring 2021)—Satisfaction with Opportunity for student involvement in college committees **Target:** Gap between importance and satisfaction <.50 (previous target = 80% of students report they are satisfied or very satisfied)	**Result Date**: 09/13/2024 **Result**: Importance = 5.70, Satisfaction = 6.23, gap = -53 (Goal met) Last year the importance was 5.18 and the satisfaction was 5.96. This year's results showed an increase in both. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: It is unknown whether last year's action plan increased the satisfaction. There were no comments in the RNLSSI to confirm this to be true. **Related Documents**: Allen College SSI summary 2024.pdf

Measures	Result
Timeframe: Year 4 **Responsible Parties:** Dean of Enrollment Management	<u>**Actions**</u> **Action Date**: 09/13/2024 **Action**: Continue to monitor the comments in the RNLSSI survey to ensure students feel like they have a voice and/or a place to voice comments or concerns./ <u>**Follow-up**</u>

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

ASR 2.2

AU Outcome
Students will practice and demonstrate communication skills (formerly Students will practice written communication skills)
Outcome Status
Active
Start Date
09/25/2023

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** RA: 115 Patient Care Presentation **Target:** Average score of >= 85% **Timeframe:** Level I-Fall Semester **Responsible Parties:** RA: 115 Course Instructor/HS APG Committee	**Result Date**: 09/24/2024 **Result**: This year's average score of 97% is comparable when looking at prior academic year. This academic year the oral and written communication goals were combined into one goal. This data shows that students consistently continue to practice effective communication skills. 2023 = 97% (n = 22) Written Communication - 2022= 97.7% (n=15) Oral Communication – 2022=94.3% (n=15) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: As proposed in the 2022-2023 action plan, the course instructor continues to discuss the paper requirements with the students. This academic year the oral and written communication goal were combined into one goal. The students' presentations combine both written and oral communication by writing on an assigned topic and presenting that paper to the class with PowerPoint slides to correlate with the paper. The student success coordinator presented on APA formatting to the students for the written portion and proper references. The students worked in partners for critique of the slides and the instructor answered questions and gave guidance to the students. Students consistently continue to practice effective communication skills. **Actions** **Action**: The course instructor will continue to discuss the paper requirements with the students and remind them of the resources available to them, including the student succuss coordinator, the Allen College Website, and the resources available on Blackboard. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** RA:258 Pathology Systems Presentation **Target:** Average score of >= 85% **Timeframe:** Level II-Fall Semester **Responsible Parties:** RA: 258 Course Instructor/ HS APG Committee	**Result Date**: 09/24/2024 **Result**: This year's average score of 96% is comparable when looking at prior academic year. This academic year the oral and written communication goals were combined into one goal. This data shows that students consistently continue to practice effective communication skills. 2023 = 96% (n = 13) Written Communication- 2022=93.9% (n=10) Oral Communication – 2022=94.2% (n=10 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the course instructor continues to discuss the paper requirements with the students and encourages them to review APA guidelines. This academic year the oral and written communication goal were combined into one goal. The students' presentations combine both written and oral communication by writing on an assigned topic and presenting that paper to the class with PowerPoint slides to correlate with the paper. The students worked in partners for critique of the slides and the instructor answered questions and gave guidance to the students. The students were allowed scheduled class times to work on the presentations with guidance from the instructor. Students consistently continue to practice effective communication skills. **Actions** **Action Date**: 09/24/2024

Measures	Result
	Action: The course instructor will continue to discuss the paper requirements with the students and remind them of the resources available to them, including the student succuss coordinator, the Allen College Website, and the resources available on Blackboard. **Follow-up**

ASR 3.3

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** 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 APG Committee	**Result Date**: 09/24/2024 **Result**: In Spring 2023, the average score of the RA145 Clinical Instructor/Preceptor Evaluations/Numbers 2,4,7,8 was 3.74. This year's average score is slightly higher yet comparable at 3.83. All students continue to exceed benchmark with consistently averaging 3.6 and higher for the last 5 years. Students continue to demonstrate their ability to critically think in the clinical setting. Spring 2024 = 3.83 (N =21) Previous data: 2023 = 3.74 (N =15) 2022 = 3.66 (N =10) 2020-2021 = 3.65 (N=18) 2019-2020 = 3.6 (N=16) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the clinical instructors/preceptors in the clinical setting continued to provide excellent instruction and supervision of students to assess their critical thinking skills. The student scores were higher than the previous year in the Self-Image for Level in the ASR Program, Ability to follow directions, of Applications of Knowledge, and Composure and Adaptability. Overall, the action plan was effective. Students demonstrated the ability to critically think in the clinical setting. **Actions** **Action Date**: 09/24/2024 **Action**: The clinical instructors/preceptors will continue to provide the needed instruction and supervision of the students to evaluate their critical thinking skills in the clinical setting. **Follow-up**

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** 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	**Result Date**: 09/24/2024 **Result**: In Fall 2022, the average score of the RA265 Clinical Instructor/Preceptor Evaluations/Numbers 2,4,7,8, was 3.86. This year's score was slightly lower at 3.82, but this decrease is not considered significant. The benchmark continues to be exceeded, and the students continue to demonstrate their ability to critically think in the clinical setting. 2023 = 3.82 (n=13) Previous Data: 2022 3.86 (n=10) 2021 3.57 (n=17) 2020 3.75 (n=16) 2019 3.86 (n=11) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the clinical instructors/preceptors continue to instruct, explain, and demonstrate to students how to practice critically thinking skills in the clinical environment. The action plan was effective to meet benchmark. The students' scores decreased by an average of 0.04 in all four performance criteria areas; application of knowledge, ability to follow directions, self-image for level in the ASR program, and composure and adaptability. There was an increased number of students compared to the prior cohort that accounts for the slight drop in overall performance. Students have immediate access to their completed evaluations on Trajecsys. Students continue to be able to critically think in the clinical setting. **Actions** **Action Date**: 09/24/2024 **Action**: The clinical instructors/preceptors will continue to instruct, explain and demonstrate to students how to practice critical thinking skills in the clinical environment. **Follow-up**

ASR 4.1

AU Outcome
Students will integrate leadership skills and construct professional practices
Outcome Status
Inactive

Measures	Result
Assessment Measure Status: Inactive **Assessment Type:** SL: Service	**Result Date**: 09/24/2024

Measures	Result
Measure: 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	**Result**: This year's average score of the RA135 Community Service/Service Learning Evaluation was 80.64%. This is a significant decrease from last year's score of 86.75%, but benchmark continues to be exceeded. The students continue to demonstrate their ability to integrate leadership skills and construct professional practices. 2023 = 80.64% (n=22) Previous data: 2022 = 86.75% (n=16) 2021 = 77.46% (n=13) 2020 = 88.80% (n=18) 2019 = 87.71% (n=19) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the course instructors continue to assess the assignment instructions and make modifications accordingly. The action plan from the prior academic year was successful in assisting the students in achieving the benchmark for the current academic year. Additional APA resources were provided to the students. Small improvements and clarifications to the assignment instructions may have assisted this cohort in meeting benchmark. The course instructors may consider removing this goal and outcome from the assessment plan. **Actions** **Action Date**: 09/24/2024 **Action**: The course instructors will continue to assess the assignment instructions and make modifications accordingly. Additional APA resources will be provided to the students. The course instructors may consider removing this goal and outcome from the assessment plan. **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Service **Measure:** 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	**Result Date**: 09/24/2024 **Result**: In Fall 2022, the average score of the RA265 Community Service/Service Learning Evaluation was 73.3%. This year's score was significantly higher at 89%. Benchmark was exceeded this year. All students demonstrated their ability to integrate leadership skills and construct professional practices. 2023 = 89% (n=13) Previous data: 2022 = 73.3% (n=10) 2021 = 71.41% (n=17) 2020 = 84.56% (n=16) 2019 = 85.6% (n = 10) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: As proposed in the 2022-2023 action plan, the instructors placed the paper assignment instructions and the grade rubric within the assignment drop box in the Blackboard course. Students were also provided with additional APA resources. This action plan was effective in significantly increasing the student's average scores. Small improvements and clarifications to the assignment instructions may have assisted this cohort in meeting benchmark. All students demonstrated their ability to integrate leadership skills and construct professional practices. Course instructors may consider removing this goal and outcome from the assessment plan. **Actions** **Action Date**: 09/24/2024 **Action**: The course instructors will continue to assess the assignment instructions and make modifications accordingly. Additional APA resources will be provided to the students. Course instructors may consider removing this goal and outcome from the assessment plan. **Follow-up**

ASR 4.2

AU Outcome
Students will practice professionalism
Outcome Status
Inactive

Measures	Result
Assessment Measure Status: Inactive **Assessment Type:** SL: Clinical evaluation tool **Measure:** 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	**Result Date**: 09/24/2024 **Result**: In Fall 2022, the average score of the RA135 Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13, was 3.79. This year's average score of 3.76 was slightly lower, yet consistent and comparable with prior data. The benchmark continues to be exceeded, and all students continue to demonstrate their ability to practice professionalism. 2023 = 3.76 (n=22) Previous data: 2022 3.79 (n=16) 2021 3.47 (n=13) 2020 3.34 (n=22) 2019 3.51 (n=19) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: As proposed in the 2022-2023 action plan, the clinical instructors/preceptors continue to provide instruction to students in the areas of organization of assignments, initiative, appearance, policies and procedures, and ethical and professional behavior. The action plan was effective. The students are measured in a total of five areas. There was a slight decrease in the areas of initiative, appearance, and policies and procedures. The final two areas of ethics and professional behavior and organization of assignments slightly increased. Looking at the overall score, there was only a decrease of 0.03% with an increase of 6 students within the cohort. All students continue to practice professionalism. **Actions** **Action Date**: 09/24/2024 **Action**: The clinical instructors/preceptors will continue to provide instruction to students in the areas of organization of assignments, initiative, appearance, policies and procedures, and ethical and professional behavior. **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Clinical evaluation tool **Measure:** 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	**Result Date**: 09/24/2024 **Result**: In Spring 2023, the average score of the RA275 Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13, was 3.77. This year's average score was higher at 3.83, yet comparable to prior data. The benchmark continues to be exceeded, and the students continue to demonstrate their ability to practice professionalism. Spring 2024 = 3.83 (n =13) Previous data: Spring 2023 = 3.77 (n =10) Spring 2022 = 3.86 (N = 17) Spring 2021 = 3.65 (n=16) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the clinical instructors/preceptors continue to deliver prompt feedback to students when issues arise concerning initiative and professionalism. Faculty continue to discuss the importance of initiative and professionalism in the clinical setting to the students. Overall, the action plan was effective. The students' average scores in all areas increased compared to prior year by 0.06%; these include Organization of Assignments, Initiative, Appearance, Policies and Procedures, and Ethical and Professional Behaviors. The students continue to demonstrate their ability to practice professionalism. **Actions** **Action Date**: 09/24/2024 **Action**: The clinical instructors/preceptors will continue to deliver prompt feedback to students when issues arise concerning initiative and professionalism. Faculty will continue to discuss the importance of initiative and professionalism in the clinical setting to all students.

Measures	Result

Program (HS) - Diagnostic Medical Sonography (DMS)

DMS 2.2

AU Outcome
Students will successfully obtain patient history
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** 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	**Result Date**: 02/19/2025 **Result**: Fall 2023 avg 4.25 Fall 2022 avg 4.67 Fall 2021 avg 4.65 Although scores are high, there is slight decrease from previous year. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Per the 2022-2023 action plan, this was to be changed. However, faculty elected to continue using present evaluation form. Faculty obtained and assessed feedback from clinical instructors. Faculty reviewed evaluations with clinical instructors and student at each site visit and identified /made recommendations for student improvement. **Actions** **Action**: To continue to meet or exceed the target/benchmark for this measure during the 2024-2025 academic year, faculty will continue to use current forms. Faculty will continue to review evaluations with students at each site visit, and identify areas of concern, and make recommendations/plan for student improvement. **Follow-up**

DMS 4.2

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** 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	**Result Date**: 02/19/2025 **Result**: Fall 2023 avg score = 4.62 (n=7) Fall 2022 average score 4.86 (n=6) Fall 2021 avg 4.88 Scores remain high. Students continue to demonstrate professional in the clinical setting. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Per the 2022-2023 action plan, faculty evaluated feedback from clinical instructors. At each site visit, faculty reviewed evaluations with clinical instructors and the student. Areas of concern were identified and recommendations for student improvement were developed. This action plan appears to have been effective in helping students be successful in the clinical setting. **Actions** **Action**: To continue to meet or exceed the target/benchmark for this measure during the 2023-2025 academic year, the clinical instructors/preceptors in the clinical setting will continue to provide excellent instruction and supervision of students to assess their critical thinking skills. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** DMS:409 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 - Spring Semester **Responsible Parties:** DMS 408 Instructor/ Program Faculty/HS Curriculum Committee	**Result Date**: 02/19/2025 **Result**: Spring 2024 avg score 4.8 (n=6) Spring 2023 4.9 Spring 2022 average score 4.94 (n=6) Spring 2021 average score 5.0 (n=5) Spring 2020 average score 4.95(n=6) Scores remain high **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Per the 2022-2023 action plan, was to be changed. However, due to the additions of new clinical sites, faculty elected to continue using present evaluation form. Faculty obtained and assessed feedback from clinical instructors. Faculty reviewed evaluations with clinical instructors and student at each site visit and identified /made recommendations for student improvement. This appears to have been effective in helping students be successful in the clinical setting and in achieving the target for this **Actions**

Measures	Result
	Action: To continue to meet or exceed the target/benchmark for this measure during the 2024-2025 academic year, faculty will continue to use current forms. Faculty will continue to review evaluations with students at each site visit, and identify areas of concern, and make recommendations/plan for student improvement. **Follow-up**

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

EdD 1.2

AU Outcome
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	Result
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** 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% **Timeframe:** When course is taught (e.g., 2015, 2018, etc.) **Responsible Parties:** Program Chair/ HS Grad Curriculum Committee	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions** **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** 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	**Result Date**: 08/16/2024 **Result**: For the FA2023 cohort, 100% (n=2) of the students earned an average score of >80% on the literature review. This compares to 75% (n=4) of the students earned an average score of >80% on the literature review the previous time the course was offered in 2021. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
Responsible Parties: Program Chair/ HS Grad Curriculum Committee	**Action Plan Impact**: The target was met for the 2023 cohort. Some changes were implemented after the 2021 offering of this course when the target was not met. Most notably, the due dates for several of the assignments (e.g., the literature map) were moved up to an earlier due date to allow more time to incorporate the feedback. Additionally, the 2021 cohort was the first time the class was offered over 8 weeks vs. 16 weeks in prior courses. As a result, the module release times were staggered in 2023 to give the students sufficient time to complete the assignments. **Actions** **Action**: As a result of all of these changes, this target was met and it is recommended not to make any changes prior to the 2025 offering of this course. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Service **Measure:** 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	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions** **Follow-up**

EdD 2.1

AU Outcome

Students will facilitate curriculum design, development, and evaluation of program and learner outcomes using evidence-based strategies.

