

St. Mary's/Marshall University
Associate in Science in Nursing

Annual Report 2006 – 2007

Submitted November 2007

ANNUAL REPORT

I. ASSESSMENT ACTIVITIES

A. Program Goals

The goal of the St. Mary's/Marshall University Cooperative Associate in Science in Nursing Program is congruent with the mission of Marshall University.

Our goals must also be congruent with St. Mary's Medical Center. Our goals were therefore revised and approved by the Faculty Organization in its June 2007 meeting. The revised goals also included objectives which are sealed in measurable terms. (See Appendix A for the evaluation of the ASN program goals for the 2006-2007 academic goals.)

A formal Systematic Evaluation Plan is in place for the St. Mary's/ Marshall University Cooperative ASN Program. The components being evaluated include:

- Mission and Governance
- Faculty
- Student
- Curriculum and Instruction
- Resources
- Integrity
- Educational Effectiveness

The assessment plan is implemented by ad hoc committees out of the St. Mary's Faculty Organization. The program was evaluated by site visitors from the National League for Nursing Accrediting Commission (NLNAC) during the fall of 2002. A thorough self-study was submitted to NLNAC also in 2002. The NLNAC Review Panel and the NLNAC Commission met in early 2003 and reviewed the site visitors' report and the self study. The school received the maximum eight year approval. Only strengths were noted, with no areas of weakness. (See Appendix B for letter from NLNAC.)

The faculty review the evaluation data to be used for program development, maintenance and revision. NLNAC revised their standards and criteria in 2005. Therefore, St. Mary's/Marshall University Cooperative ASN Program faculty reviewed the new standards and criteria and has updated the program's systematic plan. The faculty approved a calendar for reviewing each component at the May 2007 meeting of the Faculty Organization. A revised template was also approved at this same meeting. (A copy of the schedule and the Systematic Evaluation Plan is included in Appendix C.)

B/C Learning Outcomes/Data Collection/Results

The National League for Nursing Accrediting Commission (NLNAC) is the recognized accrediting body for nursing and has stipulated in the Interpretive Guidelines for Standards and Criteria (2006) that an Associate Degree nursing program must demonstrate attainment of four required program outcome criteria.

The Revised Role and Competencies of the Associate Degree Graduate were incorporated into the courses. The course and clinical objectives reflect these competencies. (See the course and clinical syllabus.)

The four program outcomes used to evaluate the Cooperative ASN Program are performance on licensure examination, job placement rates, program satisfaction, and graduation rates. Our outcomes and definitions were changed to reflect the new 2005 NLNAC outcomes.

Criteria for each of the required and selected outcomes are measured at the end of the program during the students' final semester.

Definition of Outcomes:

1. Licensure Pass Rate: Performance on licensing examination (NCLEX) is the percentage of graduates passing NCLEX-RN on the first attempt.

Defined Level of Achievement: 90% or greater of students pass the NCLEX-RN on the first attempt. This data is collected from reports submitted to each school by the WV Board of Examiners for RN's.

The NCLEX pass rate for first time takers for the school year 2006-2007 was 89%. This included both basic and LPN-RN Bridge students. Table 1 trends the school's passing rate with the state and national levels for the last five years.

Table 1: Licensure Pass Rate

CLASS	# OF GRADS	% PASSING	WV PASS RATE	NATIONAL PASS RATE
2007	91 May 2007–Dec 2006	89%	Unknown at this time	Unknown at this time
2006	77	86%	89%	89%
2005	87	93%	88%	88%
2004	70	89%	84%	85%
2003	56	95%	88%	88%

2. Job Placement Rates: The number or percentage of students who sought employment as a nurse after graduation.

Defined Level of Achievement: 90% or greater of graduates seeking employment as a RN will be employed within 6 months of graduation. This data is collected by the faculty. The employment data does indicate that the graduates who are seeking employment do work as graduate nurses. Table 2, Job Placement Rates reflects this data.

Table 2: Job Placement Rates

CLASS	#GRADUATES	# EMPLOYED &%	NO INFORMATION AVAILABLE	# NOT SEEKING EMPLOYMENT
2007	91	88/97%	0	3
2006	77	74/96%	1	2
2005	87	85/98%	2	0
2004	70	66/94%	4	0
2003	56	51/95%	2	3

3. Program Satisfaction: Program satisfaction is the degree to which the graduates rate the effectiveness and quality of the nursing education program.

Defined Level of Achievement: Graduates will indicate satisfaction with the program with 2.99 or less. To assess graduate satisfaction with the program, the St. Mary's Graduate Questionnaire is the primary source of data. Due to poor return rates of the Alumni Questionnaire, the St. Mary's Graduate Questionnaire was revised to add a question asking respondents to rate their satisfaction with the program in 2002. The Classes of 2002, 2003 and 2004 results of the Alumni Questionnaire were added together in order to have a larger return rate. Data collected and trended indicates overall graduate satisfaction. Table 3, Program Satisfaction illustrates the data.

Table 3: Program Satisfaction

CLASS	ST. MARY'S GRADUATE QUESTIONNAIRE	ALUMNI QUESTIONNAIRE	MU GRADUATING SENIOR QUESTIONNAIRE
2007	Data not available	N/A	Data not available
2006	1.72	100%	*3.67
2005	1.53	Data not available	*3.89
2004	1.84	***1.00	*3.86
2003		***1.00	**100%

Likert Scale: 1 = Highest; 5 = Lowest

*Likert Scale: 5 = Highest; 1 = Lowest

**Percent of those responding to agree/valuable or higher

***Alumni Questionnaire results compiled for Classes of 2002, 2003 and 2004

12. Graduation Rates: Graduation rates are defined as the percentage of students successfully completing the program within four years.

Defined Level of Achievement: 75% or greater of students who enter the program will graduate within four years.

This level of achievement was met.

Graduation rates for the last five years have been calculated, based on criteria that the students must graduate in the specified time of four years. Table 4 demonstrates the admission/retention/graduation rates. This data is collected on a continual basis by the Director.

The faculty of St. Mary's School of Nursing are committed to be available to all students. Each student is assigned an advisor at the beginning of each year of the program. The faculty member meets during the year with each advisee. The faculty also makes every effort to contact their respective advisees who are experiencing difficulty in the program to assess the problems and problem solve for solutions.

It is a requirement that any student scoring below a 76% on any unit exam meet with the assigned advisor to review the exam.

In the Fall of 2006, we required all first year nursing students to take a course titled, Academic Success for the ASN Student. This course focused on content specific for nursing students such as Taking Nursing Exams and Utilizing the Nursing Process. We will be monitoring results to assess if the course was beneficial.

Table 4: Admission/Retention/Graduation Rates

CLASS	ADMISSIONS		GRADUATED		RETENTION RATE	
	Basic	Bridge	Basic	Bridge	Basic	Bridge
2007	91 + 11 Readmits <u>- 8 Extended</u> 94	6 +13 <u>- 1Extended</u> 18	6	16	82%	89%
2006	99 +10 Readmits <u>- 10 Extended</u> 99	Bridge 4 <u>+8</u> 12	Basic 73	Bridge 12	Basic 78%	Bridge 100%
2005	95 +14 <u>- 8 Extended to Class of 2006</u> 101			87		86%
2004	91 + 6 <u>- 11 Extended to Class of 2005</u> 86			70		81%
2003	77 <u>- 5 Extended to Class of 2004</u> 72			56		78%

Academic difficulty is not the only reason a student may withdraw from the program. It is important to look at the number of students who withdraw for other reasons. Table 5 demonstrates reasons for withdrawal over the past 7 years.

Table 5: Reason for Withdrawal

CLASS	ACADEMIC	HEALTH	PERSONAL	OTHER
2007	12	1	1	9
2006	17	2	2	1
2005	5	1	7	1
2004	5	1	7	0
2003	11	0	5	0

According to an ACT news release, college graduation rates are shown to be 28.9% for two year colleges and 52.3% for four year colleges in 2006 (www.act.org). These rates show that St. Mary's School of Nursing is above the average in retention when compared to overall college retention rates.

Class	Public Institutions	Private Institutions	All Institutions
2002	41.2	55.5	51.0
2001	41.9	55.1	50.9
2000	41.9	55.5	51.2
1999	42.2	55.8	51.6

The National Center for Higher Education Management Systems (NCHEMS) gives the following data for graduation rates for associate degree students and bachelors students in the United States (www.nchems.org):

Year	Associate	Bachelor
2005	29.3	55.6
2004	30.0	55.3
2003	30.6	54.3

These rates also confirm that St. Mary's School of Nursing is above the average when compared to overall college graduation rates.

