ORU

B.S.N. Nursing

Program Review | 2018-2021

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Table of Contents

ORU

I.   Number of Majors | 2018 - 2021

Residential:

Fall 2018	Fall 2019	Fall 2020	Fall 2021
217	186	243	278

Online:

Fall 2018	Fall 2019	Fall 2020	Fall 2021
0	9	2	4

ORU

II.　Graduation Rate | Cohort of 2008 - 2014

Nursing

	2008	2009	2010	2011	2012	2013	2014
Program to Prog - Nursing	68%	57%	66%	57%	54%	58%	61%
Program to Any - Nursing	74%	73%	75%	73%	64%	68%	76%
Any to Program - Nursing	89%	68%	73%	66%	68%	63%	73%
Program to Prog - ORU	38%	37%	40%	36%	40%	35%	36%
Program to Any - ORU	56%	57%	59%	57%	58%	57%	55%

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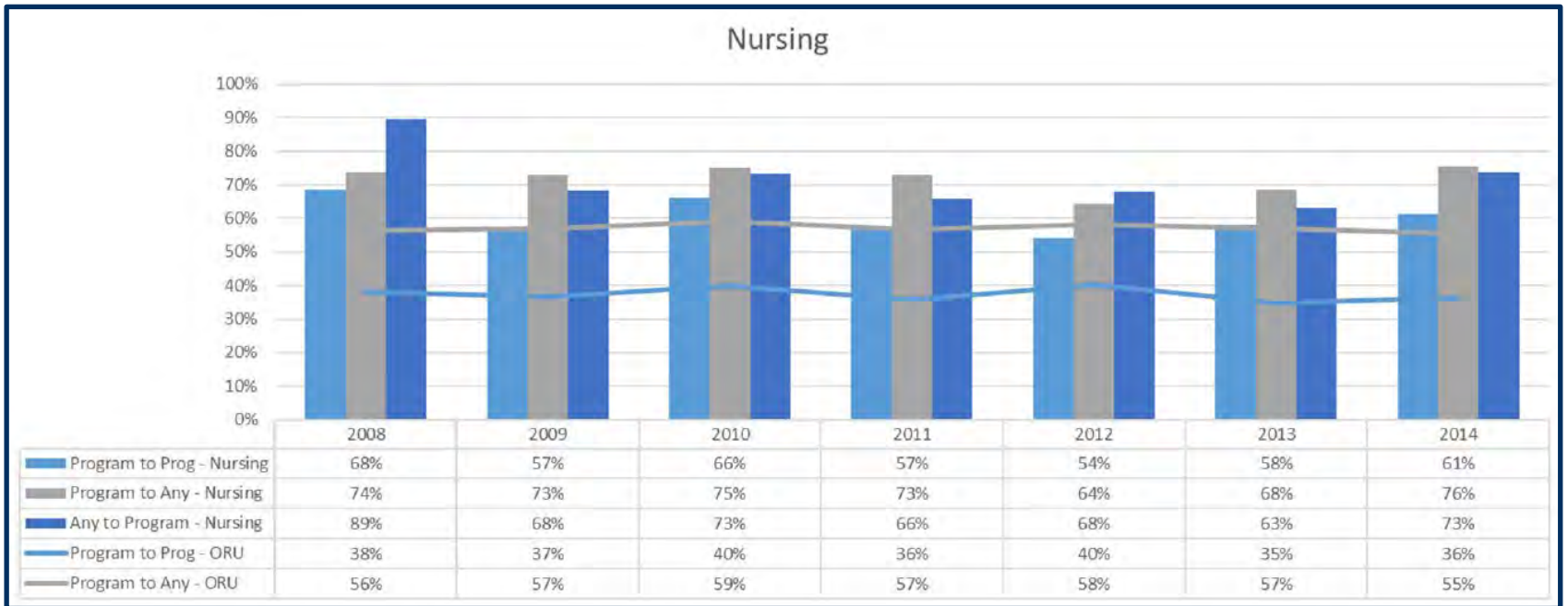
III.   Program Outcomes

#	Program Outcome
1	Integrate knowledge of liberal arts, sciences, theories, and concepts to provide safe, evidence-based, professional nursing care. Corresponds to Essentials Document and the Curricular Organizing Theme of Nursing Judgment/EBP
2	Assume accountability for patient-centered, wholistic nursing care across the life span of diverse populations and settings. Curricular Organizing Theme = Patient centered wholistic care
3	Utilize nursing judgment supported by best current evidence to prevent illness and promote, maintain, and restore health. Curricular Organizing Theme = Nursing Judgment/EBP
4	Collaborate in a professional, culturally sensitive style in the delivery of healthcare. Curricular Organizing Theme = Teamwork/Collaboration
5	Promote excellence in nursing through safe practices and quality improvement. Curricular Organizing Theme = Safety and Quality
6	Employ informatics and technology in the delivery and management of healthcare. Curricular Organizing Theme = Informatics/Technology
7	Demonstrate a personal leadership style that integrates Christian principles, a global perspective, wholeness, ethical behavior, and cultural awareness. Curricular Organizing Theme = Professional Role/ Leadership

IV.   Artifact Descriptions

The new curriculum was implemented into the senior courses during the academic year of 2020-2021. Course numbers in italics are the new course numbers where the artifacts exist.