Outcome Status

Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 750: Curriculum Theory and Design in the Health Professions – Final Project **Target:** 100% of students will receive an average score of >=85% **Timeframe:** When course is taught	**Result Date**: 08/16/2024

Measures	Result
Responsible Parties: Program Chair/HS Graduate APG Committee	**Result**: Summer 2023 – 1 student 100% of students received a score of >85% Overall average score = 100% (100/100) Summer 2022 – Met; 100% (average); n=1 Fall 2019 – Met; 100% (average); n=1 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The 2022-2023 action plan for the 2023-2024 academic year indicated no changes would be made to this assignment based on the past successes. The action plan stated a course textbook would be replaced. An online resource was used, and a new textbook was trialed. The final project requires students to develop a unit of instruction following a curriculum development framework. Students worked on different sections of the project throughout the course and received feedback prior to assembling the final project. **<u>Actions</u>** **Action**: This assignment will be included the next time this course is taught with no revisions. A new required textbook will be added for the summer 2024 section. **<u>Follow-up</u>**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 760: Pedagogy in Health Professions Education – Teaching Evaluation **Target:** 100% of students will receive a score of >=85% **Timeframe:** When course is taught (e.g., 2014, 2017, etc.) **Responsible Parties:** Program Chair/HS Graduate Curriculum Committee	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **<u>Actions</u>** **<u>Follow-up</u>**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** 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)	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **<u>Actions</u>** **<u>Follow-up</u>**

Measures	Result
Responsible Parties: Program Chair/HS Graduate APG Committee	

EdD 4.1

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 760: Pedagogy in Health Professions Education – Personal Statement of Teaching Philosophy **Target:** 100% of students will receive an average score of >=85% **Timeframe:** When course taught (e.g., spring, Year 1) **Responsible Parties:** Program Chair/HS Graduate APG Committee	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions** **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** 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	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions** **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** EdD 810: Methods of Inquiry – Collaborative Group Activity: Mock Qualitative Research Project **Target:** 100% of students will receive a score of >= 85%	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions** **Follow-up**

Measures	Result
Timeframe: When course is taught (e.g., 2021, 2024, etc.) **Responsible Parties:** Program Chair/HS Graduate APG Committee	
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** EdD 820: Methods of Inquiry - Quantitative Research – 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	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions** **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** 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	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions** **Follow-up**

Program (HS) - Doctor of Physical Therapy (DPT)

Graduate Goal 2

AU Outcome
GG2. Demonstrate lifelong learning, engagement in the community, and leadership in the profession
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active	**Result Date**: 06/20/2024

Measures	Result
Assessment Type: SL: Survey **Measure:** 2.1. Graduate Survey: Percentage of graduates who agree they have engaged in learning activities and will provide examples of activities to enhance their physical therapy services or maintain licensure expectations. **Target:** 60% of graduates will strongly agree or agree that they have engaged in learning activities and will provide examples of activities to enhance their physical therapy services or maintain licensure expectations. **Timeframe:** Annually @ Faculty Retreat **Responsible Parties:** Assessment Committee	**Result**: 80% of graduates agreed they engaged in lifelong learning activities. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Due to 2023-2024 being the first reporting year for the program, there is no previous action plan on which to reflect. **Actions** **Action**: Students will continue to be requested to be involved in lifelong learning activities with APTA and other associations. We will monitor this goal through 1-year post graduation survey. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Survey **Measure:** 2.2. Graduate Survey: Percentage of graduates who agree they have served or have plans to serve in their community or in a leadership role in the profession through such activities as becoming a clinical instructor, contributing to a program within their work environments, providing community service, being active in their district, providing education to others, and participating in APTA or other professional sections/academies. **Target:** 40% of graduates will indicate that they have served or have plans to serve in their community or in a leadership role in the profession through such activities as becoming a clinical instructor, contributing to a program within their work environments, providing community service, being active in their district, providing education to others, and participating in APTA or other professional sections/academies. **Timeframe:** Annually @ Faculty Retreat **Responsible Parties:** Assessment Committee	**Result Date**: 06/20/2024 **Result**: 100 % of graduates intend to participate in community activities. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Due to 2023-2024 being the first reporting year for the program, there is no previous action plan on which to reflect. **Actions** **Action**: Continue participating in volunteering/community activities during lab immersions in Waterloo or other activities within their comunity or profession. **Follow-up**

Student Goal 1

AU Outcome
SG1. Student will exhibit caring, compassion, and integrity throughinteractions with patients, families, and the professional community
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** PTMACS (Clinical Education Tool) **Target:** 100% of students will have no documented incidents on the following components: A-professionalism; C-Interpersonal Skills; D-Communication; F-Responsibility/Accountability. **Timeframe:** Annually: At the end of program after the final clinical education experience **Responsible Parties:** Director of Clinical Education	**Result Date**: 07/26/2024 **Result**: 100% of students not only reached entry-level or above entry-level performance but they did not have any incident related to professionalism, ethics, or behavior violating the APTA Code of Ethics. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Due to 2023-2024 being the first reporting year for the program, there is no previous action plan on which to reflect. **Actions** **Action**: We will emphasize the importance of professionalism and embrace the APTA Code of Ethics during the didactic and clinical component of the program. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Survey **Measure:** 1.2. Exit Survey: Percentage of students who agree they exhibit a caring and compassionate affect in patient care. **Target:** 100% of students will strongly agree or agree that they exhibit a caring and compassionate affect in patient care. **Timeframe:** Annually @ Faculty Retreat **Responsible Parties:** Assessment Committee	**Result Date**: 06/20/2024 **Result**: 100% of graduates agree they were prepared to practice in a caring and compasionate manner. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Due to 2023-2024 being the first reporting year for the program, there is no previous action plan on which to reflect. **Actions** **Action**: The curriculum will continue to emphasize in the importance of communication and assess communication in high stake practical examinations. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Survey **Measure:** 1.3. Exit Survey: Percentage of students who agree they exhibit integrity in interactions with all stakeholders. **Target:** 100% of students will strongly agree or agree that they exhibit integrity in interactions with all stakeholders.	**Result Date**: 06/20/2024 **Result**: 100% of students reported acting with integrity and they were well prepared to model the APTA Code of Ethics. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Due to 2023-2024 being the first reporting year for the program, there is no previous action plan on which to reflect. **Actions**

Measures	Result
Timeframe: Annually @ Faculty Retreat **Responsible Parties:** Assessment Committee	**Action**: We will continue to assess professionalism and ethical behavior during practical examinations and clinical experiences. **Follow-up**

Student Goal 2

AU Outcome
SG2. Demonstrate lifelong learning, engagement in the community, and leadership in the profession.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** AD: Report - Internal **Measure:** 2.1. Percentage of students who demonstrate leadership by participating in professional activities. **Target:** 100% of students will demonstrate leadership by participating in professional activities. **Timeframe:** Annually @ Faculty Retreat **Responsible Parties:** PT Student Club Advisor	**Result Date**: 06/20/2024 **Result**: 100% of students participate in volunteering/community activities. From those, 40% assume roles of leadership in these activities. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Due to 2023-2024 being the first reporting year for the program, there is no previous action plan on which to reflect. **Actions** **Action**: Encourage students to take leadership opportunities when involved in community and volunteering activities. Also, emphasize students the different type of leadership roles when participating in these activities. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Survey **Measure:** 2.2. Exit Survey: Percentage of students who agree they have a plan for participation in one or more professional development/lifelong learning/leadership activities that contribute to practice, the promotion of the profession, and ongoing licensure. **Target:** 100% of students will strongly agree or agree that they have a plan for participation in one or more professional development/lifelong learning/leadership activities that contribute to practice, the promotion of the profession, and ongoing licensure. **Timeframe:** Annually @ Faculty Retreat	**Result Date**: 06/20/2024 **Result**: 100% of graduates reported they participated and will continue to participate in lifelong learning experiences. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Due to 2023-2024 being the first reporting year for the program, there is no previous action plan on which to reflect. **Actions** **Action**: Students will participate in lifelong learning activities during the curriculum. Their participation in lifelong activities after licensure will be assess in the 1-year post graduation survey. **Follow-up**

Measures	Result
Responsible Parties: Assessment Committee	

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

MS in OT 5.0 Required formats to document

AU Outcome
Students will demonstrate professional and ethical responsibility in advocating for clients and OT by articulating the value of OT to policy makers and the public.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical **Measure:** 613 – Advocacy Assignment **Target:** Average cohort score of 90% or higher **Timeframe:** 2nd Year of program, Semester 5 (Spring) **Responsible Parties:** Course Instructor/ OT Faculty /HS Grad Curriculum Committee	**Result Date**: 10/03/2024 **Result**: Average score was 30/30. 100% average score. Average cohort at 100%, compared to the last reporting period which the cohort average was 97%; this result still demonstrates increase in goal met. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Action Plan proposed in 2022-2023 CAP report for implementation during 2023-2024 academic year: Change to delivery and application of concepts provided increase of positive outcomes. Will analyze all delivered materials to support learning and make additional changes to maximize breadth of information to cover all required aspects. Benchmark continues to be met suggesting the action plan was successful. **Actions** **Action Date**: 10/03/2024 **Action**: Primary instructor will provide lecture and provide instruction on assignment expectations, and expand rubric details to better demonstrate student expectations. **Follow-up**

MS in OT 6.0 Ethical Principles

AU Outcome
Students will incorporate ethical consideration to practical situations to demonstrate proficiency leading to improved client and professional outcomes.
Outcome Status
Inactive

Measures	Result
Assessment Measure Status: Inactive **Assessment Type:** SL: Exam/Quiz - Teacher-made **Measure:** OT 613 – Ethics Assessment **Target:** Average cohort score of 90% or higher **Timeframe:** 2nd Year of program, Semester 5 (Spring) **Responsible Parties:** Course Instructor/ OT Faculty /HS Grad Curriculum Committee	**Result Date**: 10/03/2024 **Result**: Students average score was 20/20 possible with cohort average of 100% **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Benchmark was met. **Actions** **Action Date**: 10/03/2024 **Action**: Will continue to monitor to ensure meeting standard for 3 consecutive years (starting 2024). **Follow-up**

MS in OT 10.0 Develop program evaluation

AU Outcome
Students will demonstrate skills in developing programs for individuals, groups, and communities.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** OT 603 – Program Plan Presentation **Target:** Average cohort score of 90% or higher **Timeframe:** 2nd Year of program, Semester 4 (Fall) **Responsible Parties:** Course Instructor/ OT Faculty /HS Grad Curriculum Committee	**Result Date**: 10/03/2024 **Result**: Average cohort score is 91.4%. Compared to an average cohort score of 96.6% in 2022, and an average cohort score of 97% in 2021. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Action Plan proposed in 2022-2023 CAP report for implementation during 2023-2024 academic year: Faculty will continue to review the rubric for this presentation. Faculty will provide opportunities for students to explore and develop programs for individuals and communities with emerging needs. This is below the 2022 average cohort score of 96.6, but cohort results were skewed by one student with significant difficulties. The action plan still allowed the goal to be met during this timeframe. **Actions** **Action Date**: 10/03/2024 **Action**: Faculty will continue to review the rubric for this presentation. Faculty will provide opportunities for students to explore and develop programs for individuals and communities with emerging needs. **Follow-up**

Program (HS) - Medical Imaging (MI)

MI 2.2

AU Outcome
Students will practice written communication skills.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Measure:** MI: 410 Research PowerPoint Presentation (MRI) **Target:** Average score of >= 80% **Timeframe:** Fall Semester **Responsible Parties:** MI: 410 Course Instructor/HS Curriculum Committee	**Result Date**: 09/26/2024 **Result**: Data is not available from fall 2022 due to no enrollment in the course. This year's average score of 99% is consistent with prior data. Benchmark continues to be exceeded with students continually achieving above 94% over the last 5 years. 2023 = 99% (n=3) Previous data: 2022 = no data available 2021 = 96% (n=1) 2020 = 98.2% (n=4) 2019 = 94% (n=3) 2018 = 97% (n=1) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the instructor broke down the rubric to make it more specific in regards to APA formatting and content. Proper APA formatting examples were provided to the student within their Blackboard course which included a PowerPoint presentation. This cohort did not struggle with APA formatting. One student did forget to alphabetize the reference information. Minor points were deducted from one presentation due to complex information not being simplified for the reader. Each student is required to submit a portion of their presentation part way through the semester and feedback is provided to the student at the time regarding APA formatting, content, etc. <u>**Actions**</u> **Action Date**: 09/26/2024 **Action**: The instructor will continue to provide a detailed rubric so each student understands how they will be graded with regards to APA formatting. The instructor will continue to provide APA formatting examples within their Blackboard course. The instructor will continue to require each student to submit a partial submission part way through the semester for feedback. APA will remain a focus moving forward even though this cohort did not struggle in that area. <u>**Follow-up**</u>

Measures	Result
Assessment Measure Status: Active **Measure:** MI: 435 CT Procedures I Reflection Paper **Target:** Average score of >= 80% **Timeframe:** Spring Semester **Responsible Parties:** MI: 435 Course Instructor/ HS Curriculum Committee	**Result Date**: 09/26/2024 **Result**: The MI 435 CT Procedures I Reflection Paper average score was 100% in Spring 2022. This year's score of 100% demonstrates that the students continue to exceed expectations of written communication skills. No data is available for 2023 due to no enrollment. 2024 = 100% (n=1) Previous data: 2023 = no data available 2022 = 100% (n=1) 2021 = 100% (n=1) 2020 = (n=0) 2019 = 100% (n=3) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, all assignment expectations/requirements were provided to the student within Blackboard. Multiple aspects of the course and corresponding content was reflected on adequately. APA formatting requirements were provided to the student, along with APA resources. Written communication skills were effectively demonstrated. **Actions** **Action**: The instructor will provide a rubric to ensure that each student is reflecting on what they learned throughout the course. The instructor will implement APA requirements within the rubric to ensure that each student follows proper APA format. **Follow-up**

MI 4.1

AU Outcome
Students will integrate leadership skills and construct professional practices.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Measure:** MI: 460 Service Learning Project (MRI) **Target:** Average score of >= 80% **Timeframe:** Spring Semester **Responsible Parties:** MI: 460 Course Instructors/HS Curriculum Committee	**Result Date**: 09/26/2024

Measures	Result
	Result: The Spring 2024 MI 460 Service-Learning Project average score is 90%. This is slightly higher but still comparable to the Spring 2022 average score of 88%. There is no data available for 2023 due to no enrollment. The students continue to demonstrate leadership skills and professionalism. 2024 = 90% (n=1) Previous data: 2023 = no data available 2022 = 88% (n=1) 2021 = 91.5% (n=2) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the instructor provided a detailed rubric at the beginning of the course. Information was provided to the students throughout the semester regarding service-learning opportunities. APA formatting information was available to all students within their Blackboard course. Minor points were deducted in the categories of APA format and overall writing. This student elected to not submit a draft of the paper for feedback prior to submission for a final grade. Professionalism and leadership skills were demonstrated. **Actions** **Action Date**: 09/26/2024 **Action**: The instructor will continue to provide a detailed rubric at the beginning of the course. APA format information will be available to all students within their Blackboard course. Each student will be encouraged to submit a rough draft of their assignment to obtain feedback and comments prior to submitting the paper for a final grade. **Follow-up**
Assessment Measure Status: Active **Measure:** MI: 445 Service Learning Project (CT) **Target:** Average score of >= 80%. **Timeframe:** Spring Semester **Responsible Parties:** MI: 445 Course Instructors/HS Curriculum Committee	**Result Date**: 09/26/2024 **Result**: The Spring 2022 MI 445 Service-Learning Project average score is 95%. This year's data is slightly lower but still comparable to prior data. There is no data available for 2023 due to no enrollment. The students continue to demonstrate leadership skills and professionalism. 2024 = 95% (n=1) Previous Data: 2023 = no data available 2022 = 100% (n=1) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: As proposed in the 2022-2023 action plan, the instructor provided a detailed rubric at the beginning of the course. Information was provided to the students throughout the semester regarding service-learning opportunities. APA formatting information was available to all students within their Blackboard course. Minor points were deducted in the overall writing category due to one question not being adequately addressed. The student elected to not submit a draft of the paper for feedback prior to submission for a final grade. Leadership skills and professionalism were demonstrated. **Actions** **Action Date**: 09/26/2024 **Action**: The instructor will continue to provide a detailed rubric at the beginning of the course. APA format information will be available to all students within their Blackboard course. Each student will be encouraged to submit a rough draft of their assignment to obtain feedback and comments prior to submitting the paper for a final grade. **Follow-up**

