



**Institutional Response to Colorado Department of Higher Education Review of Proposal
For Galen College of Nursing
Aurora, CO**

**Submitted to:
Colorado Department of Higher Education
February 7, 2022**

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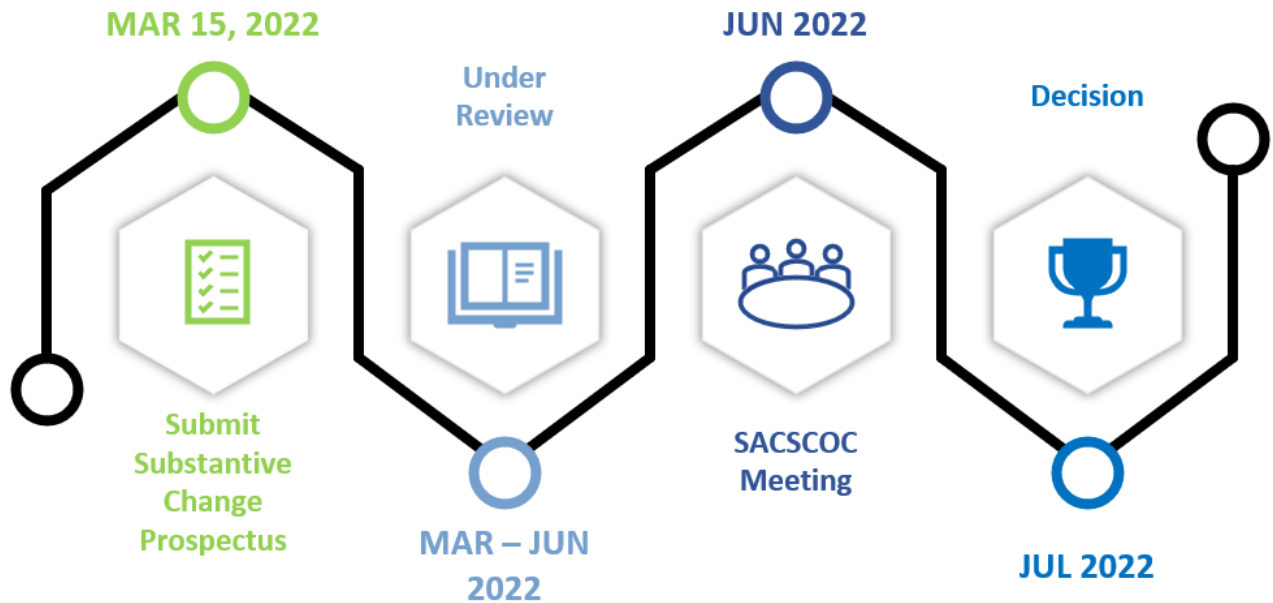
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Recommendation 1: SACSCOC Accreditation Timeline

Provide an overview of plans for accreditation from the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) for the Aurora, Colorado site, including timelines and requirements.

Institution Response:

Galen College of Nursing (Galen) is accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) to award associate, baccalaureate, and master's degrees ([Appendix A](#)). Following the Substantive Change policy of SACSCOC, Galen will submit the substantive change prospectus to add the Aurora, Colorado location (Denver Campus) to the institutional accreditation on March 15, 2022. The substantive change will be reviewed by the SACSCOC Board of Trustees in June 2022, with the decision issued in July 2022. As part of the approval process, SACSCOC requires documentation of approval to operate by the state Department of Higher Education. A timeline is included below.



Consultants' response: Galen's response is acceptable.

Recommendation 2: ACEN and CCNE Accreditation Timeline

Provide an overview of plans for specialized accreditation from ACEN and CCNE for the Aurora, CO location, including timelines and requirements for approval. Attach any relevant documentation (e.g., self-study, team report, approval letter) as an appendix item.

Institution Response:

Commission on Collegiate Nursing Education (CCNE) Accreditation Timeline – Baccalaureate Degree in Nursing (BSN) Program

Galen's BSN program is accredited by the CCNE ([Appendix B](#)). Galen will submit the substantive change notification required to add the Denver Campus BSN program to Galen's existing CCNE accreditation once Galen has received approval from the Colorado Board of Nursing and the Colorado Department of Higher Education, as is required by CCNE. Based on information provided by the Colorado Board of Nursing, it is estimated that the College will receive a decision regarding our application by August 2022. CCNE requires that all substantive changes are submitted "no earlier than 90 days prior to implementation or occurrence of the change, but no later than 90 days after implementation or occurrence of the change." As such, the College will submit the substantive change notification immediately following receipt of these two agency approvals.

Accreditation Commission for Education in Nursing (ACEN) Accreditation Timeline – Associate Degree in Nursing (ADN) Program

Galen will submit the documentation necessary to initiate the programmatic accreditation process for the ADN program once Galen has received the necessary approvals from the Colorado Board of Nursing and the Colorado Department of Higher Education, as is required by ACEN. Based on information provided by the Colorado Board of Nursing, it is estimated that the College will receive a decision regarding our application by August 2022. As such, the College will submit the documentation necessary immediately following receipt of these two agency approvals.

Consultants' Response: Galen's response is acceptable.

Recommendation 3: Colorado Board of Nursing Timeline

Provide an overview of plans for seeking approval from the Colorado Board of Nursing.

Institution Response:

Colorado Board of Nursing Application Process Timeline

The Colorado Board of Nursing application process is divided into four (4) phases, with the College being able to operate a nursing program after receiving approval from the Colorado Board of Nursing on Phase II. Galen is submitting Phase I of the application in February 2022. The College expects to receive a response from the Board in regard to Phase I in May 2022. The College will then submit Phase II of the application as early as May 2022. The College will then submit Phase II of the application as early as May 2022.

Per the guidance received from the Colorado Board of Nursing regulations, the College can expect to hear a decision on Phase II of the application process by August 2022. At this stage, the College would be able to begin operating a nursing education program within the state of Colorado per the Colorado Board of Nursing regulation 3 CCR 716-1.2(F)(3)(d). The anticipated timeline is included below.



Consultants' Response: Galen's response is acceptable.

Recommendation 4: Faculty and Administrative Staff Involvement

Please elaborate on the following:

- Faculty involvement in governance is not immediately apparent. Please describe the role of faculty in governance for the Galen College of Nursing and specifically for the Aurora, CO site.
- There is no reference to the existence of a Faculty Handbook. Please provide information regarding a faculty handbook.
- There appears to be no faculty or administrative staff orientation program. Please elaborate on this topic.
- No mention is made of any faculty involvement in curriculum development or academic regulations. Please elaborate
- Do faculty have engagement in the budget process for the Aurora location and access to a site-specific budget.

Institution Response:

Faculty Involvement in Governance Activities

The *Bylaws of the Faculty* ([Appendix C](#)) identify the committee structure and describe the responsibility and authority of faculty in academic and governance issues. As evidenced within the Bylaws, "The purpose of the Galen College of Nursing Faculty is to develop, implement, teach, and evaluate the nursing programs in accordance with the mission, purpose, philosophy, and program student learning outcomes (PSLOs) of the College; and to provide a means for input into the institution's governance structure." All full-time faculty are considered members of the Galen faculty and are expected to attend meetings as part of the professional responsibility to the College. These planned meetings are arranged, and minutes are kept, documenting any outcomes.

Faculty represent the interests of the Campus and programs through their service on various faculty committees ([Table 4.1](#)). Each term, the Dean or Program Director reviews committee membership and makes changes to committees, as appropriate. Faculty may also be assigned to committees based on their request and qualifications. Annually, all full-time faculty are assigned or may request to be a member of certain committees within the nursing program with input from faculty as to their area of interest. Nursing faculty may also participate on broader institutional or ad hoc committees. In addition, faculty, administrators, and students participate in College-wide governance activities and have mechanisms through which they can communicate with College administration including regular meetings, minutes, and special task forces. Minutes are recorded, approved with input from and a vote by faculty committee members. Approved minutes are available for faculty on the College's internal Employee Resource Center.

Table 4.1: Campus Committee Information

Abbreviated Purpose	Frequency and Chair(s)
Curriculum Committee - to ensure that the program curricula, which are developed by faculty, prepare students to meet the campus/program outcomes. Verifiable, consistent measures are used to review, make recommendations, and revise the curricula as needed.	At least one time per term
Grievance Committee – is to hear, investigate, and resolve a student complaint, grievance, or conflict.	As needed
Program Evaluation Committee - is to guide program evaluation activities in a continuous and systematic manner.	At least one time per term
Rank and Promotion Committee – is to review portfolios submitted for promotion to the ranks of Assistant Professor, Associate Professor, and Professor	At least one time during the spring term and as needed during summer term to complete the rank and promotion portfolio evaluations
Readmission Committee - is to make recommendations to the designated Program Administrator (or designee) regarding prospective re-entry of student applicants.	At least one time per term
Retention Committee – is to design, develop, implement, and assess strategies and initiatives to increase the student retention and graduation rates in all nursing programs.	Minimum one time per month
Teaching and Learning Council – designed to identify and communicate faculty development needs.	At least one time per term

Faculty responsibility and authority for academic and governance matters is included within the faculty position description ([Appendix D](#)) through responsibilities such as:

- Developing learning activities and methods of evaluation.
- Participating in developing program and student related administrative policies and procedures.
- Participating in faculty meetings and assigned committee meetings.

As noted in the initial application, Galen requires all part- and full-time program nursing faculty to possess a graduate degree in nursing, hold a current unencumbered RN license in Colorado or another compact state, and have two years of clinical experience as a registered or advanced practice nurse related to the primary areas of responsibility. Full- and part-time faculty credentials comply with those of the governing organization as well as state requirements. Faculty are qualified to teach and evaluate their assigned courses. Galen does not utilize non-nurse faculty to teach nursing courses.

The College requires the following credentials for full-time and part-time faculty:

Table 4.2: Nursing Faculty Qualifications

	Full-Time	Part-Time
Unencumbered Licensure	License to practice as a Registered Nurse in the state of Colorado.	License to practice as a Registered Nurse in the state of Colorado.
Education	<p>ADN Program Graduate Degree in Nursing</p> <p>BSN Program Graduate Degree in Nursing; doctoral degree in Nursing or a related field preferred.</p>	<p>ADN Program Graduate Degree in Nursing</p> <p>BSN Program Graduate Degree in Nursing; doctoral degree in Nursing or a related field preferred.</p>
Special Qualifications	Minimum of two (2) years of clinical experience as a Registered Nurse.	Minimum of two (2) years of clinical experience as a Registered Nurse.

Table 4.3: General Education Faculty Qualifications

	Full-Time	Part-Time
Education	Minimum of master's degree in subject area or a master's degree and a minimum of 18 graduate hours in subject area.	Minimum of master's degree in subject area or a master's degree and a minimum of 18 graduate hours in subject area.
Degree of Supervision	Dependent upon experience.	Dependent upon experience.

Faculty Handbook

Policies affecting the welfare of faculty and staff are included in the *Employee Handbook*, which is applicable to all employees, and the *Faculty Handbook*, which is applicable to faculty. Relevant policies published in the *Faculty Handbook* include hiring, faculty workload, non-teaching responsibilities, rank and promotion, and health and safety requirements. Policies concerning these subjects may be specific to nursing but are no different than policies in place for any faculty employed by the College. Policies that apply solely to nursing faculty include immunization, health physical, CPR certification, unencumbered nursing licensure, drug and background screening required to meet clinical affiliation requirements. These policies are published in the *Employee Handbook*.

The *Faculty Handbook* is made available to all employees of the College and are published on the College's internal Employee Resource Center (ERC) (screenshot below). New or revised policy updates are communicated to employees via an electronic communication.

Employee Resources > Policies and Procedures

Policies and Procedures

[Edit page](#)

This section includes an organized list of topics within Galen's Policies and Procedures, including information on governance. For questions or guidance regarding College or campus-level policies, please contact the Compliance Office at Compliance@GalenCollege.edu. Additional information and resources related to policies can be found in the [Policy Resources](#) section of the [Compliance Page](#).

Additional Policy Resources

- [Acronym Dictionary \[12/15/16\]](#)
- [CEO's Cabinet and Leadership Advisory Council Report Schedule \[08/28/18\]](#)

Policies and Procedures

- [Employee Handbook](#)
- [Faculty Handbook](#)
- [Rank & Promotion Handbook](#)
- [College Policy and Procedure Manual](#)
- [Student Catalogs](#)
- [Governance \[Bylaws and Committee Descriptions\]](#)

Other pages in...
Employee Resources

- [Academic Operations](#)
- [Academic Records](#)
- [Administrative](#)
- [Admissions](#)
- [Campus Information](#)
- [College Operations](#)
- [Committees](#)
- [Communications/Marketing](#)
- [Compliance: Accreditation, Regulatory and Risk Management](#)
- [Curriculum](#)
- [Employee Newsletters](#)
- [Financial Aid](#)
- [HCA Info - Internal](#)
- [HCA Payroll & Benefits Information](#)
- [Human Resources](#)
- [Institutional Effectiveness](#)

Orientation

Upon hire, all faculty and staff attend New Employee Orientation, which is conducted by Human Resources and the Faculty Resource Specialist (FRS) team. Topics covered during orientation include general information on areas such as the Mission, employee benefits, academic calendars, and the College and faculty handbooks.

Faculty

In addition to New Employee Orientation, faculty are oriented using self-study modules and live sessions with the FRS team via the Canvas LMS. This program is designed to orient new faculty to the College, their role as a nurse educator, and connect them with a Preceptor for their first term(s) as needed.

Orientation processes are personalized to the area in which the faculty will perform. For example, clinical faculty will complete the clinical role track in Canvas with the FRS team, meet with Clinical Education Coordinator who will outline their schedule, provide orientation to the course, explain evaluation processes, and shadow an existing faculty member.

Staff

In addition to New Employee Orientation, staff are further oriented to the College using self-study modules and live sessions. Orientation processes are personalized to the area and department in which the staff will perform, which includes shadowing an existing staff member.

Instructional Technology Training

All faculty who teach online must successfully complete the Instructional Technology Training (ITT). The purpose of the ITT course is to equip faculty with the technological skills necessary in facilitating courses at Galen. Evidence-based practices are applied to ensure and evaluate competency with instructional resources associated with student success. ITT is a six-week, actively facilitated, asynchronous training course that covers technological awareness, facilitation requirements, and Galen policies. Faculty also gain knowledge of various instructional applications and the use of Galen's learning management system, Canvas. Each week faculty practice and complete activities to assess their skills.

Mentoring

Mentoring is a process whereby new faculty members are challenged, guided, inspired, and supported through career development by experienced faculty members. The mentor shares knowledge, experiences, and positive reinforcement to novice nurse educators. The mentor benefits by:

- Developing collegial relationships.
- Fostering collegial inquiry and critical thinking.
- Making meaningful contributions to the institution and society.
- Being supportive, flexible, and open to change.

New faculty members are encouraged to actively seek new experiences and knowledge in the pursuit of role competence and expertise by:

- Establishing goals for active learning.
- Demonstrating a commitment to faculty role development.
- Seeking constructive feedback for improvement/modification of behavior(s).
- Being supportive, flexible, and open to change.
- Mentoring / precepting process is arranged for new faculty members by the Campus Leadership based upon teaching responsibility and experience.

Faculty Involvement in the Curriculum

The Curriculum is Developed by the Faculty

Galen's curriculum is developed by the faculty and regularly reviewed to ensure integrity, rigor, and currency. Galen faculty are the primary decision-makers for all curriculum development and improvement. The current curriculum was created by Galen faculty and approved by the Curriculum Council. Faculty who teach a course serve on a College-wide course committee where curriculum development is discussed and recommendations for improvements are made. These recommendations are forwarded to Curriculum Council for approval, which is a College-wide council consisting of voting members who are nursing and general education faculty. New program options and major curriculum changes that affect program outcomes, credit hours, course progression, etc., are then forwarded to the Academic Affairs Council for final approval. The Academic Affairs council consists of the College's academic leadership as well as faculty representatives. [Table 4.2](#) provides history of the implementation of the ADN and BSN programs, which are offered at Galen's other campus locations:

Table 4.4: Program History and Initial Offerings

Campus	ADN Program	BSN Program
Louisville, KY	2005	2017
Tampa Bay, FL	2005	2018
Cincinnati, OH	2007	2019
San Antonio, TX	2008	2017
Miami, FL	2021	2021
Austin, TX	2021	2021
Nashville, TN	2022	2022

These programs are programmatically accredited and have continuously demonstrated students' achievement of program student learning outcomes and program outcomes. The programs are continuously evaluated by the respective programmatic accreditor through annual reports, period self-studies, and site visits. Several of Galen's programs have undergone site visit evaluations this past two years with no findings or recommendations by the regional and programmatic accreditors.

The Curriculum is Regularly Reviewed to Ensure Integrity, Rigor, and Currency

The faculty have the responsibility for the content, rigor, and currency of the curriculum. The curriculum was developed using the College mission and philosophy as a guide to ensure curriculum integrity.

The curriculum was also developed to demonstrate rigor and currency through the knowledge, skills, and behaviors that are leveled according to the revised Bloom's Taxonomy (Anderson, et.al. 2001) to progressively challenge the student throughout the program. Comprehensive mapping was also created at the course level to demonstrate how the PSLOs, CSLOs, and professional standards, guidelines, and competencies direct each course. Comprehensive course mapping documents will be available in the Resource Room.

Faculty are responsible for engaging in the full scope of the academic educator role, which includes participating in curriculum development, implementation, and evaluation. As outlined in *Academic Freedom & Professional Responsibility* (Association of American Colleges and Universities, 2006) faculty have the freedom, right, and responsibility to "Educate students using innovative and evidence-based teaching strategies and make professional judgments regarding the selection of resources, teaching materials, and instructional methodologies within the confines of the standard curriculum approved by Galen faculty." To accomplish this, Galen has developed a process whereby faculty, along with academic leadership, review and evaluate their courses and the curricula in order to make recommendations for improvement, based on data. Faculty are responsible for evaluating their courses and recommending changes for improvement to the course or the curriculum using the process as outlined herein. This process occurs using an established committee structure.

Evaluation of the Course & Student Progress

Faculty members assess the effectiveness of the course by evaluating student progress and comparing student performance to national norms. At the course level, faculty members evaluate the effectiveness of the content, learning activities, methods of assessment, and compare actual student performance to the requirements for exams, assignments, and final course grades. This evaluation occurs at two levels:

- **Campus-level Course Meetings** - Faculty participate in campus-level course meetings at least once each term to discuss content continuity between theory, lab, and/or clinical as appropriate; student retention; learning resources; etc. The meetings are facilitated by the lead faculty at each campus.
- **College-wide Course Committee Meetings** - Faculty participate in College-wide course committee meetings to review CSLOs and ensure integrity, rigor, relevance, and consistency of course content. Meetings are facilitated by the faculty course facilitator and are scheduled as follows:
 - **Routine** – Course committees meet at least once per term to monitor and assess the student achievement of CSLO through review of faculty course evaluations.
 - **Triennial** – At least once every three years, faculty will complete a comprehensive review of the course. As appropriate, faculty will review current professional nursing standards, guidelines, and competencies and evaluate the course description, course student learning outcomes, course content, assignments, rubrics, textbooks, student achievement of the CLSOs, attrition, grades, and changes in evidenced based practices Faculty will make recommendations to the Curriculum Council based upon their analysis of current nursing standards and course data.
- **Campus Curriculum Committee Meetings** – Campus Curriculum Committee meets at least twice per year to review program outcomes, analyze employer data, and ensure compliance with state practice acts and other applicable standards. Committee is comprised of members of the faculty who are appointed by the Program Director or Dean. The committee report findings to the Curriculum Council as well as the Program Evaluation Committees. These committees also work with Curriculum Council to communicate and implement changes to curriculum.