1. **Charge Nurse Paper** (NUR 400) Paper documenting observations of management and leadership skills employed by the charge nurse on a clinical unit.
   This artifact was removed from the senior Medical Surgical course (NUR 407) with the implementation of the new curriculum 2020-2021.
2. **Community Project Paper** (NUR 405/*409*) The Community Health Program paper is the developed community health program project that students identified from a community health need. The Clinical Group Project is worked on each week of clinical with each member of the clinical group and implemented during the last week of leadership class.
3. **Patterns of Leadership Community Project** (NUR 405/*411*) The Community Health Program paper is the developed community health program project that students identified from a community health need. The Clinical Group Project is worked on each week of clinical with each member of the clinical group and implemented during the last week of leadership class.
4. **Philosophy of Nursing Practice** (NUR 405/*411*) The Personal Philosophy of Professional Nursing Practice paper summarizes the student's individual philosophy of nursing leadership and management. The content presented incorporates leadership views vital to the student in regard to his/her individual nursing practice; as well as reflection of clinical experience and time spent as leader with clinical group.
5. **Clinical Evaluation Rubric** (NUR 406/*413*) Clinical instructor evaluation of student's actions in the clinical setting.
6. **Culturally Sensitive Nursing Care** (NUR 430/*434*) Paper reflecting cultural sensitivity in care of childbearing family. Describes a chosen religious, ethnic, or other distinct culture's childbearing practices. Compares practices with current evidence-based practice. Identifies contrasting cultures views with a Christian worldview.
7. **Senior Paper** (NUR 499): Capstone evidence-based practice paper written over the course of two semesters. Students choose to perform the literature review individually or in groups. Evaluation of understanding of research process, writing style, application of research to clinical practice, and appropriate understanding of evidence-based practice.
8. **Senior Paper Rubric Live Study** (NUR 499): Capstone research project completed by students who chose to perform a professor-led study instead of a literature review. Evaluation of understanding of research process, writing style, application of research to clinical practice, and appropriate understanding of evidence-based practice.

9. **Senior Paper Presentation** (NUR 499): Evaluation of the professional presentation of either the literature review or the live study performed by the student. Presentation of written and oral communication content, style, and execution evaluated by faculty.

Scale			
4.00	90%+	3.00	60%
3.66	80%	2.00	35%
3.33	70%	1.00	15%

V. Primary Evidence

A. Program Outcomes

#	Program Outcome	2018 - 2019		2019 - 2020		2020 - 2021	
		n	score	n	score	n	score
1	Integrate knowledge of liberal arts, sciences, theories, and concepts to provide safe, evidence-based, professional nursing care. Corresponds to Essentials Document and the Curricular Organizing Theme of Nursing Judgment/EBP	25	3.16	202	3.80	215	3.74
2	Assume accountability for patient-centered, wholistic nursing care across the life span of diverse populations and settings. Curricular Organizing Theme = Patient centered wholistic care	25	3.28	395	3.66	104	3.87
3	Utilize nursing judgment supported by best current evidence to prevent illness and promote, maintain, and restore health. Curricular Organizing Theme = Nursing Judgment/EBP	25	3.12	568	3.71	463	3.78
4	Collaborate in a professional, culturally sensitive style in the delivery of healthcare. Curricular Organizing Theme = Teamwork/Collaboration	75	3.04	681	3.71	1,723	3.80
5	Promote excellence in nursing through safe practices and quality improvement. Curricular Organizing Theme = Safety and Quality	50	3.00	156	3.45	94	3.99
6	Employ informatics and technology in the delivery and management of healthcare. Curricular Organizing Theme = Informatics/Technology	50	2.46	78	3.18	151	3.92
7	Demonstrate a personal leadership style that integrates Christian principles, a global perspective, wholeness, ethical behavior, and cultural awareness. Curricular Organizing Theme = Professional Role/ Leadership	50	3.40	117	3.58	141	3.94

B. Artifact Outcomes - Residential

Artifact Outcomes	2018 - 2019		2019 - 2020		2020 - 2021	
	n	score	n	score	n	score
WPA-NUR 499-Senior Paper	-	-	-	-	26	3.85
WPA-NUR 499-Senior Paper Presentation	31	3.28	15	3.74	26	3.95
WPA-NUR 499-Senior Paper Rubric-Live Study	2	3.40	-	-	-	-
WPA-NUR-Charge Nurse Paper	-	-	28	3.37	-	-
WPA-NUR-Clinical Evaluation	58	3.41	39	3.52	-	-
WPA-NUR-Cultural Sensitivity	37	3.77	55	3.74	47	3.81
WPA-NUR-Patterns of Leadership Community Health Program	18	3.75	40	3.72	-	-
WPA-NUR-Philosophy of Nursing Practice	20	3.74	41	3.82	37	3.74