MI 4.2

AU Outcome
Students will practice professionalism.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Measure:** MI: 480 Clinical Instructor Evaluations Numbers 1,5,9,12,13 **Target:** Average score >= 3 (0-4 pt. scale) **Timeframe:** Summer Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/HS Curriculum Committee	**Result Date**: 09/26/2024 **Result**: In Summer 2022, the average score of the MI480 Clinical Instructor Evaluations Numbers 1,5,9,12,13 is 4.0. This year's average score is the same at 4.0. There is no data available for 2023 due to no enrollment. Students continue to demonstrate their ability to establish, develop, and practice professionalism. 2024 = 4.0 (n=1) Previous data: 2023 = no data available 2022 = 4.0 (n=1) 2021 = 3.63 (n=3) 2020 = 3.78 (n=3) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: As proposed in the 2022-2024 action plan, the clinical instructors continue to provide feedback through non-graded evaluations throughout the semester to allow students the opportunity to develop and practice professionalism. The clinical instructors continue to work directly with each student in the clinical environment to help them establish and develop professionalism as they provide direct patient care. The action plan was effective. This specific student scored a 4.0 (on a 0-4 point scale) in all areas on the evaluation form: organization of assignments, initiative, appearance, policies and procedures, and ethical and professional behaviors. The student demonstrated their ability to establish, develop, and practice professionalism in the clinical setting. **<u>Actions</u>** **Action Date**: 09/26/2024 **Action**: The clinical instructors will continue to work directly with each student in the clinical environment to help them establish and develop professionalism as they provide patient care. The clinical instructors will continue to provide feedback through non-graded evaluations to allow students the opportunity to develop and practice professionalism. **<u>Follow-up</u>**
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** MI: 465 Clinical Instructor Evaluations Numbers 1,5,9,12,13 **Target:** Average score >= 3 (0-4 pt. scale) **Timeframe:** Summer Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/HS Curriculum Committee	**Result Date**: 09/26/2024 **Result**: In Summer 2022, the average score of the MI465 Clinical Instructor Evaluations Numbers 1,5,9,12,13 is 3.5. This year's average score of 4.0 is higher when compared to prior data. The students continue to demonstrate their ability to establish, develop, and practice professionalism. 2024 = 4.0 (n=1) Previous data: 2023 = no data available 2022 = 3.5 (n=1) 2021 (n=0) 2020 (n=0) 2019 = 4 (n=1) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the program faculty met with each student prior to starting their clinical rotations to discuss professionalism. The clinical instructors continue to provide feedback through non-graded evaluations throughout the semester to allow students the opportunity to develop and practice professionalism. The action plan was effective. The student exceeded all expectations of the clinical instructors regarding the following areas on the evaluation form: organization of assignments, initiative, appearance, policies and procedures, and ethical and professional behaviors. The student demonstrated their ability to establish, develop, and practice professionalism in the clinical setting. **<u>Actions</u>**

Measures	Result
	Action Date: 09/26/2024 **Action**: The clinical instructors will continue to work directly with each student in the clinical environment to help them establish and develop professionalism as they provide patient care. The clinical instructors will continue to provide feedback through non-graded evaluations to allow students the opportunity to develop and practice professionalism. **Follow-up**

Program (HS) - Medical Laboratory Science (MLS)

MLS 3.1

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

Measures	Result
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** Annotated Bibliographies – MLS 426: Evidence-Based Laboratory Medicine **Target:** 75% of students will receive an average score of >80% **Timeframe:** Annually **Responsible Parties:** Program Chair/HS APG Committee	**Result Date**: 08/15/2024 **Result**: No results. Course no longer offered. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: NA **Actions** **Action**: NA **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Exam/Quiz - Standardized **Measure:** Immunohematology Competency Exercises (MediaLab and MedTraining) **Target:** 75% of students will receive an average score of >80% **Timeframe:** Annually **Responsible Parties:** Program Chair/HS Curriculum Committee	**Result Date**: 10/17/2024 **Result**: No results - New item starting during the 2024-2025 academic year **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: None **Actions** **Follow-up**

MLS 3.2

AU Outcome
Students will integrate team-building skills into professional practice
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Service **Measure:** Service Learning Project **Target:** 75% of students will receive an average score of >80% **Timeframe:** Annually **Responsible Parties:** Program Chair/HS APG Committee	**Result Date**: 08/15/2024 **Result**: Fall 2023 41.7% (5/12) of students earned an average score of >80%. Overall average score 22.9/30 = 76.3% Overall Averages 2022 (n=12) = 80.8%; 66.7% of students met target 2021 (n=16) = 98.3%; 100% of students met target 2020 (n=15) = 90%; 73% of students met target 2019 (n=6) = 98.9% (target met) 2018 = 98.9% 2017 = 95.5% 2016 = 90.0% 2015 = 92.5% 2014 = 95.6% 2013 = 95.7% 2012 = 97.3% These results demonstrate the target (75% of students will receive an average score of >= 80%) has been consistently met (9/11 times) since the 2012-2013 academic year with the exception of the 2020-2021, 2022-2023, and the current academic years. Additionally, the overall average score for this assignment decreased for the current assessment year. Students who watched the project overview video did better than those who did not. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No

Measures	Result
	Action Plan Impact: Our 2022-2023 action plan for the 2023-2024 academic year indicated additional emphasis would be placed on research methods within the course. This information was aligned with the evaluation criterion of the project to help students apply information to the project. Additionally, the project rubric was further developed to add more description to the scales so students had more information about expectations and could better assess their own work.
	Actions
	Action: The project handout should be expanded to include additional information about what should be included to fully meet each criterion. A project overview video provides this information, but all students did not watch the video. Providing this information in multiple formats will allow students to engage with the information in a way that best suits them.
	Follow-up

Program (HS) - Public Health (PH)

PH 3.1

AU Outcome
Student will be able to recognizes the role of cultural factors in the delivery of public health services
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active	**Result Date**: 01/07/2025
Assessment Type: SL: Didactic	**Result**: In Summer 2023, nine students earned an average of 85.6% on the final project, a
Measure: PH: 420 Final report	significant decrease from the year before. In reviewing prior data, the percentages continue to
Target: Average score of >80%	decrease questioning the validity of the measure. Cultural factors play a significant role in the
Timeframe: Fall semester	delivery of health services.
Responsible Parties: Program faculty / HS Curriculum committee	**Reporting Year**: 2023 - 2024 (Year 2)
	Target Met: Yes
	Action Plan Impact: Per the action plan proposed for 2023-2024 in the 2022-2023 CAP report, the project was to be evaluated for its relevance to course objectives. It is unclear whether or not this action was performed. Since the scores have decreased significantly, it is assumed this action plan was not completed and did impact final project scores. This topic is of importance and even though student scores are good, there is room for improvement.
	Actions
	Action Date: 01/15/2025

Measures	Result
	Action: In Summer 2024 there will be a required meeting to go over the project a week before it is due to check progress.
	Follow-up

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

BSN 7.0 Professional Role

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** NU 335 Clinical Evaluation Tool – Professional Behaviors **Target:** 100% of students will receive "S" rating for Professional Behavior clinical competencies on clinical evaluation tool. **Timeframe:** Annually **Responsible Parties:** Responsible Parties: BSN Curriculum Committee	**Result Date**: 10/09/2024 **Result**: In Summer 2023, 100% (21/21) (accelerated) of the students achieved a "S" rating for Professional Behavior on the clinical evaluation tool. In Fall 2023, 100% (46/46) (accelerated and traditional students) of the students achieved a "S" rating for Professional Behavior on the clinical evaluation tool. In Spring 2024, 100% (21/21) (traditional) of the students achieved a "S" rating for Professional Behavior on the clinical evaluation tool. The 100% achievement of this outcome mirrors the previous academic year. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The concept of professionalism was emphasized during clinical orientation and throughout students' clinical hours. Clinical faculty evaluated student's behaviors with staff and clients on a weekly basis. Any infractions were addressed immediately with course faculty being involved. **Related Documents**: [Outcome 7 NU 335 Level I &II Final Clinical Evaluation Funds.pdf](#) **Actions** **Action Date**: 10/09/2024 **Action**: The BSN program will be implementing new graduate outcomes for the 2024-2025 academic year; thus, an action plan for this target and measure is not needed. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic	**Result Date**: 10/09/2024

Measures	Result
Measure: RN NU 355 Personal Philosophy Paper **Target:** 100% of students will receive at least 75% on personal philosophy paper. **Timeframe:** Annually **Responsible Parties:** Responsible Parties: BSN Curriculum Committee	**Result**: In Fall 2023, 100% (5/5) 100% of the students achieved at least 75% on the Personal Philosophy paper. The 2023-2024 academic year student results are consistent with prior academic years. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: By revising several sections of the paper to have specific directions/examples and revising the grading rubric to include specific and expected criteria these changes positively impacted the achievement of the target outcome. **Related Documents**: Outcome 7 NU 355 Personal Philosophy Paper.pdf **Actions** **Action Date**: 10/09/2024 **Action**: This course will no longer be offered in the future; thus, an action plan for this target and measure is not needed. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** NU 491C & NU 492 Clinical Evaluation Tool – Professional Behaviors **Target:** 100% of students will receive "S" rating for Professional Behavior clinical competencies on clinical evaluation tool. **Timeframe:** Annually **Responsible Parties:** Responsible Parties: BSN Curriculum Committee	**Result Date**: 10/09/2024 **Result**: In Fall 2023, NU 491C 21/21 (100%) of students achieved an "S" rating for professional behaviors on the clinical evaluation tool. In Fall 2023, NU 492 24/24 (100%) of students achieved an "S" rating for professional behaviors on the clinical evaluation tool. In Spring 2024, NU 491C 21/21 (100%) students achieved an "S" rating for professional behaviors on the clinical evaluation tool. In Spring 2024, NU 493 19/19 (100%) achieved an "S" rating for professional behaviors on the clinical evaluation tool. The data for this outcome does not change from semester to semester. Students re required to achieve an "S" rating on all categories of the clinical evaluation too in order to pass the course. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The criteria on the clinical evaluation tool was emphasized during clinical orientation. All students are required to achieve an "S" rating on all categories on the clinical evaluation tool in order to successfully pass the class. **Actions** **Action Date**: 10/09/2024 **Action**: The BSN program will be implementing new graduate outcomes for the 2024-2025 academic year; thus, an action plan for this target and measure is not needed. **Follow-up**

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

6.0 Assume leadership roles in interprofessional collaboration

AU Outcome

Assume leadership roles in interprofessional collaboration to improve the health outcomes of individuals, families, and populations

Outcome Status

Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Summative Evaluation **Measure:** Summative Evaluation Tool: 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	**Result Date**: 10/13/2024 **Result**: 100% (10/10) of students achieved an acceptable level (1) on a scale of 0-2 on all criteria included in the DNP Outcome 6.0. Results are consistent with the following academic year (2022-2023) when 100% (4/4) students achieved an acceptable rating on DNP Outcome 6.0. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Per the 2022-2023 action plan for 2023-2024, summative evaluations were completed for all students. The summative evaluation is completed at program completion and it is expected that all students would demonstrate achievement of program outcomes as reflected in the summative evaluation tool. **Actions** **Action**: The graduate programs will be implementing new graduate outcomes for the 2024-2025 academic year; thus, an action plan for this target and measure is not needed. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** NU750 Leadership and Collaboration Service-Learning Project assignment **Target:** 95% of students will achieve 80% or higher on the Service-Learning Project assignment (Target changed from "100% of students will achieve 80% or higher on the Service-Learning Project assignment" for 2021-2022). **Timeframe:** Annually **Responsible Parties:** Course Faculty	**Result Date**: 10/13/2024 **Result**: Summer 2023 - NA Fall 2023 - 100% 15/15 of students achieved 80% or higher on the Service-Learning Project Assignment **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The Service Learning project was presented earlier in the semester with updated instruction for clarity. Student feedback indicates it was still confusing with unclear instructions. **Actions** **Action**: The graduate programs will be implementing new graduate outcomes for the 2024-2025 academic year; thus, an action plan for this target and measure is not needed. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool	**Result Date**: 10/13/2024 **Result**: 100% (32/32) of students achieved an acceptable level (1) on all 'collaboration' criteria on the clinical evaluation tool. See attached report.

Measures	Result
Measure: Clinical Evaluation Tool "collaboration" criterion **Target:** 95% of students will achieve an acceptable level on "collaboration" criterion on the faculty clinical evaluation tool **Timeframe:** Annually **Responsible Parties:** Course Faculty	**Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Faculty continued to review preceptor evaluations and/or assess with OSCE/Lab performance experiences; faculty also maintained contact with preceptors. These actions seem to be effective for assessing and evaluating demonstration of critical thinking in clinical experiences. **<u>Actions</u>** **Action**: The graduate programs will be implementing new graduate outcomes for the 2024-2025 academic year; thus, an action plan for this target and measure is not needed. **<u>Follow-up</u>**

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

MSN 3.0

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** Clinical Evaluations-"Safety/Outcomes" criterion **Target:** 95% of students achieve an acceptable level (1) on "Safety/Outcomes" criterion on Faculty Clinical Evaluation Tool **Timeframe:** Annually **Responsible Parties:** MSN Program Director / Graduate Curriculum Committee	**Result Date**: 07/25/2024 **Result**: Target met with all clinical courses -100% See attached report - 2023-2024 CAP Summary MSN Outcomes 1,3,7,8 Results are improved from last reporting year (2022-2023). **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Faculty continued to review preceptor evaluations and/or assess with OSCE/Lab performance experiences. Faculty maintained contact with preceptors. These actions seem to be effective for assessing and evaluating demonstration of critical thinking in clinical experiences. **Related Documents**: [2023-2024 CAP Summary MSN Outcomes 1,3,7,8.pdf](#) **<u>Actions</u>** **Action**: The graduate programs will be implementing new graduate outcomes for the 2024-2025 academic year; thus, an action plan for this target and measure is not needed. **<u>Follow-up</u>**

MSNO 7.0

AU Outcome

Collaborate within inter-professional teams to manage and improve health care services for individuals, families and populations.

Outcome Status

Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** Clinical Evaluations-Collaboration Criterion **Target:** 95% of students achieve an acceptable level (1) on "Collaboration" criterion on Faculty Clinical Evaluation tool. **Timeframe:** Annually **Responsible Parties:** MSN Program Director / Graduate Curriculum Committee	**Result Date**: 07/25/2024 **Result**: Target met with all clinical courses -100% See attached report - 2023-2024 CAP Summary MSN Outcomes 1,3,7,8 Results are improved from last reporting year (2022-2023) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Faculty continued to review preceptor evaluations and/or assess with OSCE/Lab performance experiences. Faculty maintained contact with preceptors. These actions seem to be effective for assessing and evaluating demonstration of critical thinking in clinical experiences. **Related Documents**: 2023-2024 CAP Summary MSN Outcomes 1,3,7,8.pdf **Actions** **Action**: The graduate programs will be implementing new graduate outcomes for the 2024-2025 academic year; thus, an action plan for this target and measure is not needed. **Follow-up**

Program (Nursing) - Post-Graduate Certificate APRN

PGC 2.0

AU Outcome

Apply quality principles to promote patient safety and positive individual and systems outcomes

Outcome Status

Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool	**Result Date**: 07/25/2024

Measures	Result
Measure: Clinical evaluation tool Clinical Evaluations- "Safety Outcomes" criterion **Target:** 95% of students achieve an acceptable level on "Safety/Outcomes" criterion on Faculty Clinical Evaluation Tool. **Timeframe:** Annually **Responsible Parties:** Director MSN Program / Graduate Curriculum Committee	**Result**: Target met with all clinical courses at 100%. See attached report -2023-202 CAP Summary PGC Outcomes 1,2,3,4. 2022-2023 Results are the same. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Faculty continued to review preceptor evaluations and/or assess with OSCE performance experiences. Faculty maintained contact with preceptors. These actions seem to be effective for assessing and evaluating demonstration of critical thinking in clinical experiences. **Related Documents**: 2023-2024 CAP Summary PGC Outcomes 1,2 3, 4.pdf **Actions** **Action**: The graduate programs will be implementing new graduate outcomes for the 2024-2025 academic year; thus, an action plan for this target and measure is not needed. **Follow-up**