The curriculum is reviewed and evaluated using individual and aggregate data through designated assignments created by the faculty. Unit examinations, grading rubrics, clinical evaluation tools, and competency performance evaluations allow faculty to evaluate rigor and currency of the curriculum through the students' achievement of the identified CSLOs, which reflect professional nursing standard, guidelines, and competencies. [Table 4.3](#) shows a checklist used by faculty during the triennial review. The complete Curriculum Development Implementation and Evaluation Policy and Procedure ([Appendix E](#) and [Appendix F](#)).

Table 4.5 Triennial Course Review Checklist

Criteria	Reviewed		Change completed
	No Change Recommended	Change Recommended	
1. Course description (CRF required)			
2. Course Student Learning Outcomes (CRF required)			
<ul style="list-style-type: none"> Do they represent where the students need to be at the end of the course? 			
<ul style="list-style-type: none"> Do they support the PSLOs and reflect professional standards such as QSEN, DECS, etc.? 			
<ul style="list-style-type: none"> Are they written at the appropriate level? 			
<ul style="list-style-type: none"> Are they measurable? 			
3. Unit Student Learning Outcomes (CRF required)			
1 2 3 4 5 6 7 8 9 10 11 (circle the unit where changes have been made)			
<ul style="list-style-type: none"> Do they adequately cover the content in the unit? 			
<ul style="list-style-type: none"> Are they written at the appropriate level? 			
<ul style="list-style-type: none"> Are they measurable? 			
4. Course Content (CRF required)			
1 2 3 4 5 6 7 8 9 10 11 (circle the week where changes have been made)			
<ul style="list-style-type: none"> Does the content in each unit align to USLOs & NCLEX statements? 			
<ul style="list-style-type: none"> Is content is based on current evidence? 			
<ul style="list-style-type: none"> Does the content cover what the student needs to know? <ul style="list-style-type: none"> Is additional content required? Does content need to be removed?* 			
<ul style="list-style-type: none"> Is Interactive content up-to-date and relevant? (online courses) 			
<i>**Removal of any content must be submitted with rationale, supporting evidence, and documentation of contact with any other course affected.</i>			
5. Textbook (CRF required)			
<ul style="list-style-type: none"> Do textbooks support CSLOs and USLOs? 			
<ul style="list-style-type: none"> Are they the most current edition? 			
<ul style="list-style-type: none"> Are reading assignments appropriate for course credit? 			
<ul style="list-style-type: none"> Are student resources available and used as part of textbook purchase? 			
<ul style="list-style-type: none"> Are there assignments for every required book? If not, should book be moved to recommended? 			
6. Discussion Questions			
1 2 3 4 5 6 7 8 9 10 11 (circle the unit where changes have been made)			
<ul style="list-style-type: none"> Do they promote critical thinking 			
<ul style="list-style-type: none"> Do they facilitate classroom discussion 			
<ul style="list-style-type: none"> Do they align with USLOs 			
<ul style="list-style-type: none"> Do they prompt reflection upon values and learning 			
7. Lab Content (CRF required)			
1 2 3 4 5 6 7 8 9 10 11 (circle the unit where changes have been made)			
<ul style="list-style-type: none"> Do lab activities align to USLOs and theory content? 			
<ul style="list-style-type: none"> Is content is based on current evidence? 			
<ul style="list-style-type: none"> Does the content cover what the student needs to know? 			
<ul style="list-style-type: none"> Are assignment/CPE dates/weeks consistent across the College? 			
8. Clinical (CRF required)			
<ul style="list-style-type: none"> Are requirements clearly documented? 			
<ul style="list-style-type: none"> Do clinical activities align with CSLOs? 			
9. Assignments/Rubrics (CRF required)			
<ul style="list-style-type: none"> Is workload appropriate for credits? 			

Criteria	Reviewed		Change completed
	No Change Recommended	Change Recommended	
<ul style="list-style-type: none"> Are assignments appropriately spaced throughout course? 			
<ul style="list-style-type: none"> Do rubrics have sufficient criteria, are they Likert-scaled, and consistent across the curriculum? 			
<ul style="list-style-type: none"> Do assignments map to CSLOs and are they measuring what we want them to measure? 			
<ul style="list-style-type: none"> Are directions clear? 			
10. Exam Blueprint (CRF Required)			
<ul style="list-style-type: none"> Does the number of questions proportionally represent content area from units covered? 			
<ul style="list-style-type: none"> Are all client needs categories/domains of learning/nursing process areas being covered? 			
<ul style="list-style-type: none"> Are the Bloom's level of question appropriate? 			

Additional information on how faculty evaluate the curriculum and compliance with academic regulations can be found in the [Recommendation 10: Assessment and Evaluation](#) section.

Faculty Involvement and Access to Site-specific Budget

The Denver Campus will have a site-specific budget. The annual budgeting process begins in August and is completed prior to the beginning of the fiscal year on January 1. Faculty, staff, and campus leadership work closely together in providing input and prioritizing the allocation of resources to support Galen's mission. The campus budget is reviewed monthly, the nursing faculty and administrators have input into the budget, and financial resources exist to meet the current and ongoing needs of the program.

The annual budget is prepared by management after collecting and analyzing all of the input gathered from faculty, staff, and College leaders, and submitted to the Board of Directors for final approval. In the middle of the following year, the College reviews actual year-to-date results and determines which assumptions used in the original budget need to be updated due to changing conditions. These assumption changes are discussed with executive leadership and the nursing program administrators for the campus. Based on the results of these discussions, a financial reforecast is prepared for the remainder of the year and is distributed and communicated with the Board of Directors, executive leaders, and the faculty and staff through town hall meetings. This process helps to better predict actual financial outcomes to ensure stability and appropriate resource allocation due to changing economic conditions until the next budget cycle begins. After the financial statements are closed, monthly conference calls occur with program leadership to discuss actual financial results as compared to budget, and to discuss budget variances. These calls facilitate greater understanding and active participation by program leadership in planning and discussing the budget with the faculty, which in turn contributes to responsible fiscal stewardship.

In the middle of each year, the College reviews actual year-to-date results and determines which assumptions used in the original budget need to be updated due to changing conditions. These assumption changes are discussed with executive and program leadership. Based on the results of these discussions, a financial reforecast is prepared for the remainder of the year and is distributed and communicated with the Board of Directors, executive leaders, and the faculty and staff through town hall meetings. This process helps to better predict actual financial outcomes to ensure stability and appropriate resource allocation due to changing economic conditions until the next budget cycle begins. After the monthly financial statements are closed, conference calls occur with program leadership to discuss actual financial results as compared to budget, and to discuss budget variances. These calls facilitate greater understanding and participation by program leadership in planning and discussing the budget, which in turn contributes to responsible fiscal stewardship.

In addition to the budget development and approval process, each month, campus leadership, which includes the Dean, Program Director, director of campus operations, and other individuals as requested, reviews the previous month's financial statement with the College's Vice President of Finance and Controller. This meeting provides the campus leadership the opportunity to review and discuss items in the income and expense statements (actual v budgeted), detail related to salaries, cost of education (supplies, educational materials, outside services), faculty development, student activities, travel and entertainment, outside services, and 'other'. This review allows the Program Director and Dean the opportunity to determine the adequacy of fiscal resources, provide input for future budgetary needs, and discuss the budget with the faculty, and for the faculty an additional opportunity to provide input into the budget. The nursing program budget is an agenda item at every faculty meeting and Campus Academic Affairs meeting where ongoing recommendations are sought for teaching-learning resources. Based on program outcomes, budget requests are submitted by the faculty and prioritized according to the College's strategic plan.

Consultants' Response: Galen's response is acceptable.

Recommendation 5: Clinical Sites

Provide a detailed description of the clinical sites required for each program including the qualifications for a clinical site, the supervision of the site and the placement of students into clinical experiences. How are these experiences handled?

Institution Response:

Description of Clinical Sites Required for Each Program

Clinical sites are selected to facilitate the deliberate application and synthesis of theoretical content. Clinical sites are aligned with the CSLOs and leveled according to the student's progression through the curriculum. Facilities and units are chosen based on their patient population and availability as well as the usual patient census. Clinical faculty accompany students at all times to facilitate mastery of the clinical learning content.

ADN Program	
Course	Required Site Features
NUR 155 Foundations of Nursing	Adult populations with low acuity or chronic health conditions. Appropriate sites include long-term care, sub-acute care, rehabilitation, low acuity medical-surgical, and some community health sites. Sites should provide students with the opportunity to practice psychomotor skills as well as introductory nursing interventions.
NUR 170 Concepts of Medical-Surgical Nursing	Adult populations with low acuity or chronic health conditions. Appropriate sites include long-term care with skilled nursing, sub-acute care, inpatient rehabilitation, low to intermediate acuity medical-surgical, and some community health sites. Sites should provide students with the opportunity to practice psychomotor skills as well as medical-surgical nursing interventions.
NUR 230 Concepts of Nursing: Childbearing/Child Caring Family	Obstetrical, pediatric, and family-care populations. Appropriate sites include hospital-based obstetrical, labor and delivery, post-partum, nursery, NICU, and pediatric units. Community health services for these populations are also appropriate. Sites should provide students with the opportunity to practice the provision of holistic family nursing care including acute and chronic care.
NUR 256 Concepts of Mental Health Nursing	Populations with altered mental health. Appropriate sites are widely varied across the mental health wellness-illness continuum. Appropriate sites include community-based facilities that promote mental wellness, psycho-social services, transitional living, and many other sites. Sites should provide students with the opportunity to apply holistic nursing care to individuals at various levels of mental wellness both chronic and acute.
NUR 257 Concepts of Aging and Chronic Health	Adult populations with chronic health conditions. Appropriate sites include long-term care, sub-acute care, rehabilitation, medical, and some community health sites. Sites should provide students with the opportunity to apply concepts related to healthy aging and chronic disease management.
NUR 265 Advanced Concepts of Medical Surgical Nursing	Adult populations with various levels of acuity including chronic health conditions. Appropriate sites include intermediate to high acuity medical-surgical, intensive, cardiac, and critical care units and facilities. Sites should provide students with the opportunity to practice advanced psychomotor skills and complex nursing interventions.
NUR 283 Transition to Registered Nursing Practice	Populations with various levels of acuity including chronic health conditions. Appropriate sites include intermediate to high acuity medical-surgical, intensive, cardiac, and critical care units and facilities. Sites should provide students with the opportunity to apply complex nursing interventions, practice care coordination, and manage time and priorities as well as care for multiple patients when possible.

BSN Program	
Course	Required Site Features
NSG 3120 Fundamental concepts & Skills for Nursing Practice	Adult populations with low acuity or chronic health conditions. Appropriate sites include long-term care, sub-acute care, rehabilitation, low acuity medical-surgical, and some community health sites. Sites should provide students with the opportunity to practice psychomotor skills as well as introductory nursing interventions.
NSG 3250 Nursing Practice-Adult Health I	Adult populations with low acuity or chronic health conditions. Appropriate sites include long-term care with skilled nursing, sub-acute care, inpatient rehabilitation, low to intermediate acuity medical-surgical, and some community health sites. Sites should provide students with the opportunity to practice psychomotor skills as well as medical-surgical nursing interventions.
NSG 3450 Nursing Practice-Mental Health	Populations with altered mental health. Appropriate sites are widely varied across the mental health wellness-illness continuum. Appropriate sites include community-based facilities that promote mental wellness, psycho-social services, transitional living, and many other sites. Sites should provide students with the opportunity to apply holistic nursing care to individuals at various levels of mental wellness both chronic and acute.
NSG 3850 Nursing Practice – Community Health	Populations and communities. Appropriate sites include community-based care services as well as population health provider. Examples of appropriate sites include public health offices, community services, community-health centers, home health, home-based hospice care, and so on. Sites should provide students with the opportunity to apply community nursing care concepts in a variety of settings.
NSG 3500 Nursing Practice – Maternal Health	Obstetrical and family-care populations. Appropriate sites include hospital-based obstetrical, labor and delivery, post-partum, nursery. Community health services for these populations are also appropriate. Sites should provide students with the opportunity to practice the provision of holistic family nursing care including acute and chronic care.
NSG 3600 Nursing Practice – Children’s Health	Pediatric and family-care populations. Appropriate sites include hospital-based NICU and pediatric units as well as schools. Community health services for these populations are also appropriate including pediatric chronic- and home-care services as well as provider offices. Sites should provide students with the opportunity to practice the provision of holistic family nursing care including acute and chronic care.
NSG 3800 Nursing Practice - Adult Health II	Adult populations with various levels of acuity including chronic health conditions. Appropriate sites include intermediate to high acuity medical-surgical units and facilities. Sites should provide students with the opportunity to practice advanced psychomotor skills and complex nursing interventions.
NSG 4100 Nursing Practice Adult Health III	Adult populations with various levels of acuity including chronic health conditions. Appropriate sites include high acuity medical-surgical, intensive, cardiac, and critical care units and facilities. Sites should provide students with the opportunity to practice and complex nursing care including transitions of care when possible.
NSG 4800 Transition to Professional Nursing Practice	Populations with various levels of acuity including chronic health conditions. Appropriate sites include intermediate to high acuity medical-surgical, intensive, cardiac, and critical care units and facilities. Sites should provide students with the opportunity to apply complex nursing interventions, practice care coordination, and manage time and priorities as well as care for multiple patients when possible.

Clinical Experiences

The clinical nursing courses are designed and planned by faculty to promote student success in meeting the program (PSLOs) and course student learning outcomes (CSLOs). Pre- and post-conferences are a component of each clinical experience, which allow faculty to assess student learning and stimulate the students to engage and participate in a professional, problem-solving dialogue with their peers. Evidence of the achievement of the CSLOs within the clinical experience is captured using the clinical evaluation tools. All clinical evaluation tools include references to and utilize PSLOs, CSLOs, and DEC's in the evaluation of student performance. The clinical evaluation tools are leveled across the ADN curriculum per Bloom's Taxonomy to assess a student's knowledge, skills, and ability to engage in increasingly complex performance expectations. Faculty supervise and evaluate students in all clinical experiences; preceptors are not used in the ADN program.

The sites selected for clinical rotations are accredited and use National Patient Safety Goals, evidence-based and contemporary practice. Students collaborate with nursing staff, apply established guidelines (Joint Commission Core Measures) for care and evaluate the effectiveness of care provided.

Selection of Appropriate Clinical Facilities

Clinical facilities are selected based upon factors such as type and quality of the clinical experience; availability of appropriate patients; location; ability to accommodate the number of students required; and experiences that align with the program (PSLOs) and course student learning outcomes (CSLOs). Faculty and the Directors of Clinical Education work to establish positive professional relationships with the clinical affiliates, whose resources support sufficient student numbers and a variety of experiences. Students are expected to interact with patients, families and other member of the healthcare teams during clinical rotations. Students are assigned to a clinical site by the Clinical Education Coordinator who verifies that the student meets the clinical participation requirements of the College and the clinical facility. In the facility, students are supervised and evaluated by their clinical course faculty member, who remains in the building at all times.

Student Clinical Experiences Support the Achievement of the End-of-Program Student Learning Outcomes

Student performance in the clinical environment is evaluated using the Clinical Evaluation Tool. This tool has been mapped to End of Program Student Learning Outcomes (PSLOs) and the Differentiated Essential Competencies (DECs) (Texas Board of Nursing, 2021).

Table 4.9b: Example of Clinical Evaluation Tool Mapping: NUR 265

Course Student Learning Outcome (CSLO)	Clinical Objectives/ Clinical Evaluation Objectives	DEC's	Assessment Method
4. Apply clinical judgment to ensure quality outcomes when caring for patients experiencing complex, multi-system health problems.	Uses clinical reasoning and knowledge based on the evidence-based practice outcomes as a basis for decision making in nursing practice.	IIA. Uses clinical reasoning and knowledge based on the diploma or associate degree nursing program of study and evidence-based practice outcomes as a basis for decision-making in nursing practice.	Clinical observation Clinical questioning
	Determines the physical and mental health status, needs, and preferences of culturally, ethnically, and socially diverse patients and their families, based upon interpretation of comprehensive health assessment findings compared with evidence-based health data.	IIB. Determine the physical and mental health status, needs, and preferences of culturally, ethnically, and socially diverse patients and their families based upon interpretation of comprehensive health assessment findings compared with evidence-based health data derived from the diploma or associate degree nursing program of study.	Journal entry Reflection on clinical judgment, Clinical observation Clinical questioning

	Analysis assessment data to identify problems, form goals/outcomes, and develop plans of care for patients and their families using information from evidence-based practice in collaboration with patients, families, and the interdisciplinary health care team.	IIC. Analyzes assessment data to identify problems, formulate goals/outcomes, and develop plans of care for patients and their families using information from evidence-based practice in collaboration with patients, their families, and the interdisciplinary health care team.	Care Plan
	Evaluates patient outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence-based practice, and plan follow-up nursing care.	IIF. Evaluate and report patient outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence-based practice, and plan follow-up nursing care.	Care Plan
	Develops, implements, and evaluates teaching plans for patients and their families to address health promotion, maintenance, and restoration.	IIG. Develop, implement, and evaluate patient outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence-based practice, and plan follow-up nursing care.	Teaching Plan Reflection on clinical judgment

Evaluation of Clinical Sites and Experiences

At the end of each quarter, students are given the opportunity to evaluate the clinical faculty member and the clinical site to which they were assigned by completing the evaluation survey for the course. Specifically, students are asked to respond to the following survey question: *The clinical site provided sufficient opportunities to achieve the course objectives for clinical practice.* Additional survey questions gather data on students' evaluation of opportunities to: (1) apply the nursing process; (2) develop professional communication skills with patients, colleagues and members of the healthcare team; and (3) develop skill in the application of therapeutic techniques in a safe and effective manner.

The Campus's clinical agencies and clinical faculty members will also have the opportunity to evaluate the clinical experience through periodic written evaluations. The data collected is monitored by the Program Director, Dean, and clinical leaders to ensure that the clinical agency continues to provide an appropriate practice environment for student learning and supports the achievement of CSLOs and PSLOs. Templates for the Clinical Facility Evaluation of the Nursing

To obtain timely feedback, a Clinical Walk-Through Survey (*CWTS*) was developed with faculty with leadership input to allow for immediate documentation into a database and reporting of data. The *CWTS* is divided in three sections, which are the Faculty Section, Student Section, and Facility Section. Each section contains a unique set of questions to evaluate the clinical experience from all angles. A feedback section provided at the end of each set of questions to allow for an explanation for any response or other observation. The data collected will be monitored by the faculty and academic leadership to ensure that the clinical site continues to provide an appropriate practice environment for student learning and supports the achievement of CSLOs and PSLOs. The *CWTS* will also be available in the *Faculty Tools database* https://facultytools.galencollege.edu/users/login_. Throughout the year, the clinical practice sites and experiences are evaluated at least annually by the clinical coordinator and DCE using the *CWTS*.

Clinical Affiliation Agreements

Clinical Affiliation Agreements (CAAs) are established with every facility used for student clinical rotations. CAAs are current and contain the general and specific responsibilities of each party to ensure 1) that students have clinical experiences that promote the attainment of course objectives and student learning outcomes and 2) the protection of students. Each CAA contains general provisions and responsibilities of both the College and the healthcare facility.

Faculty are oriented to the requirements of the clinical site assigned to their course. Faculty orientation includes training classes on electronic medical record (EMR), the medication administration systems, safety procedures or any other topics deemed critical by the facility. Agreements are also made available to all faculty and staff on the College's internal Employee Resource Center.

The Colorado Board of Nursing limits the number of students who can be supervised by one nursing faculty to 10, but some facilities further restrict that number. Galen faculty are compliant to those requests.