C. Criterion Outcomes – Residential Only

Criterion Outcomes	2018 - 2019		2019 - 2020		2020 - 2021	
	n	score	n	score	n	score
NUR-1-B-a-Knowledge of Nutrition	-	-	35	3.66	47	3.81
NUR-1-C-Nursing Theories and Concepts	20	3.50	41	3.85	37	3.35
NUR-1-C-Nursing Theories and Concepts and Concepts	18	3.56	40	3.75	10	3.70
NUR-1-D-a-Nursing Concepts in Nursing Care	-	-	35	3.94	47	4.00
NUR-1-D-Nursing Concepts	20	3.90	41	3.98	37	3.81
NUR-1-G-Evidence-based Nursing Care	20	3.80	41	3.88	37	3.57
NUR-1-G-Professional Nursing Care	-	-	39	3.56	-	-
NUR-1-G-Provides Professional Nursing Care	25	3.16	-	-	-	-
NUR-1-H-b-Synthesis	-	-	28	3.54	-	-
NUR-2-A-1-Preparedness	33	4.00	-	-	-	-
NUR-2-A-2-Punctuality	33	3.94	-	-	-	-
NUR-2-A-Accountability	25	3.28	82	3.46	47	3.91
NUR-2-A-c	-	-	39	4.00	-	-
NUR-2-A-c-Professional attire	33	3.94	-	-	-	-
NUR-2-B-Patient-centered Nursing Care	25	3.08	40	4.00	10	3.70
NUR-2-C-a	-	-	39	3.44	-	-
NUR-2-C-a-Holistic Nursing Care Integrating Principles of TNWP	25	2.96	-	-	-	-
NUR-2-C-a-Spiritual car	33	3.36	-	-	-	-
NUR-2-C-b-Holistic Nursing Care	-	-	35	3.83	47	3.91
NUR-2-C-Father and Extended Family	37	3.78	-	-	-	-
NUR-2-C-Holistic Nursing Care Integrating Principles of the TNWP	-	-	39	3.62	-	-
NUR-2-C-Wholistic nursing care integrating principles of the TNWP	33	3.42	-	-	-	-
NUR-3-A-b-Nursing Judgment	-	-	28	3.46	-	-
NUR-3-A-Nursing judgement	33	3.33	-	-	-	-
NUR-3-A-Nursing Judgment	25	3.12	81	3.75	47	3.81
NUR-3-B-a-Evidence-based Practice	20	3.45	41	3.51	37	3.59
NUR-3-B-b-Evidence Based Practice	-	-	35	3.91	47	3.89

NUR-3-B-b-Evidence-based Practice	20	3.55	41	3.71	37	3.49
NUR-3-B-c-Evidence-based Practice	20	3.60	41	3.78	37	3.54
NUR-3-B-d-Evidence-based Practice	20	3.50	41	3.73	37	3.78
NUR-3-B-Discussion	31	3.23	15	4.00	26	4.00
NUR-3-B-e-Evidence-based Practice	20	3.60	41	3.95	37	3.86
NUR-3-B-Evidence based practice	33	3.36	-	-	-	-
NUR-3-B-Evidence-based Practice	25	3.12	40	3.83	10	3.50
NUR-3-B-f-Evidence-based Practice	20	3.85	41	3.71	37	3.68
NUR-3-B-g-Evidence-based Practice	20	3.85	41	3.83	37	3.92
NUR-3-B-h-Evidence-based Practice	20	3.95	41	3.88	37	3.92
NUR-3-B-i-Evidence-based Practice	20	3.95	41	3.90	37	3.76
NUR-3-B-Nursing Interventions	37	3.89	-	-	-	-
NUR-4-A-a-Respect and civility	33	3.94	39	3.92	-	-
NUR-4-A-b-Professional behavior	33	3.52	39	3.44	-	-
NUR-4-A-c-Collaboration with Community	-	-	35	3.86	47	3.83
NUR-4-A-Collaboration	25	3.12	39	3.41	-	-
NUR-4-B-a-Intro	31	3.58	15	3.33	26	4.00
NUR-4-B-b-Background of the study/Significance	31	2.90	15	3.67	26	4.00
NUR-4-B-c-Problem/Purpose/ PICO/research questions	31	3.16	15	3.73	26	4.00
NUR-4-B-d-Definition of variable(s)	31	3.06	15	3.67	26	4.00
NUR-4-B-e-Methodology	31	3.29	15	3.80	26	3.92
NUR-4-B-f-Sources of evidence	31	3.26	15	3.27	26	3.96
NUR-4-B-g-Findings	31	3.29	15	3.93	26	4.00
NUR-4-B-h-Implications	31	3.00	15	3.67	26	3.96
NUR-4-B-i-Strengths and Limitations and Recommendations	31	3.13	15	3.13	26	4.00
NUR-4-B-k-Attire	31	3.42	15	3.73	26	3.85
NUR-4-B-l-Posture and eye contact	31	3.58	15	3.87	26	3.85
NUR-4-B-m-Preparedness	31	3.39	15	3.73	26	3.92
NUR-4-B-n-Speaks clearly	31	3.10	15	2.80	26	4.00
NUR-4-B-Oral Communication	25	2.92	41	4.00	10	4.00
NUR-4-B-p-Time Limit	31	4.00	15	4.00	26	4.00
NUR-4-C-a-Abstract	31	3.10	15	3.07	27	3.93