PGC 3.0

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** Clinical evaluation tool Clinical Evaluations- "Collaboration" criterion **Target:** 95% of students achieve an acceptable level on "Collaboration" criterion on Faculty Clinical Evaluation Tool. **Timeframe:** Annually **Responsible Parties:** Director MSN Program / Graduate Curriculum Committee	**Result Date**: 07/25/2024 **Result**: Target met with all clinical courses at 100%. See attached report -2023-2024 CAP Summary PGC Outcomes 1,2,3,4. 2022-2023 Results are the same. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Faculty continued to review preceptor evaluations and/or assess with OSCE performance experiences. Faculty maintained contact with preceptors. These actions seem to be effective for assessing and evaluating demonstration of critical thinking in clinical experiences. **Related Documents**:

Measures	Result
	[2023-2024 CAP Summary PGC Outcomes 1,2 3, 4.pdf](#)
	Actions
	Action: The graduate programs will be implementing new graduate outcomes for the 2024-2025 academic year; thus, an action plan for this target and measure is not needed.
	Follow-up

College Goal 5

College Goal
Allen College is committed to adopting management practices that demonstrate outstanding stewardship of all resources to our constituents.
College Goal Status
Active

Admin - Administration

Admin 1.0

AU Outcome
Remain a fiscally sound institution
Outcome Status
Active

Measures	Result
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Grant proposal writer's record of submissions **Target:** Maintain the minimum number of applications submitted at 20 while increasing the total dollar value of approved grants **Timeframe:** Annually **Responsible Parties:** President	**Result Date**: 09/26/2024

Measures	Result
	Result: For the reporting year 2023-2024, Allen College submitted a total 14 grants that had a potential cumulative value of $358,214. The number of grants submitted (n=14) in 2023-2024 fell short of meeting the target of grant applications to submit (n=20). The potential cumulative value for grant funding was 94% lower in 2023-2024 compared to 2022-2023. As of July 1, 2024, two of the 14 submitted grants remained pending for a combined potential value of $123,000. Of note, it was suggested in the 2022-2023 action plan to reduce the number of grants to submit at 18 and the measure was not updated and remained at 20. Regardless, the target would not have been met if it was lowered to 18. 2023-2024 # Grants Submitted: 14 Potential Value: $358,214 # Grants Funded: 8 Value of Grants Funded: $166,017 2022-2023 # Grants Submitted: 19 Potential Value: $ 7,322,260 # Grants Funded: 6 Value of Grants Funded: $ 147,145 2021-2022 # Grants Submitted: 13 Potential Value: $3,666,687 # Grants Funded: 9 Value of Grants Funded: $1,696,249 2020-2021 # Grants Submitted: 19 Potential Value: $378,277 # Grants Funded: 13 Value of Grants Funded: $449,183 2019-2020 # Grants Submitted: 20 Potential Value: $359,500 # Grants Funded: 7 Value of Grants Funded: $359,500 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No

Measures	Result
	Action Plan Impact: Even though this measure did not meet the target of submitting 20 (18) grants for the reporting cycle, this was still a successful grant cycle. Based upon last year's action plan, it was decided to lower the target to 18 grants from 20. Even lowering the target, we were not successful in achieving the target. Even thought we were unsuccessful in meeting this target, the results are not indicative of an issue or problem with the action plan or grant writing services as we have been very deliberate on the grants that are pursued. **Actions** **Action Date**: 09/26/2024 **Action**: For 2024-2025, it is recommended to continue to employ the strategy from 2023-2024 where the College's Leadership will continue to work with the Grant Writer on being very deliberate on what grants to apply for and search for opportunities that have high probability for funding. In addition, Leadership will be more active in involving faculty/staff in the grant writing process if they have a particular expertise in an area the grant is pursuing. The intent of this is to increase quality of the grant application which will hopefully increase the amount of funding (quality over quantity). For 2024-2025, it is recommended to have the target remain at submitting 18 grants in the reporting year. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Allen foundation record of scholarships **Target:** Annual increase in number of endowed scholarships **Timeframe:** Annually **Responsible Parties:** Administrative Assistant to the President	**Result Date**: 09/26/2024

Measures	Result
	Result: The number of newly established endowed scholarships was slightly higher in 2023-2024 (n=8) compared to 2022-2023 (n=6). 2023-2024 • # New Endowed Scholarships: 8 • # New Scholarships Established (includes endowed and non-endowed): 12 • # Endowed Scholarships 1st-Time Awarded: 2 2022-2023 • # New Endowed Scholarships: 6 • # New Scholarships Established (includes endowed and non-endowed): 11 • # Endowed Scholarships 1st-Time Awarded: 5 2021-2022 • # New Endowed Scholarships: 6 • # New Scholarships Established (includes endowed and non-endowed): 6 • # Endowed Scholarships 1st-Time Awarded: 2 2020-2021 • # New Endowed Scholarships: 4 • # New Scholarships Established (includes endowed and non-endowed): 9 • # Endowed Scholarships 1st-Time Awarded: 6 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The 2022-2023 Action Plan was effective, as the College president and Foundation staff increased scholarship support by establishing new endowed scholarships. The Foundation continues to identify donors and present information on establishing an endowed scholarship as a donation option. In some instances, the College President is involved in the conversation with the donors to answer questions and provide additional information. **Actions** **Action Date**: 09/26/2024 **Action**: The College and Foundation will continue to pursue donors to establish additional scholarships during the 2024-2025 academic year and no changes are recommended to the goal or target. One issue did persist during the 2023-2024 academic year was some communication challenges from the Foundation notifying the College when gifts were received and relevant circumstances surrounding the gifts. The President will work with the Executive Director of the Foundation to increase communication between the two entities for 2024-2025. **Follow-up**
Assessment Method Status: Active	**Result Date**: 09/09/2024

Measures	Result
Assessment Type: AD: Report - External **Measure:** Iowa Student Aid Commission data used to compare Allen college tuition and fees to tuition and fees of other comparable private institutions **Target:** Allen College tuition is in bottom 25th percentile of Iowa Private Colleges offering prelicensure baccalaureate nursing programs [Target prior to 2024-2025 was "Allen College is among the least expensive private colleges offering pre-licensure BSN programs"] **Timeframe:** Annually **Responsible Parties:** DOBAS	**Result**: Please see attached chart which is for 2023-24, which shows us as second out of twelve for all and first out of eleven when excluding the state institution. Allen College remains competitive with tuition and fees and the Board of Trustees approves any increases on an annual basis. In 2022-2023, the Board approved a 1.5% increase in tuition and fees, which is the same increase that we did in 2021-2022. The tuition increase is a data-driven decision each year and our action item from 2022-2023 on monitoring other institutions' tuition and fees to inform the decision. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Our action plan for 2022-23 to monitor tuition and fees compared to other colleges was successful based on the information gathered for the 2024 budget process, Allen College currently is one of the least expenses private colleges in Iowa offering pre-licensure BSN programs. **Related Documents**: Tuition and fees 2023-24.pdf <u>**Actions**</u> **Action Date**: 09/09/2024 **Action**: We continue to be a tuition driven institution; therefore, we will continue to monitor tuition and fees to and reduce expenses when feasible to keep Allen College competitively affordable for current and prospective students. Allen College will need to remain diligent in monitoring price competitiveness. <u>**Follow-up**</u>
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Allen College balance sheet: Compare December 31 of current year to prior year. **Target:** Annual increase in College's endowment **Timeframe:** Annually **Responsible Parties:** DOBAS	**Result Date**: 09/09/2024 **Result**: Upon review of our December 31, 2023, balance sheet, the permanently restricted assets which represent non-spendable net asset balances, which is account 2540-10000-33000-0000, and primarily represents scholarship endowments increased. Our action to continue to increase funds was successful as this account increased from $9,850,562.82 as 12/31/22 to $10,577,809.39 of as of 12/31/23, which is an increase of 7.4%. The change in beneficial interest (2540-10000-33000-1000) represents market fluctuation which decreased from the prior year by $351,632 or -48.3%. The total permanently restricted net assets (both accounts) increased between 2022 and 2023 by $375,631.92 or 3.6%. The percent increase does reflect the efforts of the College Leadership and the Foundation staff who work diligently to identify donors and funding sources (e.g., large grants and estate gifts) to increase the College's permanently restricted endowment. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: Our action to continue to increase fund was successful as this account increased from $9,850,563 as 12/31/22 to $10,577,809 of as of 12/31/23, which is an increase of 7.4%. **Related Documents**: 12-31-23 Balance Sheet.pdf **Actions** **Action Date**: 09/09/2024 **Action**: The college and foundation will continue to raise funds for permanently and temporarily restricted net assets for the benefit of the college and its students. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Projected credit hours compared to actual credit hours. **Target:** Actual credit hours meet or exceed projected credits hours annually. **Timeframe:** Annually **Responsible Parties:** Dean of Enrollment Management & DOBAS	**Result Date**: 09/09/2024 **Result**: During the 2023 calendar year, 12,323 actual credit hours were taught compared to 13,892 budgeted credit hours. The decreases in credit hours compared to budget were in all programs except MI, DNP and EdD. Our total credit hours decreased from 2022 to 2023 from 13,164 to 12,323. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No **Action Plan Impact**: Per the action plan proposed for 2022-2023 we did use existing enrollment forecast for 2023 budget due to trends, however we did not reach our goal and will continue to look at trends and attrition to budget credit hours accordingly. **Related Documents**: 12-31-23 Balance Sheet.pdf **Actions** **Action Date**: 09/09/2024 **Action**: For budget for the 2023 year we used credit hour projections as an estimate based on student plans of study, attrition is difficult to predict in the various programs, as is final number of incoming students in new and smaller programs. We will continue to monitor credit hour trends and budget accordingly. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Allen College year-end income statement: Actual performance compared to budget performance **Target:** Allen College's annual actual operating margin percentage meets or exceeds its annual budgeted operating margin percentage. **Timeframe:** Annually **Responsible Parties:** DOBAS	**Result Date**: 09/09/2024 **Result**: We budgeted a 0.3% operating margin for 2023 but we ended 2023 with a -4.8% operating margin due to not meeting our budgeted credit hours for the year. Our action plan to help mitigate did help us save in expenses but our revenue was short $1,369,872 and we could not mitigate enough to overcome the revenue shortfall. We came in $585,865 under budget for the year. Our operating margin dropped from 2022 .9% to -4.8% in 2023. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No

Measures	Result
	Action Plan Impact: We did implement mitigation measures in 2023 as prescribed by the 2022 action plan. The 2022 mitigation action plan was not successful due to that fact that our revenue short fall was too great to be able to mitigate more than a million dollars in expenses. **Related Documents**: UPH Flex Income Statement December 2023.xls **Actions** **Action Date**: 09/09/2024 **Action**: We continue to use actual financials to come up with a starting budget for the following year. When revenue targets are not met, mitigation takes place to reduce our expenses so that we can attempt to meet budget targets. Since we are credit hour driven for revenue and when those credit hours are not there, we can only mitigate to help offset expenses to point that we can still operate. **Follow-up**

Admin 2.0

AU Outcome
Environment encourages Allen College employees to maximize their performance
Outcome Status
Active

Measures	Result
Assessment Method Status: Active **Assessment Type:** AD: Report - External **Measure:** Salary comparison tools (e.g., IAICU, etc.) **Target:** Faculty salaries will be at the average comparable salary for rank at peer institutions. **Timeframe:** Annually **Responsible Parties:** DOBAS	**Result Date**: 09/09/2024 **Result**: Allen College is at or above 2022-23 average salaries for all ranks when compared to Iowa colleges with nursing pre-licensure programs. Iowa private colleges (IAICU) was used and for the pre-licensure colleges that reported, Allen salaries met or exceeded the average in all ranks. These results are comparable to those of the previous reporting year, during which the target was also met. Faculty salary market adjustments were made based on our data. Staff salary comparisons were completed in 2023 and 2024 and market adjustments and GEO adjustments were made. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Allen College compared all data as indicated in our action plan for comparison data which resulted in a few market adjustments being needed for faculty. The 2023-2024 results were influenced by the 2022-2023 action plan by conducting the annual salary audit using all available sources of information and presenting the findings to the Allen College President who made the final determinations of appropriate adjustments. Staff market adjustments were also made using data and approved by HR and College President.

Measures	Result
	Related Documents: VI.A. UPH Allen College 2024-25 Faculty Salary Review BOT.pptx **Actions** **Action Date**: 09/09/2024 **Action**: Continue to compare annually faculty and staff salaries with state, regional and national data if available. Make salary market adjustments as necessary based on data and trends if budget allows. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Annual report of Faculty Goal Achievement- short term teaching goals **Target:** 85% of faculty completely meet short-term teaching goals **Timeframe:** Annually **Responsible Parties:** Provost	**Result Date**: 09/27/2024 **Result**: 90.5% (48/53) met the short-term teaching goals. These results are slightly lower than, but comparable to 2022-2023 where 96.2% (51/53) faculty met the short-term teaching goals. As described in the 2022-2023 action plan, the academic leadership, including both academic Deans, communicated the information to faculty during the fall semester and reviewed during the faculty evaluation process. The academic leaders also provided examples for implementation to newer faculty members. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The strategy of discussing at time of evaluation has proven to be a successful strategy in continuing to meet this goal. **Actions** **Action**: For the next academic year, the academic deans will continue to discuss short-term teaching goals during the faculty evaluation process. The deans will intentionally connect with newer faculty to ensure they understand the importance of meeting short-term teaching goals while providing specific examples. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Annual report of Faculty Goal Achievement- progress on scholarly enrichment **Target:** 85% of faculty demonstrate progress on scholarly enrichment plans. **Timeframe:** Annually **Responsible Parties:** Provost	**Result Date**: 09/27/2024 **Result**: 88.6% (47/53) of faculty demonstrated progress on scholarly enrichment plans. These results are lower than the 2022-2023 results where 98.1% (51/52) of faculty made progress on plans, but it is still above the target of 85%. Some of the discrepancy could be related to several new faculty being hired, particularly in health sciences, have not had an opportunity to work toward their scholarly enrichment plan. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The strategy of discussing with faculty at the time of evaluation has proven to be an effective strategy in meeting this goal. The 2023 the deans focused on the timing of having discussions with faculty prior to the evaluation cycle. **Actions**

Measures	Result
	Action: For the 2024-2025 academic year, the academic deans will continue to discuss the individual needs of faculty and importance of long-term goals in the academic setting. Timing this with annual evaluations is appropriate, as these take place during the first two months of the calendar year. They will also focus on newer faculty to give them feedback and advice on how to achieve their scholarly enrichment plans. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Summary of Expenditures for Faculty and Staff Professional Development [e.g., total dollars spent for meetings, travel, and educational expenses]. **Target:** College provided financial support to college faculty and staff to attend educational and/or professional development activities **Timeframe:** Annually **Responsible Parties:** DOBAS	**Result Date**: 09/09/2024 **Result**: In 2023 we budgeted for our education and travel expenses and were successful as $33,376 was spent on tuition assistance for faculty and staff and $51,992 was spent on conference and meeting travel totaling $85,368 for faculty and staff. For 2023 there was $114,456 budgeted for education and travel. These results met target and did increase when compared with prior year due to increase educational assistance requested and increases in travel compared to prior year. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As mentioned in the 2022 action plan, the College appropriately budgets for professional development opportunities. In the event of revenue shortfalls, the executive leaders determine if and how much savings can be mitigated from the professional development/travel budgets. **Actions** **Action Date**: 09/09/2024 **Action**: Continue to budget education and travel expenses annually for faculty and staff professional development. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Professional Development and Welfare (PDW) committee annual scholarly recognition report. **Target:** 55% of faculty and staff are recognized for their service and scholarly accomplishments **Timeframe:** Annually **Responsible Parties:** Chair--Professional Development and Welfare Committee	**Result Date**: 09/30/2024 **Result**: 15/69 (21%) of faculty and staff were recognized for a scholarly achievement (down 11% from last year) during 2022. 18/69 (26%) of faculty and staff were recognized for a service award (down 3% from last year) during 2022. Previous results for comparison: 2022-2023: 32% of faculty and staff were recognized for a scholarly achievement during 2022. 2021-2022: 35% of faculty and staff were recognized for a scholarly achievement and 16% were recognized for service during 2021. 2020-2021: 35% of faculty and staff were recognized for a scholarly achievement and 20.3% were recognized for service during 2020. 2019-2020: 33.3% of faculty and staff were recognized for a scholarly achievement and 22.8% were recognized for service during 2019.