To further ensure student protection, Galen carries liability insurance for students. This coverage insures students in their capacity as a student nurse at the clinical facility.

Consultants' Response: Galen's response is acceptable.

Recommendation 6: BSN Program

Please clarify the BSN degree. Is this an accelerated degree?

Institution Response:

Galen's BSN Program is accelerated in that the program incorporates general education courses into its nursing curriculum and operates on a quarter calendar. This allows students to take their coursework year-round and complete the BSN program within 36 months.

Consultants' Response: Galen's response is acceptable.

Recommendation 7: General Education

The proposal references semester hours in some areas general education, for example) and quarter hours in others. Please review these in the proposal and clarify if the courses are semester or quarter hours.

Institution Response:

All courses offered in the ADN and BSN Programs are offered in quarter credit hours. The reference to semester credits in the tables was a typographical error. The updated program information can be found in the tables below.

ADN Program:

The general education courses listed below are offered as part of Galen’s ADN Program:

Humanities

Course Number	Course Title	Quarter Credits
PHL 2205	Applied Ethics	4

Communication

Course Number	Course Title	Quarter Credits
ENG 1105	English Composition	4

Natural Sciences/Mathematics

Course Number	Course Title	Quarter Credits
BIO 1100	Human Anatomy & Physiology I - Theory	4
BIO 1150	Human Anatomy & Physiology I - Lab	1
BIO 1300	Human Anatomy & Physiology II - Theory	4
BIO 1350	Human Anatomy & Physiology II - Lab	1
BIO 2100	Microbiology for Health Professionals	4
MAT 1205	College Mathematics	4
CSC 1040	Information Literacy and Technology Essentials	2

Social/Behavioral Sciences

Course Number	Course Title	Quarter Credits
PSY 2305	Developmental Psychology	4
SOC 1305	Introduction to Sociology	4

Interdisciplinary

Course Number	Course Title	Quarter Credits
GPS 1200	Galen Pathway to Success	2

Total General Education Quarter Credits offered in the Associate Degree in Nursing Program

Content Area	Quarter Credits
Humanities	4
Communication	4
Natural Science/Mathematics	20
Social/Behavioral Sciences	8
Interdisciplinary	2
Total	38

BSN Program

The general education courses listed below are offered as part of Galen's BSN Program:

Humanities

Course Number	Course Title	Quarter Credits
PHL 2205	Applied Ethics	4

Communication

Course Number	Course Title	Quarter Credits
COM 2105	Principles of Communication	4
ENG 1105	English Composition	4

Natural Sciences/Mathematics

Course Number	Course Title	Quarter Credits
BIO 1100	Human Anatomy & Physiology I - Theory	4
BIO 1150	Human Anatomy & Physiology I - Lab	1
BIO 1300	Human Anatomy & Physiology II - Theory	4
BIO 1350	Human Anatomy & Physiology II - Lab	1
BIO 2100	Microbiology for Health Professionals	4
BIO 2500	Fundamentals of Nutrition	4
MAT 1205	College Mathematics	4
PHM 2500	Pharmacology	4
STA 2015	Introduction to Applied Statistics	4

Social/Behavioral Sciences

Course Number	Course Title	Quarter Credits
CLD 2105	Diversity, Equity, and Inclusion	4
PSY 1205	Introduction to Psychology	4
PSY 2305	Developmental Psychology	4
SOC 1305	Introduction to Sociology	4

Interdisciplinary

Course Number	Course Title	Quarter Credits
GPS 1200	Galen Pathway to Success	2

Total General Education Quarter Credits offered in the Baccalaureate Degree in Nursing Program

Content Area	Quarter Credits
Humanities	4
Communication	8
Natural Science/Mathematics	30
Social/Behavioral Sciences	16
General Education Electives	8
Interdisciplinary	2
Total	68

Consultants' Response: Galen's response is acceptable.

Recommendation 8: Student Support Services

Student support services are described in the review proposal, however it is difficult to assess if the services will be available at the Aurora campus or remotely. For example, the review document references a registrar, a community resource specialist, academic success liaisons, academic coordinators, and librarians. Are these staff available to students on the Aurora campus? Please provide additional information specific to the proposed campus and describing the proposed staff for the location.

Institution Response:

The following student support services staff will be available to all Denver Campus students, either on-campus or remotely, as outlined below. Although some of these staff members will initially provide services remotely, many will be offered on-site as the campus grows and matures.

Table 8: Student Support Services Staff Available to Denver Campus Students

Student Support Service	Service Location
Academic Progress Coach	Denver Campus
Academic Success Liaisons (to assist with academic needs)	Remote
Admissions Staff	Denver Campus
Community Resource Coordinator (to assist with non-academic needs)	Remote
Financial Aid Staff	Denver Campus
Librarians	Remote
Registrar Staff	Denver Campus
Section 504/Title IX Coordinators	Remote
Student Counselor (for counseling and mental health support)	Remote

The Student Resource Center available at the Denver Campus will additionally provide ample space to study, collaborate, access the online centralized library services, and receive academic and personal support.

Consultants' Response: Galen's response is acceptable.

Recommendation 9: Student Handbook

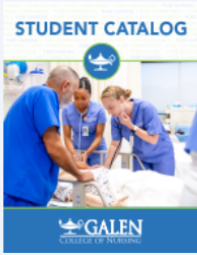

There is no reference to a student handbook. Please provide an update.

Institution Response:

As a single purpose nursing college, Galen publishes all information and policies for a student in a single *Student Catalog*. This document contains information describing the substance, objectives, and duration of the study, equivalent experience, and achievement testing offered; a schedule of related tuition, fees, and all other necessary charges and expenses; cancellation and refund policies; and such other material facts concerning the institution and the program or course of study, equivalent experience, and achievement testing.

The catalog is made available to students, faculty, and other interested parties in an electronic form via Galen's [website](#) (screenshot below). The catalog is published at least annually, and new or revised policy updates are communicated to students via an electronic communication at the time of publication. Consistent with Galen's other campuses, the Aurora Campus will have a *Student Catalog* dedicated to the individual campus. For reference, Galen's *Student Catalog* for the Louisville, KY Campus is included with this response.

STUDENT CATALOG & RESOURCES

<h3>STUDENT CATALOG</h3>  <p>VIEW DOCUMENT</p>	<h3>ACADEMIC CALENDAR</h3>  <p>VIEW DOCUMENT</p>	<h3>CAMPUS BOOKLISTS</h3> <ul style="list-style-type: none">o Prelicensure BSN Booklist Spring 2022 (January) FINAL-11042021o ADN Booklist Spring 2022 (January) FINAL-11042021o PN Booklist Spring 2022 (January) Louisville-Tampa -FINAL-11042021 <p>Getting Your Text Books</p> <p>VIEW DOCUMENT</p>	<h3>HEALTH & IMMUNIZATION</h3> <ul style="list-style-type: none">o Student Checklist for Clinical Participationo Nursing Technical Standardso Certification of Physical Exam Form
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Consultants' Response: Galen's response is acceptable.

Recommendation 10: Assessment and Evaluation

There is no information in the proposal regarding a program assessment and evaluation plan or plans for measuring student success. Please provide a detailed discussion of the assessment and evaluation plan for the program and plans for measuring student success.

Institution Response:

The Systematic Process Used to Determine Program Effectiveness

The ADN and BSN programs have a systematic plan of evaluation (SPE) ([Appendix G](#)), which has been developed by the faculty. The purpose of the SPE is to outline the planned and deliberate assessment and evaluation of students' achievement of the end-of-program student learning outcomes and program outcomes, which include the NCLEX-RN® pass rate, program completion rate, and job placement rate. As outlined in the *Bylaws of the Faculty*, the SPE is completed on an annual basis for the program by faculty members of the Program Evaluation Committee (PEC). Additionally, the PEC chairs provide updates to the Institutional Effectiveness Council (IEC), which is charged to review, monitor, and revise the institutional effectiveness framework, processes, and procedures used to support the mission and accomplish the goals outlined in the Strategic Plan. The IEC meets each term and serves in an advisory capacity to the academic, administrative, and educational support units of Galen. All educational programs, academic support services, and educational support services submit at least one written report twice a year (Institutional Effectiveness Plan – IEP) on the results of their ongoing assessment efforts to the IEC.

When developing the SPE, the faculty ensured that it was comprehensive and consisted of (a) specific measurable expected levels of achievement, (b) appropriate assessment methods, (c) regular intervals for assessment, (d) sufficient data to inform program decision making, (e) analysis of assessment data to inform program decision making (f) documentation demonstration the use of assessment data to inform decision making. The faculty also ensured that the SPE 1) reflects professional standards and guidelines, 2) includes an annual evaluation of the program's ability to meet the needs and expectations of the communities of interest, and 3) evaluates the program's compliance ACEN (ADN program) or CCNE (BSN) accreditation standards and with academic regulations of the board of nursing.

The SPE is Periodically Reviewed and Revised as Appropriate

The SPE template and process is periodically reviewed and revised as appropriate. As outlined in the PEC and IEC committee descriptions ([Appendix H](#)), these committees are responsible for reviewing, implementing, and updating the SPE as appropriate. One example of this occurred in February 2020 when the IEC approved reformatting the SPEs from Excel format to Word, which would better facilitate completion by program faculty. Another example occurred in 2020, when faculty approved revisions to the faculty outcomes during the PEC and BSN SPE Committee meetings.

Consultants' Response: Galen's response is acceptable.

Recommendation 11: Placement Information

Please provide placement data for Galen College of Nursing.

Institution Response:

At the time of this submission, Galen's Denver Campus does not have any graduates or placement data to report.

Collection, Analysis and Evaluation of Job Placement

The College engages in proactively working with students to make them aware of the importance of our tracking placement information and the reasons for our interest in their employment after graduation and licensure. During their capstone courses, we communicate to the students both the purpose and ways that we will be collecting placement information. At graduation, each graduate is asked to complete an employment questionnaire if they have already secured a position. Thirty days after graduation an Alumni Employment Survey is sent to the graduates asking them to share the name of their employer, address, current position, hours worked (FT/PT). As the surveys are returned, we follow up with students who have not responded via phone, email, text, social media (Galen College of Nursing Alumni Facebook or LinkedIn) to secure the placement information. When communicating with graduates post-graduation, faculty, student success liaisons, and healthcare partnership representatives, are encouraged to provide relevant alumni employment updates to the Office of Academic Records. All registrars engage in active communication with the graduates building upon the already established relationships that they have with our student population to secure this information. These efforts are routinely reviewed as the registrars from all campuses gather to discuss strategies and progress on a routine basis and this overall effort is led by our Alumni Manager.

Additional information on how placement data is used by the programs can be found in the [Recommendation 10: Assessment and Evaluation](#) section.

Consultants' Response: Galen's response is acceptable.

Appendix A: SACSCOC Accreditation



July 3, 2018

Mr. Mark A. Vogt
Chief Executive Officer
Galen College of Nursing
1031 Zorn Avenue, Suite 400
Louisville, KY 40207

Dear Mr. Vogt:

The following action regarding your institution was taken by the Board of Trustees of the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) during its meeting held on June 14, 2018:

The SACSCOC Board of Trustees reaffirmed accreditation. No additional report was requested. Your institution's next reaffirmation will take place in 2028 unless otherwise notified.

Please submit to your Commission staff member, preferably by email, a **one-page** executive summary of your institution's Quality Enhancement Plan. The summary is due **August 15, 2018**, and should include on the same page the following information: (1) the title of your Quality Enhancement Plan, (2) your institution's name, and (3) the name, title, and email address of an individual who can be contacted regarding its development or implementation. This summary will be posted to SACSCOC's website as a resource for other institutions undergoing the reaffirmation process.

All institutions are requested to submit an "Impact Report of the Quality Enhancement Plan on Student Learning" as part of their "Fifth-Year Interim Report" due five years before their next reaffirmation review. Institutions will be notified 11 months in advance by the President of the Commission regarding its specific due date. Directions for completion of the report will be included with the notification.

We appreciate your continued support of SACSCOC's activities and work. If you have questions, please contact the SACSCOC staff member assigned to your institution.

Sincerely,



Belle S. Wheelan, Ph.D.
President

BSW:ch

cc: Dr. Mary P. Kirk, Vice President, SACSCOC

Appendix B: CCNE Accreditation



655 K STREET NW
SUITE 750
WASHINGTON DC 20001

202-887-6791

CCNEACCREDITATION.ORG

June 9, 2021

Joan L. Frey, EdD, RN
Academic President
Galen College of Nursing
3050 Terra Crossing Boulevard
Louisville, KY 40245

Dear Dr. Frey:

On behalf of the Commission on Collegiate Nursing Education (CCNE), I am pleased to advise you that the CCNE Board of Commissioners acted at its meeting on May 11-14, 2021 to grant accreditation to the baccalaureate degree program in nursing at Galen College of Nursing for 10 years, extending to June 30, 2031. The accreditation action is effective as of September 14, 2020, which is the first day of the program's recent CCNE evaluation. You should plan for the next on-site evaluation to take place in the fall of 2030.

The program was considered by the Board using the *CCNE Standards for Accreditation of Baccalaureate and Graduate Nursing Programs (2018)*.

At its meeting, the Board determined that the program met all four accreditation standards. The Board additionally determined that there are no compliance concerns with respect to the key elements.

As is required for all accredited programs, a continuous improvement progress report (CIPR) must be submitted at the midpoint of the accreditation term. Please note that the CIPR needs to demonstrate the program's compliance with the CCNE standards and key elements that are in effect at the time of its submission. As a courtesy, CCNE will send a reminder letter to the chief nurse administrator informing the program of the specific standards to be addressed and providing guidance for the preparation of the report. The deadline for submitting the CIPR to CCNE is June 1, 2026. The Report Review Committee, and then the Board of Commissioners, will review the CIPR. For more information about CIPRs and the report review process, please refer to the CCNE procedures.

As you know, the team report and the program's response to the team report are available to the institution in the CCNE Online Community. We hope that the results of the self-study process and the team report will be useful to the continued growth and development of the nursing program. Due to limited access to the CCNE office as a result of the COVID-19 pandemic, the certificate of accreditation will be mailed to you when operations permit staff to do so.

As previously conveyed by CCNE and in accordance with U.S. Department of Education requirements, CCNE is required to conduct an in-person verification visit, within a reasonable period of time, to all programs that have hosted a comprehensive virtual evaluation. CCNE will share additional information about this follow-up visit requirement later this year.

In accordance with CCNE policy, if a program or institution elects to make a public disclosure of a program's accreditation status with CCNE, the program or institution must disclose that status accurately. The program or institution disclosing the information must identify the nursing program and its affiliation with CCNE. Please

*Serving the Public Interest
Through Quality Accreditation*

refer to CCNE's disclosure policy and the statements CCNE has approved for use, as well as information on use of the CCNE accreditation seal, at <http://www.aacnnursing.org/CCNE/Seal-Policy/Baccalaureate-Graduate>. Please ensure that the institution's website and other materials are updated to reflect this language, as appropriate.

As a reminder, programs are expected to comply with the CCNE standards and procedures throughout the period of accreditation. These documents are available at <https://www.aacnnursing.org/CCNE-Accreditation/Accreditation-Resources/Standards-Procedures-Guidelines>. Information on advising CCNE in the event of a substantive change affecting the nursing program is available at <https://www.aacnnursing.org/CCNE-Accreditation/What-We-Do/Bacc-Graduate-Change-Notifications>. Substantive change notifications must be submitted to CCNE no earlier than 90 days prior to implementation or occurrence of the change, but no later than 90 days after implementation or occurrence of the change. These reporting requirements are described further in the CCNE procedures.

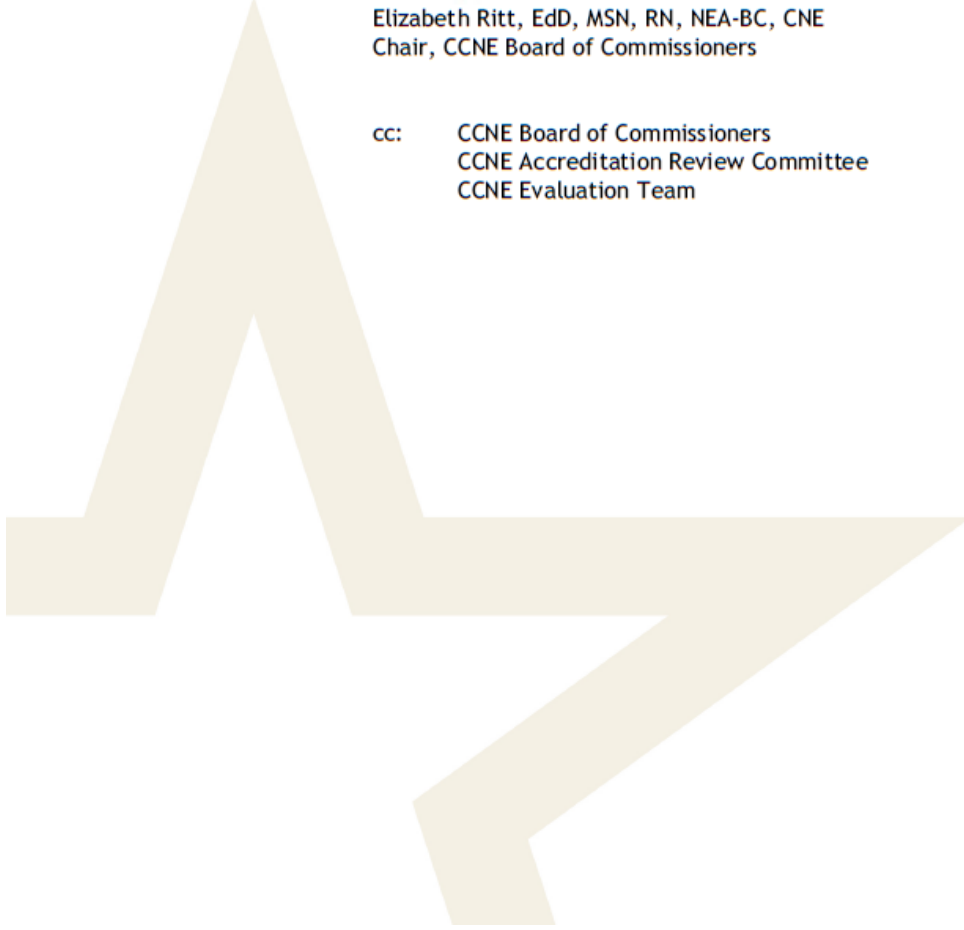
Thank you for your participation in the CCNE accreditation process. The Commissioners join me in expressing our very best wishes as you continue to promote excellence in nursing education.

Sincerely,



Elizabeth Ritt, EdD, MSN, RN, NEA-BC, CNE
Chair, CCNE Board of Commissioners

cc: CCNE Board of Commissioners
CCNE Accreditation Review Committee
CCNE Evaluation Team





BYLAWS OF THE FACULTY

Purpose

The purpose of the Galen College of Nursing Faculty is to develop, implement, teach, and evaluate the nursing programs in accordance with the mission, purpose, philosophy, and program student learning outcomes (PSLOs) of the College; and to provide a means for input into the institution's governance structure.

Functions

The functions of the Galen College of Nursing Faculty shall be to:

1. Maintain an educational program that adheres to the regulations of state, regional, and national accrediting bodies.
2. Develop, implement, and evaluate the philosophy and program learning outcomes of the College.
3. Develop, implement, and evaluate the curricula based on current standards of practice and trends in nursing education.
4. Recommend revisions of academic and administrative policies to the Academic Affairs Council.
5. Contribute to and monitor the implementation of the systematic plan for evaluation.
6. Promote personal and professional development of the faculty.
7. Promote communication and collaboration between the school and the community that it serves.
8. Provide input to the selection and maintenance of educational resources.
9. Provide input to the selection and appointment of academic administrators.