Scale			
4.00	90%+	3.00	60%
3.66	80%	2.00	35%
3.33	70%	1.00	15%

NUR-4-C-aa-Changes	29	4.00	15	3.80	27	4.00
NUR-4-C-a-Depth of Information	31	3.13	15	3.80	26	3.96
NUR-4-C-a-Spelling and Grammar	37	3.24	-	-	-	-
NUR-4-C-a-Written Communication	75	3.53	81	3.72	47	3.66
NUR-4-C-b-Introduction & Background	29	3.97	15	3.80	27	3.96
NUR-4-C-b-Introduction and Background	2	4.00	-	-	-	-
NUR-4-C-b-Sequencing of Information	31	3.65	15	3.93	26	4.00
NUR-4-C-b-Written Communication	112	3.66	82	3.74	47	3.83
NUR-4-C-c-Introduction and Background	31	3.84	15	3.60	27	3.85
NUR-4-C-c-Spelling and Grammar	31	3.77	15	3.93	26	3.77
NUR-4-C-c-Vocabulary and Sentence Structure	37	3.41	-	-	-	-
NUR-4-C-c-Written Communication	75	3.53	82	3.68	47	3.62
NUR-4-C-d-Reference Citations on Slides	31	3.26	15	3.80	26	3.88
NUR-4-C-d-Significance	31	3.71	15	3.73	27	3.93
NUR-4-C-d-Written Communication	57	3.56	41	3.95	37	3.76
NUR-4-C-e-Problem Statement	31	4.00	15	4.00	27	4.00
NUR-4-C-e-Written Communication	57	3.35	41	3.68	37	3.89
NUR-4-C-f-Research Questions	31	4.00	15	4.00	27	3.96
NUR-4-C-f-Written Communication	20	4.00	41	3.98	38	3.84
NUR-4-C-g-Purpose Statement	31	3.94	15	4.00	27	4.00
NUR-4-C-g-Written Communication	20	3.85	41	3.98	37	3.78
NUR-4-C-h-Study Variable(s)	31	3.87	15	3.80	27	3.93
NUR-4-C-h-Written Communication	20	3.85	41	4.00	37	3.84
NUR-4-C-i-Methodology: Sources of Evidence	31	3.87	15	3.93	27	4.00
NUR-4-C-j-Conclusions	31	3.03	15	3.93	26	4.00
NUR-4-C-j-Findings	2	4.00	-	-	-	-
NUR-4-C-j-Research Evidence	29	3.97	15	3.73	27	3.93
NUR-4-C-k-Narrative Discussion of Findings	2	3.00	-	-	-	-
NUR-4-C-k-Scope of Evidence	29	3.97	15	3.60	27	3.89
NUR-4-C-l-Findings Table	29	3.97	15	3.93	27	3.96
NUR-4-C-l-Interpretation of Findings	2	3.00	-	-	-	-
NUR-4-C-m-Narrative Discussion of Findings	29	3.83	15	3.73	25	3.88

Scale			
4.00	90%+	3.00	60%
3.66	80%	2.00	35%
3.33	70%	1.00	15%

NUR-4-C-m-Synthesis	2	4.00	-	-	-	-
NUR-4-C-n-Implications for Nursing Education, Practice, and Research	2	3.00	-	-	-	-
NUR-4-C-n-Interpretation of Findings	29	3.76	15	3.93	25	4.00
NUR-4-C-o-Enthusiasm	31	3.19	15	4.00	26	3.92
NUR-4-C-o-Strengths and Limitations	2	4.00	-	-	-	-
NUR-4-C-o-Synthesis	29	3.72	15	3.67	27	3.78
NUR-4-C-p-Implications of Nursing Education, Practice, and Research	29	3.28	15	3.40	27	3.81
NUR-4-C-p-Recommendations	2	4.00	-	-	-	-
NUR-4-C-q-Conclusions	2	4.00	-	-	-	-
NUR-4-C-q-Strengths and Limitations	29	3.62	15	3.87	27	4.00
NUR-4-C-r-Recommendations	29	3.59	15	3.60	27	3.93
NUR-4-C-r-Reference List	2	2.00	-	-	-	-
NUR-4-C-s-Conclusions	29	3.62	15	3.73	27	3.96
NUR-4-C-s-Logical Flow of Ideas	2	4.00	-	-	-	-
NUR-4-C-t-Length of Paper	2	4.00	-	-	-	-
NUR-4-C-t-Reference List	29	3.62	15	3.60	27	3.44
NUR-4-C-u-Grammar	2	3.00	-	-	-	-
NUR-4-C-u-Logical Flow of Ideas	29	3.72	15	3.73	27	3.85
NUR-4-C-v-Length of Paper	29	3.17	15	3.40	27	4.00
NUR-4-C-v-Punctuation	2	3.00	-	-	-	-
NUR-4-C-w-Grammar	29	3.31	15	3.47	27	3.63
NUR-4-C-Written Communication	-	-	34	3.47	47	3.60
NUR-4-C-w-Spelling	2	4.00	-	-	-	-
NUR-4-C-x-APA Format	2	2.00	-	-	-	-
NUR-4-C-x-Punctuation	29	3.21	15	4.00	27	3.52
NUR-4-C-y-Changes	2	3.00	-	-	-	-
NUR-4-C-y-Spelling	29	3.86	15	4.00	27	3.89
NUR-4-C-z-APA Format	29	2.41	15	3.20	27	2.67
NUR-5-A-a-Psychomotor skills	33	3.33	39	3.46	-	-
NUR-5-A-b	-	-	39	3.18	-	-
NUR-5-A-b-Medication administration	33	3.24	-	-	-	-
NUR-5-A-Safety	25	2.92	39	4.00	-	-