At the end of each semester, the St. Mary's Associate Degree Academic Planning and Standards Committee reviews course and clinical syllabi for activities and evaluation criteria related to the learning outcomes. Copies of course syllabi are submitted with this report.

In order to successfully complete the required courses, students must demonstrate the satisfactory achievement of the following learning outcomes:

- Nursing Process – includes assessment and clinical decision making
- Therapeutic Nursing Interventions/Caring
- Collaboration
- Managing Care
- Therapeutic Communication
- Teaching/Learning
- Critical Thinking

Table 7 illustrates the data for the last 4 years, obtained from St. Mary's Graduate Questionnaire.

Table 7: Learning Outcomes

	Class of 2007	Class of 2006	Class of 2005	Class of 2004
Nursing Process	N/A	1.95	1.35	1.84
Therapeutic Nursing Interventions	1.41	1.84	1.36	1.74
Caring	1.36	1.82	1.36	1.60
Collaboration	1.48	1.82	1.36	1.64
Managing Care	N/A	1.81	1.46	1.68
Therapeutic Communication	1.53	1.77	1.41	1.67
Teaching/Learning	N/A	1.85	1.41	1.64
Critical Thinking	1.45	1.77	1.42	1.66

* Likert Scale: 1 = Excellent; 5 = Poor

At the end of each course, students complete evaluations of the course. The required learning outcomes are a part of these evaluations. (See Appendix D for Fall 2005 and Spring 2006 course evaluations.)

Performance on NCLEX examination is described in Section II, Senate Bill 653 Compliance, and also in Table 1 in Section I.

II. SENATE BILL 653 COMPLIANCE:

St. Mary's/Marshall University Cooperative ASN Program meets the requirements of Senate Bill 653. The program implements a Systematic Evaluation and evaluation achievement of goals annually. Both the Systematic Evaluation and the goals are attached to this report in the appendices.

The national standard for assessing the knowledge and skills of graduates of nursing programs is the licensing examination (NCLEX-RN). The benchmark established by the faculty of the St. Mary's/Marshall University Cooperative ASN Program is: 90% of the graduates will pass the NCLEX-RN on the first attempt. The Class of 2007 did not meet the benchmark, as their pass rate was 89%.

The West Virginia Board of Examiners for Professional Registered Nurses (WVBOE-RN) approved the program in October 2007. An annual report was submitted to the WVBOE-RN prior to the October meeting. The nursing program was approved with no deficiencies noted. A copy of the approval letter is included in Appendix F.

During the 2006-2007 academic year, we implemented the Systematic Program Evaluation Plan in the areas of Faculty and Students. Faculty was evaluated in the Fall of 2006, and Students was evaluated in the Spring of 2007.

The review of Faculty indicated all levels of achievement were met. The area for Students was evaluated in the Spring of 2007. Levels of Achievement for Students were met with 97-100%.

III. PLANS FOR THE CURRENT YEAR:

The plans for the 2007-2008 academic year include implementation of the Systematic Program Evaluation Plan in the areas of Curriculum, Resources, and Integrity. Curriculum will be evaluated during the Fall of 2007, and Resources and Integrity will be evaluated in the Spring of 2008.

The Goals for 2007-2008 academic year are included in Appendix G.

IV. ASSISTANCE NEEDED:

The continued timely return of course and graduate evaluation data is greatly appreciated.

V. IMPORTANT THINGS LEARNED:

As with any assessment, the faculty always find that program strengths and weaknesses are identified. Therefore, the faculty can try to correct weaknesses and continue to build upon strengths.

The faculty continue to work diligently to assist students who are having academic difficulty. We did revise our criteria for admission to the school for the next pool of applicants. It will be interesting to see if that assists in increasing our retention rate.

VI. The chart titled "Assessment of Student Outcomes: Component/Course/Program Level" is completed and follows this page.

Marshall University
Assessment of Student Outcomes: Component/Course/Program Level

Component Area/Program/Discipline: St. Mary's/Marshall University Cooperative Associate Degree Nursing Program

Student Outcomes as Required by NLNAC	Person or Office Responsible	Assessment Tool or Approach	Standards/Benchmark	Results/Analysis	Action Taken
Job Placement Rate	Shelia Kyle, Director & Faculty	Roster with names and places of employment	90% or greater of graduates seeking employment as a RN will be employed 6 months of graduation	The Class of 2007 did meet this benchmark with a 98% employment rate.	Continue – No action needed at this time.
Performance on Licensure Examinations	Shelia Kyle, Director	Data from WVBOE-RN	90% or greater of student pass the NCLEX-RN on the first attempt	The data for the Class of 2007's pass rate was 89%	Continue to advise review courses for students. Also, investigating other standardized tests to help identify students at risk.
Graduation Rates	Shelia Kyle, Director	Roster of names with data	75% or greater of students who enter the program will graduate within four years	The retention rate for the Class of 2006 was 82% when including readmits and transfers into the class. The goal was met.	Continue. Will continue to utilize the Academic Support Center for at risk students. Did develop Strive for Success policy and description earlier. Will monitor.
Program Satisfaction	Shelia Kyle, Director & Faculty	St. Mary's Graduate Questionnaire	Graduates will indicate satisfaction with the program with a mean of 2.99 or less (Likert Scale: 1 = highest 5 = lowest)	Exit interviews indicated students were pleased with the program.	Will monitor.

Evaluation of Goals 2006-2007

Service:

1. Maintain a satisfactory graduation rate.

a. Achieve a graduation rate of 80%.

Goal met. The Bridge classes of December 2006 and May 2007 had a graduation rate of 100%. The Basic class of May 2007 had a graduation rate of 82%.

2. Provide academic support to students at risk of academic failure.

a. Continue enhancement of the existing services/resources for the students (Computer Lab, Nursing arts Lab, and Academic Support room).

Goal met. Monies paid by students for make-up labs were used to purchase the materials for a review course which was presented to the second year students. In addition, computer program software and books were purchased and another computer and printer was donated for the computer lab and/or the Academic Support Services.

b. Refine the guidelines for the identification of students at risk.

Goal met. The Advisee Data Form was reviewed and revised for use during this past year. All beginning students were required to take Nursing 281 to enhance their ability to achieve in the nursing program.

c. Seek formal, one hour class status through Marshall for the Academic Support Course.

Goal met. The course has been granted formal status as Nursing 101 at Marshall University.

Quality

1. Faculty will maintain membership in professional organizations.

a. All faculty will be a member of a professional organization

Goal met. 100% of faculty are members of a professional organization.

b. 50% of faculty will serve in a leadership role (officer, board member, committee member) in a professional organization.

Goal met. 50% of faculty serve in a leadership role.

2. There will be no areas of concern identified when evaluating program indicators in 2006 – 2007, using the systematic evaluation plan.

Goal met. Faculty was reviewed in Fall of 2006 with no areas of concern identified. Students was reviewed in Spring 2007 with no areas of concern identified.

3. Prepare graduate for entry level RN positions as indicated on standardized tests.

a. Meet or exceed the national mean on standardized tests.

ATI RESULTS PER CLASS		
GOAL MET	NATIONAL	SMSON
CLASS OF SPRING 2008		
(BRIDGE) – OB	70.0%	71.7%
CLASS OF FALL 2007		
(BRIDGE)- PHARMACOLOGY	62.40%	64.20%
(BRIDGE)- FUNDAMENTALS	68.40%	69.90%
(BRIDGE) – OB	70.0%	71.0%
(BRIDGE) – PEDS	71.0%	73.0%
CLASS OF SPRING 2007		
(BRIDGE) - COMPREHENSIVE	70.20%	72.40%
CLASS OF FALL 2006		
(BRIDGE) - LEADERSHIP	70.01%	71.10%
(BRIDGE) - COMPREHENSIVE	70.20%	70.40%
BASIC CURRICULUM CLASS OF 2007		
COMPREHENSIVE	70.20%	72.20%
PSYCH	62.60%	66.20%
PHARMACOLOGY	68.10%	70.70%
LEADERSHIP	70.01%	70.50%
PEDIATRIC	65.60%	70.80%
SMMC CLASS OF 2007 (BASIC AND BRIDGE) ARNETT	.50%	.54%
GOAL NOT MET		
CLASS OF SPRING 2008		
(BRIDGE) - PHARMACOLOGY	68.10%	60.70%
(BRIDGE) - FUNDAMENTALS	68.10%	66.30%
(BRIDGE) – PEDS	71.0%	68.0%
CLASS OF FALL 2007		
(BRIDGE) – PSYCH	68%	65.10%
CLASS OF SPRING 2007		
(BRIDGE) - PSYCH	68%	63.80%
(BRIDGE) - LEADERSHIP	70.01%	69.70%
BASIC CURRICULUM CLASS OF 2007		
OB	68.70%	67.60%

4. Graduates will be prepared for entry level RN positions as indicated by the NCLEX.
 - a. The graduates will have a 90% or above pass rate.

