College of Health Sciences

2018 – 2021 | Program Review Reports

Doctor of Nursing Practice (Online)

Program Review | 2018-2021

Department Dean: Dr. Dean Prentice
Assessment Coordinator: Ms. Rachael Valentz

Table of Contents

I. Number of Majors | 2018 - 2021

Online:

Fall 2018	Fall 2019	Fall 2020	Fall 2021
NA	NA	9	6

Program began in Fall 2020

II. Graduation Rate | Cohort of 2008 - 2014

Program started in Fall 2020.

III. Program Outcomes

#	Program Outcome
1	**Integrate** theoretical and scientific knowledge to provide safe, evidence-based health care to individuals and populations in a variety of settings.
2	**Apply** clinical scholarship methods to make ethical clinical and system decisions to improve healthcare outcomes.
3	**Use** clinical scholarship, leadership, and advocacy skills to influence health policy to improve healthcare outcomes.
4	**Apply** information systems and technology to support clinical and organizational decision making.
5	**Perform** whole person, Spirit-empowered leadership in APN practice in inter-professional collaboration and in the support and progression of healthcare operations.

IV. Planned Program Outcome and Artifact Alignment

PROGRAM OUTCOME (PO)	MASTERY LEVEL COURSE	DIRECT EVIDENCE (ARTIFACT) OF STUDENT LEARNING	PROCESS AND LOCATION FOR THE ASSESSMENT
Integrate theoretical and scientific knowledge to provide safe, evidence-based health care to individuals and populations in a variety of settings.	GDNP 636 Primary Care for Families IV – Adults and Older Adults	Course not written	Will likely be their final OCSE (Objective Clinical Simulation Experience) via on-campus residency
Apply clinical scholarship methods to make ethical clinical and system decisions to improve healthcare outcomes.	GDNP 813 Integrative Application of Evidence III	Course not written	Will likely be the DNP Scholarly Project
Use clinical scholarship, leadership, and advocacy skills to influence health policy to improve healthcare outcomes.	GDNP 750 Health Policy, Economics and Finance	Being written now	Project 4: Policy Analysis, Part 4
Apply information systems and technology to support clinical and organizational decision making.	GDNP 637 Primary Care for Families IV – Adults and Older Adults Practicum	Course not written	Will likely be their final SOAP Note; may have to add input by Preceptor re: eHR use in integration of care
Perform whole person, Spirit-empowered leadership in APN practice in inter-professional collaboration and in the support and progression of healthcare operations.	GDNP 637 Primary Care for Families IV – Adults and Older Adults Practicum	Course not written	Will likely be their final SOAP Note

V. Artifacts for Program Assessment

Snapshot Assessment Used During Program Development

#	Course	Artifact
1	GDNP 621	SOAP Note 5 | SN5
2	GDNP 622	OSCE | OSCE
3	GDNP 623	SOAP Note 3 | SN3
4	GDNP 742	Project 2: The Clinical Scholar | P2
5	GDNP 742	Project 3: Effective Spiritual Leadership | P3
6	GDNP 742	Project 4: Biblical Leadership in Healthcare | P4
7	GDNP 718	Project 3: Applying Nursing Informatics to Your DNP Project | P3
8	GDNP 718	Project 4: Heuristic Evaluation of Usability | P4

Established Artifact Descriptions: As of this writing (12/17/21) GDNP 750 Project 3: Policy Analysis Paper – DNP PO #3
This project requires the DNP students to identify a health issue. They will collect data and information to support their choice for choosing this health topic, including things like relevance to advanced practice nursing and impact to the community to improve healthcare outcomes. The students will select policy options that address this issue. They must include unpopular views and not just their own. They will explore strategies to adopt policies to help and/or correct the health issue and how to influence policy/ies enactment at their facility or within their organization using clinical scholarship, leadership, and advocacy skills. The students must include stakeholder engagement and education.