Scale			
4.00	90%+	3.00	60%
3.66	80%	2.00	35%
3.33	70%	1.00	15%

NUR-5-B- Quality Improvement	-	-	39	3.15	-	-
NUR-5-B-a-Personal Quality Improvement	-	-	35	3.86	47	3.98
NUR-5-B-b-Personal Nursing Practice	-	-	35	3.66	47	4.00
NUR-5-B-Quality Improvement	25	3.08	-	-	-	-
NUR-6-A-a-Sources	-	-	35	3.71	47	3.87
NUR-6-A-Informatics	25	2.80	39	3.18	-	-
NUR-6-A-Literature and Internet Resources	37	3.89	-	-	-	-
NUR-6-B-a-Background	31	3.39	15	4.00	26	4.00
NUR-6-B-b-Text - Font Choice & Formatting	31	3.13	15	3.93	26	4.00
NUR-6-B-c-Use of Graphics/art	31	3.10	15	3.93	26	3.96
NUR-6-B-d-Overall impression	31	3.00	15	3.80	26	3.85
NUR-6-B-Technology	25	2.12	39	3.18	-	-
NUR-7-A-a-Leadership with Christian Principles in Antenatal Care	-	-	35	3.97	47	3.98
NUR-7-A-Christian Worldview	37	3.89	-	-	-	-
NUR-7-A-Leadership with Christian Principles	25	3.72	39	3.41	-	-
NUR-7-A-Personal Insights	37	3.86	-	-	-	-
NUR-7-B-Culture Choice	37	3.95	-	-	-	-
NUR-7-B-Culture-specific Practices	37	3.92	-	-	-	-
NUR-7-D-Ethical behavior	33	4.00	39	4.00	-	-
NUR-7-E-a-Cultural Awareness	-	-	35	3.97	47	3.96
NUR-7-E-b-Cultural Awareness	-	-	35	3.74	47	3.85
NUR-7-E-Community Involvement	37	3.68	-	-	-	-
NUR-7-E-Cultural Awareness in Leadership	25	3.08	-	-	-	-
NUR-7-E-Culturally Sensitive Nursing	37	3.95	-	-	-	-
NUR-7-E-Leadership and cultural awareness	33	3.39	39	3.33	-	-
NUR-7-E-Nutrition Practices	37	3.86	-	-	-	-
NUR-a-Psychomotor Skills	25	3.08	-	-	-	-
NUR-b-Medication Administration	25	3.76	-	-	-	-
NUR-c-Respect and Civility	25	4.00	-	-	-	-
NUR-d-Professional Behavior	25	3.04	-	-	-	-
NUR-e-Professional Attire	25	4.00	-	-	-	-
NUR-f-Spiritual Care	25	4.00	-	-	-	-

NUR-GEN-4-A-4-b-Ability to Make Morally Correct Choices	25	3.08	-	-	-	-
NUR-GEN-4-B-4-Respect for Beliefs of Different Ethnic, Religious, or Social Group	25	3.08	-	-	-	-
NUR-g-Ethical Behavior	25	4.00	-	-	-	-

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D. University Whole Person Outcomes

ORU Whole Person Outcomes	2018 – 2019				2019 – 2020				2020 – 2021			
	Residential		Online		Residential		Online		Residential		Online	
	n	score	n	score	n	score	n	score	n	score	n	score
1A Biblical Literacy	156	3.89	-	-	-	-	-	-	124	3.88	-	-
1B Spiritual Formation	66	3.88	-	-	101	3.94	-	-	409	3.76	-	-
2A Critical Thinking, Creativity & Aesthetic Appreciation	165	3.55	-	-	69	3.72	-	-	23	3.73	-	-
2B Global & Historical Perspectives	104	3.85	-	-	39	3.90	-	-	106	3.75	-	-
2C Information Literacy	78	3.59	-	-	303	3.66	-	-	360	3.42	-	-
2D Knowledge of the Physical & Natural World	53	3.25	-	-	51	3.83	-	-	106	3.27	-	-
3A Healthy Lifestyle	42	2.64	-	-	137	2.42	-	-	154	2.50	-	-
3B Physically Disciplined Lifestyle	147	3.53	-	-	220	3.46	-	-	273	3.16	-	-
4A Ethical Reasoning & Behavior	273	3.59	-	-	357	3.73	-	-	616	3.64	-	-
4B Intercultural Knowledge & Engagement	69	3.63	-	-	63	3.81	-	-	31	3.35	-	-
4C Written & Oral Communication	291	3.48	-	-	315	3.66	-	-	350	3.25	-	-
4D Leadership Capacity	178	3.60	-	-	334	3.77	-	-	345	3.84	-	-