Membership

All full-time faculty and academic administration are considered members of the Galen College of Nursing Faculty and are expected to attend meetings as part of the professional responsibility to the institution.

Voting

All members with the exception of the Chairperson will have a vote in all matters brought before Galen College of Nursing Faculty. The Chairperson of the Galen College of Nursing Faculty will vote only in the case of a tie vote. The majority of committee members must be present before deliberation requiring a vote.

All policy recommendations made by committees are forwarded to their respective faculty for consideration, and all policy recommendations approved by faculty are forwarded to the Academic Affairs Council for approval.

Rules of Order

Rules facilitate orderly meetings by designating the persons who are allowed to speak and specifying the procedures for addressing items on an agenda. This allows the faculty to arrive at decisions in a structured manner by discussing one (1) topic at a time and calling for a vote after relevant discussion. The latest rules of Robert's Rules of Order Newly Revised (NONR) (11th ed.) will be consulted in matters not otherwise covered within these bylaws.

Amendments

The Bylaws may be amended by a majority vote of the total membership of the Galen College of Nursing Faculty following one (1) month's written notice of the proposed revision(s), with final approval by the Executive Committee.

Committees & Councils

Upon committee establishment or vacancy, the Dean shall appoint the chair and membership for each committee based on area of expertise, recommendation from committee chair, and faculty interest. Membership on any committee shall be for a minimum of two (2) academic terms and committee chairs will be reviewed and reappointed annually.

Any ad hoc committee that meets on a regular basis over a one-year period of time may request approval from the Academic Affairs Council to become a standing committee.

The current committee organizational chart may be found on Employee Resource Center.

The standing committees and councils of the faculty shall be as follows:

- Academic Affairs Council
- BSN Program Evaluation Committee
- Course Curriculum Committee
- College-wide Course Curriculum Committee
- Curriculum Committee
- Curriculum Council
- Faculty Development Committee
- Grievance Committee
- Institutional Effectiveness Council
- Program Evaluation Committee
- Rank & Promotion Committee
- Rank & Promotion Council
- Readmission Committee
- Retention Committee
- Student Advisory Committee

Appendix D: Faculty Position Descriptions

Nursing Faculty Position Description



Position Description

Nursing Faculty

Supervisor: Dean Associate Dean MSN Program Director RN to BSN Program Director BSN Program Director ADN Program Director PN/VN Program Director

Department: Campus Faculty Online RN to BSN Faculty Online MSN Faculty

Status: Full-time Part-time (*encompasses part-time, adjunct, and pool status*)

FLSA: Exempt Non-exempt

Position Goal

Check all boxes that apply.

Full-time Faculty <input type="checkbox"/>	Nursing faculty are responsible for engaging in the full scope of the academic nurse educator role. These responsibilities include: facilitate learning and learner development; use assessment and evaluation strategies; participate in curriculum development, implementation, and evaluation; evaluation of program outcomes; ongoing development of the nurse educator role; engage in scholarship; develop and function as a leader and change agent; and function within the educational environment. This role must be fulfilled in accordance with rules and regulations of the state and federal regulatory and accrediting bodies.
Part-time Faculty <input type="checkbox"/>	Nursing faculty are responsible for facilitating learning and learner development; using assessment and evaluation strategies; participating in curriculum development, implementation, and evaluation; participating in evaluation of student learning and program outcomes; and functioning within the educational environment. This role must be fulfilled in accordance with rules and regulations of the state and federal regulatory and accrediting bodies.

Position Responsibilities

1. Effectively facilitates learning and learner development.

All Faculty	<ol style="list-style-type: none"> a. Creates an environment that facilitates students' learning and achievement of desired student learning and program outcomes. b. Implements a variety of teaching strategies appropriate to learner needs, desired learner outcomes, content, and context. c. Uses information technologies and eLearning technology to support the teaching-learning process. d. Provides resources to students that help meet their individual learning needs. e. Helps students develop as nurses and integrate the values and behaviors expected of those who fulfill that role. f. Serves as a faculty advisor to assist students in short-term program and goal achievement and long-range career planning. g. Serves as a role model of professional nursing.
--------------------	--

2. Uses assessment and evaluation strategies. *Check all boxes that apply.*

All Faculty	<ul style="list-style-type: none"> a. Uses a variety of strategies to assess and evaluate student learning in all settings (classroom, lab, or clinical) and all domains (cognitive, psychomotor, and affective) of learning. b. Effectively serves as an examiner during the conduct of Competency Performance Evaluations (CPE). <i>(Prelicensure nursing faculty ONLY)</i> c. Provides timely, constructive, and thoughtful written/verbal feedback to students regarding course performance and progress toward the achievement of learning outcomes. d. Provides input into the use of teaching strategies and evaluation methods.
Full-time Faculty <input type="checkbox"/>	<ul style="list-style-type: none"> a. Analyzes student assessment and evaluation data to inform decision making in continuous improvement of the course. b. Develops/uses evaluation methods that reflect established professional practice and practice competencies. c. Develops/uses evaluation methods that measure the achievement of course student learning outcomes (CSLOs). d. Designs/uses tools for assessing clinical practice.
Part-time Faculty <input type="checkbox"/>	<ul style="list-style-type: none"> a. Participates in the analysis of student assessment and evaluation data. b. Uses evaluation methods that reflect established professional practice and practice competencies. c. Uses evaluation methods that measure the achievement of course student learning outcomes (CSLOs). d. Uses tools for assessing clinical practice.

3. Participates in curriculum development, implementation, and evaluation. *Check all boxes that apply.*

All Faculty	<ul style="list-style-type: none"> a. Implements a curriculum that has clearly articulated program student learning outcomes (PSLOs), which are used to organize the curriculum, guide the delivery of instruction, direct learning activities, and evaluate student progress. b. Ensures that the curriculum incorporates established professional standards, guidelines, and competencies; and, reflects current nursing and healthcare trends, and prepares graduates to function effectively in the healthcare environment.
Full-time Faculty <input type="checkbox"/>	<ul style="list-style-type: none"> a. Regularly reviews the curriculum to ensure integrity, rigor, and currency. b. Revises the curriculum based on assessment of program outcomes, learner needs, societal and healthcare trends, accreditation standards, and regulatory requirements, within the established organizational structure, policies, and procedures of the College.
Part-time Faculty <input type="checkbox"/>	<ul style="list-style-type: none"> a. Ensures that the curriculum incorporates established professional standards, guidelines, and competencies; and, reflects current nursing and healthcare trends, and prepares graduates to function effectively in the healthcare environment. b. Participates in the review of the curriculum to ensure integrity, rigor, and currency.

4. Participates in evaluation of the program outcomes. *Check all boxes that apply.*

Full-time Faculty <input type="checkbox"/>	<ul style="list-style-type: none"> a. Designs and implements program assessments that promote continuous quality improvement of all aspects of the program. b. Uses the systematic plan for evaluation (SPE) to evaluate student and graduates' achievement of the PSLOs, program outcomes, and role-specific graduate competencies of the nursing education unit, and the accreditation standards and criteria. c. Analyzes aggregated and trended evaluation findings in order to inform program decision making for the maintenance and improvement of the PSLOs and program outcomes. d. Uses teaching strategies based on educational theory and evidence-based practice.
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Part-time Faculty <input type="checkbox"/>	Implements program assessments that promote continuous quality improvement of all aspects of the program.
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5. Continuously develops in the academic educator role.

All Faculty	<ul style="list-style-type: none"> a. Participates in professional development activities that increase socialization to and effectiveness of the faculty role. b. Uses feedback obtained through self, peer, student, and administrative evaluations to increase role effectiveness. c. Maintains the professional practice knowledge and expertise in areas of responsibility needed to help students prepare for contemporary nursing practice.
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6. Engages in scholarship.

Full-time Faculty	<ul style="list-style-type: none"> a. Uses evidence-based research/literature to improve teaching and learning and to design evidence-based teaching and evaluation practices. b. Shares nursing and teaching expertise with other faculty and professionals. c. Act as a mentor to new faculty, as assigned.
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7. Functions as change agent and leader.

Full-time Faculty	<ul style="list-style-type: none"> a. Develops leadership skills to shape and implement change. b. Implements strategies for organizational change.
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8. Functions within the educational environment. *Check all boxes that apply.*

All Faculty	<ul style="list-style-type: none"> a. Demonstrates commitment to the College's mission and values of inspiring and fostering excellence, compassion, accountability, and inclusivity. b. Provides input into the selection of learning resources and technology. c. Implements policies and procedures as outlined in the <i>Student Catalog, Faculty Handbook, and College Policy & Procedure Manual</i>. d. Communicates effectively and professionally (verbal, nonverbal, and electronic). e. Collaborates with faculty (theory, lab, and clinical) to promote continuity between all components of the course, including monitoring the appropriate faculty to student ratios in clinical experiences. <i>(Prelicensure nursing faculty ONLY)</i> f. Collaborates with preceptors to facilitate students' experience in the practice setting. <i>(Postlicensure nursing faculty ONLY)</i> g. Projects a professional image in attire, appearance, and behavior in all settings (educational and healthcare). h. Documents students' attendance into CampusVue as outlined in the <i>Faculty Handbook</i>.
Full-time Faculty <input type="checkbox"/>	<ul style="list-style-type: none"> a. Attends College and campus functions. b. Participates in governance activities. c. Serves as a member of College and campus committees, as assigned. d. Keeps regularly posted office hours as outlined in the <i>Faculty Handbook</i>.
Part-time Faculty <input type="checkbox"/>	<ul style="list-style-type: none"> a. Encouraged to attend College and campus functions. b. Encouraged to participate in governance activities. c. Conducts office hours as outlined in the <i>Faculty Handbook</i>.



Additional Faculty Responsibilities

Check all boxes that apply.

All Faculty <input type="checkbox"/>	Other essential responsibilities as outlined by applicable state board of nursing. <i>See applicable faculty position description addendum for complete information.</i>
Ranked Faculty <input type="checkbox"/>	Ranked faculty members are expected to meet the requirements of their rank as outlined in the <i>Rank & Promotion Handbook</i> .

Position Requirements

	Full-time	Part-time
Unencumbered Licensure	Applicable state as a Registered Nurse.	Applicable state as a Registered Nurse.
Education	<p>PN/VN Program: Minimum of a Bachelor of Science in Nursing Degree; Graduate Degree in Nursing preferred. ≥ 50% of part-time faculty must have a Graduate Degree in Nursing (<i>Colorado only</i>)</p>	<p>PN/VN Program: Minimum of a Bachelor of Science in Nursing Degree; Graduate Degree in Nursing preferred. ≥ 50% of part-time faculty must have a Graduate Degree in Nursing (<i>Colorado only</i>)</p>
	<p>ADN Program: Graduate Degree in Nursing (<i>Colorado, Ohio, North Carolina, South Carolina Tennessee, Texas, and Virginia only</i>).</p> <p>Minimum of a Bachelor of Science in Nursing Degree*. Graduate Degree in Nursing preferred (<i>Florida and Kentucky, and South Carolina only</i>).</p>	<p>ADN Program: Graduate Degree in Nursing. (<i>South Carolina and Texas only</i>); ≥ 50% of part-time faculty must have a Graduate Degree in Nursing (<i>Colorado and North Carolina only</i>)</p> <p>Minimum of a Bachelor of Science in Nursing Degree. Graduate Degree in Nursing preferred (<i>Florida, Kentucky, Ohio, North Carolina, South Carolina, Tennessee, and Virginia</i>).</p>
	<p>BSN Program: Graduate Degree in Nursing; doctoral degree in Nursing or a related field preferred.</p> <p>25% of all full-time faculty should have a doctoral degree (<i>Colorado only</i>).</p>	<p>BSN Program: Minimum of a Bachelor of Science in Nursing Degree and Graduate degree in a related field (<i>Florida, Kentucky, North Carolina, Ohio, Tennessee, and Virginia</i>).</p> <p>Graduate Degree in Nursing. (<i>Colorado, South Carolina and Texas only</i>).</p> <p>Doctoral degree in Nursing or a related field preferred.</p>
	<p>MSN Program: Graduate Degree in Nursing and a Doctoral degree in Nursing or a related field required</p>	<p>MSN Program: Graduate Degree in Nursing and a Doctoral degree in Nursing or related field required</p>



<p>Special Qualifications</p>	<p>Minimum of two (2) years of clinical experience as a Registered Nurse</p> <p>Nurses who teach in a program leading to initial licensure as a nurse shall: Prior to or within the first three years of employment, have education in teaching and learning principles for adult education, including curriculum development, implementation, and evaluation, appropriate to faculty assignment. Once completed, this preparation need not be repeated if employing organization is changed. This preparation may be demonstrated by one of the following:</p> <p>(A) completion of 45 contact hours of Board-approved continuing education courses;</p> <p>(B) completion of a certificate program in nursing education;</p> <p>(C) nine semester hours of graduate course work in adult learning and learning principles;</p> <p>(D) national certification in nursing education; or</p> <p>(E) documentation of successful completion of structured, individualized development activities of at least 45 contact hours approved by the Board. Criteria for approval shall include content in the faculty role in the curriculum implementation, curricular objectives to be met and evaluated, review of strategies for identified student population, and expectations of student and faculty performance. <i>(North Carolina only)</i>.</p> <p>The clinical instructor must meet all the following: (1) hold an unencumbered active license as a registered nurse in South Carolina or another Compact state; and (2) hold a minimum of a Bachelor of Science degree in nursing; and (3) have a minimum of two years of clinical experience related to the area of assigned clinical teaching responsibilities. (b) The clinical instructor functions under the</p>	<p>Minimum of two (2) years of clinical experience as a Registered Nurse</p> <p>Nurses who teach in a program leading to initial licensure as a nurse shall: Prior to or within the first three years of employment, have education in teaching and learning principles for adult education, including curriculum development, implementation, and evaluation, appropriate to faculty assignment. Once completed, this preparation need not be repeated if employing organization is changed. This preparation may be demonstrated by one of the following:</p> <p>(A) completion of 45 contact hours of Board-approved continuing education courses;</p> <p>(B) completion of a certificate program in nursing education;</p> <p>(C) nine semester hours of graduate course work in adult learning and learning principles;</p> <p>(D) national certification in nursing education; or</p> <p>(E) documentation of successful completion of structured, individualized development activities of at least 45 contact hours approved by the Board. Criteria for approval shall include content in the faculty role in the curriculum implementation, curricular objectives to be met and evaluated, review of strategies for identified student population, and expectations of student and faculty performance. <i>(North Carolina only)</i>.</p> <p>The clinical instructor must meet all the following: (1) hold an unencumbered active license as a registered nurse in South Carolina or another Compact state; and (2) hold a minimum of a Bachelor of Science degree in nursing; and (3) have a minimum of two years of clinical experience related to the area of assigned clinical teaching responsibilities. (b) The clinical instructor functions under the supervision of a nursing faculty member</p>
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	supervision of a nursing faculty member who has overall course responsibility. (c) The clinical instructor's responsibilities and guidelines for supervision are in writing (South Carolina).	who has overall course responsibility. (c) The clinical instructor's responsibilities and guidelines for supervision are in writing (South Carolina).
Degree of Supervision	Dependent upon experience	Dependent upon experience

* Full-time faculty with the minimum Bachelor Science in Nursing degree must enroll in a Master's in Nursing program within six (6) months from hire date. The employee must remain actively enrolled in a Master's in Nursing program and successfully complete the program within three (3) years from hire date. Prior to the initial 90-day employee performance evaluation, the individual must submit the following documentation to the Program Director: acceptance letter from enrolled school and timeline for completion of Master of Science in Nursing (MSN). This education plan will be reviewed at least annually with progress reports provided to the campus on request.

Physical/Mental Demands and Work Environment: If performing nursing duties related to clinical instruction (especially patient contact) hazards may include needle sticks, blood and bodily fluid exposure, or any other hazard a Registered Nurse (RN) might be exposed to in the normal performance of nursing care. Position requires mental activity, reading, planning, preparing, evaluating, and decision making. Physical demands in the classroom and office are minimal and are considered sedentary work with occasional lifting and/or carrying such articles as records, files, and books (10 pounds maximum). Operation of standard office equipment such as phone, computer, classroom projector, Scantron, and printer/scanner occurs on a frequent basis. Physical demands in the clinical area may include lifting, pulling, pushing,

kneeling, stooping, crouching, bending, or any other related activity to patient care. Position requires regular attendance, and may require evening or weekend hours, and travel to clinical sites and extended classrooms.

By signing this position description, I understand that I am responsible for meeting all position requirements and following the principles and policies outlined in the *Employee Handbook* and *Faculty Handbook*.

Employee Signature

Date

Human Resources Manager/Supervisor Signature

Date

The National League for Nursing (2012) Core Competencies for Nurse Educators[®] with Task Statements were used in the establishment of the position responsibilities.

Arts & Sciences Faculty Position Description



Position Description

Arts & Sciences Faculty

Supervisor: Dean of Arts & Sciences Dean of Online Programs Chair of Arts & Sciences
 Associate Chair of Arts & Sciences
 Department: Campus Gen Ed Main Campus Online Faculty Online Faculty
 Status: Full-time Part-time (*encompasses part-time, adjunct, and pool status*)
 FLSA: Exempt Non-exempt

Position Goal

Check all boxes that apply.

Full-time Faculty <input type="checkbox"/>	Full-time arts & science faculty are responsible for facilitating learning and learner development; using assessment and evaluation strategies; participating in curriculum development, implementation, and evaluation; evaluating program outcomes; engaging in scholarship; developing and functioning as a leader and change agent; and functioning within the educational environment. This role must be fulfilled in accordance with rules and regulations of the state and federal regulatory and accrediting bodies.
Part-time Faculty <input type="checkbox"/>	Part-time arts & science faculty are responsible for facilitating learning and learner development; using assessment and evaluation strategies; participating in curriculum development, implementation, and evaluation; evaluating program outcomes; developing and functioning as a leader and change agent; and functioning within the educational environment. This role must be fulfilled in accordance with rules and regulations of the state and federal regulatory and accrediting bodies.

Position Responsibilities

1. Effectively facilitates learning and learner development. *Check all boxes that apply.*

All Faculty <input type="checkbox"/>	a. Creates an environment that facilitates students' learning and achievement of desired student learning and program outcomes. b. Implements a variety of teaching strategies appropriate to learner needs, desired learner outcomes, content, and context. c. Uses teaching strategies based on educational theory and evidence-based practice. d. Uses information technologies to support the teaching-learning process. e. Provides resources to students that help meet their individual learning needs. f. Helps students develop as professionals and integrate the values and behaviors expected of those who fulfill that role. g. Serves as a role model.
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2. Uses assessment and evaluation strategies. *Check all boxes that apply.*

All Faculty <input type="checkbox"/>	a. Uses a variety of strategies to assess and evaluate student learning in all settings (classroom or lab) and all domains (cognitive, psychomotor, and affective) of learning. b. Provides timely, constructive, and thoughtful written/verbal feedback to students regarding course performance and progress toward the achievement of learning outcomes. c. Provides input into the use of teaching strategies and evaluation methods.
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Full-time Faculty <input type="checkbox"/>	<ul style="list-style-type: none"> a. Analyzes student assessment and evaluation data to inform decision making in continuous improvement of the course. b. Develops/uses evaluation methods that reflect established professional practice and practice competencies. c. Develops/uses evaluation methods that measure the achievement of course student learning outcomes (CSLOs).
Part-time Faculty <input type="checkbox"/>	<ul style="list-style-type: none"> a. Participates in the analysis of student assessment and evaluation data. b. Uses evaluation methods that reflect established professional practice and practice competencies. c. Uses evaluation methods that measure the achievement of course student learning outcomes (CSLOs).