Measures	Result
	Reporting Year: 2023 - 2024 (Year 2) **Target Met**: No **Action Plan Impact**: According to the action plan for 2023-2024 (specified in the 2022-2023 CAP report), during the 2023-2024 academic year, scholarship activities were collected using Microsoft Forms. To collect activities completed in 2023, an email with the link to the form was sent every three months with the final collection being in January 2024. The information is then auto populated in an excel spreadsheet for easy tracking. **Actions** **Action Date**: 09/30/2024 **Action**: During the 2024-2025 academic year, data will continue to be collected every three months using Microsoft forms. It is important to note that some faculty may complete scholarly activities but do not report them despite the ease of filling out a prescribed form. It is also important to note the amount of faculty included in 2024-2025 academic year of collection has increased due to new hires as well as inclusion of other staff members. This will impact reporting numbers for calendar year 2024. **Follow-up**

Admin 3.0

AU Outcome
College receives external monetary contributions in the form of grants, scholarships, and gifts
Outcome Status
Active

Measures	Result
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Internal Total Donations to College for Year **Target:** Amount of monetary donations increase. **Timeframe:** Annually **Responsible Parties:** President	**Result Date**: 09/26/2024

Measures	Result

	Result: Allen College and UnityPoint Health – Waterloo Foundation were not able to increase the monetary amount donated 2023-2024 comparted to 2022-2023, 2019-2020 and 2020-2021
	
	June 1, 2023 – May 31, 2024: Allen College received the following gifts:
	    Cash: $533,842
	    Gift-in-Kind: $12,219
	    Pledges: $60,432
	    Stock/Property: $19,993
	    Other:
	    Total: $626,487
	
	June 1, 2022 – May 31, 2023: Allen College received the following gifts:
	    Cash: $891,045
	    Gift-in-Kind: $9,821
	    Pledges: $42,682
	    Stock/Property: $46,885
	    Other:
	    Total: $990,434
	
	2021-2022
	June 1, 2021 – May 31, 2022: Allen College received the following gifts:
	    Cash: $935,602
	    Gift-in-Kind: $13,528
	    Pledges: $78,514
	    Stock/Property: $29,772
	    Other:
	    Total: $1,057,418
	
	2020-2021
	June 1, 2020 – May 31, 2021: Allen College received the following gifts:
	    Cash: $1,571,863.08
	    Gift-in-Kind: $5,908.00
	    Pledges: $291,635.40
	    Stock/Property: $6,592.68
	    Other:
	    Total: $1,875,999.16
	
	Reporting Year: 2023 - 2024 (Year 2)
	Target Met: No

Measures	Result
	Action Plan Impact: Based upon the 2022-2023 action plan the College and Foundation investigated the decreased amount of pledges from donors. This was partially the result of not having any high dollar projects and donor asks during this timeframe. The last large ask amount was for both the DPT renovation and the Gerard Office suite renovation, both of which were completed in 2020-2021. Many of the pledges for those two projects were paid off and with the lack of a large capital initiative, the funding was lower. This will likely change in 2024-2025 as a projected capital project for simulation will be launched that will require large donor asks and likely include multi-year pledges. **Actions** **Action Date**: 09/26/2024 **Action**: The target for this action has not been met for the third year in a row. Some of this could be the result of the College not being involved in a high-dollar capital project that reduces the amount of large donor gifts. Preliminarily, the College is evaluating a large capital project for simulation for 2024-2025 that will necessitate high dollar donations which should increase this measure for the next CAP cycle. No additional changes are recommended to the measure. **Follow-up**

Admin 5.0

AU Outcome
Classroom and Lab facilities are available for students
Outcome Status
Active

Measures	Result
Assessment Method Status: Active **Assessment Type:** AD: Survey **Measure:** Ruffalo Noel Levitz Student Satisfaction Inventory (replaced Allen College Student Opinion Survey spring 2021)—Satisfaction with Classrooms **Target:** 80% of students report satisfied or very satisfied [need to verify target] **Timeframe:** Annually **Responsible Parties:** Buildings & Grounds	**Result Date**: 09/23/2024 **Result**: Question 46 - Classrooms from the SSI reports that 86% of students rated this item important or very important and 91% were satisfied or very satisfied, indicating a -5% performance gap. In 2022-23 this item was rated important or very important by 85% of students and 85% were satisfied or very satisfied. This is an increase of 1% in importance and an increase of 6% in student satisfaction from the 2022-23 SSI survey, still meets the goal of 80% satisfaction rate. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: Our 2022-23 action plan was to continue to monitor and maintain classroom furniture and technology to ensure classrooms meet the needs of our students. In January 2024, the new audiovisual system was installed in the simulation rooms. Intelligent Video Solutions with the Video Audio Learning Tool (VALT) system has allowed for better viewing of the simulations for students who were not physically in the space while peers were working with the "patient." As audiovisual equipment fails or is outdated, the college plans for replacement of outdated equipment, and does replace equipment when it fails. **Actions** **Action**: Continue to monitor and maintain classroom furniture and technology to ensure classrooms meet the needs of our students. The projector in McElroy Hall #132 is being replaced in 2024-25. A facilities meeting occurred in summer 2024 to discuss campus improvements such as flooring and furniture, it was determined that the classrooms did not need upgrading in the coming year. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Survey **Measure:** Ruffalo Noel Levitz Student Satisfaction Inventory—"18. Computer labs are adequate and accessible." **Target:** 80% of students report satisfied or very satisfied [need to verify target] **Timeframe:** Annually **Responsible Parties:** Buildings & Grounds	**Result Date**: 09/23/2024 **Result**: Results from the Spring 2024 RNLSSI survey indicate students' level of importance and satisfaction that computers and/or Wi-Fi are adequate and accessible. 94% indicate that this is important or very important and 93% indicate that they are satisfied or very satisfied, indicating a performance gap favoring importance of 1%. This satisfaction still meets the goal of 80% satisfaction rate. This is an improvement in importance by 3% and in student satisfaction by 7% when comparing to the 2022-23 SSI survey results. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The plan for 2022-23 was to continue to monitor and maintain our computer labs and Wi-Fi to ensure they meet the needs of our students. Because students require laptops for their studies, printing is the main reason for campus computer use in the lab and library. There were no campus Wi-Fi outages in the 2022-23 academic year. The action plan appears to have worked as the survey results met or exceeded the 80% target. **Actions** **Action**: We will continue to monitor and maintain our computer labs to ensure they meet the needs of our students. Plans are underway for students being able to print from their own devices in 2024. Another plan is to monitor computer use in the lab and library through quarterly/annual reports to determine sufficient computer/printer availability while being good stewards of our resources. The computer lab computers are end of lease in summer 2024 and plans are underway to reduce the number of devices in the computer lab once students can print from their own laptops.

Measures	Result
	Follow-up
Assessment Method Status: Inactive **Assessment Type:** AD: Survey **Measure:** Ruffalo Noel Levitz Student Satisfaction Inventory –"21. The amount of student parking space is adequate." **Target:** 80% of students report satisfied or very satisfied [need to verify target] **Timeframe:** Annually **Responsible Parties:** Buildings & Grounds	**Result Date**: 09/23/2024 **Result**: Results from 2024 RNLSSI item percentages report: 85% rated this item important or very important and 94% were satisfied with adequacy of parking space, indicating a performance gap favoring satisfaction of -9%. This is an improvement in importance by 6% and in student satisfaction by 5% when comparing to the 2022-23 SSI survey results and still well above the satisfaction threshold of 80%. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The 2022-23 action plan was to continue to monitor our parking space to make sure they meet the needs of our students. Based on students on campus due to more an increase in virtual offerings, this has continued to ease parking constrictions. **Actions** **Action**: We will continue to monitor our parking space to make sure they meet the needs of our students. **Follow-up**
Assessment Method Status: Inactive **Assessment Type:** AD: Survey **Measure:** Ruffalo Noel Levitz Student Satisfaction Inventory—Satisfaction with "10. Parking lots are well-lighted and secure." **Target:** 80% of students report satisfied or very satisfied [need to verify target] **Timeframe:** Annually **Responsible Parties:** Buildings & Grounds	**Result Date**: 09/23/2024 **Result**: Results from the spring 2023 RNL SSI where the students think that the parking lots are well lighted and secure: 86% think it is important or very important and 97% are satisfied or very satisfied. This indicates a performance gab favoring satisfaction of -11%. When compared to the 2023 RNL SSI the importance of 80% and satisfaction of 94% shows a increase in importance of 6% and a satisfaction increase of 3%. These results continue to be well over the 80% target. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The action plan for 2022-23 was to continue to monitor the parking lots to ensure that they are well-lighted and secure for our students. Updated LED lighting was added to the parking lots and sidewalks several years ago, which continues to increase the light and security on campus. **Actions** **Action**: The 2024-25 plan is to continue to monitor the parking lots to keep them well lighted and secure. UPH Security does regular rounds in our parking lots daily to monitor the safety of our lots. **Follow-up**
Assessment Method Status: Active	**Result Date**: 09/23/2024

Measures	Result
Assessment Type: AD: Survey **Measure:** Ruffalo Noel Levitz Student Satisfaction Inventory (replaced Allen College Student Opinion Survey spring 2021)--Satisfaction with Study Areas **Target:** 80% of students report satisfied or very satisfied [need to verify target] **Timeframe:** Annually **Responsible Parties:** Buildings & Grounds	**Result**: Question 45 - Study Areas from the SSI reports that 86% of students rated this item important or very important and 89% were satisfied or very satisfied, indicating a -3% performance gap. 2022-23 SSI reports that 83% of students rated this item important or very important and 76% were satisfied or very satisfied, indicating a increase in importance of 3% and a increase in satisfaction of 13%. These results are well over the 80% target. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The action plan for 2022-23 was to continue to monitor and maintain study areas to ensure that they meet the needs of our students. The Musgrave Study Room was transitioned from offices to three individual private study spaces for students. **Actions** **Action**: For 2024-25 continue to monitor and maintain study areas for student use and review the current study spaces with the ability to add more if needed. Providing private study spaces can be challenging due to limited campus space; however, we are working with faculty, staff, and students to improve our study space offerings. **Follow-up**

Admin - Diversity, Equity, & Inclusion Committee

DEI 4.0

AU Outcome
Offer programs and activities that promote academic success, retention, and graduation of underrepresented students. (DEI Goal 4: Support diverse students . . .)
Outcome Status
Active

Measures	Result
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Academic Enrichment Assessment (i.e., report of enrichment offerings such as student success seminars, one-to-one mentoring, peer to peer mentoring)	**Result Date**: 08/16/2024

Measures	Result
Target: Offer at least 6 success activities per academic year (e.g., Chew and Chat, Success Seminars). **Timeframe:** Year 2 **Responsible Parties:** DEI Committee Chair	**Result**: The 2019-2020 report reported this outcome was not met due to having to cancel 3 events of 6 planned events due to the COVID-19 pandemic. The 2019-2020 report recommended that the D&I Committee to continue to develop the International Coffee Hour program but determine a manner to continue to reach students in a virtual format due to the ongoing SARS-CoV-2 pandemic. It is still recommended to have 6 formal events for students during the next reporting cycle but to not be locked into a face-to-face format. For the 2023-2023 report there were monthly DEI Library Socials throughout the academic year (7), these were modeled off the previous coffee hours offered in 2019-2020. Their was also a monthly DEI student DEI board meeting in Barrett Forum (3). In addition library staff included a DEI Spotlight bulletin board in the library. There was also a monthly news letter provided by student services featuring a DEI corner section. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The previous action plan of developing the International Coffee Hour was successful, in that it was renamed them to DEI Library Socials which made for more specific targeting of diversity. Since there are no longer restrictions of gatherings due to COVID 19 the need to develop virtual formats was not necessary. **Actions** **Action Date**: 08/16/2024 **Action**: It is recommended for the DEI Committee to continue host the DEI Library Socials, DEI Spotlight, and DEI Corner in the Student news letter. There is also planning for monthly language and cultural instruction, with the first to be offered in December 2024. It is still recommended to have 6 formal events for students during the next reporting cycle. **Follow-up**

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

ASR 1.1

AU Outcome
Students will practice proper radiation protection
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool	**Result Date**: 09/24/2024

Measures	Result
Measure: 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/HS APG Committee	**Result**: In Fall 2022, the average score of the RA135 Competency Testing/CCE Part II, numbers 5,7,9,15,17, was 3.96. This year's average score of 3.99 is slightly higher, yet consistent, with prior year's data. This data shows that the students continue to practice proper radiation protection at a high level. 2023 = 3.99(n=22) Previous data: 2022 = 3.96 (n=16) 2021 = 3.95 (n=13) 2020 = 3.94 (n=23) 2019 = 3.91 (n=19) 2018 = 3.90 (n=13) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the instructors continue to have students practice radiation protection in each lab and in the clinical environment. The program faculty provided guidance and instruction for students to enable them to practice and apply radiation protection principles in the clinical setting. Students demonstrated clinical competence by applying proper radiation protection. A variety of radiation protection practices and principles are emphasized throughout the curriculum and students continue to evidence the application of this knowledge in the clinical setting. <u>Actions</u> **Action Date**: 09/24/2024 **Action**: ASR faculty will continue to instruct and reinforce radiation protection practices and concepts in classes and labs. A variety of radiation protection practices and principles will continue to be emphasized throughout the curriculum. The program will continue to use and assess this measurement tool with each new cohort. <u>Follow-up</u>
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** 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	**Result Date**: 09/24/2024 **Result**: In Spring 2023, the average score of the RA275 Final Clinical Competency Testing/CCE Part II, numbers 5,7,9,15,17, was 3.97. This year's average score is slightly higher at 4.0. This year's data, along with prior year's data, shows that the students continue to practice proper radiation protection at a high level consistently. 2024 = 4.0 (n=13) Previous data: 2023 = 3.97 (n=10) 2022 = 4.0 (n=17) 2021= 3.98 (n=16)

Measures	Result
	Reporting Year: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the program's curriculum continues to integrate radiation protection concepts each semester. The action plan from 2022-2023 was successful. All students demonstrated clinical proficiency and competency in providing radiation protection. Each student's performance demonstrated clinical competence. Students continue to have access to an appropriate exam volume in a variety of settings to prepare them for their final competencies. Clinical instructors continue to instruct students in the clinical setting and evaluate them regarding their level of competency with practicing proper radiation protection. **Actions** **Action Date**: 09/24/2024 **Action**: During the 2024-2025 academic year, the program's curriculum will continue to integrate radiation protection concepts each semester. The recommendation is the continued use of this assessment tool since there are variations in patients and exams. This evaluation will continue to be completed by the clinical instructors. **Follow-up**

ASR 2.2

AU Outcome

Students will practice and demonstrate communication skills (formerly Students will practice written communication skills)

Outcome Status

Active

Start Date

09/25/2023

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** RA: 115 Patient Care Presentation **Target:** Average score of >= 85% **Timeframe:** Level I-Fall Semester **Responsible Parties:** RA: 115 Course Instructor/HS APG Committee	**Result Date**: 09/24/2024