VI. Primary Evidence

A. Program Outcomes

#	Program Outcome	2018 - 2019		2019 - 2020		2020 - 2021	
		n	score	n	score	n	score
1	**Integrate** theoretical and scientific knowledge to provide safe, evidence-based health care to individuals and populations in a variety of settings.	-	-	-	-	2	3.50
2	**Apply** clinical scholarship methods to make ethical clinical and system decisions to improve healthcare outcomes.	-	-	6	3.17	6	3.50
3	**Use** clinical scholarship, leadership, and advocacy skills to influence health policy to improve healthcare outcomes.	8	4.00	8	3.88	-	-
4	**Apply** information systems and technology to support clinical and organizational decision making.	-	-	14	4.00	-	-
5	**Perform** whole person, Spirit-empowered leadership in APN practice in inter-professional collaboration and in the support and progression of healthcare operations.	8	4.00	14	3.64	6	3.50

B. Artifact Outcomes

Artifact Outcomes	2018 - 2019		2019 - 2020		2020 - 2021	
	n	score	n	score	n	score
SOAP Note 5 | SN5	-	-	6	3.17	2	3.50
OSCE | OSCE	-	-	-	-	-	-
SOAP Note 3 | SN3	-	-	-	-	-	-
Project 2: The Clinical Scholar | P2	4	4.00	4	4.00	-	-
Project 3: Effective Spiritual Leadership | P3	4	4.00	4	3.75	-	-
Project 4: Biblical Leadership in Healthcare | P4	4	4.00	4	4.00	-	-
Project 3: Applying Nursing Informatics to Your DNP Project | P3	-	-	7	4.00	2	3.50
Project 4: Heuristic Evaluation of Usability | P4	-	-	7	4.00	2	3.50

C. Criterion Outcomes

Data not available.

D. University Whole Person Outcomes

Data is not available.

VII. 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. The DNP Department utilizes the DNP Committee to make decisions, revisions and evaluate feedback that influences and directs program improvement. Instructors and students are asked to evaluate the courses at course completion. The Director evaluates courses prior to each new offering and the DNP Committee evaluates courses, clinical sites, Student Opinion Surveys, outside vendor surveys and student support services each Fall. Student Opinion Surveys evaluate the course and the instructor. The first evaluation occurred Fall 2021. The DNP Committee is scheduled to evaluate faculty in Spring 2022.
    b. I have no clue what this is! Sorry…
    c. I do not have this data yet…
    d. The initial meeting occurred on December 16, 2021. The AVSON gained valuable insight from multiple participants but none were DNP-specific.

2. What process do you use to *implement your recommendations?*
    a. **Once courses are reviewed by various sources (students, instructors, Faculty via the DNP Committee and the Director prior to each new offering), the necessary adjustments are sent to the Online Design and Support Team by the Director via Wrike requests.**
    b. **The revisions are added to the syllabi and course content. This may include DNP Guidebooks as well.**

3. How do you "close-the-feedback loop" and *review the effects of your changes*?
    a. **We are a new program so many courses have not been offered more than once yet. The ones that have are reviewed as outlined above in numbers 1 and 2 with revisions occurring continually or as needed as outlined in number 2.**

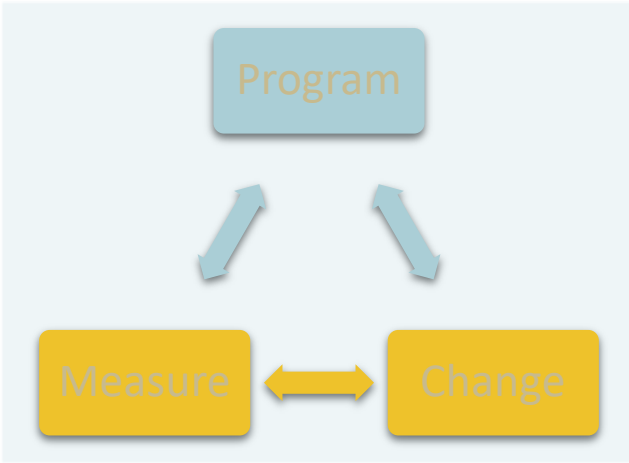
VIII. Continuous Program Improvement Description

1. How have the results of assessment directly affected program changes for the future?

For each of the following questions:

- *Place any key documents that you reference in the folder with this document*
- *Describe who's involved.* Please make reference to faculty, instructional, and other staff members involved in the processes and methodologies to assess student learning
- *Describe when the activity took place*

1. Since 2016, *how have the results of assessment directly affected program changes for the future*? (Note: the DNP program launched in January 2020.
   - Provide data used to support the need for improvement. Data may come from:
     - **i.** ORU, program, artifact-rubric, and criterion line scores – **not available yet**
     - **ii.** **Professional accreditation reviews, student surveys, alumni and stakeholder feedback, market reports, etc. – all evaluations are reviewed by the Director and the DNP Committee and revisions are made as already outlined. As of this writing (12/17/21), we do not have accreditation reviews, alumni or stakeholder feedback or market reports.**
   - Changes may have taken place in the following areas:
     - i. Course content, artifacts, and rubrics – **courses are revised as outlined above; at this point we are developing our first WPA artifact for GDNP 750, a course that will be offered in spring 2022; DNP rubrics are being developed at this time, including the WPA Rubric.**
     - **ii.** Instructional strategies, including a change in the use of technology – **we are an online program and have used consistent technology approaches via D2L since our launch. Since we are a medical program, we utilize simulation software (Shadow Health) as well as on-campus residencies most semesters.**
     - iii. Sequencing or repetition of material in an individual course or as a whole program – **not sure what this is asking for?**
     - **iv.** Updating program outcomes – **our first program outcome review is due in 2023**
     - **v.** Updating a curriculum map – **this is being done and was recently done with Trevor Ellis, fall 2021**



vi. Updating the program's master rubric – **not sure what this is? As of this writing (12/17/21), any Rubrics are being developed with Trevor Ellis.**

- As available, provide data that demonstrates the impact your changes had on meeting program outcomes. See trends in the data tables. **– Again, our program is new and we are in constant re-evaluation by students, faculty via the DNP Committee, Instructors and the Director. We do not have data that demonstrate impact from changes yet. Current feedback is positive, overall.**

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? **Not applicable yet**

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.

   The 2021 AACN (new) Essentials/Domains are being mapped into our courses as they are offered (previous courses) or written (new courses). Eventually we will have revised all courses. Based on CCNE consultant (2) recommendations regarding market trends, we increased our direct clinical hours from 500 to 875 and decreased our indirect clinical hours from 500 to 125 from Cohort 1's first clinical rotation. Student surveys have been positive overall with minor changes enacted as needed. We do not have alumni or stakeholder feedback yet.

4. Describe any data-driven decisions that faculty members made to *open this program* since 2020. Please provide evidence of data informing the decision to open the program.

5. Describe your stakeholder participation from alumni, community members, businesses, other organizations, etc.
   - Who are they? **Our Community of Interest (COI) is being defined as of this writing in the writing of our Self Study, Standard I. Participation of community members to this point has included patients, preceptors, community sites, Sigma Theta Tau. As of this writing we have had positive feedback from community members. We do not have alumni yet.**
   - What feedback have you received? **So far, community feedback has been positive**.
   - How have you used the feedback for continuous improvement? **We value the feedback from all involved in the DNP program – both internal and external members. All feedback is reviewed by the Director, the DNP Committee and if needed, the Associate Dean of the AVSON. All feedback is reviewed and revisions made, as needed.**

6. Describe any open questions that faculty members have concerning the program that they are *waiting on future data* to evaluate for decision-making. **None**

BS Healthcare Administration (Online)

Program Review | 2018-2021

Department Dean: Dr. Dean Prentice
Assessment Coordinator: Ms. Rachael Valentz

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I. Number of Majors | 2018 - 2021

Online:

Fall 2018	Fall 2019	Fall 2020	Fall 2021
0	8	22	21

II. Graduation Rate | Cohort of 2008 – 2014

Program opened in 2019.

III. Program Outcomes

#	Program Outcome
1	Analyze the intricate operations of healthcare financial management for organizations.
2	Examine ethical, legal, and regulatory requirements of the healthcare industry.
3	Analyze strategic planning in the delivery of health and healthcare.
4	Demonstrate innovative leadership principles in the production of healthcare operations.
5	Perform whole person, spirit empowered leadership practice in the support of healthcare operations.