VI.   Program Assessment Process Description

1. What is the *annual process and activities that contribute towards continuous improvement?* Examples may include:
   a. Department/College meetings
   b. Assessment Day/Week activities
   c. Annual accreditation reports
   d. External community stakeholder advisory board
   e. Other initiatives

   a. During the past four academic years, the School of Nursing has participated in the University appointed assessment days. The implementation of D2L for rubric scoring has increased faculty and student submission of Whole Person Assessment (WPA) data, with it now a regular exercise for both parties. One day at the beginning of the semester the entire faculty meet to review the WPA data provided by the results of the D2L rubrics. The results are analyzed in comparison to previous years to assess increases or decreases in scores, gaps in data, and areas in which the school can increase the scores related to University and program outcomes. See Assessment day minutes or reports 8.21.17, 1.7.2019, 9.24.2019, 1.6.2020, and 8.17.21. Assessment day PowerPoints are prepared by the assessment coordinator with WPA data and other assessment concerns for the faculty. See examples, 8.10.2019, spring 2020, fall 2020, and Winter Assessment day 2021.
   b. Specific course assessments are performed by the course faculty and discussed at team meetings throughout the semester and if necessary brought to the monthly faculty senate meetings. Benchmarks for classwork include a 70% passing score on the average of weighted exams and after this is met, the addition of all other grades in the course a final average benchmark of 70% for passage of the course. Simulation lab assessments include dosage calculation exams, quizzes over skills, and skills performance test outs. Simulation lab is a pass/ fall grade. Clinical assessments include graded care plans, skills performed with the instructor at the patient's bedside, and actions outlined on the Clinical Evaluation Rubric. Clinical is a pass/fall grade as determined by the student meeting the required benchmark on the Clinical Evaluation Rubric (for medical surgical courses) and the non-medical surgical course clinical evaluation tool benchmark. Course faculty, simulation staff, and clinical instructors provide insight into trends where students are missing the benchmarks provided. Changes in teaching and learning practices result. For example, in the Junior Medical Surgical course (NUR 305 before curriculum change) students were not performing well on the simulation skills test out at the end of the semester. A common skill that was difficult for students was upholding sterile technique. As a result of course team discussion, the following year the steps to the sterile technique were posted earlier in the semester and students were required to

attend and document the practice of the posted skills. Evaluation the following year showed an increase in the number of students who passed this skill on the test-out.

   c.   After the 2020 accreditation visit by the Commission on Collegiate Nursing Education (CCNE), a detailed assessment plan was written for ongoing program assessment and improvement. See Oral Roberts University Anna Vaughn College of Nursing response to CCNE dated 4.16.2021. CCNE accreditation visits are held every 5-10 years. Due to changes within the college and implementation of a new detailed assessment plan, the next visit will be fall of 2023.

2.   What process do you use to *implement your recommendations?*
   a.   During the assessment day and faculty meetings, courses in the program are identified for changes that may impact the attainment of university and program outcomes.
   b.   Course faculty teaching teams are responsible for implementing changes discussed in the assessment day and faculty meetings.
   c.   If the improvement needs to occur within activities outside of a course (i.e. changes to the handbook, etc.), the chair of the appropriate committee is responsible to bring it the committee meetings for completion.

3.   How do you "close-the-feedback loop" and *review the effects of your changes*?
   a.   During monthly faculty meetings, course leads and committee chairs provide reports to the faculty senate regarding changes implemented. Due to difficulty tracking the changes, starting spring 2021, formative course reports are completed via Mach Forms, submitted prior to each faculty meeting, and reviewed during the meeting. Summative course forms are reviewed at the following semester assessment day.

VII. Continuous Program Improvement Description

1. **Since 2016, *how have the results of assessment directly affected program changes for the future*?**

Results of assessment data have directly affected program changes in the School of Nursing throughout the curriculum. Examples of the changes in areas of teaching and learning practices, assessment of student outcomes, and assessment of program learning outcomes are given.

The results of the NCLEX-RN licensure pass rate are an indication of a student's success after graduation. The 2017 NCLEX-RN pass rate was 79.55 (below the national average of 87.12). An analysis of the variables impacting the scores occurred as reflected in the 8.21.17 assessment committee minutes. Several changes ensued.

1. Increased used of clicker technology for exams opposed to scantrons to increase the amount of statistical analysis on exams throughout the entire program.
2. Provision of the Assessment Technology Institute (ATI) testing skills preparation modules to students in the NUR 206 Foundations of Nursing course.
3. Changes to the NCLEX-RN review course were significant. First, instituting ATI content mastery exams throughout the curriculum, use of virtual ATI the last semester of senior year, and the ATI capstone course the last semester increased the student's exposure to nationally normalized exam. Secondly, students began to meet individually with faculty to review their study habits and results in answering NCELX-RN prep questions and in their practice and proctored ATI content mastery exams. Individual appointments were held weekly with faculty throughout the semester.

The results of the changes after 2017, have resulted in increased NCLEX-RN test scores.