Goal met for LPN –RN Bridge program. NCLEX pass rate was 100% for the graduation class of December 2006.

Goal not met for the RN Basic program. NCLEX pass rate was 88% for the graduation class of May 2007.

5. Maintain graduate satisfaction with the program.
 - a. The graduates will rate “program satisfaction” as a 2 or below on the St. Mary’s Graduate Questionnaire.

Unable to evaluate at this.

6. Enhance critical thinking skills.
 - a. The graduates will have a group mean score on the ATI Critical Thinking EXIT EXAM that meets or exceeds the ATI Critical Thinking ENTRANCE EXAM group mean.

CRITICAL THINKING RESULTS		
GOAL MET		
	ENTRANCE	EXIT
CLASS OF 2007 (BASIC)	74.10%	74.40%
CLASS OF FALL 2006 (BRIDGE)	70.60%	80%
GOAL NOT MET		
CLASS OF 2007 (BRIDGE)	72.50%	65.40%

7. Implement the PDA bulk – buying program for all incoming Year I students.
Goal Met. Each student received a PDA complete with software for clinical use.

Financial

1. Enhance financial resources.
 - a. In collaboration with the SMMC Foundation, submit a grant through the Center for Education Grant Committee for student or faculty use.
Goal met. The Grant Committee collaborated with the Foundation and submitted a request for a HRSA-07-093 grant in December 2006.

2. Faculty will support the capital campaign for the Center for Education.
 - a. At least ninety percent (90%) of the faculty will contribute time, talent or monies to the capital campaign.

Goal not met. 50% of the faculty has contributed time, talent or monies to the capital campaign for the Center for Education.

People

1. Caring will be a concept of the curriculum.
 - a. Students will rate the courses as enhancing the “ability to be a caring professional” as evidenced by a mean of 2.5 or less on the St. Mary’s Course Evaluation.

Goal met for the Nursing Program with an overall mean of 1.621. Utilizing the St. Mary’s fall course evaluation, the students rated the fall 2006 courses as enhancing the “ability to be a caring professional” as follows:

CARING

COURSE	TERM	RATING
NURSING 120	FALL	1.5
NURSING 225	FALL	1.694
NURSING 230	FALL	1.641
NURSING 123	FALL	1.777
NURSING 216	FALL	1.142
NURSIGN 223	FALL	2.777*
NURSING 224	FALL	1.000
NURSING 233	FALL	2.333
NURSING 238	FALL	2.222
NURSING 239	FALL	2.444
NURSING 220	SPRING	1.68
NURSING 235	SPRING	1.49
NURSIGN 241	SPRING	1.36
NURSING 123	SPRING	1.6
NURSING 216	SPRING	1.50
NURSING 223	SPRING	1.40
NURSIGN 224	SPRING	1.5
NURSIGN 233	SPRING	1.0
NURSING 238	SPRING	1.0
NURSING 239	SPRING	1.0
NURSING 281	SPRING	1.0
NURSIGN 236	SUMMER	1.25
NURSING 237	SUMMER	1.36

2. Student communication skills will be developed.
 - a. Students will rate the courses as facilitating “the development of my communication skills” as evidenced by a mean score of 2.5 or less on the St. Mary’s Course Evaluation.

Goal met. Overall mean for the Program was 1.562. Utilizing the St. Mary’s course evaluation, the students rated the Fall 2006 courses as facilitating “the development of my communication skills” as follows:

COMMUNICATION

COURSE	TERM	RATING
NURSIGN 120	FALL	1.738
NURSING 225	FALL	1.569
NURSIGN 230	FALL	1.590
NURSING 123	FALL	1.600
NURSING 216	FALL	1.000
NURSIGN 223	FALL	2.000
NURSING 224	FALL	1.000
NURSING 233	FALL	2.333
NURSING 238	FALL	2.444
NURSING 239	FALL	2.750*
NURSING 220	SPRING	1.80
NURSIGN 235	SPRING	1.63
NURSIGN 241	SPRING	1.53
NURSIGN 123	SPRING	1.20
NURSIGN 216	SPRING	1.50
NURSING 223	SPRING	1.17
NURSIGN 224	SPRING	1.60
NURSING 233	SPRING	1.17
NURSING 238	SPRING	1.00
NURSING 239	SPRING	1.00
NURSING 236	SUMMER	1.38
NURSING 237	SUMMER	1.36

3. The faculty of the School of Nursing will have less than a 10% turnover rate (excluding retirement.)

Goal met. The turnover rate was 5 %. The School of Nursing retained nineteen of twenty faculty for the 2006-2007 school year.

Growth

1. Demonstrate a continued need for the ASN Program.
 - a. Recruit a pool of two qualified applicants for each space in the program.
Goal met: There were 337 applicants overall for the 125 spaces available in both programs. There were 309 applicants and 251 qualified applicants for the 95 basic program openings, and 28 applicants and 23 qualified applicants for the 30 LPN→RN Bridge slots.
 - b. Ninety percent (90%) of the class of 2007 graduates seeking a position in nursing will have a job offer in nursing prior to graduation.
Goal Met: 91% of all graduates (December 2006 and May 2007--83 of 91) have jobs. 100% of the Bridge students have jobs (14 of 14) and 90% of the Basic students have jobs (69 of 77).
2. Demonstrate a plan to enhance the physical facilities of the School of Nursing.
 - a. Faculty will continue to participate in the planning for the Center for Education.
Goal Met: Faculty input has been included in the continuing development of the physical facilities.
3. Implement a plan to address the nursing shortage.
 - a. Achieve 60% of the projected enrollment in the LPN Bridge Curriculum.
Goal Met: The total enrollment of the Bridge curriculum was 77% of the openings available. Twenty-three (23) students were enrolled in the Fall and Spring classes for the 30 slots.

Community

1. Encourage faculty involvement in community health related activities.
 - a. All faculty will participate in community health related activities.
Goal met: 100% of the faculty have participated in community health related activities, including, but not limited to the Drive-By Flu Vaccine, the Relay for Life, community health fairs and screenings, Boy Scout projects, and church-sponsored, health related ministries.
2. Enhance the students' ability to provide service to the community.
 - a. All students will participate in at least one community health project.
Goal Met: 100% of the Basic and Bridge Students have participated in a community health project.
 - b. Students will rate the courses as enhancing the "ability to provide service to the community" as evidenced by a mean score of 2.5 or less on the St. Mary's Course Evaluation.
Goal Met: Students rated the courses as enhancing the "ability to provide service to the community" as evidenced by a mean score of 2.5 or less (overall mean 1.513):

COMMUNITY

COURSE	TERM	RATING
NURSIGN 120	FALL	1.382
NURSING 225	FALL	1.649
NURSIGN 230	FALL	1.575
NURSING 123	FALL	1.888
NURSING 216	FALL	2.111
NURSIGN 223	FALL	1.000
NURSING 224	FALL	1.000
NURSING 233	FALL	2.222
NURSING 238	FALL	2.333
NURSING 239	FALL	2.750*
NURSING 220	SPRING	1.63
NURSIGN 235	SPRING	1.47
NURSIGN 241	SPRING	1.39
NURSIGN 123	SPRING	1.4
NURSIGN 216	SPRING	1.30
NURSING 223	SPRING	1.20
NURSIGN 224	SPRING	1.40
NURSING 233	SPRING	1.00
NURSING 238	SPRING	1.0
NURSING 239	SPRING	1.0
NURSING 236	SUMMER	1.31
NURSING 237	SUMMER	1.29

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STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
101 Dee Drive, Suite 102
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June 28, 2006


Shelia Kyle, MSN, EdD, RN
Vice President of Schools of Nursing and Health Professions
St. Mary's Hospital Associate of Science in Nursing at Marshall University
2900 First Avenue
Huntington, West Virginia 25702

Dear Dr. Kyle:

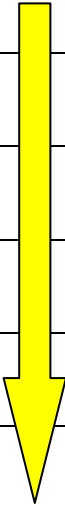
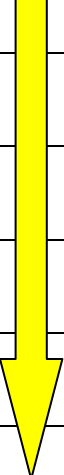
The West Virginia Board of Examiners for Registered Professional Nurses (Board) in session June 14 -15, 2006 accepted the on-site accreditation visit report and continued accreditation of the associate nursing program at St. Mary's Hospital Associate of Science in Nursing at Marshall University.

The Board wishes to thank you for your attendance and participation during the Board meeting. If you have questions or require further information contact this office.