IV. Artifact Descriptions

1. **Spirit-Empowered PHM (LHCA 340)** Artifact Rubric which assess a student plan for impact a community's healthcare. PHM equals Population Healthcare Management.
2. **Patient Safety Proposal (LHCA 420)** Students develop a proposal for implementing and evaluating a patient safety improvement intervention that is appropriate to address the problem and feasible for the selected health care setting. (i.e. inpatient, outpatient, dental, etc.). Students are evaluated on their understanding of healthcare laws and regulations, application of project management abilities, integration of evidence-based research practices, use of quality management processes, and change management strategies.

V. Artifacts for Program Assessment

***Snapshot Assessment During Program Development**

#	Course	Artifact
1	GDNP 621	SOAP Note 5 | SN5
2	GDNP 622	OSCE | OSCE
3	GDNP 623	SOAP Note 3 | SN3
4	GDNP 742	Project 2: The Clinical Scholar | P2
5	GDNP 742	Project 3: Effective Spiritual Leadership | P3
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8	GDNP 718	Project 4: Heuristic Evaluation of Usability | P4

VI. Competency Curriculum Map

Competency Curriculum Map	HCA 220 Design in Healthcare Delivery	HCA 240 Healthcare to the Nations	HCA 320 Quality Process Improvement	NUR 335 Healthcare Infomatics	NUR 365 Evidence Based Practice **(M: PLO #2)**	HCA 340 Population Health Management **(M: PLO #5)**	HCA 420 Healthcare & Patient Safety Management **(M: PLO #1)**	HCA 430 Emergency and Disaster Management in Healthcare **(M: PLO #4, #5)**	HCA 440 Leadership in Health Administration **(M: PLO #1, #4)**	HCA 451 Healthcare Internship	HCA 498 Research/Senior Paper I	HCA 498 Research/Senior Paper II **(M: PLO #2, #3)**
Financial Analysis		x			X							X
Health Systems		x		X	X							X
Healthcare Economics		x		X	X							X
Healthcare Laws and Regulations				X	X		**X**					X
Information Technology			x	X								X
Marketing				X								X
Project Management							**X**					
Data Analysis			x	X	X							X
Evidence Based Practice			x				**X**					
Ethical Decision Making												
Human Resource Management								**X**				

Population Health Management		x		X	X							X
Quality Management			x	X	X		**X**					X
Roles and Responsibilities			x		X			**X**				X
Body, Mind, Spirit Development			x			**X**			**X**			
Communication Skills			x			**X**						
Conflict Resolution		x						**X**				
Critical Thinking		x	x	X		**X**						X
Self-Assessment									**X**			
Self-Confidence						**X**						
Work / Life Balance												
Change Management				X			**X**					X
Innovation			x						**X**			
Leadership Development		x	x						**X**			
Organization Engagement			x			**X**						
Strategy Development					X			**X**				X
Talent Management												
Team Development									**X**			

VII. Primary Evidence

A. Program Outcomes

#	Program Outcome	2018 - 2019		2019 - 2020		2020 - 2021		2021 - 2022	
		n	score	n	score	n	score	n	score
1	Analyze the intricate operations of healthcare financial management for organizations.	-	-	-	-	2	3.50	-	-
2	Examine ethical, legal, and regulatory requirements of the healthcare industry.	25	3.56	-	-	13	3.69	4	3.25
3	Analyze strategic planning in the delivery of health and healthcare.	-	-	-	-	-	-	12	3.33
4	Demonstrate innovative leadership principles in the production of healthcare operations.	-	-	-	-	-	-	6	3.67
5	Perform whole person, spirit empowered leadership practice in the support of healthcare operations.	-	-	-	-	4	3.50	6	3.67

B. Artifact Outcomes

#	Artifact Outcome	2018 - 2019		2019 - 2020		2020 - 2021		2021 - 2022	
		n	score	n	score	n	score	n	score
1	Quantitative Research Designs| P4	13	3.46	-	-	5	3.60	5	4.00
2	Qualitative Research Designs| P6	12	3.67	-	-	4	4.00	4	4.00
3	Spirit Empowered PHM | P7	-	-	-	-	4	3.50	-	-
4	Patient Safety Proposal | P7	-	-	-	-	2	3.50	-	-
5	Basic Emergency Response Plan | P6	-	-	-	-	-	-	6	3.67
6	Leadership Development Plan | P7	-	-	-	-	-	-	6	4.00

C. Criterion Outcomes

No data available.