Graduation year   *NCLEX-RN score*

Graduation year	NCLEX-RN score
2017	79.55
2018	94.29
2019	97.30
2020	95.25

In 2018, discussion among faculty during the monthly meetings revealed inconsistency in the clinical evaluation of students across the medical-surgical courses. The curriculum committee, comprised of all BSN faculty developed a Clinical Evaluation Rubric with the six Curricular Organizing Themes as a framework. Initially the rubric was used as a baseline determinant in the first clinical course (NUR 206) and re-evaluation in the last clinical course

(NUR 406). Feedback from clinical instructors revealed the new rubric gave clearer criteria to assess student knowledge, skills, and attitudes. One in particular verbalized that she thought the rubric allowed for more accurate assessment of the student's in clinical. Since this time, dress code violations, punctuality, and professional behavior in the clinical setting are quickly addressed with objective assessments. Students receive praise for these types of behaviors as evidenced by several letters from patients and staff of the hospitals (see 9.12.19 Student in Rapid Response Doc, 8.24.20 Methodist Manor). The rubric is now used in all medical-surgical courses.

As reflected in the January, 2020 Assessment Day meeting minutes, prior to the fall 2019 semester, faculty noted a gap in assessment data regarding psychomotor skills. The creation and addition of a Skills Lab Survey, which used the seven program learning outcomes as a framework, assists faculty in evaluating student achievement of psychomotor skills. The survey is used during the simulation lab skills test-out held with sophomore and junior students.

Fall 2020 was the School of Nursing (then College of Nursing) CCNE accreditation visit. The accreditation response showed a deficit in the written assessment plan for the school. In response, a 32-page written assessment document was developed for use in the school. Since that time, several assessment meetings and professional development seminars (June 23, 2020; July 7, 2020; August 17, 2020) have been held to orient faculty to changes in the systematic assessment plan. Continued training, implementation and evaluation of the plan is ongoing via the assessment committee comprised of the Associate Dean of the School of Nursing, Assessment Coordinator, Faculty member, and Nurse Educational Expert Consultant.

2. **If you use *Senior papers/projects* they often provide rich data on student achievement. How do you tie the results from these artifacts back to changes for specific courses?**

Research courses prepare students for lifelong learning as a member of the profession. NUR 498/499 Research/Senior Paper I & II culminates in the students' writing a systematic research review or reporting on an actual research project. Students may work individually or in groups—always with supervision of a faculty mentor. Students present their work to classmates and faculty in a classroom setting and submit digital copies of their work. Faculty submit the best papers for publication on ORU's Digital Showcase. Since 2018, the Showcase has published 12 undergraduate nursing papers with views around the globe. Despite the exemplary work, the WPA artifacts did display areas of weakness in APA formatting, reference list, and written communication overall. After reviewing the weakness, changes were made in the course delivered a semester before the first senior paper course. Increased focus on professional writing skills, APA formatting, and general writing guidelines is implemented in the junior Professional Nursing II: Ethics, Law, and Healthcare Delivery course. There are two papers

throughout the one credit course, and the final exam is a paper with strict APA guidelines.

3. **As applicable, describe how you've updated the program due to professional accreditation changes or reports, student surveys, alumni and stakeholder feedback, market trends, etc.**

   - Written assessment plan, please see question #2.

4. **Describe any data-driven decisions that faculty members made to *open this program* since 2016. Please provide evidence of data informing the decision to open the program.**

   RN-BSN:

   The online ADN-BSN degree program initially launched fall 2014. External marketing firms repeatedly failed to recruit students. Only one student enrolled and graduated from the program. Essentially, the program was non-functional and lay in limbo for a couple of years. By fall 2017, the faculty voted to revise the curriculum and re-launch the program with a minimum cohort of 10 students.

   With internal marketing and scholarship incentives, 16 students enrolled in the first session of the fall 2018 semester.

   By summer of 2020 the RN-BSN program graduated the following:

   - 2018-2019 academic year: 0 (this is the year the cohort started)
   - 2019-2020 academic year: 7
   - 2020-2021 academic year: 2
   - 2021-2022 academic year: 0 anticipated

   Administration determined the numbers to be too low to sustain the program and it was placed on hiatus.

5. **Describe your stakeholder participation from alumni, community members, businesses, other organizations, etc.**

   - Who are they?
   - What feedback have you received?
   - How have you used the feedback for continuous improvement?

Stakeholders to the School of Nursing include community members who hire our graduates, the alumni, clinical agencies who interact with our students, accreditation bodies (CCNE and Oklahoma Board of Nursing), and patients who interact with our students. Communities of interest is the phrase utilized by the CCNE nursing accrediting body to include the stakeholders who are both internal and external constituents.

Emphasis of clinical nursing courses continue to focus on communities of interest in both acute care and community settings. The communities of interest encountered by ORU students represent diverse patient populations across the lifespan continuum in urban, rural, and Tribal Nations regionally and internationally. Acute and community experiences occur throughout the Tulsa metropolitan area. The three major healthcare systems welcome our students throughout their facilities. Among comments received about student's performance is one relating the whole person care a senior nursing student provided to a family member in crisis.

Hi Patti,

I wanted to pass on some of the conversation that I had with one of the nursing staff during clinical last night. She took time to let me know how highly the ORU students are viewed at SFH. She specifically expressed that they were such a joy to be around...they were well mannered and it was evident that they respected themselves and other people. She talked about the wholesome spirit that they exuded and she concluded by expressing hope that they would be the nurses taking care of her some day.

I just wanted to share that praise because these young men and women should know that the sweet spirit of Jesus is evident wherever they go. And I also wanted you and all the faculty to know what a special part we all play in the shaping of lives. It is a privilege and a responsibility as well.