For the Board,


Laura Skidmore Rhodes, MSN, RN
Executive Director

St. Mary's/Marshall University Cooperative ASN Program
Systematic Evaluation Plan Review Calendar

Standard	Criteria	Spring 2005	Fall 2005	Spring 2006	Fall 2006	Spring 2007	Fall 2007	Spring 2008	Fall 2008	Spring 2009	Fall 2009	Spring 2010	Fall 2010	Spring 2011	Fall 2011	Spring 2012		
Mission & Governance	1 – 4 Every 4 years		X	WV BOE Visit						X		NLN Self- Study						
Faculty	5 – 8 Every 3 years				X						X							
Students	9 – 11 Every 3 years						X						X					
Curriculum	12 – 14 Every 3 years		X					X							X			
Resources	15 – 18 every 3 years	X							X							X		
Integrity	19 – 21 every 3 years								X									
Educational Effectiveness	22 – 23 every 3 years		X							X							X	

**St. Mary's/Marshall University Cooperative Program
Systematic Evaluation
Plan for Program Evaluation and Assessment of Outcomes**

Standard I. MISSION AND GOVERNANCE

There are clear and publicly stated mission and/or philosophy and purposes appropriate to postsecondary or higher education in nursing.

NLNAC Criterion 1: Mission and/or philosophy of the nursing education unit is congruent with that of the governing organization or differences are justified by the nursing education unit purposes.

Time Frame: Every 4 years

Process			Implementation	
Component	Expected Level of Achievement	Assessment Method(s)	Results of Data Collection and Analysis <i>Including actual level of achievement</i>	Actions for Program Development (d), Maintenance (m), or Revision (r)
Mission statement & philosophy of Marshall University, St. Mary's Medical Center, and the nursing program	There is congruency between Marshall University, St. Mary's Medical Center mission statements and philosophy of the nursing program.	Develop a table comparing the philosophy/mission statement of Marshall University, St. Mary's Medical Center and St. Mary's/Marshall University ASN program.		
Nursing program purpose/objectives (curriculum objectives/program outcomes)	The nursing program purpose and objectives are 100%: Congruent Clearly stated Publicly accessible Appropriate to legal requirements and scope of practice Consistent with contemporary beliefs of the profession.	Compare purpose/objectives/program outcomes with nursing program philosophy/mission for congruency and clarity using FHB Section 3 "Curriculum Flow". Compare purpose/objective with WV Nurse Practice Act and NLNAC competencies. Confirm that curriculum objectives/program outcomes are publicly accessible (Student catalog).		
Cultural, racial and ethic diversity	Program demographics reflect local demographics	Compare local demographics to program demographics using attached table.		

COMPARISON OF MISSION AND PHILOSOPHY BETWEEN THE GOVERNING ORGANIZATION AND THE SCHOOL OF NURSING

COMPONENT	ST. MARY'S SCHOOL OF NURSING	ST. MARY'S MEDICAL CENTER	MARSHALL UNIVERSITY COLLEGE OF HEALTH PROFESSIONS	MARSHALL UNIVERSITY
MISSION				
PHILOSOPHY				

COMPARISON OF PURPOSE/OBJECTIVES WITH THE WV NURSE PRACTICE ACT AND NLNAC COMPETENCIES

CURRICULUM OUTCOMES	NLNAC COMPETENCIES	WV NURSE PRACTICE ACT
ASSESSMENT		
CLINICAL DECISION MAKING		
CARING INTERVENTIONS		
TEACHING/LEARNING		
COLLABORATION		
MANAGING CARE		
COMMUNICATION		
PROFESSIONAL BEHAVIORS		

DEMOGRAPHIC DIVERSITY OF RECRUITMENT AREA for MOST CURRENT CENSUS YEAR

COUNTY	TOTAL Population	WHITE %	BLACK %	ASIAN %	AM. INDIAN %	HISPANIC %	OTHER %
CABELL CO. WV							
LINCOLN CO. WV							
MASON CO. WV							
WAYNE CO. WV							
KANAWHA CO. WV							
PUTNAM CO. WV							
LAWRENCE CO. OHIO							
BOYD CO. KY.							

STUDENT DIVERSITY ST. MARY'S/MARSHALL UNIVERSITY COOPERATIVE PROGRAM

	YEAR (2005)	%	YEAR	%	YEAR	%
WHITE						
BLACK						
ASIAN						
AM. INDIAN						
HISPANIC						
MALE						
FEMALE						

**St. Mary's/Marshall University Cooperative Program
Systematic Evaluation
Plan for Program Evaluation and Assessment of Outcomes**

Standard I. MISSION AND GOVERNANCE

There are clear and publicly stated mission and/or philosophy and purposes appropriate to postsecondary or higher education in nursing.

NLNAC Criterion 2 : Faculty, administrators and students participate in governance as defined by the parent organization and nursing education unit.

TIME FRAME: Every 4 years.

Process			Implementation	
Component	Expected Level of Achievement	Assessment Method(s)	Results of Data Collection and Analysis <i>Including actual level of achievement</i>	Actions for Program Development (d), Maintenance (m), or Revision (r)
Participation on governance of St. Mary's Medical Center.	There will be Faculty representation on committees at St. Mary's Medical Center.	Develop a table that identifies hospital committees and faculty membership.		
Participation in governance of the College of Health Professions committee activities.	There is representation of faculty on committees of the College of Health Professions.	Develop a table of COHP committees and faculty membership.		
Participation of students on committees of the nursing program	representatives Are elected by each class to serve on specified nursing program committees.	Develop a table that identifies class year and representatives for each committee (ADAPS and Student Affairs).		
Participation of faculty in nursing program activities.	100% full time faculty participate in nursing program committees/activities	Develop a table identifying program committees (standing and ad hoc) with faculty membership		
Representation in governance of parent organizations by Director.	The Director of Nursing Education Unit will serve on committees for both parent organizations.	Develop a table identifying the committees from both parent organizations and membership of program director.		

FACULTY MEMBERSHIP ON PROGRAM COMMITTEES

COMMITTEE	YEAR	YEAR	YEAR
FACULTY ORGANIZATION			
CURRICULUM			
FACULTY AFFAIRS			
NOMINATING			

ADMISSION/PROGRESSION			
STUDENT AFFAIRS			
GRANT WRITING			

FACULTY PARTICIPATION ON St. MARY'S MEDICAL CENTER ORGANIZATION COMMITTEES

SMMC COMMITTEES	YEAR	YEAR	YEAR
PERFORMANCE IMPROVEMENT/CLINICAL PRACTICE COUNCIL			
PATIENT/FAMILY EDUCATION FUNCTION TEAM			
CLINICAL MANAGERS COUNCIL			
HUMAN RIGHT PROTECTION PROGRAM			
PATIENT CARE SERVICES DIRECTORS			
MEDICATION SAFETY			
WELLNESS			
MANAGEMENT			
STROKE TEAM			
DIABETES RESOURCE NURSE/INSULIN TEAM			
PHARMACEY/NURSING			
TIPS STEERING COMMITTEE			
OTHER			

STUDENT REPRESENTATION ON COMMITTEES OF THE NURSING PROGRAM

CLASS	ADAPS	STUDENT AFFAIRS	CLASS ORGANIZATION

REPRESENTATION OF FACULTY ON COHP COMMITTEES

YEAR	COHP ORGANIZATION	COHP FACULTY AFFAIRS

PARTICIPATION OF DIRECTOR WITH GOVERNING ORGANIZATION COMMITTEES

COMMITTEES	YEAR	YEAR	YEAR

**Systematic Evaluation
Plan for Program Evaluation and Assessment of Outcomes**

Standard I. MISSION AND GOVERNANCE

There are clear and publicly stated mission and/or philosophy and purposes appropriate to postsecondary or higher education in nursing.

NLNAC Criterion 3: Nursing education unit is administered by a nurse who is academically and experientially qualified and who has the authority and responsibility for development and administration of the program.

TIME FRAME: Every four years.

Process

Implementation

Component	Expected Level of Achievement	Assessment Method(s)	Results of Data Collection and Analysis <i>Including actual level of achievement</i>	Actions for Program Development (d), Maintenance (m), or Revision (r)
Qualifications of Program Director Academic credentials Experience Authority Time to fulfill responsibilities	Nursing program Director is both academically and experientially qualified and has the authority and administrative responsibility for the program.	Compare Director's data sheet with position description and required credentials of WVBOE and NLNAC. Review time study report prepared by the Director describing the amount of time spent per average week in the following areas: administration, teaching, scholarship, service (community and institution).		

**St. Mary's/Marshall University Cooperative Program
Systematic Evaluation
Plan for Program Evaluation and Assessment of Outcomes**

Standard I. MISSION AND GOVERNANCE

There are clear and publicly stated mission and/or philosophy and purposes appropriate to postsecondary or higher education in nursing.