Measures	Result
	Result: This year's average score of 97% is comparable when looking at prior academic year. This academic year the oral and written communication goals were combined into one goal. This data shows that students consistently continue to practice effective communication skills. 2023 = 97% (n = 22) Written Communication - 2022= 97.7% (n=15) Oral Communication – 2022=94.3% (n=15) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the course instructor continues to discuss the paper requirements with the students. This academic year the oral and written communication goal were combined into one goal. The students' presentations combine both written and oral communication by writing on an assigned topic and presenting that paper to the class with PowerPoint slides to correlate with the paper. The student success coordinator presented on APA formatting to the students for the written portion and proper references. The students worked in partners for critique of the slides and the instructor answered questions and gave guidance to the students. Students consistently continue to practice effective communication skills. **Actions** **Action**: The course instructor will continue to discuss the paper requirements with the students and remind them of the resources available to them, including the student succuss coordinator, the Allen College Website, and the resources available on Blackboard. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** RA:258 Pathology Systems Presentation **Target:** Average score of >= 85% **Timeframe:** Level II-Fall Semester **Responsible Parties:** RA: 258 Course Instructor/ HS APG Committee	**Result Date**: 09/24/2024 **Result**: This year's average score of 96% is comparable when looking at prior academic year. This academic year the oral and written communication goals were combined into one goal. This data shows that students consistently continue to practice effective communication skills. 2023 = 96% (n = 13) Written Communication- 2022=93.9% (n=10) Oral Communication – 2022=94.2% (n=10 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: As proposed in the 2022-2023 action plan, the course instructor continues to discuss the paper requirements with the students and encourages them to review APA guidelines. This academic year the oral and written communication goal were combined into one goal. The students' presentations combine both written and oral communication by writing on an assigned topic and presenting that paper to the class with PowerPoint slides to correlate with the paper. The students worked in partners for critique of the slides and the instructor answered questions and gave guidance to the students. The students were allowed scheduled class times to work on the presentations with guidance from the instructor. Students consistently continue to practice effective communication skills. **Actions** **Action Date**: 09/24/2024 **Action**: The course instructor will continue to discuss the paper requirements with the students and remind them of the resources available to them, including the student succuss coordinator, the Allen College Website, and the resources available on Blackboard. **Follow-up**

ASR 3.2

AU Outcome
Students will demonstrate ability to practice critical thinking
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Exam/Quiz - Standardized **Measure:** 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	**Result Date**: 09/24/2024 **Result**: In Spring 2024, 62% of the students achieved a score of 70 or greater on one of the four Corectec Exams assigned in RA203B. This is a significant decrease from last year's average of 90%. Benchmark was not met. The students did not demonstrate their ability to practice critical thinking. 2024 = 62% (n = 13) achieved a 70 or greater on one of the four exams. Previous data: 2023 = 90% (n= 10) 2022 = 71% (n = 17) 2021 = 69% (n = 16) 2020 = 90% (n=10) 2019 = 100% (n=12) **Reporting Year**: 2023 - 2024 (Year 2)

Measures	Result
	Target Met: No **Action Plan Impact**: As proposed in the 2022-2023 action plan, the instructor made a few revisions to the guided review assignments. All students were required to attend both days of the student educator seminar and the mock board exam score completed at the seminar was included in the RA275 course grade. This cohort did not perform as well on the 4 Corectec comprehensive exams when compared to prior cohorts. All students are provided with multiple tools to assist them with achieving a 70 on a Corectec exam. Any student not earning a 70 Corectec score is also required to complete additional guided review assignments with a specific due date. All steps in the guided review assignments are assigned to be completed prior to the next exam. Three students were late on portions of the first guided review assignment. One student completed all steps in all three guided review assignments late. **Actions** **Action Date**: 09/24/2024 **Action**: The course instructor will make a few changes to the guided review assignment instructions and increase the grade reduction for late submission of work to encourage timely completion of all assignments. The instructor may also review a new learning resource for possible implementation for Sp26. ASR faculty will continue requiring attendance for both days of the student seminar and will apply the mock board exam score towards the RA275 course grade. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** RA:154 CT Topic Presentation **Target:** Average score of >= 80% **Timeframe:** Level I- Spring Semester **Responsible Parties:** Program Faculty/HS Curriculum Committee	**Result Date**: 09/24/2024 **Result**: In Spring 2023, the average score of the RA154 CT Topic Presentation was 96.4%. This year's average score of 99% is slightly higher yet consistent with prior data. Benchmark continues to be exceeded. The students continue to demonstrate their ability to practice critical thinking consistently. Spring 2024 = 99% (n=16) Previous data: Spring 2023 = 96.4% (n=10) Spring 2022 = 96.75% (n=8) Spring 2021 = 96.24% (n=13) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: As proposed in the 2022-2023 action plan, the instructor provided each student with a grading rubric and a presentation example within Blackboard. The instructor also had each student conduct 2 peer reviews on their classmate's presentations. Students are expected to use critical thinking skills to help teach the class about specific CT topics. The topics presented this year included various procedures, pathologies, animal radiography, and trauma. Each student is evaluated on presentation format, content, audio/professionalism, and creativity. The entire cohort excelled when it came to format, content, and audio/professionalism. Minor points were deducted from a select few presentations for creativity; a few presentations were too "wordy" taking the focus away from the audio portion of the presentation. The student peer review feedback was taken into consideration when the instructor completed the final grade/feedback for each presentation. Through the creation of their presentations, the students did a great job at demonstrating their ability to practice critical thinking in the learning environment. **Actions** **Action Date**: 09/24/2024 **Action**: The instructor will continue to provide each student with a grading rubric and a presentation example within Blackboard. The instructor will continue to have each student conduct peer reviews on their classmate's presentations. The feedback provided by the students during their peer reviews will be used by the instructor when they complete a final grade for each presentation. **Follow-up**

ASR 3.3

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** RA:145 Clinical Instructor/ Preceptor Evaluations/Numbers 2,4,7,8 **Target:** Average score >= 3. (0-4 pt. scale) **Timeframe:** Level I-Spring Semester	**Result Date**: 09/24/2024

Measures	Result
Responsible Parties: RA: 145 Course Instructor/HS APG Committee	**Result**: In Spring 2023, the average score of the RA145 Clinical Instructor/Preceptor Evaluations/Numbers 2,4,7,8 was 3.74. This year's average score is slightly higher yet comparable at 3.83. All students continue to exceed benchmark with consistently averaging 3.6 and higher for the last 5 years. Students continue to demonstrate their ability to critically think in the clinical setting. Spring 2024 = 3.83 (N =21) Previous data: 2023 = 3.74 (N =15) 2022 = 3.66 (N =10) 2020-2021 = 3.65 (N=18) 2019-2020 = 3.6 (N=16) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the clinical instructors/preceptors in the clinical setting continued to provide excellent instruction and supervision of students to assess their critical thinking skills. The student scores were higher than the previous year in the Self-Image for Level in the ASR Program, Ability to follow directions, of Applications of Knowledge, and Composure and Adaptability. Overall, the action plan was effective. Students demonstrated the ability to critically think in the clinical setting. **<u>Actions</u>** **Action Date**: 09/24/2024 **Action**: The clinical instructors/preceptors will continue to provide the needed instruction and supervision of the students to evaluate their critical thinking skills in the clinical setting. **<u>Follow-up</u>**
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** 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	**Result Date**: 09/24/2024 **Result**: In Fall 2022, the average score of the RA265 Clinical Instructor/Preceptor Evaluations/Numbers 2,4,7,8, was 3.86. This year's score was slightly lower at 3.82, but this decrease is not considered significant. The benchmark continues to be exceeded, and the students continue to demonstrate their ability to critically think in the clinical setting. 2023 = 3.82 (n=13) Previous Data: 2022 3.86 (n=10) 2021 3.57 (n=17) 2020 3.75 (n=16) 2019 3.86 (n=11) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: As proposed in the 2022-2023 action plan, the clinical instructors/preceptors continue to instruct, explain, and demonstrate to students how to practice critically thinking skills in the clinical environment. The action plan was effective to meet benchmark. The students' scores decreased by an average of 0.04 in all four performance criteria areas; application of knowledge, ability to follow directions, self-image for level in the ASR program, and composure and adaptability. There was an increased number of students compared to the prior cohort that accounts for the slight drop in overall performance. Students have immediate access to their completed evaluations on Trajecsys. Students continue to be able to critically think in the clinical setting. **Actions** **Action Date**: 09/24/2024 **Action**: The clinical instructors/preceptors will continue to instruct, explain and demonstrate to students how to practice critical thinking skills in the clinical environment. **Follow-up**

ASR 4.1

AU Outcome
Students will integrate leadership skills and construct professional practices
Outcome Status
Inactive

Measures	Result
Assessment Measure Status: Inactive **Assessment Type:** SL: Service **Measure:** 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	**Result Date**: 09/24/2024 **Result**: This year's average score of the RA135 Community Service/Service Learning Evaluation was 80.64%. This is a significant decrease from last year's score of 86.75%, but benchmark continues to be exceeded. The students continue to demonstrate their ability to integrate leadership skills and construct professional practices. 2023 = 80.64% (n=22) Previous data: 2022 = 86.75% (n=16) 2021 = 77.46% (n=13) 2020 = 88.80% (n=18) 2019 = 87.71% (n=19) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: As proposed in the 2022-2023 action plan, the course instructors continue to assess the assignment instructions and make modifications accordingly. The action plan from the prior academic year was successful in assisting the students in achieving the benchmark for the current academic year. Additional APA resources were provided to the students. Small improvements and clarifications to the assignment instructions may have assisted this cohort in meeting benchmark. The course instructors may consider removing this goal and outcome from the assessment plan. **Actions** **Action Date**: 09/24/2024 **Action**: The course instructors will continue to assess the assignment instructions and make modifications accordingly. Additional APA resources will be provided to the students. The course instructors may consider removing this goal and outcome from the assessment plan. **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Service **Measure:** 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	**Result Date**: 09/24/2024 **Result**: In Fall 2022, the average score of the RA265 Community Service/Service Learning Evaluation was 73.3%. This year's score was significantly higher at 89%. Benchmark was exceeded this year. All students demonstrated their ability to integrate leadership skills and construct professional practices. 2023 = 89% (n=13) Previous data: 2022 = 73.3% (n=10) 2021 = 71.41% (n=17) 2020 = 84.56% (n=16) 2019 = 85.6% (n = 10) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the instructors placed the paper assignment instructions and the grade rubric within the assignment drop box in the Blackboard course. Students were also provided with additional APA resources. This action plan was effective in significantly increasing the student's average scores. Small improvements and clarifications to the assignment instructions may have assisted this cohort in meeting benchmark. All students demonstrated their ability to integrate leadership skills and construct professional practices. Course instructors may consider removing this goal and outcome from the assessment plan. **Actions** **Action Date**: 09/24/2024 **Action**: The course instructors will continue to assess the assignment instructions and make modifications accordingly. Additional APA resources will be provided to the students. Course instructors may consider removing this goal and outcome from the assessment plan.

Measures	Result
	Follow-up

ASR 4.2

AU Outcome
Students will practice professionalism
Outcome Status
Inactive

Measures	Result
Assessment Measure Status: Inactive **Assessment Type:** SL: Clinical evaluation tool **Measure:** 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	**Result Date**: 09/24/2024 **Result**: In Fall 2022, the average score of the RA135 Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13, was 3.79. This year's average score of 3.76 was slightly lower, yet consistent and comparable with prior data. The benchmark continues to be exceeded, and all students continue to demonstrate their ability to practice professionalism. 2023 = 3.76 (n=22) Previous data: 2022 3.79 (n=16) 2021 3.47 (n=13) 2020 3.34 (n=22) 2019 3.51 (n=19) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the clinical instructors/preceptors continue to provide instruction to students in the areas of organization of assignments, initiative, appearance, policies and procedures, and ethical and professional behavior. The action plan was effective. The students are measured in a total of five areas. There was a slight decrease in the areas of initiative, appearance, and policies and procedures. The final two areas of ethics and professional behavior and organization of assignments slightly increased. Looking at the overall score, there was only a decrease of 0.03% with an increase of 6 students within the cohort. All students continue to practice professionalism. **Actions** **Action Date**: 09/24/2024 **Action**: The clinical instructors/preceptors will continue to provide instruction to students in the areas of organization of assignments, initiative, appearance, policies and procedures, and ethical and professional behavior. **Follow-up**
Assessment Measure Status: Inactive	**Result Date**: 09/24/2024

Measures	Result
Assessment Type: SL: Clinical evaluation tool **Measure:** 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	**Result**: In Spring 2023, the average score of the RA275 Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13, was 3.77. This year's average score was higher at 3.83, yet comparable to prior data. The benchmark continues to be exceeded, and the students continue to demonstrate their ability to practice professionalism. Spring 2024 = 3.83 (n =13) Previous data: Spring 2023 = 3.77 (n =10) Spring 2022 = 3.86 (N = 17) Spring 2021 = 3.65 (n=16) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the clinical instructors/preceptors continue to deliver prompt feedback to students when issues arise concerning initiative and professionalism. Faculty continue to discuss the importance of initiative and professionalism in the clinical setting to the students. Overall, the action plan was effective. The students' average scores in all areas increased compared to prior year by 0.06%; these include Organization of Assignments, Initiative, Appearance, Policies and Procedures, and Ethical and Professional Behaviors. The students continue to demonstrate their ability to practice professionalism. **Actions** **Action Date**: 09/24/2024 **Action**: The clinical instructors/preceptors will continue to deliver prompt feedback to students when issues arise concerning initiative and professionalism. Faculty will continue to discuss the importance of initiative and professionalism in the clinical setting to all students. **Follow-up**

Program (HS) - Diagnostic Medical Sonography (DMS)

DMS 2.2

AU Outcome
Students will successfully obtain patient history
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool	**Result Date**: 02/19/2025

Measures	Result
Measure: 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	**Result**: Fall 2023 avg 4.25 Fall 2022 avg 4.67 Fall 2021 avg 4.65 Although scores are high, there is slight decrease from previous year. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Per the 2022-2023 action plan, this was to be changed. However, faculty elected to continue using present evaluation form. Faculty obtained and assessed feedback from clinical instructors. Faculty reviewed evaluations with clinical instructors and student at each site visit and identified /made recommendations for student improvement. **Actions** **Action**: To continue to meet or exceed the target/benchmark for this measure during the 2024-2025 academic year, faculty will continue to use current forms. Faculty will continue to review evaluations with students at each site visit, and identify areas of concern, and make recommendations/plan for student improvement. **Follow-up**

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

EdD 1.1

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** 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	**Result Date**: 08/16/2024 **Result**: For the Spring 2024 semester, 100% of students (n=2) scored >80% on the budget assignment. This compares similarly to the results from the last time the course was offered in Spring 2022 when 100% of students (n=3) scored >80%. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: The budget assignment directly supports the outcome that the students can demonstrate competence in a faculty and/or leadership role. The action plan from the 2022 CAP report suggested that the assignment release and due dates be evaluated to ensure students have enough time to complete it since this is now an 8-week course vs. a 16-week course. As a result, the dates were adjusted to give one more additional week for the students to complete this assignment. **Actions** **Action**: The next time the course is offered, it is planned to do a pre/post test assessment of the students' perception of budgetary planning to reinforce the importance of developing this knowledge to be an effective leader in higher education. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 740: Today's Health Sciences Student: Trends, Issues and Challenges – Final Paper **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	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions** **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 780: Integrating Evolving Technology in Health Professions Education --Technology 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	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions** **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** 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)	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions** **Follow-up**

Measures	Result
Responsible Parties: Program Chair/ HS Grad Curriculum Committee	
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** 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	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions** **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 700: 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	**Result Date**: 08/16/2024 **Result**: Fall 2023 – 2 students 100% of students received a score of >85% Overall average score = 93.8% (52.5/56) Fall 2014 – 98.7% (average) Fall 2017 – 86.2% (average) Fall 2019 – Met; 98.3% (average); n=2 Fall 2021 – Not Met; 66.1% (average); n=1 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The 2021-2022 action plan for the 2023-2024 academic year indicated no changes would be made to this assignment based on performance. The fall 2021 showed the importance of using the feedback assignments alongside the project rubric to help students develop the final project. 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. Students placed themselves in the role of the change agent and developed a change proposal applicable to their educational settings. Feedback given on the smaller assignments was framed according to the rubric used to assess the final project to help students make revisions. This course is QM certified. **Actions** **Action**: Continue to use the feedback assignments in line with the project rubric to help students develop the final project **Follow-up**

EdD 1.2

AU Outcome

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	Result
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** 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% **Timeframe:** When course is taught (e.g., 2015, 2018, etc.) **Responsible Parties:** Program Chair/ HS Grad Curriculum Committee	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 <ins>**Actions**</ins> <ins>**Follow-up**</ins>
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** 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	**Result Date**: 08/16/2024 **Result**: For the FA2023 cohort, 100% (n=2) of the students earned an average score of >80% on the literature review. This compares to 75% (n=4) of the students earned an average score of >80% on the literature review the previous time the course was offered in 2021. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The target was met for the 2023 cohort. Some changes were implemented after the 2021 offering of this course when the target was not met. Most notably, the due dates for several of the assignments (e.g., the literature map) were moved up to an earlier due date to allow more time to incorporate the feedback. Additionally, the 2021 cohort was the first time the class was offered over 8 weeks vs. 16 weeks in prior courses. As a result, the module release times were staggered in 2023 to give the students sufficient time to complete the assignments. <ins>**Actions**</ins> **Action**: As a result of all of these changes, this target was met and it is recommended not to make any changes prior to the 2025 offering of this course. <ins>**Follow-up**</ins>
Assessment Measure Status: Active **Assessment Type:** SL: Service	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024

Measures	Result
Measure: 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**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions** **Follow-up**

EdD 2.1

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 750: Curriculum Theory and Design in the Health Professions – Final 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	**Result Date**: 08/16/2024 **Result**: Summer 2023 – 1 student 100% of students received a score of >85% Overall average score = 100% (100/100) Summer 2022 – Met; 100% (average); n=1 Fall 2019 – Met; 100% (average); n=1 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The 2022-2023 action plan for the 2023-2024 academic year indicated no changes would be made to this assignment based on the past successes. The action plan stated a course textbook would be replaced. An online resource was used, and a new textbook was trialed. The final project requires students to develop a unit of instruction following a curriculum development framework. Students worked on different sections of the project throughout the course and received feedback prior to assembling the final project. **Actions** **Action**: This assignment will be included the next time this course is taught with no revisions. A new required textbook will be added for the summer 2024 section.