3. Participates in curriculum development, implementation, and evaluation. *Check all boxes that apply.*

All Faculty <input type="checkbox"/>	<ul style="list-style-type: none"> a. Implements a curriculum that has clearly articulated outcomes aligned with the college general education competencies, which are used to organize the curriculum, guide the delivery of instruction, direct learning activities, and evaluate student progress. b. Ensures that the curriculum incorporates established professional standards, guidelines, and competencies, reflects current professional trends, and prepares graduates to function effectively in the profession.
Full-time Faculty <input type="checkbox"/>	<ul style="list-style-type: none"> a. Regularly reviews the curriculum to ensure integrity, rigor, and currency. b. Revises the curriculum based on assessment of program outcomes, general education competencies, and learner needs.
Part-time Faculty <input type="checkbox"/>	<ul style="list-style-type: none"> a. Ensures that the curriculum incorporates established professional standards, guidelines, and competencies, reflects current professional trends, and prepares graduates to function effectively in the profession. b. Participates in the review of the curriculum to ensure integrity, rigor, and currency.

4. Participates in evaluation of the program outcomes. *Check all boxes that apply.*

Full-time Faculty <input type="checkbox"/>	<ul style="list-style-type: none"> a. Designs and implements program assessments that promote continuous quality improvement of all aspects of the program. b. Uses the systematic plan for evaluation (SPE) to evaluate student and graduates' achievement of the PSLOs, general education competencies, program outcomes, and role-specific graduate competencies of the nursing education unit, and the accreditation standards and criteria. c. Analyzes aggregated and trended evaluation findings in order to inform program decision making for the maintenance and improvement of the general education competencies, PSLOs, and program outcomes.
Part-time Faculty <input type="checkbox"/>	<ul style="list-style-type: none"> Implements program assessments that promote continuous quality improvement of all aspects of the program.



5. Continuously develops in the academic educator role. *Check all boxes that apply.*

All Faculty <input type="checkbox"/>	<ul style="list-style-type: none"> a. Participates in professional development activities that increases socialization to and effectiveness of the faculty role. b. Uses feedback obtained through self, peer, student, and administrative evaluations to increase role effectiveness. c. Maintains the professional practice knowledge and expertise in areas of responsibility needed to help students be successful. d. Remains current in technical and educational competencies by completing all required training and professional development activities required by the college.
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6. Engages in scholarship. *Check all boxes that apply.*

Full-time Faculty <input type="checkbox"/>	<ul style="list-style-type: none"> a. Uses evidence-based research/literature to improve teaching and learning and to design evidence-based teaching and evaluation practices. b. Shares teaching expertise with other faculty and professionals.
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7. Functions as change agent and leader. *Check all boxes that apply.*

Full-time Faculty <input type="checkbox"/>	<ul style="list-style-type: none"> a. Develops leadership skills to shape and implement change. b. Implements strategies for organizational change. c. Monitor, mentor, and provide general oversight to assigned faculty and courses. d. Facilitates Online Faculty Training e. Assist in the coordination and evaluation of the General Education Competencies, curricular revisions and implementation. f. Oversight of the exam/GEAR process in assigned courses. g. Communicates with nursing colleagues to ensure collaboration with the arts and science department.
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8. Functions within the educational environment. *Check all boxes that apply.*

All Faculty <input type="checkbox"/>	<ul style="list-style-type: none"> a. Demonstrates commitment to the College’s mission and values of inspiring and fostering excellence, compassion, accountability, and inclusivity. b. Provides input into the selection of learning resources and technology. c. Implements policies as outlined in the Student Catalog and Handbook. d. Communicates effectively and professionally (verbal, nonverbal, and electronic). e. Collaborates with faculty (theory and lab) to promote continuity between all components of the course. f. Projects a professional image in attire, appearance, and behavior in all settings (educational and healthcare). g. Documents students’ attendance into CampusVue as outlined in the <i>Faculty Handbook</i>.
Full-time Faculty <input type="checkbox"/>	<ul style="list-style-type: none"> a. Attends College and campus functions. b. Participates in governance activities. c. Serves as a member of College and campus committees as assigned. d. Keeps regularly posted office hours as outlined in the faculty contract.
Part-time Faculty <input type="checkbox"/>	<ul style="list-style-type: none"> a. Encouraged to attend college and campus functions. b. Encouraged to participate in governance activities. c. Conducts office hours as outlined in the faculty contract.



Additional Faculty Responsibilities

Check all boxes that apply.

Ranked Faculty <input type="checkbox"/>	Ranked faculty members are expected to meet the requirements of their rank as outlined in the <i>Rank & Promotion Handbook</i> , which is published in the <i>Faculty Handbook</i> .
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Position Requirements

	Full-time	Part-time
Education	Master's degree in subject area or a master's degree and a minimum of 18 graduate hours in subject area.	Master's degree in subject area or a master's degree and a minimum of 18 graduate hours in subject area.
Degree of Supervision	Dependent upon experience.	Dependent upon experience.

Physical/Mental Demands & Work Environment: Physical demands in classroom and office are minimal and considered sedentary work with occasional lifting and/or carrying such articles as records, files, and books (10 pounds maximum). Operation of standard office equipment such as phone, computer, classroom projector, Scantron, and printer/scanner, occurs on a frequent basis. Physical demands in the clinical area may include lifting, pulling, pushing, kneeling, stooping, crouching and bending or any other related activity to patient care. Position requires regular attendance, and may require evening or weekend hours and travel to clinical sites and extended classrooms.

By signing this position description, I understand that I am responsible for meeting all position requirements and following the principles and policies outlined in the *Employee Handbook* and *Faculty Handbook*.

Employee Signature

Date

Human Resources Manager/Supervisor Signature

Date



Curriculum Development, Implementation, & Evaluation Policy

Faculty are responsible for engaging in the full scope of the academic educator role, which includes participating in curriculum development, implementation, and evaluation. As outlined in the Academic Freedom & Professional Responsibility Statement, faculty have the freedom, right, and responsibility to “*Educate students using innovative and evidence-based teaching strategies and make professional judgments regarding the selection of resources, teaching materials, and instructional methodologies within the confines of the standard curriculum approved by Galen faculty.*”

To accomplish this, Galen has developed a process whereby faculty, along with academic leadership, review and evaluate their courses and the curricula in order to make recommendations for improvement, based on data. Faculty are responsible for evaluating their courses and recommending changes for improvement to the course or the curriculum using the process as outlined herein. This process occurs using an established committee structure.

Please see [Governance](#) for complete committee descriptions.

Organization of the Curriculum

The curricula are designed to prepare students to achieve the program student learning outcomes (PSLOs) and general education competencies (GECs), which are used to organize the curriculum, guide the delivery of instruction, direct learning activities, and evaluate student progress. The PSLOs and GECs guide arrangement of content into levels of complexity and ensure continuity and progression.

Standardized Course Content

A faculty approved syllabus template is used for all courses. The use of this template provides students and faculty with uniform guidelines and ensures the consistent communication of academic policies. Course faculty use the PSLOs, GECs, and professional standards as the framework to develop CSLOs, and identify and agree upon course content, the delivery of instruction, textbooks, learning activities, and evaluation methods during course and curriculum committee meetings.

Evaluation of the Course & Student Progress

Faculty members assess the effectiveness of the course by evaluating student progress and comparing student performance to national norms. At the course level, faculty members evaluate the effectiveness of the content, learning activities, methods of assessment, and compare actual student performance to the requirements for exams, assignments, and final course grades. This evaluation occurs at two levels:

- **Campus-level Course Meetings (Nursing courses only)** - Faculty participate in campus-level course meetings at least once each term to discuss content continuity between theory, lab, and/or clinical as appropriate; student retention; learning resources; etc. The meetings are facilitated by the lead faculty at each campus.
- **College-wide Course Committee Meetings** - Faculty participate in college-wide course committee meetings to review CSLOs and ensure integrity, rigor, relevance, and consistency of course content. Meetings are facilitated by the faculty course facilitator and are scheduled as follows:
 - **Routine** – Course committees meet at least once per term to monitor and assess the student achievement of CSLO through review of faculty quarterly analysis (FEC and FQS) and CSLO documents.
 - **Triennial** – At least once every three years, faculty will complete a comprehensive review of the course. As appropriate, faculty will evaluate the course description, course student learning outcomes, course content, assignments, rubrics, textbooks, student achievement of the CSLOs, attrition, grades, and changes in evidenced based practices (see procedure). Faculty will make recommendations based upon their analysis of the data using the CRF.

Faculty Handbook

Prepared by: [Office of the Academic President](#)

Revised 10/12; 06/13; 07/13/; 10/14; 04/15; 08/15; 10/15; 03/16; 09/16; 01/17; 09/17; 06/18; 01/19; 07/19; 01/20; 07/20; 01/21; 07/21

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- **Campus Curriculum Committee Meetings** – Campus Curriculum Committees meet according to the Curriculum Committee Description to review program outcomes, analyze employer data, and ensure compliance with state practice acts and other applicable standards. The committees report findings to the Curriculum Council as well as the Program Evaluation Committees. These committees also work with Curriculum Council to communicate and implement changes to curriculum.

All meetings are documented in meeting minutes and reported to the campus/program curriculum committee and Curriculum Council. Recommendations for change are submitted to Curriculum Council as needed and may require approval from the Academic Affairs Council as well.

Evaluation of Program Student Learning Outcomes & General Education Competencies

Assessment is “the systematic collection, review, and use of information about educational programs undertaken for the purpose of improving student learning and development” (Palomba & Banta, 1999, p. 4). Program assessment focuses on how the various parts of the curriculum are working together to promote student learning over a course of study whereas course assessment takes place regularly at the course level as faculty teach and evaluate the students’ achievement of the CSLOs.

On a three-year rotation, faculty members will evaluate specific PSLOs and GECs. Campus/Program Curriculum Committees as well as Arts and Science faculty will perform the evaluation and report findings to the Curriculum Council. Strengths and areas of improvement will be documented. Based upon the analysis of the data, faculty will form and implement recommendations. Curriculum Council will review all findings and recommendations for approval and will help direct the implementation of any changes.

Implementing Approved Curricular Revisions

All changes, whether requiring approval or those for notification only, will be implemented within two terms following the date of approval unless otherwise determined by the Curriculum Council based on academic need.

The Curriculum Development, Implementation, and Evaluation Procedures can be found on the Employee Resource Center under the [Curriculum Page](#).

Palomba, C., & Banta, T. W. (1999). *Assessment Essentials: Planning, Implementing, and Improving Assessment in Higher Education*. San Francisco: Jossey-Bass.



Curriculum Development, Implementation, & Evaluation Procedures

Faculty Evaluation of the Curriculum & Student Progress: Nursing Courses

1. At completion of the term, faculty use the [Faculty Evaluation of the Course](#) tool to evaluate student outcomes for the term. Faculty save the completed FEC report to the appropriate folder on the [shared network drive](#) by the end of Week 2 of the following term.
2. Faculty review the information summarized in the FEC as well as nationally normed exams* (if applicable), and NCLEX** analysis (Mountain Measurement, if applicable), and student evaluations to assess student achievement of CSLOs and create an action plan for the following term.
3. The plans are shared with the fellow course faculty during the course and campus/program curriculum committee meetings.

Nationally normed exams and NCLEX refer to nursing course data only. Data is collected by Institutional Effectiveness and published on the Employee Resource Center.*

Faculty Evaluation of the Curriculum & Student Progress: Arts & Sciences

1. At completion of the term, course specific retention reports are auto generated in the Galen Faculty Tools dashboard. Faculty meet with their supervisors to complete the Faculty Quarterly Summary Report by commenting on course attrition, student evaluation data, and overall faculty evaluation of the course.
2. During the first course curriculum meeting of the quarter course attrition, final grades and averages from the previous term are shared with the course faculty and documented in the meeting minutes.

Course Committee Evaluation of the Curriculum & Student Progress

Please see the [Governance](#) for complete Course Committee Descriptions

- **Campus-level Course Committee (Nursing courses only)** – Faculty for a course meet once per term to discuss campus-specific issues. The meeting is organized by the lead faculty for the campus. See Committee Description under [Governance](#) for members and topics to be discussed.
- **College-wide Course Committee**
 - **Routine** – Course facilitators organize a college-wide meeting at least one per term with all lead faculty for the course. All quarterly meetings should be scheduled by week 3 of the term. See Committee Description under [Governance](#) for members and topics to be discussed.
 - **Triennial** – The Department of Curriculum and Faculty Development, in conjunction with Instructional Design and the Course Facilitator, will organize triennial meetings. See Committee Description under [Governance](#) for members and topics to be discussed.
- **Campus Curriculum Committees** – Campus chairpersons organize meetings as often as necessary in order to fulfill the functions of the committee. See Committee Description under [Governance](#) for members and topics to be discussed.

All discussions and meetings are documented in meeting minutes using the appropriate [templates](#) available on the Employee Resource Center and are submitted to the [Department of Curriculum & Instruction](#).

Systematic Course Evaluation (SCE) – Course committees document recommended changes on the SCE form. This form acts as documentation of the implementation and evaluation of any changes made to a course. It also serves as a historical reference for past revisions. The document will be completed and updated at course committee meetings and placed in the Course Facilitator Repository specific to each course located in Canvas.

Faculty Handbook

Prepared by: [Office of the Academic President](#)

Revised 10/12; 06/13; 07/13/; 10/14; 04/15; 08/15; 10/15; 03/16; 09/16; 01/17; 09/17; 06/18; 01/19; 07/19; 01/20; 07/20; 01/21; 07/21

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Programmatic Evaluation of the Curriculum and Student Progress

Please see the [Governance](#) for complete Committee and Council Descriptions

Curriculum Committees meet periodically to review reports from Course Committees and assess campus/program achievement of PSLOs. The committees will also evaluate the relevance and appropriateness of the PSLOs. Results of the evaluations will be submitted to the Curriculum Council based on the schedule in the Curriculum Committee description.

The Curriculum Council analyzes reports from the Curriculum Committees and approves or denies any recommended changes. The Curriculum Council also directs the implementation of any college-wide changes necessary as a result of the evaluation.

Submitting Recommendations for Curricular Revision

Recommendations for curricular revision are made by the course faculty by completing the [Curriculum Recommendation Form \(CRF\)](#), and submitting to the [Department of Curriculum & Instruction](#) for dissemination to the appropriate committees and councils for further consideration.

Note: the [CRF](#) provides instruction regarding other documentation which may be required for consideration of the recommendation. For a list of CRF deadlines for a particular Curriculum Council meeting, please see the Curriculum Council Schedule and CRF Deadlines document available on the [Employee Resource Center](#) under the "Curriculum Committee Resources & Tools" heading.

When completing the CRF, the faculty categorize the recommendation as follows:

- a. **Approval Required** – the following recommendations are classified as requiring approval and will be forwarded to the Curriculum Council. Recommendations in this category must be approved prior to implementation*:
 - Adding, deleting, or replacing a required textbook and/or resource
 - Adding or deleting content from the curriculum
 - Changes to the course number, description, or title
 - Reallocation of course hours (theory, lab, or clinical)
 - Revisions to course student learning outcomes (CSLOs)
 - Recommendations that affect student progression (e.g. course requirements; evaluation methods; exam blueprint)
 - Curriculum-wide changes (terminology, templates, policies, etc.)
- b. **Notification Only** – recommendations other than those outlined above are classified as "notification only" and will be provided to the Curriculum Council at the next scheduled meeting.

Editorial revisions, formatting, and correction of typographical errors are not considered curricular revisions and do not require a CRF. The course committee facilitator may send any such corrections directly to the [Instruction](#). Corrections will be implemented immediately via addendum or with the following term as appropriate.

**Note: The Academic President/EVP & Provost reserves the right to implement curricular change based upon academic need.*

Department of Curriculum & Instruction

Review and Logging of CRF

1. Upon receipt of a completed CRF, the [Department of Curriculum & Instruction](#) verifies that the correct CRF template has been used and that the CRF contains all required information and supporting documentation.
2. The Department of Curriculum & Instruction then forwards the CRF to the appropriate campus/program curriculum committee chairs and academic leaders for review and consideration. In order to meet Curriculum Council agenda deadlines, curriculum committee chairs and academic leaders must respond with any concerns or feedback regarding the CRF by the deadline established in the initial communication from the Department of

Faculty Handbook

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Curriculum & Instruction. If no concerns are identified, the recommendation is included on the Curriculum Council agenda for final approval. In the event that any concerns are identified, the Department of Curriculum & Instruction will address as appropriate.

The Department of Curriculum & Instruction provides CRFs that contain changes that are classified as “notification only” directly to the Curriculum Council at the next scheduled meeting.

EVP & Provost

To ensure appropriateness of the recommendations as they relate to Galen policy and achievement of the mission and overall goals of the college, a summary of all curriculum recommendations is provided to the Provost by the Senior Director of Curriculum & Instruction prior to the Curriculum Council meeting. Identified concerns are reported back to the faculty by the Director of Curriculum & Instruction as appropriate and may delay final review of a CRF by the Curriculum Council.

Curriculum Council

Please see the [Bylaws of the Faculty](#) for complete Curriculum Council description.

The Curriculum Council reviews the CRF, which is presented by the course committee facilitator or designee, and votes to approve or deny.