NLNAC Criterion 4: Policies of nursing education unit are consistent with those of the governing organization, or differences are justified by nursing education purposes.

TIME FRAME: Every four years.

Process		Implementation		
Component	Expected Level of Achievement	Assessment Method(s)	Results of Data Collection and Analysis <i>Including actual level of achievement</i>	Actions for Program Development (d), Maintenance (m), or Revision (r)
Faculty/Staff Personnel Policies Non discrimination Faculty appointment Academic rank Grievance procedure Promotion Salary and benefits Tenure Rights and Responsibilities Termination Workload	There will be a rationale for 100% of the policies that are different from SMMC to MU.	Review table in FHB 5.21A Comparison of Policies between SMMC, SON and Marshall University. List any changes or differences found with rationale.		
Accessibility of policies	100 % of the nursing education unit policies are accessible	Review FHB Section 5 for accessibility of policies		

**St. Mary's/Marshall University Cooperative Program
Systematic Evaluation
Plan for Program Evaluation and Assessment of Outcomes**

Standard II. FACULTY

There are qualified and credentialed faculty, appropriate to accomplish the nursing education unit purposes and strengthen its educational effectiveness.

NLNAC Criterion 5: Faculty members (full and part-time) are academically and experientially qualified and maintain expertise in their areas of responsibility.

TIME FRAME: Every 3 years

		Process	Implementation	
Component	Expected Level of Achievement	Assessment Method(s)	Results of Data Collection and Analysis <i>Including actual level of achievement</i>	Actions for Program Development (d), Maintenance (m), or Revision (r)
Qualifications of nursing faculty Academic Experiential	100% of the nursing faculty are academically qualified with a minimum of a master's degree in nursing, credentialed with RN licensure and 2 years of clinical experience.	Outline faculty credentials using the attached tables.		
Nursing Faculty maintenance of expertise	100% of the nursing faculty maintain clinical expertise for teaching, clinical practice and service to the surrounding community.	Outline requirements for maintenance of expertise and continuing education earned using the attached table.		
Non Nursing Faculty	100% of non nursing faculty have credentials/or experience appropriate to responsibilities.	Complete attached table then compare with job descriptions FHB Section 4.		

Non Nursing Faculty Qualifications

NAME	DEGREE	EXPERIENCE	OTHER
			-

**St. Mary's/Marshall University Cooperative Program
Systematic Evaluation
Plan for Program Evaluation and Assessment of Outcomes**

Standard II. FACULTY

There are qualified and credentialed faculty, appropriate to accomplish the nursing education unit purposes and strengthen its educational effectiveness.

NLNAC Criterion 6: Number and utilization of full- and part-time faculty meet the needs of the nursing education unit to fulfill its purposes.

TIME FRAME: Every 3 years

Process

Implementation

Component	Expected Level of Achievement	Assessment Method(s)	Results of Data Collection and Analysis <i>Including actual level of achievement</i>	Actions for Program Development (d), Maintenance (m), or Revision (r)
Faculty to student ratio; lecture, campus lab and supervised clinical experiences	Faculty to student ratio will be no more than lecture 1:95, and Supervised patient care experiences 1:8, (meets WVBOE guidelines of 1:8 to 1:10).	Table which outlines faculty to student ratio per course in lecture, and supervised clinical practice as submitted to WVBOE in annual reports.		
Utilization of faculty	100% of faculty are involved with teaching, advising and service.	Complete attached table which outlines faculty responsibility. Utilize WVBOE annual reports to document average hours of theory/clinical per week.		

UTILIZATION OF FACULTY
AVERAGE HOURS PER WEEK

Name	TEACHING		SERVICE YES / NO	STUDENT ADVISING
	Courses Taught	Hours Theory/Clinical		
FULL TIME		(See attached reports to WVBOE)		
PART TIME				

Revised 12/2006

**St. Mary's/Marshall University Cooperative Program
Systematic Evaluation
Plan for Program Evaluation and Assessment of Outcomes**

Standard II. FACULTY

There are qualified and credentialed faculty, appropriate to accomplish the nursing education unit purposes and strengthen its educational effectiveness.

NLNAC Criterion 7: Faculty performance is periodically evaluated to assure ongoing development and competence.

TIME FRAME: Every 3 years

Process			Implementation	
Component	Expected Level of Achievement	Assessment Method(s)	Results of Data Collection and Analysis <i>Including actual level of achievement</i>	Actions for Program Development (d), Maintenance (m), or Revision (r)
Faculty performance evaluations	Each faculty member's performance is evaluated annually.	Survey of Faculty and Director to confirm completion of faculty evaluations. (Show of hands in Faculty Organization meeting.)		
Evaluation of faculty	Students will rank each faculty member each semester with an average at 2.5 or less.	Review ADAPS minutes for course summaries (September and June) for last 3 years to complete attached table.		

STUDENT EVALUATIONS OF FACULTY

COURSES	YEAR_____	YEAR_____	YEAR_____
BASIC CURRICULUM			
NURSING 120			
NURSING 220			
NURSING 225			
NURSING 230			
NURSING 235			
NURSING 241			
LPN TO RN BRIDGE			
NURSING 216			
NURSING 123			
NURSING 223			
NURSING 224			
NURSING 233			
NURSING 236			
NURSING 237			
NURSING 238			
NURSING 239			

**Systematic Evaluation
Plan for Program Evaluation and Assessment of Outcomes**

Standard II. FACULTY

There are qualified and credentialed faculty, appropriate to accomplish the nursing education unit purposes and strengthen its educational effectiveness.

NLNAC Criterion 8: The collective talents of the faculty reflect scholarship through teaching, applications, and the integration and discovery of knowledge as defined by the institution and the nursing education unit.

TIME FRAME: Every 3 years

Process

Implementation

Component	Expected Level of Achievement	Assessment Method(s)	Results of Data Collection and Analysis <i>Including actual level of achievement</i>	Actions for Program Development (d), Maintenance (m), or Revision (r)
Diversity of scholarly talent among faculty	100% of faculty demonstrate diverse talents in various areas of specialization sufficient to serve the program and continue to pursue scholarly activities.	Table which outlines <ul style="list-style-type: none"> • Professional organization • Clinical practice/Certifications • Research • Articles/Grants/Presentations 		

Faculty Diversity

Name	Professional Organization	Practice/Certification	Research	Articles/Grants/Presentations

**Systematic Evaluation
Plan for Program Evaluation and Assessment of Outcomes**

Standard III. STUDENTS

The teaching and learning environment is conducive to student academic achievement.

NLNAC Criterion 9: Student policies of the nursing education unit are congruent with those of the governing organization, publicly accessible, non-discriminatory, and consistently applied, differences are justified by the nursing education unit purposes.

TIME FRAME: Every 3 years

Process		Implementation		
Component	Expected Level of Achievement	Assessment Method(s)	Results of Data Collection and Analysis <i>Including actual level of achievement</i>	Actions for Program Development (d), Maintenance (m), or Revision (r)
a. Student Policies <ul style="list-style-type: none"> • Non-discrimination • Selection and admission • Academic progression • Student evaluation/grading • Retention • Withdrawal/ dismissal • Graduation requirements • Grievance/ complaints and appeal procedure • Financial aid • Transfer of credit • Recruitment • Health requirements • Validation of prior learning/ articulation 	Student policies between MU and SMMC School of Nursing are congruent, available and accessible.	Utilize the attached table to identify policies and location so that accessibility and congruency can be determined	100%	M
b. Rationale for policies that differ from the governing organization policies	The rationale is identified for any policy differences	Table used above with rationale for differences between MU and SMMC	100%	M
c. Process by which policies are changed and communicated to students.	100% of policy changes are communicated to students. 100 % of student policies are established by faculty.	Review Student Handbook Publication Policy (9.5). Check Faculty Organization minutes for changes in student policies. Confirm the policies were changed in all appropriate places.	See recommendation.	R

STUDENT POLICIES

POLICY	MU CATALOG	BASIC CURRICULUM CATALOG	BASIC CURRICULAUM HANDBOOK	BRIDGE CURRICULUM CATALOG	Rationale for differences
NON DISCRIMINATION	YES	YES		YES	
SELECTION AND ADMISSION	YES		YES		POLICY FHB 6.10
ACADEMIC PROGRESSION	YES	YES	YES	YES	
STUDENT EVALUATION/GRADING	YES		YES		POLICY FHB 6.10
RETENTION	YES	YES	YES	YES	
WITHDRAWAL/DISMISSAL	YES	YES	YES	YES	
GRADUATION REQUIREMENTS	YES	YES	YES	YES	
GRIEVANCE/COMPLAINTS AND APPEAL PROCEDURE	YES		YES		
FINANCIAL AID	YES	YES		YES	
TRANSFER OF CREDIT	YES	YES	YES	YES	
RECRUITMENT					POLICY FHB 6.9 FAIRS, BROCHURE, WEB SITE
HEALTH REQUIREMENTS	YES	YES	YES	YES	
VALIDATION OF PRIOR LEARNING/ARTICULATION	YES	YES		YES	

**St. Mary's/Marshall University Cooperative Program
Systematic Evaluation
Plan for Program Evaluation and Assessment of Outcomes**

Standard III. STUDENTS

The teaching and learning environment is conducive to student academic achievement.