Measures	Result
	Follow-up
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 760: Pedagogy in Health Professions Education – Teaching Evaluation **Target:** 100% of students will receive a score of >=85% **Timeframe:** When course is taught (e.g., 2014, 2017, etc.) **Responsible Parties:** Program Chair/HS Graduate Curriculum Committee	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions** **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** 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	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions** **Follow-up**

EdD 4.1

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 760: Pedagogy in Health Professions Education – Personal Statement of Teaching Philosophy **Target:** 100% of students will receive an average score of >=85% **Timeframe:** When course taught (e.g., spring, Year 1)	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions** **Follow-up**

Measures	Result
Responsible Parties: Program Chair/HS Graduate APG Committee	
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** 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	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions** **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** EdD 810: Methods of Inquiry – Collaborative Group Activity: Mock Qualitative Research Project **Target:** 100% of students will receive a score of >= 85% **Timeframe:** When course is taught (e.g., 2021, 2024, etc.) **Responsible Parties:** Program Chair/HS Graduate APG Committee	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions** **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** EdD 820: Methods of Inquiry - Quantitative Research – 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	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions** **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** EdD 830: Dissertation Seminar – Prospectus	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA

Measures	Result
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	**Action Plan Impact**: Not active 2023-2024 **Actions** **Follow-up**

EdD 5.1

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 780: Integrating Evolving Technology in Health Professions Education –Tech Topic Assignment **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	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions** **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** 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	**Result Date**: 08/16/2024 **Result**: Not active 2023-2024 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: NA **Action Plan Impact**: Not active 2023-2024 **Actions** **Follow-up**

EdD 5.2

AU Outcome

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	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 770: Assessment and Evaluation in Health Sciences Education – Assessment Process 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	**Result Date**: 08/16/2024 **Result**: Spring 2024 – 2 students 100% of students received a score of >85% Overall average score = 100% (120/120) 2016 – 98.7% 2019 – Met; 100% average; n=2 2022 – Met; 85% **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The 2021-2022 action plan for the 2023-2024 academic year indicated no changes would be made to this assignment, and ungraded feedback assignments aligned with the final project rubric would guide development of the final project. Students were provided with an overview of the final project at the beginning of the course and had the opportunity to receive ungraded feedback on assignments within each module that were aligned with the final project. The rubric was used to provide additional ungraded feedback in Week 6. Discussion boards were also used with the course that allowed students to ask questions that pertained to each section of the paper. **Actions** **Action**: This assignment will be included the next time this course is taught with no revisions. We will continue to use ungraded feedback assignments aligned with the final project rubric to guide development of the final project. A new textbook may be used the next time this course is offered. **Follow-up**

Program (HS) - Doctor of Physical Therapy (DPT)

CAPTE Standard 8

AU Outcome
CAPTE Standard 8: The program resources are sufficient to meet the current and projected needs of the program.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** AD: Report - Internal **Measure:** CAPTE Annual Report **Target:** Program will be in compliance with all elements from Standard 8. **Timeframe:** Annually @ time of CAPTE Annual Report **Responsible Parties:** Assessment Committee & Program Director	**Result Date**: 07/26/2024 **Result**: Based on students' surveys, there is agreement that the program counts with the equipment necessary for teaching/learning experiences. Also, faculty members keep a running list of equipment and supplies to enhance their teaching experiences. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Due to 2023-2024 being the first reporting year for the program, there is no previous action plan on which to reflect. **Actions** **Action**: Continue keeping an appropriate inventory fo teaching equipment in accordance to CAPTE to teach all the required components of class and labs. **Follow-up**

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

MS in OT 9.0 Supervision guidelines

AU Outcome
Students will demonstrate an understanding of the supervision guidelines for OT and other essential personnel.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Exam/Quiz - Teacher-made **Measure:** OT 613 – Supervision Guidelines Assessment **Target:** Average cohort score of 90% or higher **Timeframe:** 2nd Year of program, Semester 5 (Spring)	**Result Date**: 10/03/2024 **Result**: Average cohort score 31.23/35 points and 89.22% at average. Compared to 2023 Average cohort score 32.25/35 points at 92% average, and 2022 an average cohort score 31.63/35 points at 90%. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No

Measures	Result
Responsible Parties: Course Instructor/ OT Faculty /HS Grad Curriculum Committee	**Action Plan Impact**: Action Plan proposed in 2022-2023 CAP report for implementation during 2023-2024 academic year: Current delivery of application of material provided increase of positive results. Plan to review materials, adjust as necessary for the new cohort. Average of cohort slightly below benchmark at 89% indicating a need for new action to increase student performance since the action plan did not appear to support student success. **Actions** **Action Date**: 10/03/2024 **Action**: Students will be provided with additional opportunities for practical application of supervision to real life and experiential experiences. **Follow-up**

Program (HS) - Medical Imaging (MI)

MI 1.1

AU Outcome
Students will demonstrate appropriate patient preparation for imaging procedures.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** MI: 460 Competency Evaluation/CCE Part I, numbers 4, 5, 6, 7 and CCE Part II, numbers 1, 2 **Target:** Average score of >= 3. (0-4 pt. scale) **Timeframe:** Spring Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/ Health Sciences(HS) Curriculum Committee	**Result Date**: 09/26/2024 **Result**: In Spring 2024, the average score of the MI460 Competency Evaluation/CCE Part 1, numbers 4-7, and Part 2 numbers 1-2, is 4.0. This year's score is comparable to the Spring 2022 average score of 4.0. Data is not available from spring 2023 due to no enrollment. Clinical competence was demonstrated. 2024 = 4.0 (n=1) Previous data: 2023 = no data available 2022 = 4.0 (n=1) 2021 = 3.88 (n=3) 2020 = 3.88 (n=3) 2019 = 3.96 (n=1) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: As proposed in the 2022-2023 action plan, the clinical instructors continue to educate the students on the importance of patient preparation and safety as it relates to MRI in the clinical environment. The clinical instructors utilized the evaluation process as a way to determine the student's growth and development throughout their clinical rotation. When completing the competency evaluations, the students demonstrate the ability to properly educate the patient, screen the patient, obtain appropriate patient history, and position the patient on the MRI exam table. The program faculty ensured that all staff and students had the resources needed to provide quality patient care. An evaluation process is in place at each clinical site to ensure that the students have the ability to obtain feedback on the patient preparation process and has the opportunity to demonstrate growth throughout their clinical rotation. **Actions** **Action Date**: 09/26/2024 **Action**: Clinical instructors will continue to educate the students in the MRI clinical environment. Clinical instructors will continue to use an evaluation process throughout the student's clinical rotation to provide them with the opportunity to demonstrate growth. Program faculty will continue to work closely with the clinical instructors to ensure that all staff and students have the tools necessary to provide appropriate care to the patient. The instructor will continue to use the competency evaluation forms as it provides a consistent foundation for all students to learn and grow from. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** MI: 445 Competency Evaluation/CCE Part I, numbers 4, 5, 6 and CCE Part II, numbers 1, 2 **Target:** Average score of >= 3 (0-4 pt. scale). **Timeframe:** Spring Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/ HS Curriculum Committee	**Result Date**: 09/26/2024 **Result**: In Spring 2024, the average score of the MI445 Competency Evaluation/CCE Part 1, numbers 4-6, and Part 2 numbers 1-2, is 4.0. This year's score is comparable to the Spring 2022 average score of 4.0. Data is not available from spring 2023 due to no enrollment. Clinical competence was demonstrated. 2024 = 4.0 (n=1) Previous data: 2023 = no data available 2022 = 4.0 (n=1) 2021 = 3.75 (n=1) 2020 = (n=0) 2019= 3.81 (n=1) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: As proposed in the 2022-2023 action plan, the clinical instructors continue to educate the students on the importance of patient preparation and safety as it relates to CT in the clinical environment. The clinical instructors utilized the evaluation process as a way to determine the student's growth and development throughout their clinical rotation. When completing the competency evaluations, the students demonstrate the ability to properly educate the patient, screen the patient, obtain appropriate patient history, and position the patient on the CT exam table. An evaluation process is in place at each clinical site to ensure that the students have the ability to obtain feedback on the patient preparation process and has the opportunity to demonstrate growth throughout their clinical rotation. The program faculty ensured that all staff and students had the resources needed to provide quality patient care. Clinical competence was demonstrated. **Actions** **Action Date**: 09/26/2024 **Action**: Clinical instructors will continue to educate the students in the CT clinical environment. Clinical instructors will continue to use an evaluation process throughout the student's clinical rotation to provide them with the opportunity to demonstrate growth. Program faculty will continue to work closely with the clinical instructors to ensure that all staff and students have the tools necessary to provide appropriate care to the patient. The instructor will continue to use the competency evaluation forms as it provides a consistent foundation for all students to learn and grow from. **Follow-up**

MI 1.2

AU Outcome
Outcome: Students will demonstrate appropriate protocol and parameter selection for imaging procedures.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** MI: 460 Competency Evaluation/CCE Part II, numbers 3, 4, 5 **Target:** Average score of >= 3 (0-4 pt. scale). **Timeframe:** Spring Semester	**Result Date**: 09/26/2024

Measures	Result
Responsible Parties: Clinical Instructors/ Program Faculty/ HS Curriculum Committee	**Result**: In Spring 2024, the MI 460 Competency Evaluation/CCE Part II, numbers 3-5 average score is 4.0. This is consistent with prior data. There is no data available for 2023 due to no enrollment. The students continue to exceed benchmark. 2024 = 4.0 (n=1) Previous data: 2023 = no data available 2022 = 4.0 (n=1) 2021 = 3.9 (n=3) 2020 = 3.88 (n=3) 2019 = 3.98 (n=1) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the clinical instructors continued to work with the students in the clinical environment educating them on proper protocol, coil, and scan parameter selections for various MRI procedures. The students are able to gain valuable feedback from their clinical instructors through non-graded and graded evaluations throughout their clinical rotation. This evaluation process allows the students to better know how they can show growth throughout the semester and improve their imaging procedure knowledge. The students take MI 450 MRI Procedures I in this same semester, so they are able to take what they learn in their online didactic course and apply it in their clinical environment. Clinical Competence was demonstrated. **Actions** **Action Date**: 09/26/2024 **Action**: Clinical instructors will continue to educate the students in the MRI clinical environment. Clinical instructors will continue to use an evaluation process throughout the student's clinical rotation to provide them with the opportunity to demonstrate growth. Program faculty will continue to work closely with the clinical instructors to ensure that all students have adequate/diverse imaging procedures to perform. The instructor will continue to use the competency evaluation forms as it provides a consistent foundation for all students to learn and grow from. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** MI: 445 Competency Evaluation/CCE Part II, numbers 3, 4 **Target:** Average score of >= 3. (0-4 pt. scale) **Timeframe:** Spring Semester	**Result Date**: 09/26/2024

Measures	Result
Responsible Parties: Clinical Instructors/ Program Faculty/ HS Curriculum Committee	**Result**: In Spring 2024, the MI 445 Competency Evaluation/CCE Part II, numbers 3-4 average score is 4.0. This is consistent with prior data. There is no data in 2023 due to no enrollment. The students continue to exceed benchmark. 2024 = 4.0 (n=1) Previous data: 2023 = no data available 2022 = 4.0 (n=1) 2021 = 3.75 (n=1) 2020 = (n=0) 2019= 3.82 (n=1) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the clinical instructors continued to work with the students in the clinical environment educating them on proper protocol and scan parameter selections for various CT procedures. The students are able to gain valuable feedback from their clinical instructors through non-graded and graded evaluations throughout their clinical rotation. This evaluation process allows the students to better know how they can show growth throughout the semester and improve their imaging procedure knowledge. The students take MI 435 CT Procedures I in this same semester, so they are able to take what they learn in their online didactic course and apply it in their clinical environment. Clinical Competence was demonstrated. **Actions** **Action Date**: 09/26/2024 **Action**: Clinical instructors will continue to educate the students in the CT clinical environment. Clinical instructors will continue to use an evaluation process throughout the student's clinical rotation to provide them with the opportunity to demonstrate growth. Program faculty will continue to work closely with the clinical instructors to ensure that all students have adequate/diverse imaging procedures to perform. The instructor will continue to use the competency evaluation forms as it provides a consistent foundation for all students to learn and grow from. **Follow-up**

MI 2.1

AU Outcome
Students will demonstrate effective communication skills in the clinical setting.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** AD: Report - Internal **Measure:** MI: 480 Clinical Instructor Evaluations Numbers 3, 6,10,11 **Target:** Average score >= 3 (0-4 pt. scale) **Timeframe:** Summer Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/HS Curriculum Committee	**Result Date**: 09/26/2024 **Result**: In Summer 2022, the average score of the MI480 Clinical Instructor Evaluations Numbers 3,6,10,11 was 4.0. This year's average score of 4.0 is consistent with prior data. There was no data available in 2023 due to no enrollment. Students continue to demonstrate effective communication skills in the clinical setting. 2024 = 4.0 (n=1) Previous data: 2023 = no data available 2022 = 4.0 (n=1) 2021 = 3.54 (n=3) 2020 = 3.75 (n=3) 2019 (n=0) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the clinical instructors continue to work with each individual student in the clinical environment while providing direct patient care. The instructors did a great job at focusing their attention on helping students to improve their overall communication with patients and other healthcare professionals. This specific student scored a 4.0 (on a 0-4 point scale) in all areas on the evaluation form. A non-graded evaluation was completed mid-semester to provide feedback to the student on how they can show growth. Effective communication skills in the clinical setting were demonstrated. **<u>Actions</u>** **Action Date**: 09/26/2024 **Action**: The clinical instructors will continue to work with each individual student in the clinical environment while providing direct patient care. The evaluation process will remain in effect as it has proven to be beneficial to the student's ability to show growth. Moving forward, program faculty will continue working on revising the curriculum for primary pathway students to provide additional clinical coursework with a patient care focus. **<u>Follow-up</u>**
Assessment Measure Status: Active **Assessment Type:** AD: Report - Internal **Measure:** MI: 465 Clinical Instructor Evaluations Numbers 3, 6,10,11 **Target:** Average score >= 3 (0-4 pt. scale) **Timeframe:** Summer Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/ HS Curriculum Committee	**Result Date**: 09/26/2024