PSLO & GEC Review Schedule

Year	SLO/GEC
<p>Year 1 2021 2024 2027</p>	<p>PN/VN - Caring Behaviors (PSLO 2): Participate as an advocate for patients and promote dignity, respect, and privacy while using ethical and legal principles.</p> <p>PN/VN - Communication (PSLO 3): Interact and collaborate with patients and members of the healthcare team using effective communication and information technology.</p> <p>ADN - Caring Behaviors (PSLO 2): Integrate caring behaviors when managing nursing care for diverse patients, families, and communities.</p> <p>ADN - Communication (PSLO 3): Integrate effective communication skills to promote safety and support decision making while managing patient care.</p> <p>BSN - Information Literacy (PSLO 6): Incorporate the use of information systems and technology in order to communicate, manage knowledge, mitigate error, and support decision-making.</p> <p>BSN - Communication (PSLO 7): Integrate effective communication and collaboration skills to improve patient satisfaction and health outcomes.</p> <p>GEC - Quantitative Literacy: Learners will demonstrate the ability to report, calculate, and analyze quantitative data.</p> <p>GEC - Critical Thinking: Learners will demonstrate the ability to draw conclusions based on evidence and consider prior knowledge, context, and perspectives in predicting implications or consequences.</p>
<p>Year 2 2022 2025 2028</p>	<p>PN/VN - Safe Patient-Centered Care (PSLO 1): Provide competent, safe, quality, patient-centered nursing care to patients with predictable healthcare needs through a supervised, directed practice using professional standards, best practices, and available evidence.</p> <p>PN/VN - Clinical Judgment (PSLO 4): Provide competent, safe, quality, patient-centered nursing care using critical thinking skills and clinical judgment.</p> <p>ADN - Safe Patient-Centered Care (PSLO 1): Provide safe, patient-centered nursing care using evidence-based practice while managing multiple patients.</p> <p>ADN - Clinical Judgment (PSLO 4): Incorporate clinical judgment to ensure quality outcomes when managing patient care.</p> <p>BSN - Synthesize knowledge (PSLO 1): Synthesize knowledge from the arts and sciences to form a foundation for the practice of professional nursing.</p> <p>BSN - Incorporate best practices (PSLO 5): Incorporate best practices and the most current evidence when using clinical reasoning to make practice decisions.</p> <p>GEC - Information Literacy: Learners will demonstrate the ability to identify, evaluate, and apply information to accomplish a specific purpose.</p> <p>GEC - Social Competence: Learners will demonstrate an understanding of philosophies that represent the current social, emotional, and behavioral attributes of society and individuals.</p>

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<p>Year 3 2023 2026 2029</p>	<p>PN/VN - Collaboration (PSLO 5): Participate in collaborative relationships with patients and members of the interdisciplinary healthcare team to assist in planning, delivery, coordination, and improvement of patient-centered care.</p> <p>PN/VN - Leadership (PSLO 6): Assist in the coordination of the care of diverse patients in a variety of healthcare settings using professional behaviors.</p> <p>ADN - Collaboration (PSLO 5): Participate in collaborative relationships to improve patient outcomes when managing nursing care for diverse patients, families, and communities.</p> <p>ADN - Leadership (PSLO 6): Integrate leadership skills in a variety of healthcare settings when managing care for diverse patient populations.</p> <p>BSN - Professional Values (PSLO 3): Integrate professional values and behaviors when delivering standards-based nursing care to diverse patients and populations.</p> <p>BSN - Leadership Skills (PSLO 4): Develop leadership skills to provide and continuously improve the delivery of safe, patient-centered quality healthcare.</p> <p>BSN - Holistic, Culturally Competent Care (PSLO 2): Provide holistic, culturally competent care for individuals, families, and populations through health promotion and disease prevention across the lifespan and healthcare continuum.</p> <p>GEC - Communication: Learners will demonstrate an understanding of the views of others and communicate in a professional manner.</p> <p>GEC - Scientific Literacy: Learners will gain the ability to read with understanding scientific content and engage in a dialogue about scientific issues.</p>
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Year	SLO (Graduate)
2022	<p>MSN - Leadership (PSLO 1): Act as a leader who, in relation to their master’s prepared nursing role, envisions a preferred future, effectively articulates that vision, and engages others to realize it.</p> <p>MSN – Facilitate Learning (NE-RSPC 5): Use a variety of evidence-based strategies, including technology, to facilitate learning in the cognitive, affective and psychomotor domains for diverse nursing student populations.</p> <p>MSN – Facilitate Learner Development & Socialization (NE-RSPC 6): Serve as a role model for diverse nursing student populations, thereby facilitating formation of professional role identity and socialization to the complex nursing role.</p>
2023	<p>MSN – Scholarship (PSLO 2): Use best available evidence as a foundation for enacting the full scope of their master’s prepared nursing role.</p> <p>MSN – Assessment & Evaluation Strategies (NE-RSPC 7): Use a variety of evidence-based strategies to assess and evaluate student learning and performance in classroom, laboratory, clinical and online settings.</p>

	<p>MSN – Curriculum Development, Implementation, & Evaluation (NE-RSPC 8): Contribute to curriculum development, revision, implementation, and evaluation.</p> <p>MSN – Quality & Safety (NL-RSPC 5): Lead quality, safety, and innovation initiatives in the delivery of compassionate, ethical, evidence-based nursing practice.</p> <p>MSN – Healthcare Policy & Ethics (NL-RSPC 6): Integrate knowledge of healthcare laws, regulations, policies, and ethical frameworks to lead and advocate for the delivery of person-centered healthcare.</p>
2024	<p>MSN – Identity Formation (PSLO 3): Implement strategies to manage the complexity of their master’s prepared role, including the influence of policy, finance, research, technology, societal changes, national and global phenomena, and the evolving role of the nurse.</p> <p>MSN - Collaboration & Innovation (PSLO 4): Collaborate in ways that advance and strengthen the role of the nurse, promote excellence and innovation, and ensure quality care.</p> <p>MSN – Develop & Advance in the Role (NE-RSPC 9): Formulate a career pathway plan that includes scholarly activities contributing to the development of the evidence that underlies best practices in teaching and promoting excellence and innovation in nursing education.</p> <p>MSN – Strategic Management (NL-RSPC 7): Facilitate interprofessional collaboration to lead and evaluate the delivery of innovative and effective care within the healthcare organization.</p> <p>MSN – Human Resource Management (NL-RSPC 8): Implement strategies to promote a qualified workforce that contributes to a healthy work environment.</p>
2025	<p>MSN – Healthcare Economics and Finance (NL-RSPC 9): Integrate concepts of economics and fiscal stewardship when providing leadership in a healthcare organization.</p> <p>MSN – Information Management and Healthcare Technologies (NL-RSPC 10): Manage the use of healthcare information and technologies to advance the delivery of nursing care across the healthcare continuum and improve population health.</p>

Triennial Deep Dive Course Schedule

LPN/VN	ADN: Two-Year & Bridge	Prelicensure BSN	RN to BSN	Arts & Sciences
2021				
NU 110: Integrated Human Sciences	NUR 168: Integrated Concepts of Registered Nursing Practice		NSG 3050 Transition to Baccalaureate Practice	BIO 1100: Human Anatomy & Physiology I – Theory; BIO 1150: Human Anatomy & Physiology I – Lab
NU 150: Pharmacology	NUR 202: LPN/LVN to RN Role Transition		NSG 4210 Community Health Nursing	BIO 1300: Human Anatomy & Physiology II – Theory; BIO 1350: Human Anatomy & Physiology II – Lab
NU 160: Mental Health Concepts	NUR 210: Principles of Pharmacology		NSG 3200 Health Promotion	ENG 1100/1105: English Composition
NU 170/171: Maternal-Child Nursing	NUR 230/231/254: Concepts of Nursing: The Childbearing and Child Caring Family(ies)		NSG 3300 Concepts of Pathophysiology for Nursing	PSY 2305: Developmental Psychology
	NUR 253: Concepts of Mental Health Nursing		NSG 4850 Capstone	SOC 1300/1305: Sociology
				HUM 1050/1055: Introduction to Literature
2022				
NU 129/134/136/137: Fundamentals of Nursing	NUR 112: Introduction to Professional Nursing	NSG 3000: Foundations of Professional Nursing Practice (**Summer, 2018)	NSG 4210: Community Health in Nursing	BIO 2100: Microbiology for Health Professionals
NU 176: Geriatrics	NUR 155: Foundations of Nursing	NSG 3100: Fundamental Concepts & Skills for Nursing Practice I (**Summer, 2018)	NSG 3200 Health Promotion	MAT 1200/1205: College Mathematics
NU 180: Nursing in Healthcare II	NUR 255: Concepts of Aging, Chronic Illness, & Mental Health	NSG 3130: Fundamental Concepts & Skills for Nursing Practice II (**Fall, 2018)	NSG 4410: Transcultural Nursing	STA 2010/2015: Introduction to Applied Statistics
		NSG 3160: Health Assessment (**Fall, 2018)	NSG 3300 Concepts of Pathophysiology for Nursing	PHM 3100: Pharmacology
		NSG 3180: Communication and Teamwork (**Fall, 2018)	NSG 4850 Capstone	CSC 1040: Information Literacy and Technology
		NSG 3250: Nursing Practice - Adult Health I (**Winter, 2018)	NSG 3150 Healthcare Informatics	

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LPN/VN	ADN: Two-Year & Bridge	Prelicensure BSN	RN to BSN	Arts & Sciences
		NSG 3280: Pathophysiology for Nurses 1 (**Winter, 2018)	NSG 4150 Healthcare Policy & Finance	
			NSG 4310 Nursing Leadership	
			NSG 4410 Transcultural Nursing	
2023				
NU 131: Nursing in Healthcare I	NUR 170: Concepts of Medical-Surgical Nursing	NSG 3400: Healthcare Policy & Finance (**Spring, 2019)	NSG 3050: Transition to Baccalaureate Nursing	PHL 2200/2205: Applied Ethics
NU 154/155/158/156/157/159/166/167/168: Medical-Surgical Nursing I	NUR 242: Medical-Surgical Nursing Concepts (Bridge)	NSG 3450: Nursing Practice Mental Health (**Spring, 2019)	NSG 4000: Application of Evidence based Research	PSY 1200/1205: Introduction to Psychology
NU 184/185/189/186/187/192/19/194: Medical-Surgical Nursing II	NUR 265: Concepts of Advance Medical-Surgical Nursing	NSG 3480: Nursing Practice Community (**Spring, 2019)	LDR 4400 Disney Leadership Strategies for Nursing	SPE 2050: Human Trafficking
	NUR 280: Transition to Registered Nursing Practice	NSG 3500: Nursing Practice Maternal Health (**Summer, 2019)		BIO 2500: Fundamentals of Nutrition
		NSG 3600: Nursing Practice Children's Health (**Summer, 2019)		COM 2100/2105: Principles of Communication
		NSG 3800: Nursing Practice Adult Health II (**Fall, 2019)		CLD 2100/2105: Cultural Diversity
		NSG 3850: Pathophysiology for Nurses II (**Fall, 2019)		GPS 1200: Galen Pathway to Success
		NSG 4100: Nursing Practice - Adult Health III (**Winter, 2019)		
		NSG 4500: Research for Evidence-Based Nursing Practice (**Winter, 2019)		
2024				

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LPN/VN	ADN: Two-Year & Bridge	Prelicensure BSN	RN to BSN	Arts & Sciences
NU 110: Integrated Human Sciences	NUR 168: Integrated Concepts of Registered Nursing Practice	NSG 4700: Leadership & Management in Nursing Practice (**Spring,2020)	NSG 4850 Capstone	BIO 1100: Human Anatomy & Physiology I – Theory; BIO 1150: Human Anatomy & Physiology I – Lab
NU 150: Pharmacology	NUR 202: LPN/LVN to RN Role Transition	NSG 4800: Transition to Professional Nursing Practice (**Spring, 2020)	NSG 3300 Concepts of Pathophysiology for Nursing	BIO 1300: Human Anatomy & Physiology II – Theory; BIO 1350: Human Anatomy & Physiology II – Lab
NU 160: Mental Health Concepts	NUR 210: Principles of Pharmacology		NSG 3200 Health Promotion	ENG 1100/1105: English Composition
NU 170/171: Maternal-Child Nursing	NUR 230/231/254: Concepts of Nursing: The Childbearing and Child Caring Family(ies)		NSG 4210 Community Health Nursing	PSY 2305: Developmental Psychology
	NUR 253: Concepts of Mental Health Nursing			SOC 1300/1305: Introduction to Sociology
				HUM 1050/1055: Introduction to Literature
2025				
NU 129/134/136/137: Fundamentals of Nursing	NUR 112: Introduction to Professional Nursing	NSG 3000: Foundations of Professional Nursing Practice		BIO 2100: Microbiology for Health Professionals
NU 176: Geriatrics	NUR 155: Foundations of Nursing	NSG 3100: Fundamental Concepts & Skills for Nursing Practice I		MAT 1200/1205: College Mathematics
NU 180: Nursing in Healthcare II	NUR 255: Concepts of Aging, Chronic Illness, & Mental Health	NSG 3130: Fundamental Concepts & Skills for Nursing Practice II		STA 2010/2015: Introduction to Applied Statistics
		NSG 3160: Health Assessment		PHM 3100: Pharmacology
		NSG 3180: Communication and Teamwork		CSC 1040: Information Literacy and Technology
		NSG 3250: Nursing Practice - Adult Health I		
		NSG 3280: Pathophysiology for Nurses 1		
2026				
NU 131: Nursing in Healthcare I	NUR 170: Concepts of Medical-Surgical Nursing	NSG 3400: Healthcare Policy & Finance		PHL 2200/2205: Applied Ethics

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LPN/VN	ADN: Two-Year & Bridge	Prelicensure BSN	RN to BSN	Arts & Sciences
NU 154/155/158/156/157/159/166/167/168: Medical-Surgical Nursing I	NUR 242: Medical-Surgical Nursing Concepts (Bridge)	NSG 3450: Nursing Practice Mental Health		PSY 1200/1205: Introduction to Psychology
NU 184/185/189/186/187/192/19/194: Medical-Surgical Nursing II	NUR 265: Concepts of Advance Medical-Surgical Nursing	NSG 3480: Nursing Practice Community		SPE 2050: Human Trafficking
	NUR 280: Transition to Registered Nursing Practice	NSG 3500: Nursing Practice Maternal Health		BIO 2500: Fundamentals of Nutrition
		NSG 3600: Nursing Practice Children's Health (**Summer, 2019)		COM 2100/2105: Principles of Communication
		NSG 3800: Nursing Practice Adult Health II		CLD 2100/2105: Cultural Diversity
		NSG 3850: Pathophysiology for Nurses II		GPS 1200: Galen Pathway to Success
		NSG 4100: Nursing Practice - Adult Health III		
		NSG 4500: Research for Evidence-Based Nursing Practice		
2027				
NU 110: Integrated Human Sciences	NUR 168: Integrated Concepts of Registered Nursing Practice	NSG 4700: Leadership & Management in Nursing Practice		BIO 1100: Human Anatomy & Physiology I – Theory; BIO 1150: Human Anatomy & Physiology I – Lab
NU 150: Pharmacology	NUR 202: LPN/LVN to RN Role Transition	NSG 4800: Transition to Professional Nursing Practice		BIO 1300: Human Anatomy & Physiology II – Theory; BIO 1350: Human Anatomy & Physiology II – Lab
NU 160: Mental Health Concepts	NUR 210: Principles of Pharmacology			ENG 1100/1105: English Composition
NU 170/171: Maternal-Child Nursing	NUR 230/231/254: Concepts of Nursing: The Childbearing and Child Caring Family			PSY 2305: Developmental Psychology
	NUR 253: Concepts of Mental Health Nursing			SOC 1300/1305: Sociology

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LPN/VN	ADN: Two-Year & Bridge	Prelicensure BSN	RN to BSN	Arts & Sciences
				HUM 1050/1055: Introduction to Literature

Graduate Programs Core & Direct Care Core				
2021				
NSG 5000: Advanced Role Identity, Development, & Transition				
NSG 5100: Scholarly Inquiry in Nursing				
2022				
NSG 5400: Clinical Concepts I: Advanced Physical Assessment, Physiology/Pathophysiology, & Pharmacology				
NSG 5450: Clinical Concepts II: Advanced Physical Assessment, Physiology/Pathophysiology, & Pharmacology				
2023				
NSG 5200: Transforming Nursing through Collaboration & Innovation				
NSG 5300: Leadership in Complex Systems				

Graduate Programs Nurse Educator Track				
2022				
NSG 6000: Principles of Teaching & Learning				
2023				
NSG 6050: Assessment & Evaluation of Learning				
NSG 6100: Curriculum Design, Implementation, & Evaluation				
2024				
NSG 6200: Advancing as a Nurse Educator, Scholar, & Leader				
NSG 6300: Scholarly Project I				
NSG 6310: Scholarly Project II				
NSG 6400: Nurse Educator Practicum I				
NSG 6410: Nurse Educator Practicum II				

Graduate Programs Nursing & Healthcare Leadership Track				
2023				
NSG 6020: Application of Evidence for Quality & Safety				
NSG 6120: Healthcare Policy & Ethics				

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NSG 6220: Strategic Management of Healthcare Organizations	
NSG 6320: Human Resource Management in Healthcare Organizations	
	2024
NSG 6420: Healthcare Economics & Finance	
NSG 6520: Information Management and Application of Healthcare Technologies	
	2025
NSG 6600: Scholarly Leadership Project I	
NSG 6620: Scholarly Leadership Project II	
NSG 6700: Leadership Practicum I	
NSG 6720: Leadership Practicum II	

Appendix G: Systematic Plan of Evaluation (SPE) Templates

ADN Program SPE Template

Standard 1: Mission & Administrative Capacity

The mission of the nursing education unit reflects the governing organization's core values and is congruent with its mission/goals. The governing organization and program have administrative capacity resulting in effective delivery of the nursing program and achievement of identified program outcomes.

Plan					Implementation	
Criteria	Expected Level of Achievement	Assessment Method(s)	Frequency of Assessment	Responsible Party	Results of Data Collection Including actual level(s) of achievement	Analysis and Actions for Program Development, Maintenance, or Revision
1.1: The mission and philosophy of the nursing education unit are congruent with the core values, mission, and goals of the governing organization.	1. As a single purpose college, the mission/philosophy and program outcomes are congruent with the governing organization.	Review of Student Catalog and review of nursing education unit mission and philosophy	Annually in March	Program Evaluation Committee		Analysis Action
	2. 100% of the Nursing Program Outcomes are congruent with the mission and philosophy of Galen College of Nursing.	Nursing education unit philosophy and program outcomes	Annually in March	Program Evaluation Committee		Analysis Action
	3. Program will comply with applicable state BON rule(s).	Review applicable BON regulation(s)	Annually in March	Program Evaluation Committee		Analysis Action
1.2: The governing organization and nursing education unit ensure representation of the nurse administrator and nursing faculty in governance activities; opportunities exist for student representation in governance activities.	1. Full time faculty serve as members of at least one campus or college-wide committee every year.	Review of bylaws of the Faculty to ensure the reflection of faculty representation on appropriate committees	Annually in March	Program Evaluation Committee		Analysis Action
	2. Student representatives enrolled in each quarter of the nursing program to serve on the Student Advisory Committee.	Review of Student Advisory Committee roster and attendance. Review of faculty meeting roster.	Annually in March	Program Evaluation Committee		Analysis Action
	3. Grievance Committee chair invites a student representative to participate in the Grievance Committee.	Review of Grievance Committee roster and attendance	Annually in March	Program Evaluation Committee		Analysis Action
	4. Program will comply with applicable state BON rule(s).	Review applicable BON regulation(s)	Annually in March	Program Evaluation Committee		Analysis Action

Standard 1: Mission & Administrative Capacity

The mission of the nursing education unit reflects the governing organization's core values and is congruent with its mission/goals. The governing organization and program have administrative capacity resulting in effective delivery of the nursing program and achievement of identified program outcomes.

Plan					Implementation	
Criteria	Expected Level of Achievement	Assessment Method(s)	Frequency of Assessment	Responsible Party	Results of Data Collection Including actual level(s) of achievement	Analysis and Actions for Program Development, Maintenance, or Revision
1.3: The assessment of end-of-program student learning outcomes and program outcomes is shared with communities of interest, and the communities of interest have input into program processes and decision-making.	1. The Professional Advisory Committee which represents communities of interest (which may include healthcare agencies/ organizations and program graduates) will meet a minimum of two times per year. Communities of interest will have input into program processes and decision making.	Review of Professional Advisory Committee Meeting minutes	Annually in March	Program Evaluation Committee		Analysis Action
1.4: Partnerships that exist promote excellence in nursing education, enhance the profession, and benefit the community.	1. Partnerships exist with community organizations that contribute to nursing education, the profession and/or the community.	Review community partnerships and contracts	Annually in March	Program Evaluation Committee		Analysis Action
	2. Program will comply with applicable state BON rule(s).	Review applicable BON regulation(s)	Annually in March	Program Evaluation Committee		Analysis Action
1.5: The nursing education unit is administered by a nurse who holds a graduate degree with a major in nursing.	1. The Program Director possesses an active and unencumbered Registered Nursing Licensure and a minimum of a graduate degree in nursing.	Academic credentials for the Program Director are verified by receipt of official transcripts. Review of verification of licensure through the BON website	Annually in March or upon hire when changes in leadership occur.	Program Evaluation Committee		Analysis Action
	2. Program will comply with applicable state BON rule(s).	Review applicable BON regulation(s)	Annually in March or upon hire when changes in leadership occur.	Program Evaluation Committee		Analysis Action

Standard 1: Mission & Administrative Capacity

The mission of the nursing education unit reflects the governing organization's core values and is congruent with its mission/goals. The governing organization and program have administrative capacity resulting in effective delivery of the nursing program and achievement of identified program outcomes.

