Outcomes Assessment Plan
August 2014

Introduction

Evaluation of program effectiveness has been an embedded process in the College of Health Professions since its inception. Influenced by the personal beliefs of our founders and the requirements of the accrediting body at that time (NLN), the nursing program has always used some form of continuous process improvement. This is a dynamic process which continually keeps student learning and achievement of competencies in the forefront. Outlined in this document is the College of Health Profession’s plan for assessing student learning outcomes in each of the College’s undergraduate and graduate programs.

Essential Components

The Wilmington University Academic Affairs Outcomes Assessment Plan (AAP) directs that the individual academic colleges of the university take ownership and responsibility for a comprehensive outcomes assessment plan including data collection, analysis and the meaningful use of results to maintain and improve the quality of our programs. The College of Health Professions collects data to measure four key components of outcomes assessment: Teaching Effectiveness, Student Learning, Student Satisfaction, and Promotion of Educational Values. The first three assessment prongs include benchmarks and assessment tools; the fourth prong, Promoting Educational Values, “while not directly measured, are values the faculty wishes to develop among students” (AAP, 2011, p. 2).

This four pronged approach directly relates to the University’s mission. “Excellence in teaching and relevance of the curriculum is viewed as foundational criteria for excellent student service. It is in this spirit that we routinely assess our academic programs to determine the extent to which learning has occurred and student educational needs have been met” (AAP, 2011, p. 1). The faculty of the College is fully committed to the process of outcomes assessment.

I. Teaching Effectiveness

College of Health Professions’ undergraduate and graduate students are afforded the opportunity to provide evaluative data at the close of each academic course. IDEA reports are received after processing at the conclusion of each block and/or semester. Faculty Development and Support distributes the individual IDEA results to the course faculty. Additionally, the Dean reviews all the results and the appropriate Chair reviews their program-specific results. After analysis, Chairs are responsible for identifying areas of concern and providing appropriate feedback to faculty within ten business days of result dissemination. Furthermore, the College conducts a yearly review of the IDEA college summary reports at the conclusion of the spring semester utilizing the IDEA national norm as a benchmark.
GPA reports are received after processing at the conclusion of each block and/or semester. Chairs identify specific issues and trends over multiple grading periods and take action where appropriate. The College utilizes a weighted mean GPA of < 3.80 (calculated by Institutional Research) as a benchmark for both graduate and undergraduate programs.

The Dean is responsible for annual full-time faculty evaluations at the conclusion of the spring semester.

Faculty teaching within the undergraduate clinical/ community learning experience course, NUR 433, will complete clinical/ community learning experience site visit evaluations and submit to the Program Chair. Graduate Nurse Practitioner clinical preceptors will complete evaluation forms and submit to the Program Chair.

These measurements of IDEA evaluations, GPA reports, annual faculty evaluations, and clinical site visit evaluations, provide key evidence for measuring teaching effectiveness.

II. Student Learning

In 2002, the University embarked on a move towards institutional assessment planning. Initially, a model of “course-embedded criterion referenced assessment measures” (CECRAM) was suggested for all of the Colleges. The institutional assessment process required us to “map” or connect graded assignments to course objectives to program competencies and to graduation competencies. The linkages are depicted as follows:

| WU Graduation Competency → College Program Competency → Course Objective → Graded |

This proposed model involved the development of specific rubrics for each assessment measure. Developing rubrics allowed the opportunity to engage in discussions about assignments and expectations and strongly consent on key points. In addition, the faculty discovered that, from the students’ perspectives, the use of rubrics provided consistency in grading and a keen understanding of the program’s expectations.

Our undergraduate and graduate programs will maintain outcome assessment (OA) maps which clarify the linkages among specified expected outcomes and measures used. The map illustrates where the graduation and program competency will be measured (the course) and how the competency will be measured (e.g. assignment & rubric, objective exam, clinical evaluation).

A concerted effort is made to identify course evaluation methods which could measure more than one outcome and result in the least number of data sources needing to be collected. This enables better collection and tracking of the necessary data, while still providing evidence of overall program effectiveness. Consistency of data collection and evaluation processes is key to a successful outcomes assessment plan.
The discussions of data are embedded within the monthly Undergraduate and Graduate Curriculum Committees as a standing agenda item. Program Chairs will submit an annual summary report at the conclusion of the spring semester.

The attempt at automation of the process also occurs to limit the time inputting data and generating statistics. CECRAM data will be placed in the appropriate folder on the College Shared Drive. This ensures the routine collection, analysis and use of CECRAM data.