NLNAC Criterion 10: Students have access to support services administered by qualified individuals that include, but are not limited to: health, counseling, academic advisement, career placement, and financial aid.

TIME FRAME: Every 3 years

Process			Implementation	
Component	Expected Level of Achievement	Assessment Method(s)	Results of Data Collection and Analysis <i>Including actual level of achievement</i>	Actions for Program Development (d), Maintenance (m), or Revision (r)
a. Availability of student support services	100% of student have access to support services.	Review Student Handbook Marshall University Student Services (table 5.1) and SMMC Student Services (table 5.2).	100%	(m)
b. Academic/experiential qualifications of individuals responsible for student services	100% of support services staff are academically/experientially qualified.	Obtain confirmation via MU	100%	(m)

**St. Mary's/Marshall University Cooperative Program
Systematic Evaluation
Plan for Program Evaluation and Assessment of Outcomes**

Standard III. STUDENTS

The teaching and learning environment is conducive to student academic achievement.

NLNAC Criterion 11: Policies concerned with educational and financial records are established and followed.

TIME FRAME: Every 3 years

Process		Implementation		
Component	Expected Level of Achievement	Assessment Method(s)	Results of Data Collection and Analysis <i>Including actual level of achievement</i>	Actions for Program Development (d), Maintenance (m), or Revision (r)
a. Maintenance of educational records b. Maintenance of financial records	100% of nursing student's educational and financial records are maintained according to School of Nursing policy and procedure.	Review FHB Section 6 Maintenance and Confidentiality of Files and Records (policy 6.8) then survey 10% of each class' records for last 3 years to determine maintenance of educational and financial records. (Use the attached tool for checklist.)		

**St. Mary's/Marshall University Cooperative Program
Systematic Evaluation
Plan for Program Evaluation and Assessment of Outcomes**

Standard IV. CURRICULUM AND INSTRUCTION

The curriculum is designed to accomplish its educational and related purposes.

NLNAC Criterion 12 : Curriculum developed by nursing faculty flows from the nursing education unit philosophy/mission through an organizing framework into a logical progression of course outcomes and learning activities.

TIME FRAME: Every 3 years

Process			Implementation	
Component	Expected Level of Achievement	Assessment Method(s)	Results of Data Collection and Analysis <i>Including actual level of achievement</i>	Actions for Program Development (d), Maintenance (m), or Revision (r)

Organizing Curriculum Framework: *Philosophy/Mission *Curriculum Objectives	There is congruence among: Philosophy Organizing framework Course Objectives/ Program outcomes	Review FHB Section 3 Curriculum Flow from Philosophy & Organizing Framework to Course Objectives (3.1A & 3.1B)		
*Master Curriculum Plan	The curriculum plan demonstrates the concepts of the organizing framework. The master curriculum plan is reviewed for rigor, currency and cohesiveness of nursing courses	Review FHB Section 3 Rationale for Course Placement for Basic and Bridge curricula (3.2 & 3.3). Review ADAPS minutes for evidence of curricula review.		
Course Syllabus	All course syllabi include: Course content Learning experiences Instructional methods Evaluation tools/methods	Assess each course syllabus for required content using the attached check list.		
*ANA Standards of Clinical Nursing Practice *NLN (ADN) Competencies	Demonstrate utilization of ANA Standards and NLN Competencies	Compare NLN/ANA standards to program outcomes.		

Course Syllabi Required Content

Course Syllabi	Course Content	Learning Experiences	Instructional Methods	Evaluation Tools and Methods
Nursing 120				
Nursing 123				
Nursing 216				
220				
223				

224				
225				
230				
233				
235				
236				
237				
238				
239				
241				

Comparison of NLN/ANA Standards to Programs Outcomes

NLN	ANA	St. Mary's SON

**St. Mary's/Marshall University Cooperative Program
Systematic Evaluation
Plan for Program Evaluation and Assessment of Outcomes**

Standard IV: CURRICULUM AND INSTRUCTION

The curriculum is designed to accomplish its educational and related purposes.

NLNAC Criterion 13: Program design provides opportunity for students to achieve program objectives and acquire knowledge, skills values and competencies necessary for nursing practice.

TIME FRAME: Every 3 years

Process		Implementation		
Component	Expected Level of Achievement	Assessment Method(s)	Results of Data Collection and Analysis <i>Including actual level of achievement</i>	Actions for Program Development (d), Maintenance (m), or Revision (r)
Program Design	100% of course syllabi outline methods/opportunities to achieve knowledge/skills for nursing practice	Complete attached table using course syllabi that demonstrates the inclusion of methods/opportunities to achieve knowledge necessary for nursing practice.		
Model Schedule	80% complete the basic curriculum within 2 years of first nursing course. 80% complete the bridge curriculum in 18 months of first nursing course.	Randomly select 25 % of basic student files from each class for past 3 years to document length of time needed for completion of the curriculum. Randomly select 25% of Bridge students files from each class for last 3 years to document length of time needed to complete the curriculum.		
Total Credits	Nursing courses make-up less than 60% of total credits. Total credits equal 60-72 semester credits.	Complete attached table demonstrating total program credits for the basic and bridge curricula.		

Professional Behaviors Evaluation
 Total Program Credits
 Bridge Curriculum

Course Number	Credits	Theory Credits	Clinical Credits (1:3 ratio)
NURSING COURSES			
123			
223			
224			
216			
233			
236			
237			
238			
239			
SUPPORT COURSES			
BSC 227			
BSC228			
BSC 250			
CHM 203			
DTS 314			
PSY 201			
ENG 101			
ENG 102			
PSY 311			
TOTAL CREDITS			

Total Credits
Basic Curriculum

Course Number	Credits	Theory Credits	Clinical Credits (1:3 ratio)
NURSING COURSES			
120			
220			
225			
230			
235			
241			
SUPPORT COURSES			
BSC 227			
BSC 228			
BSC 250			
CHM 203			
DTS 314			
PSY 201			
PSY 311			
ENG 101			
ENG 102			
TOTAL CREDITS			

**Systematic Evaluation
Plan for Program Evaluation and Assessment of Outcomes**

Standard IV. CURRICULUM AND INSTRUCTION

The curriculum is designed to accomplish its educational and related purposes.

NLNAC Criterion 14: Practice learning environments are selected and monitored by faculty and provide opportunities for a variety of learning options appropriate to contemporary nursing.

TIME FRAME: Every 3 years

Process			Implementation	
Component	Expected Level of Achievement	Assessment Method(s)	Results of Data Collection and Analysis <i>Including actual level of achievement</i>	Actions for Program Development (d), Maintenance (m), or Revision (r)
Clinical sites	<p>100% of the agency contracts will have the necessary components.</p> <p>students will rate facilities with an average of 2.99 or less.</p> <p>Faculty will rate each agency as 2.99 or less</p>	<p>Review course syllabi to determine agencies used.</p> <p>Review contracts for</p> <ul style="list-style-type: none"> - Effective dates - Faculty responsibilities - Agency responsibilities - Evaluation / termination guidelines - Approval status <p>Review course evaluation summaries (ADAPS minutes June & September) for past 3 years for student evaluation of the sites used for clinical experiences. (See table format)</p> <p>Survey faculty for perception of agency adequacy. (See attached survey form)</p>		

STUDENT MEAN RATING OF CLINICAL AGENCIES

COURSE	SPECIFIC UNIT/AGENCY	MEAN SCORE OF 2003	MEAN SCORE OF 2004	MEAN SCORE OF 2005	MEAN SCORE OF 2006
120					
220					
225					
230					
235					
241					
123					
216					
223					
224					
233					
236					
237					
238					
239					

FACULTY SURVEY OF CLINICAL SITES

Please evaluate each agency according to how you believe that each agency met student learning needs.