Plan					Implementation	
Criteria	Expected Level of Achievement	Assessment Method(s)	Frequency of Assessment	Responsible Party	Results of Data Collection Including actual level(s) of achievement	Analysis and Actions for Program Development, Maintenance, or Revision
1.6: The nurse administrator is experientially qualified, meets governing organization and state requirements, and is oriented and mentored to the role.	1. The Program Director meets the State Board of Nursing requirements and possess an active and unencumbered licensure.	Compare experience of Program Director and/or Dean to state governing requirements	Every 2 years in March [in odd numbered years] or upon hire when leadership changes.	Program Evaluation Committee		Analysis Action
	2. The Program Director's qualifications reflect the requirements for the position of the governing organization.	Compare experience of Program Director and/or Dean to Galen's published job description	Every 2 years in March [in odd numbered years] or upon hire when leadership changes.	Program Evaluation Committee		Analysis Action
	3. The Program Director is oriented and mentored to the role.	Review of orientation documentation	Every 2 years in March [in odd numbered years] or upon hire when leadership changes.	Program Evaluation Committee		Analysis Action
	4. Program will comply with applicable state BON rule(s).	Review applicable BON regulation(s)	Every 2 years in March [in odd numbered years] or upon hire when leadership changes.	Program Evaluation Committee		Analysis Action
1.7: When present, nursing program coordinators and/or faculty who assist with program administration are academically and experientially qualified.	1. All nursing faculty at coordinator level and above who work in the program are academically and experientially qualified relative to the position descriptions.	Review of Position Descriptions and CVs	Annually in March	Program Director		Analysis Action
	2. Program will comply with applicable state BON rule(s).	Review applicable BON regulation(s)	Annually in March	Program Director		Analysis Action

Standard 1: Mission & Administrative Capacity

The mission of the nursing education unit reflects the governing organization's core values and is congruent with its mission/goals. The governing organization and program have administrative capacity resulting in effective delivery of the nursing program and achievement of identified program outcomes.

Plan					Implementation	
Criteria	Expected Level of Achievement	Assessment Method(s)	Frequency of Assessment	Responsible Party	Results of Data Collection Including actual level(s) of achievement	Analysis and Actions for Program Development, Maintenance, or Revision
1.8: The nurse administrator has authority and responsibility for the development and administration of the program and has sufficient time and resources to fulfill the role responsibilities.	1. The administrator's primary responsibilities are related to development and administration of the program.	Review of Program Director job description and responsibilities	Annually in March	Dean		Analysis Action
	2. The program directors have administrative support as evidenced by supportive staff.	Position description of support staff and organizational chart	Annually in March	Dean		Analysis Action
	3. Program will comply with applicable state BON rule(s).	Review applicable BON regulation(s)	Annually in March	Dean		Analysis Action
1.9: The nurse administrator has the authority to prepare and administer the program budget with faculty input.	1. The budget process provides the administrator the authority to prepare and administer the program budget.	Review of budget process	Annually in March	Program Evaluation Committee		Analysis Action
	2. Faculty provide input to nursing administrator for the program budget.	Review of budget process and Faculty meeting minutes	Annually in March	Program Evaluation Committee		Analysis Action
	3. Program will comply with applicable state BON rule(s).	Review applicable BON regulation(s)	Annually in March	Program Evaluation Committee		Analysis Action

Standard 1: Mission & Administrative Capacity

The mission of the nursing education unit reflects the governing organization's core values and is congruent with its mission/goals. The governing organization and program have administrative capacity resulting in effective delivery of the nursing program and achievement of identified program outcomes.

Plan					Implementation	
Criteria	Expected Level of Achievement	Assessment Method(s)	Frequency of Assessment	Responsible Party	Results of Data Collection Including actual level(s) of achievement	Analysis and Actions for Program Development, Maintenance, or Revision
1.10: Policies for nursing faculty and staff are comprehensive, provide for the welfare of faculty and staff, and are consistent with those of the governing organization; differences are justified by the purpose and outcomes of the nursing program.	1. The policies and procedures for non-discrimination, rank and promotion, faculty grievance, rights and responsibilities, and workload are comprehensive and exist for all faculty and staff.	Review of Faculty Handbook and Employee Handbook	Annually in March	Program Evaluation Committee		Analysis Action
	2. Program will comply with applicable state BON rule(s).	Review applicable BON regulation(s)	Annually in March	Program Evaluation Committee		Analysis Action
1.11: Distance education, when utilized, is congruent with the mission of the governing organization and the mission/philosophy of the nursing education unit.	1. As a single purpose institution, the mission and philosophy are the same as the governing organization for all program delivery methods.	Review of Galen College of Nursing Mission, Values, & Goals	Annual in March if there is a change in the mission/philosophy.	Program Director		Analysis Action
	2. Program will comply with applicable state BON rule(s).	Review applicable BON regulation(s)	Annually in March if there is a change in the mission/philosophy.	Program Director		Analysis Action

Standard 2: Faculty & Staff

Qualified and credentialed faculty are sufficient in number to ensure the achievement of the end-of program student learning outcomes and program outcomes. Sufficient and qualified staff are available to support the nursing program.

Plan					Implementation	
Criteria	Expected Level of Achievement	Assessment Method(s)	Frequency of Assessment	Responsible Party	Results of Data Collection Including actual level(s) of achievement	Analysis and Actions for Program Development, Maintenance, or Revision
2.1: Full-time nursing faculty hold educational qualifications and experience as required by the governing organization, the state, and the governing organization's accrediting agency, and are qualified to teach the assigned nursing courses.	1. 100% of full time faculty are credentialed with a minimum of a master's degree with a major in nursing.	Review of faculty credentials on file in Faculty Credentialing Center reports	Annually in November; as new faculty are hired	Program Director		Analysis Action
	2. Program will comply with applicable BON rule(s).	Review applicable BON regulation(s)	Annually in October; as new faculty are hired	Program Director		Analysis Action
2.2: Part-time nursing faculty hold educational qualifications and experience as required by the governing organization, the state, and the governing organization's accrediting agency, and are qualified to teach the assigned nursing courses.	1. 100% of part time faculty are credentialed with a minimum of a baccalaureate degree with a major in nursing.	Review of faculty credentials on file in Faculty Credentialing Center reports	Annually in November; as new faculty are hired	Program Director		Analysis Action
	2. Part-time faculty are credentialed according to the BON requirement	Verified at hire by HR	Annually in November; as new faculty are hired	Program Director		Analysis Action
	3. Program will comply with applicable BON rule(s).	Review applicable BON regulation(s)	Annually in November; as new faculty are hired	Program Director		Analysis Action

Standard 2: Faculty & Staff

Qualified and credentialed faculty are sufficient in number to ensure the achievement of the end-of program student learning outcomes and program outcomes. Sufficient and qualified staff are available to support the nursing program.

Plan					Implementation	
Criteria	Expected Level of Achievement	Assessment Method(s)	Frequency of Assessment	Responsible Party	Results of Data Collection Including actual level(s) of achievement	Analysis and Actions for Program Development, Maintenance, or Revision
2.3: Non-nurse faculty teaching nursing courses hold educational qualifications and experience as required by the governing organization, the state, and the governing organization's accrediting agency and are qualified to teach the assigned nursing courses.	1. 100% of full and part time non-nursing faculty (Arts & Science) have academic credentials that meet or exceed the governing organizational requirements.	Review of faculty HR files	Annually in November; as new faculty are hired	Program Director		Analysis Action
	2. Program will comply with applicable state/regulatory requirements.	Review applicable BON regulation(s)	Annually in November; as new faculty are hired	Program Director		Analysis Action
2.4: Preceptors, when utilized, are academically and experientially qualified, oriented, mentored, and monitored, and have clearly documented roles and responsibilities.	N/A- Galen does not utilize preceptors.	N/A	N/A	N/A		Analysis Action
2.5: The number of full-time faculty is sufficient to ensure that the end-of-program student learning outcomes and program outcomes are achieved.	1. The number of full-time faculty is sufficient to ensure that the student learning outcomes and program outcomes are achieved.	Review of standard 6 data to ensure all internal ELAs are met	Annually in October; as new faculty are hired	Program Evaluation Committee		Analysis Action
	2. Program will comply with applicable BON rule(s).	Review applicable BON regulation(s)	Annually in October; as new faculty are hired	Program Director		Analysis Action
2.6: Faculty (full- and part-time) maintain expertise in their areas of responsibility, and their performance reflects	1. Faculty maintain expertise in their areas of responsibility and their performance in the classroom, clinical, & lab environments reflect scholarship,	Review of Faculty Credentialing Center files: a. annual evaluation form – self/supervisor	Annually in October	Program Director		Analysis Action

Standard 2: Faculty & Staff

Qualified and credentialed faculty are sufficient in number to ensure the achievement of the end-of program student learning outcomes and program outcomes. Sufficient and qualified staff are available to support the nursing program.

Plan					Implementation	
Criteria	Expected Level of Achievement	Assessment Method(s)	Frequency of Assessment	Responsible Party	Results of Data Collection Including actual level(s) of achievement	Analysis and Actions for Program Development, Maintenance, or Revision
scholarship and evidence-based teaching and clinical practices.	clinical practices, and evidence-based teaching.	b. theory, clinical, and/or clinical learning lab faculty performance evaluation as applicable c. CEU Report from Faculty Credentialing Center				
	2. 100% of nursing faculty participates in scholarly activity.	CEU Report from Faculty Credentialing Center	Annually in October	Program Director		Analysis Action
	3. Program will comply with applicable BON rule(s).	Review applicable BON regulation(s)	Annually in October	Program Director		Analysis Action
2.7: The number and qualifications of staff within the nursing education unit are sufficient to support the nursing program.	1. 100% of staff have qualifications and experience in their areas of responsibility.	Review of staff: a. Qualifications b. Resumes c. Position descriptions	Annually in October	Program Director and Dean		Analysis Action
	2. 95% of staff positions are filled.	Review of open positions	Annually in October	Program Director and Dean		Analysis Action
2.8: Faculty (full- and part-time) are oriented and mentored in their areas of responsibility.	1. 100% of new faculty (full and part-time) are oriented and mentored in their areas of responsibility.	Review of orientation documentation in employee HR files	Annually in October	Faculty Development Coordinator		Analysis Action
	2. Program will comply with applicable BON rule(s).	Review applicable BON regulation(s)	Annually in October	Faculty Development Coordinator		Analysis Action

Standard 2: Faculty & Staff

Qualified and credentialed faculty are sufficient in number to ensure the achievement of the end-of program student learning outcomes and program outcomes. Sufficient and qualified staff are available to support the nursing program.

Plan					Implementation	
Criteria	Expected Level of Achievement	Assessment Method(s)	Frequency of Assessment	Responsible Party	Results of Data Collection Including actual level(s) of achievement	Analysis and Actions for Program Development, Maintenance, or Revision
2.9: Faculty (full- and part-time) performance is regularly evaluated in accordance with the governing organization's policy/procedures and demonstrates effectiveness in assigned area(s) of responsibility.	1. 100% of faculty is evaluated using the faculty performance appraisal to determine the level of performance in meeting organization and program goals and outcomes.	Review of HR files to ensure the use of the Faculty Evaluation Process	Annually in October	Program Director and/or appropriate Directors		Analysis Action
	2. Program will comply with applicable BON rule(s).	Review applicable BON regulation(s)	Annually in October	Program Director		Analysis Action
2.10: Faculty (full- and part-time) engage in ongoing development and receive support for instructional and distance technologies.	1. 100% of faculty participate in ongoing development.	Review of development activities documented in the Faculty Credentialing Center	Annually in October	Program Director		Analysis Action
	2. 100% of faculty have access to online training resources.	Review of online training resources available and utilization of the resources	Annually in October	Faculty Development Committee reports to PEC		Analysis Action
	3. The Program will comply with applicable BON rule(s).	Review applicable BON regulation(s)	Annually in October	Faculty Development Committee reports to PEC		Analysis Action

Standard 3: Students

Student policies and services support the achievement of the end-of-program student learning outcomes and program outcomes of the nursing program.

Plan					Implementation	
Criteria	Expected Level of Achievement	Assessment Method(s)	Frequency of Assessment	Responsible Party	Results of Data Collection Including actual level(s) of achievement	Analysis and Actions for Program Development, Maintenance, or Revision
3.1: Policies for nursing students are congruent with those of the governing organization as well as the state, when applicable, and are publicly accessible, non-discriminatory, and consistently applied; differences are justified by the end-of-program student learning outcomes and program outcomes.	1. Galen College of Nursing policies for nursing students are congruent with those of the governing organization, publicly accessible, non-discriminatory, and consistently applied; differences are justified by the student learning outcomes goals and program outcomes.	Audit of: a. Student Catalog b. Galen website	Annually in September	Program Director in consultation with the Compliance Department		Analysis Action
	2. Program will comply with applicable BON rule(s).	Review applicable BON regulation(s)	Annually in September	Program Director		Analysis Action
3.2: Public information is accurate, clear, consistent, and accessible, including the program's accreditation status and the ACEN contact information.	1. 100% of public information is available including the Program's State Board of Nursing approval, accreditation status, and contact information regarding the above status is consistently and accurately displayed.	Review of campus website to verify compliance with public information regarding accreditations and contact information	Annually in September	Program Director in consultation with the Compliance Department		Analysis Action
	2. Program complies with applicable BON rule(s).	Review applicable BON regulation(s)	Annually in September	Program Director		Analysis Action
3.3: Changes in policies, procedures, and program information are clearly and consistently communicated to students in a timely manner.	1. 100% of the changes in student policies, procedures, and program information are clearly and consistently communicated to students prior to implementation	Review of communication activities in CampusVue	Annually in September	Program Director in consultation with the Compliance Department		Analysis Action

Standard 3: Students

Student policies and services support the achievement of the end-of-program student learning outcomes and program outcomes of the nursing program.

Plan					Implementation	
Criteria	Expected Level of Achievement	Assessment Method(s)	Frequency of Assessment	Responsible Party	Results of Data Collection Including actual level(s) of achievement	Analysis and Actions for Program Development, Maintenance, or Revision
	2. Program will comply with applicable BON rule(s).	Review applicable BON regulation(s)	Annually in September	Program Director		Analysis Action
3.4: Student services are commensurate with the needs of nursing students, including those receiving instruction using alternative methods of delivery.	1. The Student services of Galen College of Nursing are commensurate with the needs of nursing students, including those receiving instruction using alternative methods of delivery. a. 74% of student responses indicate agree/strongly agree that "Student support services met my needs".	Review Exit Survey responses regarding student support services	Annually in September	Program Evaluation Committee		Analysis Action
	2. Program will comply with applicable BON rule(s).	Review applicable BON regulation(s)	Annually in September	Program Evaluation Committee		Analysis Action
3.5: Student educational records are in compliance with the policies of the governing organization and state and federal guidelines.	1. 100% of audited educational records are in accordance with state and federal guidelines.	Review audit report of student and graduate educational records. Review of: a. Student catalog b. Enrollment agreement	Annually in September	Program Director in consultation with the Compliance Department		Analysis Action

Standard 3: Students

Student policies and services support the achievement of the end-of-program student learning outcomes and program outcomes of the nursing program.

Plan					Implementation	
Criteria	Expected Level of Achievement	Assessment Method(s)	Frequency of Assessment	Responsible Party	Results of Data Collection Including actual level(s) of achievement	Analysis and Actions for Program Development, Maintenance, or Revision
	2. Program will comply with applicable BON rule(s).	Review applicable BON regulation(s)	Annually in September	Program Director		Analysis Action
3.6: Compliance with the Higher Education Reauthorization Act Title IV eligibility and certification requirements is maintained, including default rates and the results of financial or compliance audits.	1. Results of annual Title IV Compliance audit conducted and submitted by July 1st with no material weaknesses or deficiencies noted.	Review external financial aid audit report for assessment of compliance	Annually in September	Program Director in consultation with the Compliance Department		Analysis Action
	2. Program will comply with applicable BON rule(s).	Review applicable BON regulation	Annually in September	Financial Aid Manager		Analysis Action
3.6.1: A written, comprehensive student loan repayment program addressing student loan information, counseling, monitoring, and cooperation with lenders is available.	1. 100% compliance with requirement that a written comprehensive student loan repayment program exists and addresses student loan information, counseling, monitoring and cooperation with lenders.	Review of annual Title IV Compliance audit	Annually in September	Financial Aid Manager in consultation with the Compliance Department		Analysis Action

Standard 3: Students

Student policies and services support the achievement of the end-of-program student learning outcomes and program outcomes of the nursing program.

Plan					Implementation	
Criteria	Expected Level of Achievement	Assessment Method(s)	Frequency of Assessment	Responsible Party	Results of Data Collection Including actual level(s) of achievement	Analysis and Actions for Program Development, Maintenance, or Revision
	2. Cohort default rate is below Department of Education threshold of 25%; cohort default rate is below national average for 2-year degree granting proprietary schools.	Review of annual Title IV Compliance audit	Annually in September	Financial Aid Manager in consultation with the Compliance Department		Analysis Action
	3. Program will comply with applicable BON rule(s).	Review applicable BON regulation	Annually in September	Program Evaluation Committee		Analysis Action
3.6.2: Students are informed of their ethical responsibilities regarding financial assistance.	1. 100% of student files demonstrate written evidence that students are informed of ethical responsibilities regarding financial aid during entrance counseling.	Review of annual Title IV Compliance audit	Annually in September	Financial Aid Manager in consultation with the Compliance Department		Analysis Action
	2. Program will comply with applicable BON rule(s).	Review applicable BON regulation	Annually in September	Financial Aid Manager		Analysis Action
3.6.3: Financial aid records are in compliance with the policies of the governing organization, state, and federal guidelines.	1. Upon audit, 100% of financial aid records demonstrate compliance with the college. Upon audit, 100% of financial aid records demonstrate compliance with the state guidelines. Upon audit, 100% of financial aid records demonstrate compliance with federal guidelines.	Review of annual Title IV Compliance audit	Annually in September	Financial Aid Manager in consultation with the Compliance Department		Analysis Action

Standard 3: Students

Student policies and services support the achievement of the end-of-program student learning outcomes and program outcomes of the nursing program.

Plan					Implementation	
Criteria	Expected Level of Achievement	Assessment Method(s)	Frequency of Assessment	Responsible Party	Results of Data Collection Including actual level(s) of achievement	Analysis and Actions for Program Development, Maintenance, or Revision
	2. Program will comply with applicable BON rule(s).	Review applicable BON regulation	Annually in September	Financial Aid Manager		Analysis Action
3.7: Records reflect that program complaints and grievances receive due process and include evidence of resolution.	1. 100% of complaints and grievances will receive due process with evidence of resolution.	Audit of Grievance Summary	Annually in September	Program Director in consultation with the Compliance Department		Analysis Action
	2. Program will comply with applicable BON rule(s).	Review applicable BON regulation(s)	Annually in September	Program Director		Analysis Action
3.8: Orientation to technology is provided, and technological support is available to students.	1. 100% of students are provided orientation to Galen technology.	Review of technology orientation resources and tech support available on the student resource center. 24/7 tech support is available through Canvas.	Annually in September	Program Evaluation Committee		Analysis Action
	2. 74% of student responses indicate agree/strongly agree that "The online orientation module was adequate to start the course.	Review of student online course evaluations responses.	Annually in September	Program Evaluation Committee		Analysis Action

Standard 3: Students

Student policies and services support the achievement of the end-of-program student learning outcomes and program outcomes of the nursing program.