Debbie, Clinical Adjunct Instructor

(12.2.2016)

Students are involved in community agencies throughout the curriculum. In NUR 206 Foundations of Nursing, students begin their clinical experiences at various assisted living and nursing home facilities. On one of the initial clinical experiences, near the end of the evening, a fire occurred in the kitchen. With the leadership of the faculty member and coordinated efforts of the staff, the students assisted the evacuation of the entire facility.

Community agencies/organizations- profit and non-profit-provide opportunities for students to embrace the expanded role of the nurse, thereby impacting health in a variety of diverse populations. For example, senior community groups provide individual-specific health education to justice-involved women on their journey to self-sufficiency through the development of an educational brochure. Each year, a forensic nurse at the Tulsa Police Department supervises senior students enrolled in community courses. One year, the students presented a seminar on strangulation arising from a high incidence of domestic violence against women in the city. Students accepted an invitation to present the seminar to Tulsa Police officers as part of the officers' professional development. Faculty work every year to motivate students to produce projects truly beneficial to the agencies in which they serve.

To promote awareness and educate students about the needs of underserved populations in Oklahoma and Kansas, AVSON established partnerships with a variety of rural healthcare institutions. Clinical encounters involved clinics led by nurse practitioners and physicians, a critical access hospital, specialized physician clinics such as urology, and rural school systems. Students educated clients, assisted practitioners in services, and observed the autonomous role of the nurse in the rural community, especially the school nurse. Post-COVID, re-establishment of strong community partnerships has been an attainable goal. Currently, AVSON has more community agency requests for students than students to attend.

The Creek and Cherokee Nations are well established in the northeastern part of Oklahoma. Through the concerted efforts of faculty, partnerships between AVSON and each Nation allow for clinical experiences in the Indian Hospitals and student projects that meet targeted health education needs of the communities. Health disparities experienced in both the Creek and Cherokee Nations are diabetes mellitus and obesity, which are of epic proportions within this population. Student nursing interventions, such as a health education teaching and in-person health fairs with focus on interactive exercise and nutrition resulted in production of brochures, videos, and story boards which awarded the students positive acclamations from Tribal staff (Creek Nation email). A different project designed for children in the Cherokee Nation during the height of the COVID-19 pandemic, creatively solved the distance-learning barrier. They produced their own television show with several segments targeting the holistic approach to preventative diabetes education (Senior Cherokee Nation T.V. Show).

The community of interest for the international trip to Oaxaca, Mexico is a remote tribal village. An AVSON alumni coordinate the health clinic of the Roca Blanca Mission Base serving the greatest concentration of unreached people groups in the Americas. The following is a student's recounting of her experience.

My time in Mexico was an experience I will never forget. Our contact and the people we were able to meet there were some of the most precious and beautiful people I have ever met. The experiences and memories we made were priceless. I eventually want to be a medical missionary and this trip gave me a glimpse of what that looks

like and the logistics behind it. One thing that I absolutely loved about this trip was the project that we implemented while we were there. We identified that a health need there was a disease called dengue fever that was spread by mosquitoes. After speaking with the locals from the rural village we were visiting, we discovered that bug spray was outrageously expensive to buy and no one could really afford it. That is when we started researching how we could help. With our research, we found that not only can you make natural mosquito repellent from Neem trees, but it just so happened that the village was saturated with these trees. The village also had many coconut trees from which coconut oil, the other ingredient we needed, could be made. Thus, our project was born. We made our natural repellent and taught the locals how to make it during the days we held a mission's clinic at the village. There, we taught and helped the mission's clinic doctors and nurses consult and treat patients. There was a huge need, and it was beautiful and fulfilling to feel like we were actually able to help implement a practical solution to their need. Going on the trips offered by the Anna Vaughn College of Nursing gives you a new and wider perspective on healthcare. It allows you to truly be immersed in a culture and make what you learn in nursing school about community health really click because you're actually putting it into practice. It is a rich and invaluable experience that I would recommend to everyone.

Changes to the curriculum with the communities of interest include the development of an Introduction to Gerontological Nursing course, new learning activities, and new clinical partnerships. The Gerontological Nursing course was developed in response to the aging population. The community has responded positively as evidenced by a recent correspondence from a family member served by this student cohort: There are students from ORU who work with the healthcare patients at Oklahoma Methodist Manor (OMM). Prior to the COVID-19 lock down, they visited OMM weekly and interacted with the residents, including my mother. On multiple occasions, I attended the ORU students' presentations to the OMM residents. They did impromptu acting, singing, stories, and all other activities. Mom and I thoroughly enjoyed their youthfulness, energy and love of serving others. It was remarkable. Now, despite the lack of F2F communication, an ORU student FaceTimes with Mom and they create fun stories based on a visual prompt. It is one of the highlights of Mom's week. Tell the instructor how much the family appreciates the outreach. It has made a difference (8/2020).

6. **Describe any open questions that faculty members have concerning the program that they are *waiting on future data* to evaluate for decision-making.**
   The 2021 graduating class was the first cohort to complete the concept-based curriculum change. Evaluation of this groups NCLEX-RN pass rate, employment rate, and new graduation survey data is ongoing.