D. University Whole Person Outcomes

ORU Whole Person Outcomes		2018 - 2019		2019 - 2020		2020 - 2021	
		n	score	n	score	n	score
1A	Biblical Literacy	-	-	-	-	18	3.89
1B	Spiritual Formation	-	-	-	-	39	3.94
2A	Critical Thinking, Creativity & Aesthetic Appreciation	-	-	-	-	-	-
2B	Global & Historical Perspectives	-	-	-	-	-	-
2C	Information Literacy	-	-	-	-	-	-
2D	Knowledge of the Physical & Natural World	-	-	-	-	-	-
3A	Healthy Lifestyle	-	-	-	-	-	-
3B	Physically Disciplined Lifestyle	-	-	-	-	-	-
4A	Ethical Reasoning & Behavior	-	-	-	-	21	3.86
4B	Intercultural Knowledge & Engagement	-	-	-	-	-	-
4C	Written & Oral Communication	-	-	-	-	-	-
4D	Leadership Capacity	-	-	-	-	8	3.56

VIII. Program Assessment Process Description

IX. Continuous Program Improvement Description

Research, including a 17% high growth in occupations in Healthcare, for a possible online major in Healthcare was first discussed with the College of Business in March of 2017, given the non-clinical nature. After that time, the Dean of Nursing introduced ORU to Dr. Dean Prentice. Following this proof of concept, the College of Nursing decided to host this degree and an HLC application was filed in July 2018, with the hiring of Prentice as of August 1, 2018 to create the curriculum and teach in the program come 2019 Fall.

This program developed 10 new courses from 2018 to 2021.

This program has remained stable, with minor updates to project descriptions, as faculty have called for.

In March of 2019, the faculty approved an 18-hour online Minor in Healthcare for Fall 2019.

Master of Science in Nursing (Online)

Program Review | 2018-2021

Department Dean: Dr. Dean Prentice
Assessment Coordinator: Ms. Rachael Valentz

Table of Contents

I. Number of Majors | 2018 - 2021

Online:

Fall 2018	Fall 2019	Fall 2020	Fall 2021
-	-	4	4

II. Graduation Rate | Cohort of 2008 - 2014

No data as program began in Fall 2019.

III. Program Outcomes

#	Program Outcomes
1	Value ethical principles and Holy Spirit empowerment in the nurse educator role.
2	Formulate a personal leadership style that influences successful role enactment.
3	Distinguish (between) variables that impact quality indicators to realize intended outcomes.
4	Appraise teaching/learning strategies within a variety of education settings.
5	Choose immersive technologies to enhance the teaching/learning process.
6	Interpret the impact of current environmental contexts on nursing education in various settings.

IV. Program Outcome and Artifact Alignment

1. Planned Artifacts

Note: These artifacts are in development

Academic Program Assessment Plan			
Nursing			
Please list the Program Outcomes. Next indicate the mastery course and assignment where Direct Evidence of student learning will be collected for your degree program and how the Evidence will be assessed. **The MSN with the Nursing Education Concentration will:** Prepare professional nurses as competent educators with the essential skills to teach in a variety of health care settings as demonstrated by the ability to:			
Program Learning Outcome	**Mastery Level Course**	**Direct Evidence (Artifact) of Student Learning**	**Process and Location for Assessment**
Value ethical principles and Holy Spirit empowerment in the nurse educator role.	GNUR 575, 580, 598, 599	✓ GNUR 575 – Nursing Education Curriculum Unit Design Project ✓ GNUR 580 – QI Project of Nursing Education Curriculum Unit Presentation ✓ GNUR 598 - Project Proposal ✓ GNUR 599 – Capstone Project Presentation	✓ Rubric/WPA Assessment ✓ Rubric/ WPA Assessment ✓ Rubric/ WPA Assessment ✓ Rubric/ WPA Assessment
Formulate a personal leadership style that influences successful role enactment.			
Distinguish (between) variables that impact quality indicators to realize intended outcomes.			
Appraise teaching/learning strategies within a variety of education settings.			
Choose immersive technologies to enhance the teaching/learning process.			
Interpret the impact of current environmental contexts on nursing education in various settings.			