1 Excellent; 2 Satisfactory; 3 Neutral; 4 Somewhat satisfactory; 5 Poorly

AGENCY	1	2	3	4	5
ST. MARY'S					
3S TEAM 4					
P					
4S TEAM 1					
4S TEAM 2					
4S TEAM 3					
4S TEAM 4					
5 S TEAM 1					
5 S TEAM 2					
5S TEAM3					
CABELL HUNTINGTON HOSPITAL					
MOTHER/BABY					
LABOR & DELIVERY					
NICU					
PICU					
RIVER PARK					
JOSLIN					
HEALTH SOUTH					
WOODLANDS					
MARINER					
DAY CARE					
UNITED HEALTH PROFESSIONALS					
MARSHALL PRENATAL CENTER					

See course syllabi for specific units used at each agency.

**St. Mary's/Marshall University Cooperative Program
Systematic Evaluation
Plan for Program Evaluation and Assessment of Outcomes**

Standard V. RESOURCES

Resources are sufficient to accomplish the nursing education unit purposes.

NLNAC Criterion 15: Fiscal resources are sufficient to support the nursing education unit purposes with resources of the governing organization.

TIME FRAME: Every 3 years

Process

Implementation

Component	Expected Level of Achievement	Assessment Method(s)	Results of Data Collection and Analysis <i>Including actual level of achievement</i>	Actions for Program Development (d), Maintenance (m), or Revision (r)
Fiscal resources: 1. Operating Budget 2. Capital Budget	11. SON has fiscal resources allocated to meet the program outcomes/curriculum objectives and the annual school goals.	1. Develop a table comparing operating budget allocation for past 3 years. 2. Table of Capital budget requests that identifies requests that were approved and/or denied.		
Budget Preparation	Individual faculty members have input into the budget preparation.	Faculty surveyed regarding: <ul style="list-style-type: none"> • Approach for input • Deadline for request 		

Capital Budget Requests

REQUEST	ACCEPTED	DENIED	YEAR

OPERATING BUDGET ALLOCATION

LINE ITEM	YEAR _____	YEAR _____	YEAR _____

**St. Mary's/Marshall University Cooperative Program
Systematic Evaluation
Plan for Program Evaluation and Assessment of Outcomes**

Standard V. RESOURCES

Resources are sufficient to accomplish the nursing education unit purposes.

NLNAC Criterion 16: Program support services are sufficient for the operation of the nursing education unit.

TIME FRAME: Every 3 years

Process

Implementation

Component	Expected Level of Achievement	Assessment Method(s)	Results of Data Collection and Analysis <i>Including actual level of achievement</i>	Actions for Program Development (d), Maintenance (m), or Revision (r)
Services Administrative Clerical	The number of Administrative personnel and clerical staff is sufficient to number of faculty and students.	Survey faculty and staff to determine if number of personnel to faculty and students is perceived as adequate.		

**St. Mary's/Marshall University Cooperative Program
Systematic Evaluation
Plan for Program Evaluation and Assessment of Outcomes**

Standard V. RESOURCES

Resources are sufficient to accomplish the nursing education unit purposes.

NLNAC Criterion 17: Learning resources are comprehensive, current, developed with faculty input, and accessible to faculty and students.

Time Frame: Every three years

Process		Implementation		
Component	Expected Level of Achievement	Assessment Method(s)	Results of Data Collection and Analysis <i>Including actual level of achievement</i>	Actions for Program Development (d), Maintenance (m), or Revision (r)
Learning Resources <ul style="list-style-type: none"> • Library • Computer Lab • Academic Support • Nursing Arts Lab 	Resources reflect a current collection in support of all courses based on the needs of the program.	Complete attached table of computers in lab including Computer assisted instruction programs. Use annual Library report outlining holdings for last 3 years. Describe academic support center Describe nursing arts lab		
Faculty input into Learning Resources	100% of Faculty will have the opportunity for input into the development and maintenance of learning resources	Survey the faculty for perception of opportunity for input into learning resources.		

Physical Facilities

Room Number	Seating Capacity	Equipment in room
Classrooms		
110/114		
221		
224		
Computer Lab		
Academic Support Center		
Faculty Offices		
201		
203		
204		
205		
206		
207		
208		
209		
210		
211		
213		
216		
217		
218		
219		
Library		

**St. Mary's/Marshall University Cooperative Program
Systematic Evaluation Plan
for Program Evaluation and Assessment of Outcomes**

Standard VI. INTEGRITY

Integrity is evident in the practices and relationships of the nursing education unit.

NLNAC Criterion 19: Information about the program, intended to inform the general public, prospective students, current students, employers and other interested parties is current, clear and consistent.

TIME FRAME: Every 3 years

Component	Process		Implementation	
	Expected Level of Achievement	Assessment Method(s)	Results of Data Collection and Analysis <i>Including actual level of achievement</i>	Actions for Program Development (d), Maintenance (m), or Revision (r)
Published documents -Brochures -Catalog -Handbook -MU web page -SMMC web page	100 % of the information is current, accurate, clear and consistent and available to the public.	Review SМСON and MU catalogs, brochures and SМСON student handbook. St. Mary's Medical Center and MU websites. Complete attached table that reflects: -information is current and consistent - policies regarding health and safety, tuition and fees, financial aid, graduation, licensing requirements, academic policies, student services, program length and academic calendar are published. -identifies institutional accreditation -definition of clock and credit hours, clinical experiences, credit hours required per course, and independent study.		

Published Data

Required Components	Current (Date Reviewed)	Where Published
Health & Safety		
Tuition and Fees		
Financial Aid		
Graduation		
Licensing		
Academic Policies		
Academic Calendar		
Student Services		
Program Length		
Mission & Philosophy		
Institutional Accreditation Status		
Definition of Credit Hours		
Specific Credit Hours		

**St. Mary's/Marshall University Cooperative Program
Systematic Evaluation
Plan for Program Evaluation and Assessment of Outcomes**

Standard VI INTEGRITY

Integrity is evident in the practices and relationships of the nursing education unit.

NLNAC Criterion 20: Complaints about the program are addressed and records are maintained and available for review.

TIME FRAME: Every 3 years

Process			Implementation	
Component	Expected Level of Achievement	Assessment Method(s)	Results of Data Collection and Analysis <i>Including actual level of achievement</i>	Actions for Program Development (d), Maintenance (m), or Revision (r)
Program Complaints	100% of complaints are addressed and records are maintained	Review ADAPS, Student Affairs and Executive Committee summaries for complaints to develop a table that outlines complaint and resolution. Interview Curriculum Coordinators and Director for Grievances filed, academic year and resolution (see table).		

Program Complaints

Date	Complaint	Committee	Resolution

Grievances

Grievance Filed	Academic Year (Check for past 3 years)	Resolution (Yes or Pending)

**St. Mary's/Marshall University Cooperative Program
Systematic Evaluation
Plan for Program Evaluation and Assessment of Outcomes**

Standard VI. INTEGRITY

Integrity is evident in the practices and relationships of the nursing education unit.

NLNAC Criterion 21: Compliance with Higher Education Reauthorization Act Title IV eligibility and certification is maintained.

TIME FRAME: Every 3 years

Process		Implementation		
Component	Expected Level of Achievement	Assessment Method(s)	Results of Data Collection and Analysis <i>Including actual level of achievement</i>	Actions for Program Development (d), Maintenance (m), or Revision (r)
Higher Education Reauthorization Act	100% compliance with Higher Education Reauthorization Act	Request and obtain a letter from MU Financial Aid Department regarding compliance with HERA. Access MU web page to confirm financial aid plan.		

**St. Mary's/Marshall University Cooperative Program
Systematic Evaluation
Plan for Program Evaluation and Assessment of Outcomes**

Standard VII. EDUCATIONAL EFFECTIVENESS

There is an identified plan for systematic evaluation including assessment of student academic achievement.

NLNAC Criterion 22: There is a written plan for systematic program evaluation that is used for continuous program improvement.

TIME FRAME: Every 3 years

Component	Process		Implementation	
	Expected Level of Achievement	Assessment Method(s)	Results of Data Collection and Analysis <i>Including actual level of achievement</i>	Actions for Program Development (d), Maintenance (m), or Revision (r)
Systematic Program Evaluation Plan	The school's systematic evaluation plan includes all NLNAC required criteria.	Review systematic evaluation plan to ensure the following are included: expected levels of achievement time frame assessment methods		
Systematic Evaluation Data	100% of faculty-approved-strategies to address areas of concern are completed as directed.	Review Systematic Evaluation reports and Faculty Organization minutes to complete a table identifying areas of concern with date, strategies planned and action taken.		

**St. Mary's/Marshall University Cooperative Program
Systematic Evaluation
Plan for Program Evaluation and Assessment of Outcomes**

Standard VII. EDUCATIONAL EFFECTIVENESS

There is an identified plan for systematic evaluation including assessment of student academic achievement.

NLNAC Criterion 23: Student academic achievement by program type is evaluated by: graduation rates, licensure/certification pass rates, job placement rates and program satisfaction.