Additional assessment measures utilized by the individual programs, include:

- The BSN program will compile data from the BSN Exit Portfolio to measure student learning utilizing a rubric with a benchmark of a mean score ≥ 80.75.
- The ALH, BSN, and MSN programs will conduct annual alumni surveys. The items related to student achievement of program competencies will be utilized for this measure with a benchmark indicating favorable rankings.
- Nurse Practitioner Certification exam with a benchmark of 80% pass rate.
- Nurse Practitioner Portfolio with a benchmark of criteria ≥ 30.1/35.
- Post-Graduate NP Certificate Completion Rate ≥ 70%

III. Student Satisfaction

Student satisfaction is measured through the use of enrollment data and alumni surveys, in addition to student responses on IDEA evaluations. The College will review enrollment data across programs annually, looking to achieve consistent growth in comparison to the previous year. The College will conduct an alumni survey for program review at one year and five years post-graduation, with a benchmark of respondents providing favorable rankings for all indicators. The College will review the results of the College Outcomes Survey (ACT) annually, with a benchmark of exceeding the national norm in all satisfaction indicators. Finally, the College will review the NSSE Part II for Student Satisfaction every other year, with a benchmark of exceeding the national norm on all indicators.

IV. Promotion of Educational Values

The Academic Affairs Plan identifies a set of educational values, developed by the Faculty Senate. The plan further states, “these values are actively promoted by faculty and are measured through a Student Alumni Survey (ACT) and the (NSSE) National Survey of Student Engagement. Individual colleges will provide a status report regarding the Promotion of Educational Values on an annual basis” (p. 9).

The College will review College Outcomes Survey (ACT) Survey, Section A and Section B, looking to achieve a benchmark of exceeding the national norm. The NSSE Part I for Educational Values will be reviewed for exceeding the national norm where indicated.
Outcomes Assessment CECRAM Data Collection and Review Procedure

Reading week

COHP Administrative Assistant (AA) reviews course schedule of undergraduate nursing and allied health programs, graduate nurse leadership programs, and DNP program for one block forward (9 weeks lead time) and prepares a list of courses offered in which an outcome is measured.

The Graduate Administrative Assistant (GAA) reviews the course schedule of the graduate nurse practitioner program for one block forward (9 weeks lead time) and prepares a list of courses offered in which an outcome is measured.

Week 1 Block or Semester

Each, the COHP AA and Graduate AA, emails outcomes assessment E-Folder to all faculty who are teaching courses in which an outcome is measured. Chair is cc’d on the email. If the faculty has not previously measured an outcome, the AA will be in communication with the course faculty to ensure understanding of outcomes assessment and its importance as previously explained by the Chair.

○ The E-Folder will contain:
  • An e-Mail message from the Dean explaining the purpose, process and importance of outcomes assessment
  • Method of evaluation (rubric or exam key)
  • Data submission template (excel file)

Week 5 of the measurement block/ semester

Each, the COHP AA and Graduate AA, emails reminder to faculty to collect the outcomes data during the course and submit the data to AA using the data submission template at the same time as grades are due.

Reading Week following the block:

Each, the COHP and Graduate AA, monitors submission of data and emails any faculty with missing data. Chair is cc’d and consulted if no response and will contact faculty directly.

Data Analysis and Action

Each, the COHP AA and Graduate AA, forwards completed and evaluated templates to the appropriate program chair and also files the results in the appropriate folder on the Shared Drive. Program Chair receives and reviews data and:

• Brings data to next monthly curriculum committee meeting for reporting, data review and analysis, and discussion of action as needed.
• Consults with course faculty via email, phone, reading week meetings, etc. to collaborate on results, potential adjustments, effects of previous adjustments, “closing the loop”, and to promote ownership and participation.
ANNUAL CHAIR PROGRAM REPORT ON OUTCOMES ASSESSMENT

Program:  ALH    RN to BSN    MSN LDR    MSN NP    DNP

Please provide bulleted information on the following topics:

1. Please list any modifications to your program maps during this past year:

2. Please list 2 or more specific examples of how you have “closed the loop” in your program as a result of assessing the outcomes:

3. How have you used GPA trend data and IDEA results to review instructional effectiveness?

4. What are some of the things that your program has done to assist faculty and students to understand the outcomes assessment “big picture” and stimulate “buy-in”?

5. How do you communicate the outcomes assessment plan/ process with new adjunct and full-time faculty?

   How do you communicate the results?

6. Provide the data sources that your program is utilizing and show their alignment to the specific programs you offer:

   What has the data told you?

7. Do the data provide any insight into various learning formats (Hybrid, DL, Face-to-Face, etc…)?