A. Snapshot Assessment During Program Development

Note: These artifacts are being used to assess the program until the complete assessment program is established using the artifacts above.

#	Course	Artifact
1	GNUR 512	WPA-MSN-NEDC-OL-Philosophy of Nursing (GNUR 512P3)
2	GNUR 512	WPA-MSN-NEDC-OL-Teaching Philosophy (GNUR 512P4)
3	GNUR 513	Project 4: Spirit-Empowered Nursing Educators
4	GNUR 598	Project 4: Reflection Journal
5	GNUR 599	WPA-MSN-NEDC-OL-Capstone Final Project (GNUR 599P3)

VI. Curriculum Map

ANNA VAUGHN COLLEGE OF NURSING Curriculum Map * **INTRODUCTORY**- introduce learning goals (update or initial reflection) * **DEVELOPMENTAL**- develop/emphasize learning goals (places of formative assessment) * **MASTERY**- mastery/measure learning goals (assignments, capstones, places of summative assessment)			PROGRAM LEARNING OUTCOME #1	PROGRAM LEARNING OUTCOME #2	PROGRAM LEARNING OUTCOME #3	PROGRAM LEARNING OUTCOME #4	PROGRAM LEARNING OUTCOME #5	PROGRAM LEARNING OUTCOME #6	
Course Code	Required	Course Name							
GNUR 501	R	Graduate Orientation	I				I		
GNUR502	R	Scholarship and Research	D		D				Project 7
GNUR511	R	Immersive Technology & Informatics			D		D		Project 4
GNUR512	R	Contextual Influences on Education	D			I	D	D	Project 4
GNUR513	R	Leadership & Systems Management		D					Project 3
GNUR516	R	Advanced Pathophysiology	D		D				Project 7
GNUR517	R	Advanced Health Assessment	D	D	D				Project 3
GNUR518	R	Advanced Pharmacology			D	D			Project 3
GNUR575	R	Curriculum Design and Implementation	D	D	D	M	M	D	Project 3
GNUR580	R	Curriculum Evaluation	D	D	M	D	D	M	Project 3
GNUR598	R	Teaching Learning Capstone I	D	D	M	D	D	M	Project 2,3
GNUR 599	R	Teaching Learning Capstone II as of 12-10-20, course under construction							

VII. Primary Evidence

A. Program Outcomes

#	Program Outcome	2018 – 2019		2019 – 2020		2020 – 2021	
		n	score	n	score	n	score
1	Value ethical principles and Holy Spirit empowerment in the nurse educator role.	-	-	4	3.25	4	4.00
2	Formulate a personal leadership style that influences successful role enactment.	-	-	1	4.00	-	-
3	Distinguish (between) variables that impact quality indicators to realize intended outcomes.	-	-	-	-	2	4.00
4	Appraise teaching/learning strategies within a variety of education settings.	-	-	4	3.25	4	4.00
5	Choose immersive technologies to enhance the teaching/learning process.	-	-	4	3.25	4	4.00
6	Interpret the impact of current environmental contexts on nursing education in various settings.	-	-	4	3.25	6	4.00

B. Artifact Outcomes

Artifact Outcomes	2018 – 2019		2019 – 2020		2020 – 2021	
	n	score	n	score	n	score
WPA-MSN-NEDC-OL-Philosophy of Nursing (GNUR 512P3)	-	-	2	3.00	2	4.00
WPA-MSN-NEDC-OL-Teaching Philosophy (GNUR 512P4)	-	-	2	3.50	2	4.00
Project 4: Spirit-Empowered Nursing Educators	-	-	1	4.00	-	-
Project 4: Reflection Journal`	-	-	-	-	1	4.00
WPA-MSN-NEDC-OL-Capstone Final Project (GNUR 599P3)	-	-	-	-	1	4.00

C. Criterion Outcomes

Data not available.