Measures	Result
	Result: In Summer 2022, the average score of the MI465 Clinical Instructor Evaluations Numbers 3,6,10,11 is 3.38. This year's average score is higher at 4.0. There was no data from 2023 due to no enrollment. The students continue to demonstrate effective communication in the clinical setting. 2024 = 4.0 (n=1) Previous data: 2023 = no data available 2022 = 3.38 (n=1) 2021 (n=0) 2020 (n=0) 2019 = 4 (n=1) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the clinical instructors continue to work with each individual student in the clinical environment. The clinical instructors assisted the student in learning how to effectively communicate with all patients and healthcare professionals. A non-graded evaluation was completed mid-semester to provide feedback to the student on how they can show growth. Effective communication skills in the clinical setting were demonstrated. **Actions** **Action Date**: 09/26/2024 **Action**: The clinical instructors will continue to work with each individual student in the clinical environment while providing direct patient care. The evaluation process will remain in effect as it has proven to be beneficial to the student's ability to show growth. **Follow-up**

MI 4.1

AU Outcome
Students will integrate leadership skills and construct professional practices.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Measure:** MI: 460 Service Learning Project (MRI) **Target:** Average score of >= 80% **Timeframe:** Spring Semester	**Result Date**: 09/26/2024

Measures	Result
Responsible Parties: MI: 460 Course Instructors/HS Curriculum Committee	**Result**: The Spring 2024 MI 460 Service-Learning Project average score is 90%. This is slightly higher but still comparable to the Spring 2022 average score of 88%. There is no data available for 2023 due to no enrollment. The students continue to demonstrate leadership skills and professionalism. 2024 = 90% (n=1) Previous data: 2023 = no data available 2022 = 88% (n=1) 2021 = 91.5% (n=2) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2022-2023 action plan, the instructor provided a detailed rubric at the beginning of the course. Information was provided to the students throughout the semester regarding service-learning opportunities. APA formatting information was available to all students within their Blackboard course. Minor points were deducted in the categories of APA format and overall writing. This student elected to not submit a draft of the paper for feedback prior to submission for a final grade. Professionalism and leadership skills were demonstrated. **Actions** **Action Date**: 09/26/2024 **Action**: The instructor will continue to provide a detailed rubric at the beginning of the course. APA format information will be available to all students within their Blackboard course. Each student will be encouraged to submit a rough draft of their assignment to obtain feedback and comments prior to submitting the paper for a final grade. **Follow-up**
Assessment Measure Status: Active **Measure:** MI: 445 Service Learning Project (CT) **Target:** Average score of >= 80%. **Timeframe:** Spring Semester **Responsible Parties:** MI: 445 Course Instructors/HS Curriculum Committee	**Result Date**: 09/26/2024 **Result**: The Spring 2022 MI 445 Service-Learning Project average score is 95%. This year's data is slightly lower but still comparable to prior data. There is no data available for 2023 due to no enrollment. The students continue to demonstrate leadership skills and professionalism. 2024 = 95% (n=1) Previous Data: 2023 = no data available 2022 = 100% (n=1) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: As proposed in the 2022-2023 action plan, the instructor provided a detailed rubric at the beginning of the course. Information was provided to the students throughout the semester regarding service-learning opportunities. APA formatting information was available to all students within their Blackboard course. Minor points were deducted in the overall writing category due to one question not being adequately addressed. The student elected to not submit a draft of the paper for feedback prior to submission for a final grade. Leadership skills and professionalism were demonstrated. **Actions** **Action Date**: 09/26/2024 **Action**: The instructor will continue to provide a detailed rubric at the beginning of the course. APA format information will be available to all students within their Blackboard course. Each student will be encouraged to submit a rough draft of their assignment to obtain feedback and comments prior to submitting the paper for a final grade. **Follow-up**

Program (HS) - Medical Laboratory Science (MLS)

MLS 1.2

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** Affective Evaluation – Microbiology **Target:** 75% of students will receive an average score of >= 80% **Timeframe:** Annually **Responsible Parties:** Program Chair/HS Curriculum Committee	**Result Date**: 08/15/2024 **Result**: Spring 2024 (n=10) 9/10 (90%) of students received an average score of >80% Ave. = 23.1/25 points (92%) Spring 2023 (n=11) (90.9%) Ave. = 23.5/25 points (94%) Spring 2022 (n=13) 100% Ave. = 24.5/25 points (98%) **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes

Measures	Result
	Action Plan Impact: This is the third year of measuring this target. This evaluation occurs in the final semester for students during the third or fourth rotation. Results indicate that students are learning and retaining behaviors needed to be successful in a professional lab setting. Students are assessed by their clinical instructors on interest in learning, initiative, communication skills, acceptance of constructive criticism, and safety. <u>**Actions**</u> **Action**: We will evaluate subsequent cohorts of students on this measurement item with the same target. In addition, students will continue to receive a didactic affective evaluation at midterm and the end of each course to continue to promote professional behaviors. <u>**Follow-up**</u>
Assessment Measure Status: Active **Assessment Type:** SL: Exam/Quiz - Standardized **Measure:** MediaLab Exam Simulator Scores (formerly MediaLab Exam Simulator Scores – MLS 475: Medical Laboratory Science Review **Target:** 75% of students will achieve a CAT difficulty of 5.0 **Timeframe:** Annually **Responsible Parties:** Program Chair/HS APG Committee	**Result Date**: 08/15/2024 **Result**: Spring 2024 – 10 students 100% (10/10) achieved a CAT difficulty level of at least 5.0 on CAT exams (6 exams) Average level of difficulty = 6.1 Practice CATs = 5.7 Graded CATs = 6.5 2018 – 90%; 5.3 2019 – 83.3%; 5.9 2020 (n=6) • Proctored – 16.7%; 4.5 • Non-proctored – 83.3%; 5.8 2021 (n=17); 82.4%; 5.5 2022 (n=16); 100%; 6.8 2023 (n=10); 100%; 6.5 **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Exam Simulator (ES) is a preparatory resource we purchase for students to help them prepare for the BOC exam. Students took 6 CAT exams (all non-proctored) during the last 8 weeks of the semester. Our 2022-2023 action plan for 2023-2024 academic year indicated we would provide students with additional study materials to help support their review activities. Padlets were provided for two topic areas. The graded CAT exam average was higher again this year which shows the power of incentivization. Students were provided with information about past student outcomes, different certification exam options, and recommendations on when to schedule their certification exams. <u>**Actions**</u>

Measures	Result
	Action: We will continue to require students to complete practice and graded CAT exams. Students will be provided with study template to help them complete efficient reviews on all topic areas.
	Follow-up

MLS 2.1

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** Basic Manual Differential Assignments **Target:** 75% of students will receive an average score of >80% (formerly 75% of students will complete all assignments) **Timeframe:** Annually **Responsible Parties:** Program Chair/HS Curriculum Committee	**Result Date**: 08/15/2024 **Result**: Summer 2023 (n=13) 100% of students received an average score of >80% Overall average = 29.5/30 points (98.3%) 2021 (n=16) – target met; overall ave. = 99% 2022 (n=12) – target met; overall ave. = 94.3% Target has been met since the measure was first evaluated in 2021. Students are provided with tools and resources to help them learn cellular morphology including a synchronous lab session and practice differentials for which they receive feedback from Cellavision on their performance. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Per the 2022-2023 action plan proposed for 2023-2024 academic year, course faculty covered cell morphology during a virtual lab and provided numerous opportunities for students to practice classifying cells and receive feedback prior to completing a graded assignment. **Actions**

Measures	Result
	Action: We will continue to include these assignments without any revisions. Course faculty will continue to cover cell morphology during a virtual lab session and provide numerous opportunities for students to practice classifying cells and receive feedback prior to completing a graded assignment. **Follow-up**

MLS 2.2

AU Outcome
Students will assess the accuracy of laboratory test results by correlating laboratory data with clinical diagnoses
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical **Measure:** Advanced Manual Differential Assignments **Target:** 75% of students will receive an average score of >80% **Timeframe:** Annually **Responsible Parties:** Program Chair/HS Curriculum Committee	**Result Date**: 08/15/2024 **Result**: Fall 2023 – (n=12) 100% (12/12) earned an average exam score of >80%. Fall 2022 = 91.7% Fall 2021 = 100% This assignment was introduced in 2021 and students enjoyed the assignment and engaged with this assignment by asking questions. They were able to see some higher level cells to identify and higher level cases of real patient slides. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Per the 2022-2023 action plan proposed for 2023-2024 academic year, course faculty covered advanced cell morphology in the coursework and then provided students a chance to review slides from actual patients with advanced morphological abnormalities. **Actions** **Action**: We will continue to use this program (CellaVision) to teach and assess advanced cell morphology and competency within this course. No plans to change this assignment. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** Program Comprehensive Exam (FKA: MLS Program Final Exam [formerly MLS 475: Medical Laboratory Science Review - Final Exam])	**Result Date**: 08/15/2024

Measures	Result
Target: 75% of students will receive a score of >55% (target prior to 2021-2022 = 75% of students will receive an average score of >=80%) **Timeframe:** Annually **Responsible Parties:** Program Chair/HS Faculty Org Committee	**Result**: Spring 2024 – 10 students 90% of students (9/10) received a score of >55% Overall average score = 74.7% Spring 2020 (n=6) • 0 met target • 51.2% average score Spring 2021 (n=17) • 0 met target • 59.1% average score Spring 2022 (n=16) • 12 met target • 65.7% average score Spring 2023 (n=10) • 10 met target • 72.0% average score **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Our 2022-2023 action plan for the 2023-2024 academic year indicated we would continue to offer the expanded comprehensive final exam and evaluate the subsections of the exam for trends related to course material that we can emphasize during the review section of the course. Both parts of the final exam were minimally updated from spring 2023 to improve question clarity. The spring 2023 course continued to include resources on how to study for a comprehensive exam. Weeks 1-9 allowed students to review summer and fall topics and create study outlines. Weeks 10-15 included subject-specific review activities for all program topics. Some new review materials were provided for some of the topics. The course was also organized using the latest QM rubric. **Actions** **Action**: We will continue to offer the expanded comprehensive final exam and evaluate the subsections of the exam for trends related to course material that we can emphasize during the review section of the course. A review template will be provided to help students to efficiently review material. The Week 9 synchronous session will be moved to Week 2. Additional work to meet the QM rubric will be completed. **Follow-up**

MLS 3.2

AU Outcome
Students will integrate team-building skills into professional practice
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Service **Measure:** Service Learning Project **Target:** 75% of students will receive an average score of >80% **Timeframe:** Annually **Responsible Parties:** Program Chair/HS APG Committee	**Result Date**: 08/15/2024 **Result**: Fall 2023 41.7% (5/12) of students earned an average score of >80%. Overall average score 22.9/30 = 76.3% Overall Averages 2022 (n=12) = 80.8%; 66.7% of students met target 2021 (n=16) = 98.3%; 100% of students met target 2020 (n=15) = 90%; 73% of students met target 2019 (n=6) = 98.9% (target met) 2018 = 98.9% 2017 = 95.5% 2016 = 90.0% 2015 = 92.5% 2014 = 95.6% 2013 = 95.7% 2012 = 97.3% These results demonstrate the target (75% of students will receive an average score of >= 80%) has been consistently met (9/11 times) since the 2012-2013 academic year with the exception of the 2020-2021, 2022-2023, and the current academic years. Additionally, the overall average score for this assignment decreased for the current assessment year. Students who watched the project overview video did better than those who did not. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: No

Measures	Result
	Action Plan Impact: Our 2022-2023 action plan for the 2023-2024 academic year indicated additional emphasis would be placed on research methods within the course. This information was aligned with the evaluation criterion of the project to help students apply information to the project. Additionally, the project rubric was further developed to add more description to the scales so students had more information about expectations and could better assess their own work. **Actions** **Action**: The project handout should be expanded to include additional information about what should be included to fully meet each criterion. A project overview video provides this information, but all students did not watch the video. Providing this information in multiple formats will allow students to engage with the information in a way that best suits them. **Follow-up**

MLS 4.2

AU Outcome
Students will communicate effectively in an online environment
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** Management Topics Discussion Board Posts (formerly Management Section Discussion Board posts – MLS 470: Laboratory Management) **Target:** 75% of students will receive an average score of >= 80% **Timeframe:** Annually **Responsible Parties:** Program Chair/HS APG Committee	**Result Date**: 08/15/2024 **Result**: Spring 2024 (n=11) 100% students earned an average score of >80% (Ave. score = 97.3%) Spring 2023 (n=11):100%Spring 2022 (n=16): 100% Spring 2021 (n=17): 100% Spring 2020:100% Spring 2019: 98% This target has been consistently met for the past six years. Approximately half of the course modules contained discussion. Any deductions in posts were due to late work and APA formatting errors. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Our 2022-2023 action plan for the 2023-2024 academic year indicated that discussion assignments would be used to foster student interaction and effective communication skills. The variety of discussion assignments based on student experiences and perspectives continue to positively impact this target.

Measures	Result
	Actions
	Action: Discussion board assignments will continue to be used in this course to foster student interaction and effective communication skills in the online environment.
	Follow-up

Program (HS) - Public Health (PH)

PH 2.1

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

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Exam/Quiz - Teacher-made **Measure:** PH 495 Final Exam **Target:** Average score >= 80% **Timeframe:** Summer semester **Responsible Parties:** PH 495 Course Instructor/HS Curriculum Committee	**Result Date**: 05/10/2024 **Result**: In Summer 2023, eight students scored an average of 94.75% on the final exam which was a significant increase from 86% in the previous year. The scores indicate that the students are knowledgeable about health care policies, are able to locate them and analyze them for their effectiveness. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Per the action plan proposed for 2023-2024 in the 2022-2023 CAP report, the instructor will continue to revise the final exam and encourage students to take advantage of the second attempt on the exam. As a result, the scores improved significantly which demonstrates the students' ability to locate health care policies related to a variety of health services. **Actions** **Action Date**: 01/15/2025 **Action**: For Summer 2024, to maintain the high scores on the final exam, the instructor will create a study guide for the final exam and continue to provide resources for the students on where to find policies related to different functions in health care and public health. **Follow-up**

PH 2.2

AU Outcome
Student will be able to identify mechanism to evaluate programs for their quality and effectiveness

Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Exam/Quiz - Teacher-made **Measure:** 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	**Result Date**: 05/10/2024 **Result**: In Spring 2024, 10 students earned an average of 94% on the final exam, which was slightly higher, yet consistent, from the previous year of 91%. These data demonstrate that students are knowledgeable about basic research designs and methods of evaluation. **Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: The action plan for 2023-2024 as specified in the 2022-2023 CAP Report was that "the contract instructor teaching the course will offer an optional review session before the final exam." Although the instructor offered an option review session before the final exam, no students RSVP'd to attend so it was not held. Even though the review session was not held, students performed at a high level, so not having the review session did not impact final exam scores. **Actions** **Action Date**: 01/15/2025 **Action**: For spring semester 2025, a study guide will be provided to the students to prepare them for the final exam. There are numerous research designs for the students to learn, so an optional review session will also be held to ensure that students understand the material and have the opportunity to ask questions. The instructor will also add short videos that explain the concepts as well. **Follow-up**

PH 3.2

AU Outcome
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	Result
Assessment Measure Status: Active **Assessment Type:** SL: Exam/Quiz - Teacher-made **Measure:** PH: 410 Final exam **Target:** Average score of >80% **Timeframe:** Fall semester	**Result Date**: 01/07/2025 **Result**: In Fall 2023, nine students earned an average of 84.9% on the final exam, an increase over the past five years. The course is an overview of the U.S. health care system and students have a good understanding of the differences between governmental associations, such as the CDC, and non-governmental organizations such as the American Cancer Society.

Measures	Result
Responsible Parties: Program faculty / HS Faculty Org. committee	**Reporting Year**: 2023 - 2024 (Year 2) **Target Met**: Yes **Action Plan Impact**: Per the action plan proposed for 2023-2024 in the 2022-2023 CAP report, the course was being revised to include a new textbook and new final exam. Since the scores increased, the action made a slight impact possibly due to a more effective textbook and different final exam. A variety of activities are included to reinforce the course material to compare the roles of governmental agencies and non-governmental agencies, provide examples of each, and describe what services are offered. **Actions** **Action Date**: 01/15/2025 **Action**: In Fall 2024, the instructor will provide a study guide for both the midterm and final exams to reinforce student learning. **Follow-up**