TIME FRAME: Every 3 years

Process			Implementation	
Component	Expected Level of Achievement	Assessment Method(s)	Results of Data Collection and Analysis <i>Including actual level of achievement</i>	Actions for Program Development (d), Maintenance (m), or Revision (r)
Graduation Rates	80% or greater of students who enter the program will graduate within four (4) years.	Compare admission and graduation rates for past 3 years.		
Performance on Licensure Examinations	Pass rate is above State and National Mean.	Calculate average pass rate for each class for past 3 years using table format. Compare with national and state mean.		
Job Placement Rates	90% of graduates seeking employment as a RN, will be employed within 6 months of graduation.	Utilize a table to illustrate trends for job placement for previous 3 years..		
Program Satisfaction	Graduates will rate satisfaction with the program with a mean of 2.99 or less.	Develop a table demonstrating student ranking of satisfaction with the program using graduate questionnaire for past 3 years.		

Admission and Graduation Rates

Component	Class of	Class of	Class of
Admission			
Graduation			

Performance of NCLEX

Class of	NCLEX Pass Rate	State Mean	National Mean

Job Placement Rates

Component	Class of	Class of	Class of
Job Placement Rates			

Student Satisfaction with Program

Component	Class of	Class of	Class of
Student ranking of satisfaction			

7.7 A ST. MARY'S/MARSHALL UNIVERSITY COOPERATIVE ASN PROGRAM
GRADUATE QUESTIONNAIRE

Please fill in the corresponding circle with a #2 pencil.

The following refers to your employment and future plans after graduation:

1. Have you accepted a position in nursing?
 - A. Yes
 - B. No (skip to question #6)

2. Is the position
 - A. Full time
 - B. Part time

3. At what type of agency are you going to work after graduation?
 - A. Hospital
 - B. Nursing Home
 - C. Home Health
 - D. Doctor's Office
 - E. Other

4. In what area of practice will you be working?
 - A. Medical/Surgical
 - B. Maternal/Child
 - C. Psychiatric
 - D. Critical Care
 - E. Other

5. What is the geographic area of your work?
 - A. West Virginia
 - B. Ohio
 - C. Kentucky
 - D. Other

6. If the answer to #1 is No, are you seeking employment in nursing?
 - A. Yes
 - B. No

7. What methods do you plan to use to prepare for the NCLEX-RN? (Mark ALL that apply.)
 - A. Review class notes and textbooks used in nursing courses.
 - B. Use Mosby Assess Test results as a study guide
 - C. Purchase an NCLEX review book.
 - D. Purchase a computerized NCLEX review.
 - E. Take a review course.

Answer questions #9-25 using the following scale:

Excellent	Good	Average	Fair	Poor
A	B	C	D	E

8. Do you have plans to further your education?
A. Yes
B. No

The program prepared you to:

9. *Standardized tests administered during this program were beneficial in helping me assess my achievement of curriculum objectives/program outcomes. Please explain any rating that is a C or less in the comment section.
(Add or subtract # of *standardized tests as needed; renumber remaining items accordingly.)
10. Apply the nursing process in clinical decision making.
11. Utilize therapeutic nursing interventions based on scientific principles in caring for clients of all ages.
12. Demonstrate caring and concern for the well being of the client, family and significant other.
13. Collaborate with clients and health care providers to help achieve client health care goals.
14. Use management skills to coordinate nursing care.
15. Use therapeutic communication in interactions with clients, families, significant others, and other members of the health care team.
16. Utilize current technology to increase efficiency of management of client care and resources.
17. Use principles of teaching/learning in providing health education.
18. Think critically in making decisions related to client problems.
19. Seek assistance from members of the health care team when the situation encountered is beyond the nurse knowledge and experience.
20. Serve as an advocate for clients.

21. Utilize/participate in research conducted at the employing institution.
22. Participate in professional organizations.
23. Use resources for continuous learning and self development.
24. Practice nursing legally and ethically.
25. Please rate your overall satisfaction with the program.
26. Please write any comments in comment area.

12/21/93, 5/99, 12/99, 12/01, 12/02
Reviewed: 7/07

**St. Mary's/Marshall University Cooperative ASN Program
Goals and Objectives
for Classes of Dec. 2007 – May 2008**

Service

1. Maintain a satisfactory graduation rate.
 - a. Achieve a graduation rate of 80%.
2. Provide academic support to students at risk of academic failure.
 - a. Continue enhancement of the existing services/resources for the students (Computer Lab, Nursing Arts Lab, and Academic Support Room.)
 - b. Assess the guidelines for the identification of students at risk.

Quality

1. Faculty will maintain membership in professional organizations.
 - a. All faculty will be a member of a professional organization.
 - b. Fifty percent (50%) of faculty will serve in a leadership role (officer, board member, committee member) in a professional organization.
2. There will be no areas of concern identified when evaluating program indicators in 2007-2008, using the systematic evaluation plan.
3. Prepare graduates for entry level RN positions as indicated on standardized tests.
 - a. Meet or exceed the national mean on standardized tests.
 - b. Meet or exceed the national mean on ATI Comprehensive Predictor exam.
4. Graduates will be prepared for entry level RN positions as indicated by the NCLEX.
 - a. The graduates will have a 90% or above pass rate.
5. Maintain graduate satisfaction with the program.
 - a. The graduates will rate “program satisfaction” as a 2 or below on the St. Mary’s Graduate Questionnaire.

6. Enhance critical thinking skills.
 - a. The graduates will have a group mean score on the ATI Critical Thinking EXIT EXAM that meets or exceeds the ATI Critical Thinking ENTRANCE EXAM group mean.
7. Continue the PDA bulk-buying program for all incoming students.

Financial

1. Enhance financial resources.
 - a. In collaboration with the SMMC Foundation, submit a grant through the Center for Education Grant Committee for student or faculty use.
2. Faculty will support the capital campaign for the Center for Education.
 - a. At least ninety percent (90%) of the faculty will contribute monies to the capital campaign.

People

1. Caring will be a concept of the curriculum.
 - a. Students will rate the courses as enhancing the “ability to be a caring professional” as evidenced by a mean of 2.5 or less on the St. Mary’s Course Evaluation.
2. Student communication skills will be developed.
 - a. Students will rate the courses as facilitating “the development of my communication skills” as evidenced by a mean score of 2.5 or less on the St. Mary’s Course Evaluation.
3. The faculty of the School of Nursing will have less than a 10% turnover rate (excluding retirement.)
4. Faculty and staff will participate in the Employee Satisfaction Survey.
 - a. 100% will complete the survey
 - b. Will achieve above 50th percentile in all categories of employee satisfaction.

Growth

1. Demonstrate a continued need for the ASN Program.
 - a. Recruit a pool of two qualified applicants for each space in the program.
 - b. Ninety percent (90%) of the graduates seeking a position in nursing will have a job offer in nursing prior to graduation.

2. Demonstrate a plan to enhance the physical facilities of the School of Nursing.
 - a. Information regarding the planning for the Center for Education will be shared at the monthly departmental meetings.
3. Implement a plan to address the nursing shortage.
 - a. Achieve 60% of the projected enrollment in the LPN Bridge Curriculum.

Community

1. Encourage faculty involvement in community health related activities.
 - a. All faculty will participate in community health related activities.
2. Incorporate the concept of service learning into the curriculum.
 - a. All students will participate in a community health project.
 - b. Students will rate the courses as enhancing the “ability to provide service to the community” as evidenced by a mean score of 2.5 or less on the St. Mary’s Course Evaluation.

Laura S. Rhodes, M.S.N., R.N.
Executive Director



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STATE OF WEST VIRGINIA

BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES

101 Delaware, Suite 102 Charleston, WV 25311 ~, 620

DUPLICATE

October 29, 2007

Shelia Kyle, MSN, EdD, RN
Vice President for Schools of Nursing and Health Professions
Director of School of Nursing
St. Maris/Marshall University Cooperative ASN Program
2900 First Avenue
Huntington, WV 25702

Dear Dr. Kyle:

The West Virginia Board of Examiners for Registered Professional Nurses (Board) In session October 25, 2007 reviewed the 2007 third quarter NCLEX-RN reports. The report reflects that West Virginia ranks fifty-first (51) of fifty-six (56) jurisdictions. The Board has serious concerns about these results. As such, the Board decided to continue the current accreditation status of all West Virginia nursing education programs from November 1, 2007 through March 21, 2008 (March Board meeting). This extension will permit the Board to have the entire calendar year NCLEX-RN results available to them when determining approval status of the nursing program.

Should you have any questions or require further information please contact this office.

For the Board, A
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Laura Skidmore Rhodes, MSN, RN
Executive Director