D. University Whole Person Outcomes

Data not available.

VIII. Program Assessment Process Description

IX. Continuous Program Improvement Description

B.S. Nursing (Residential and Online)

Program Review | 2018-2021

Department Dean: Dr. Dean Prentice
Assessment Coordinator: Ms. Rachael Valentz

Table of Contents

I. Number of Majors | 2018 - 2021

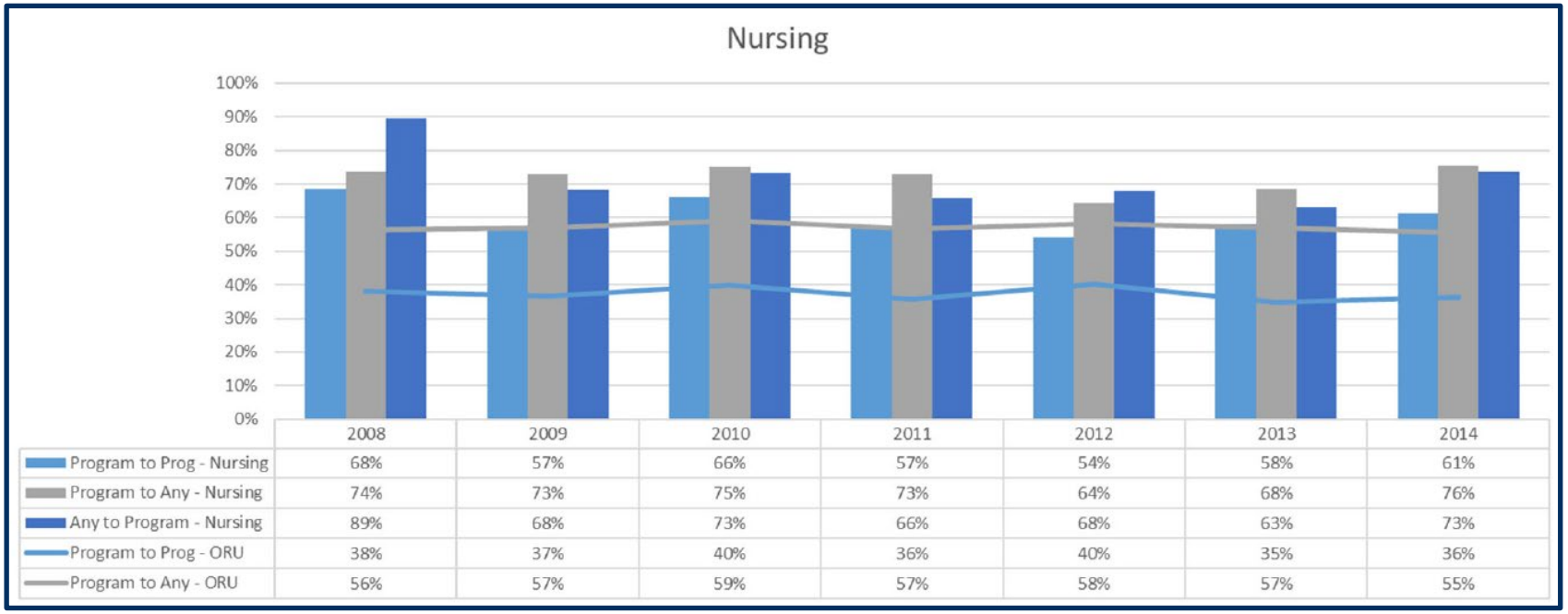
Residential:

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

II. Graduation Rate | Cohort of 2008 - 2014



	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%

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.

V. Artifact and Program Outcome Alignment

#	Artifact	Program Outcome														
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																
13																
14																

VI. 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

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

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	-	-

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**	**-**	**-**	**-**	**-**

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	-	-

VII. 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.

VIII. 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*
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.