Plan					Implementation	
Criteria	Expected Level of Achievement	Assessment Method(s)	Frequency of Assessment	Responsible Party	Results of Data Collection Including actual level(s) of achievement	Analysis and Actions for Program Development, Maintenance, or Revision
	3. Program will comply with applicable BON rule(s).	Review applicable BON regulation(s)	Annually in September	Program Evaluation Committee		Analysis Action
3.9: Information related to technology requirements and policies specific to distance education are accurate, clear, consistent, and accessible.	1. Information related to technology requirements and policies specific to distance education are accurate, clear, consistent, and accessible.	Review of: a. Canvas student orientation b. Student Catalog	Annually in September	Program Evaluation Committee		Analysis Action
	2. 74% of student responses indicate agree/strongly agree that "The policies related to online courses are clear."	Review of student online course evaluations responses	Annually in September	Program Evaluation Committee		Analysis Action
	3. Program will comply with applicable BON rule(s).	Review applicable BON regulation	Annually in September	Program Evaluation Committee		Analysis Action

Standard 4: Curriculum

The curriculum supports the achievement of the end-of-program student learning outcomes and program outcomes and is consistent with safe practice in contemporary healthcare environments.

Plan					Implementation	
Criteria	Expected Level of Achievement	Assessment Method(s)	Frequency of Assessment	Responsible Party	Results of Data Collection Including actual level(s) of achievement	Analysis and Actions for Program Development, Maintenance, or Revision
4.1: Consistent with contemporary practice, the curriculum incorporates established professional nursing standards, guidelines, and competencies and has clearly articulated end-of-program student learning outcomes.	Current professional standards are present in 100% of nursing course syllabi and Program Mapping.	Review course syllabi, program mapping, and current professional standards, guidelines and competencies which may include: a. CDC – Center for Disease Control; b. National Patient Safety goals; c. NCLEX – National Council Licensure Examination; d. QSEN – Quality & Safety / Education For Nurses; f. DECs – Differentiated Essential Competencies	Annually in May	Curriculum Committee		Analysis Action
	2. The curriculum and Program Student Learning Outcomes will comply with applicable BON rules as stated in the criterion.	Review applicable BON regulation(s)	Annually in May	Curriculum Committee		Analysis Action
4.2: The end-of-program student learning outcomes are used to organize the curriculum, guide the delivery of instruction, and direct learning activities.	100% of nursing course syllabi reflect PSLOs and CSLOs. PSLOs guide the delivery of instruction and direct learning activities and are mapped to measurement of learning outcomes.	Review of nursing course syllabi	Annually in May	Campus Curriculum Committee		Analysis Action
	100% of Clinical Evaluation Tools reflect the CSLOs and role specific competencies in all criteria.	Review of Clinical Evaluation documents	Annually in May	Campus Curriculum Committee		Analysis Action

Standard 4: Curriculum

The curriculum supports the achievement of the end-of-program student learning outcomes and program outcomes and is consistent with safe practice in contemporary healthcare environments.

Plan					Implementation	
Criteria	Expected Level of Achievement	Assessment Method(s)	Frequency of Assessment	Responsible Party	Results of Data Collection Including actual level(s) of achievement	Analysis and Actions for Program Development, Maintenance, or Revision
	The Program will have 100% compliance with applicable provisions of the BON.	Review applicable BON regulation(s)	Annually in May	Campus Curriculum Committee		Analysis Action
4.3: The curriculum is developed by the faculty and regularly reviewed to ensure integrity, rigor, and currency.	Faculty participate on campus and course curriculum committees and have input into the development of the curriculum.	Review of PEC, Course, Faculty, and Campus Curriculum Meeting minutes	Annually in May	Campus Curriculum Committee		Analysis Action
	Faculty regularly review curriculum for rigor and currency through regular meetings of Campus Curriculum Committee meetings.	Review and audit of Campus Curriculum Committee meeting minutes and Galen Exam & Analysis Review (GEARS)	Annually in May	Campus Curriculum Committee		Analysis Action
	The curriculum will comply with the applicable BON rule(s).	Audit of Campus Curriculum Committee Meeting minutes Review applicable BON regulation(s)	Annually in May	Campus Curriculum Committee		Analysis Action
4.4: The curriculum includes general education courses that enhance professional nursing knowledge and practice.	1. General Education syllabi contain the General Education Competencies which can be mapped to the PSLOs which support professional nursing knowledge and practice.	Review of general education course syllabi PSLOs and CSLOs	Annually in May	Standard 4 Committee		Analysis Action
	2. Upon survey, 74% of graduating students agree/strongly agree that they believe the general education courses enhance professional nursing knowledge and practice.	Review of Exit Survey results. (Question 5)	Annually in May	Standard 4 Committee		Analysis Action

Standard 4: Curriculum

The curriculum supports the achievement of the end-of-program student learning outcomes and program outcomes and is consistent with safe practice in contemporary healthcare environments.

Plan					Implementation	
Criteria	Expected Level of Achievement	Assessment Method(s)	Frequency of Assessment	Responsible Party	Results of Data Collection Including actual level(s) of achievement	Analysis and Actions for Program Development, Maintenance, or Revision
	3. The general education courses in the curriculum will comply with the applicable BON rule as stated in the criterion.	Review applicable BON regulation(s)	Annually in May	Standard 4 Committee		Analysis Action
4.5: The curriculum includes cultural, ethnic, and socially diverse concepts and may also include experiences from regional, national, or global perspectives.	1. The curriculum integrates cultural, ethnic, and socially diverse concepts throughout the curriculum to support achievement of student learning outcomes.	Review of Course syllabi for integration of the cultural, ethnic, and socially diverse concepts through PSLOs and CSLOs	According to deep dive schedule	Curriculum Committee		Analysis Action
	2. The curriculum and instruction complies with the applicable BON rules as stated in the criterion.	Review applicable BON regulation(s)	Annually in May	Curriculum Committee		Analysis Action
4.6: The curriculum and instructional processes reflect educational theory, interprofessional collaboration, research, and current standards of practice.	1. 100% of courses use a standardized syllabus that reflects educational theory, interprofessional collaboration, research, and current standards of practice.	Review of syllabus in each course for compliance to standard requirements	Annually in May	Curriculum Committee		Analysis Action

Standard 4: Curriculum

The curriculum supports the achievement of the end-of-program student learning outcomes and program outcomes and is consistent with safe practice in contemporary healthcare environments.

Plan					Implementation	
Criteria	Expected Level of Achievement	Assessment Method(s)	Frequency of Assessment	Responsible Party	Results of Data Collection Including actual level(s) of achievement	Analysis and Actions for Program Development, Maintenance, or Revision
	2. Curriculum and instruction will comply with the applicable BON rules as stated in the criterion.	Review applicable BON regulation(s)	Annually in May	Curriculum Committee		Analysis Action
4.7: Evaluation methodologies are varied, reflect established professional and practice competencies, and measure the achievement of the end-of-program student learning outcomes.	1. Faculty implement a variety of evaluation methodologies that reflect established professional and practice competencies.	1. Review: a. Classroom examinations b. Clinical performance examinations (CPE) c. Clinical Evaluation Tools	Annually in May	Curriculum Committee		Analysis Action
	2. Faculty implement a variety of evaluation methodologies to measure the achievement of student learning outcomes	2. Review of: a. CSLO documents b. End of Quarter course evaluations	Annually in May	Curriculum Committee		Analysis Action

Standard 4: Curriculum

The curriculum supports the achievement of the end-of-program student learning outcomes and program outcomes and is consistent with safe practice in contemporary healthcare environments.

Plan					Implementation	
Criteria	Expected Level of Achievement	Assessment Method(s)	Frequency of Assessment	Responsible Party	Results of Data Collection Including actual level(s) of achievement	Analysis and Actions for Program Development, Maintenance, or Revision
	3. Faculty will use evaluation methodologies and best practice to comply with the applicable BON rules as stated in the criterion.	Review applicable BON regulation(s)	Annually in May	Curriculum Committee		<p>Analysis</p> <p>Action</p>
4.8: The total number of credit/quarter hours required to complete the defined nursing program of study is congruent with the attainment of the identified end-of-program student learning outcomes and program outcomes, and is consistent with the policies of the governing organization, the state, and the governing organization's accrediting agency.	1. Program length will be congruent with the attainment of identified outcomes.	Review of curriculum plans	Annually in May	Curriculum Committee		<p>Analysis</p> <p>Action</p>
	2. Program length will be consistent with the policies of the governing organization.	Review of College policies and procedures	Annually in May	Curriculum Committee		<p>Analysis</p> <p>Action</p>

Standard 4: Curriculum

The curriculum supports the achievement of the end-of-program student learning outcomes and program outcomes and is consistent with safe practice in contemporary healthcare environments.

Plan					Implementation	
Criteria	Expected Level of Achievement	Assessment Method(s)	Frequency of Assessment	Responsible Party	Results of Data Collection Including actual level(s) of achievement	Analysis and Actions for Program Development, Maintenance, or Revision
	3. Program length will be consistent with state board of nursing, DOE and accrediting guidelines.	Review of: a. SACSCOC standards b. Comparison of program hours to like program hours locally and nationally c. Review accrediting guidelines, SBON, DOE.	Annually in May	Curriculum Committee		Analysis Action
	4. Program length will comply with applicable BON rule(s).	Review applicable BON regulation(s)	Annually in May	Curriculum Committee		Analysis Action
4.9: Student clinical experiences and practice learning environments are evidence-based; reflect contemporary practice and nationally established patient health and safety goals; and support the achievement of the end-of-program student learning outcomes.	1. 75% of students surveyed agree or strongly agree that clinical learning lab facilities support the achievement of course and program student learning outcomes and program outcomes.	Review of Exit Survey responses to question 4.9 (The clinical learning lab experience enabled me to develop confidence in my abilities to perform nursing skills.)	Annually in May	Curriculum Committee		Analysis Action
	2. 75% of clinical faculty surveyed agree or strongly agree the clinical practice learning environments support the achievement of course and program student learning outcomes.	Review results of faculty evaluation of the clinical site survey. Q 3.7	Annually in May	Curriculum Committee		Analysis Action

Standard 4: Curriculum

The curriculum supports the achievement of the end-of-program student learning outcomes and program outcomes and is consistent with safe practice in contemporary healthcare environments.

Plan					Implementation	
Criteria	Expected Level of Achievement	Assessment Method(s)	Frequency of Assessment	Responsible Party	Results of Data Collection Including actual level(s) of achievement	Analysis and Actions for Program Development, Maintenance, or Revision
	3. 100% of facilities used for clinical experiences are licensed, accredited (Joint Commission) and/or achieved national and/or state recognition.	Review of clinical affiliation agreements/contracts	Annually in May	Curriculum Committee		Analysis Action
	4. Program practice learning environments will comply with applicable BON rule(s).	Review applicable BON regulation(s)	Annually in May	Curriculum Committee		Analysis Action
4.10: Written agreements for clinical practice agencies are current, specify expectations for all parties, and ensure the protection of students.	1. 100% of clinical affiliate agreements will be current, specify expectation for all parties, and ensure protection of students.	Review of clinical affiliation agreements/contracts	Annually in May	Director of Clinical Education/Clinical Coordinator reports to PEC		Analysis Action
	2. Program clinical agreements will comply with applicable BON rule(s).	Review of clinical affiliation agreements/contracts	Annually in May	Director of Clinical Education/Clinical Coordinator reports to PEC		
4.11: Learning activities, instructional materials, and evaluation methods are appropriate for all delivery formats and consistent with the end-of-program student learning outcomes.	1. 74% of students agree/strongly agree that learning activities are appropriate and consistent with student learning outcomes.	Review Survey Data: - Course Survey Results - Exit Survey Results	Annually in May	Curriculum Committee		Analysis Action

Standard 4: Curriculum

The curriculum supports the achievement of the end-of-program student learning outcomes and program outcomes and is consistent with safe practice in contemporary healthcare environments.

Plan					Implementation	
Criteria	Expected Level of Achievement	Assessment Method(s)	Frequency of Assessment	Responsible Party	Results of Data Collection Including actual level(s) of achievement	Analysis and Actions for Program Development, Maintenance, or Revision
	2. Learning activities, instructional materials, and evaluation methods are appropriate for the delivery format, congruent between online and on-ground, and consistent with student learning outcomes.	Review: - Course Syllabi - Curriculum Mapping	Annually in May	Curriculum Committee		Analysis Action
	3. Learning activities, instructional materials, and evaluation methods will comply with applicable BON rule(s).	Review applicable BON regulation(s)	Annually in May	Curriculum Committee		Analysis Action

Standard 5: Resources

Fiscal, physical, and learning resources are sustainable and sufficient to ensure the achievement of the end-of-program student learning outcomes and program outcomes of the nursing program.

Plan					Implementation	
Criteria	Expected Level of Achievement	Assessment Method(s)	Frequency of Assessment	Responsible Party	Results of Data Collection Including actual level(s) of achievement	Analysis and Actions for Program Development, Maintenance, or Revision
5.1: Fiscal resources are sustainable, sufficient to ensure the achievement of the end-of program student learning outcomes and program outcomes, and commensurate with the resources of the governing organization.	1. Anticipated fiscal needs are reported to the governing organizations budget allocations.	Review of: a. Annual budget b. Faculty meeting minutes c. Budget request forms	Annually in August	Dean, Program Director, and Director of Campus Operations report to PEC		Analysis Action
	2. Faculty and staff have input in the budget process.	Review of: - Faculty meeting minutes - Budget request forms	Annually in August	Dean, Program Director, and Director of Campus Operations report to PEC		Analysis Action
	3. Program will comply with applicable BON rule(s).	Review applicable BON regulation(s)	Annually in August	Program Director		Analysis Action

Standard 5: Resources

Fiscal, physical, and learning resources are sustainable and sufficient to ensure the achievement of the end-of-program student learning outcomes and program outcomes of the nursing program.

Plan					Implementation	
Criteria	Expected Level of Achievement	Assessment Method(s)	Frequency of Assessment	Responsible Party	Results of Data Collection Including actual level(s) of achievement	Analysis and Actions for Program Development, Maintenance, or Revision
5.2: Physical resources are sufficient to ensure the achievement of the end-of-program student learning outcomes and program outcomes, and meet the needs of the faculty, staff, and students.	1. 100% of faculty and staff have access to a workspace and a computer.	Review of: a. Detailed floor plans	Annually in August	Program Director and Director of Campus Operations		Analysis Action
	2. The floor plans and site plans demonstrate instruction areas, workspace, laboratories, and common areas are physically adequate and safe for the number of occupants.	Review of: a. Campus Floorplans b. Enrollment statistics c. Room Utilization d. Applicable Building Codes and Regulations	Annually in August	Program Director and Director of Campus Operations		Analysis Action
	3. 75% of student survey agree/strongly agree that the physical resources are conducive to achieve student learning outcomes.	Review of: a. Course Survey Results b. Student Mid-Program and Exit Survey Results	Annually in August	Program Evaluation Committee		Analysis Action
	4. 75% of faculty and staff responses indicate agree/strongly agree that physical resources are adequate to achieve student learning outcomes.	Review of: a. Employee engagement survey results b. Availability of private meeting space for faculty and students c. Applicable building codes and regulations	Annually in August	Program Director and Campus Administration		Analysis Action
	5. Program will comply with applicable BON rule(s).	Review applicable BON regulation(s)	Annually in August	Program Director and Campus Administration		Analysis Action

Standard 5: Resources

Fiscal, physical, and learning resources are sustainable and sufficient to ensure the achievement of the end-of-program student learning outcomes and program outcomes of the nursing program.

Plan					Implementation	
Criteria	Expected Level of Achievement	Assessment Method(s)	Frequency of Assessment	Responsible Party	Results of Data Collection Including actual level(s) of achievement	Analysis and Actions for Program Development, Maintenance, or Revision
5.3: Learning resources and technology are selected with faculty input and are comprehensive, current, and accessible to faculty and students.	1. All faculty have the opportunity for input into the selection of learning resources and technology.	Review of: a. Faculty Meeting minutes b. Collections Development Policy	Annually in August	Program Evaluation Committee		Analysis Action
	2. 75% of students' responses indicate agree/strongly agree to have access to current learning resources and technology.	Review of: a. Library survey results b. Student Technology survey results	Annually in August	Program Evaluation Committee		Analysis Action
	3. Program will comply with applicable BON rule(s).	Review applicable BON regulation(s)	Annually in August	Program Director		Analysis Action

Standard 5: Resources

Fiscal, physical, and learning resources are sustainable and sufficient to ensure the achievement of the end-of-program student learning outcomes and program outcomes of the nursing program.

Plan					Implementation	
Criteria	Expected Level of Achievement	Assessment Method(s)	Frequency of Assessment	Responsible Party	Results of Data Collection Including actual level(s) of achievement	Analysis and Actions for Program Development, Maintenance, or Revision
5.4: Fiscal, physical, technological, and learning resources are sufficient to meet the needs of the faculty and students engaged in alternative methods of delivery.	1. All fiscal, physical, technological and learning resources are available to faculty and students regardless of format or mode of delivery.	1. Review of: a. Student Course Surveys	Annually in August	Program Evaluation Committee		Analysis Action
	2. 75% of student responses indicate agree/strongly agree that adequate resources are available that support the achievement of student learning outcomes and program outcomes.	2. Review of: a. Course Survey Results b. Student Mid-Program and Exit Survey Results c. Technology Survey Results	Annually in August	Program Evaluation Committee		Analysis Action
	3. Floor plans and site plans for the nursing unit demonstrate instruction areas, workspace, laboratories and common areas are physically adequate for the number of occupants.	3. Review of detailed floor plans	Annually in August	Program Evaluation Committee		Analysis Action
	4. 75% of faculty responses indicate agree/strongly agree that learning resources and technology are sufficient to meet the needs of the program student learning outcomes.	4. Review of: a. Employee Culture Survey results b. Faculty/Staff Technology Survey Results	Annually in August	Program Evaluation Committee		Analysis Action
	5. Program will comply with applicable BON rule(s).	Review applicable BON regulation(s)	Annually in August	Program Director		Analysis Action

Program Student Learning Outcomes, Role-Specific Professional Competencies, and Program Outcomes

PLAN				IMPLEMENTATION									
Component	Assessment Method(s)*	Expected Level(s) of Achievement	Data Collection and Assessment Frequency	Results of Data Collection Including actual level(s) of achievement					Analysis and Actions for Program Development, Maintenance, or Revision				
PSLO #1: Safe, Patient-Centered Care: Provide safe, patient-centered nursing care using evidence-based practice while managing multiple patients.	ATI Comprehensive Predictor Sub-Score Data <ul style="list-style-type: none"> • RN Health Promotion and Maintenance • RN Management of Care • RN Physiological Adaptation • RN Psychosocial Integrity • RN Safety and Infection Control 	ATI Sub-score Data On the first attempt of the ATI, 65% of students will obtain 60% on each of the identified ATI sub-scores.	Data collected quarterly and assessed annually	ATI Sub-scores					Action Analysis				
				ATI Sub-Scores	Spring		Summer			Fall		Winter	
					65% met	Avg score	65% Met	Avg score		65% Met	Avg score	65% Met	Avg score
					60%		60%			60%		60%	
				Health Promotion and Maintenance									
				Management of Care									
				Physiological Adaptation									
Psychosocial Integrity													
Safety and Infection Control													

Program Student Learning Outcomes, Role-Specific Professional Competencies, and Program Outcomes

PLAN				IMPLEMENTATION																																																																								
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	<p>Clinical Evaluation Tools</p> <ul style="list-style-type: none"> • 1-C: Analyzes assessment data to identify problems, formulate goals/outcomes, and develop plans of care for patients and their families using • 5-E: Demonstrates knowledge of the board of nursing rules and nurse practice act that emphasize safety, as well as all federal, state, and local government and accreditation organization safety requirements and standards. • 1-B: Determines the physical and mental health status, needs, and preferences of culturally, ethnically, and socially diverse patients and their families, based upon interpretation of comprehensive health • 2-F: Develops, implements, and evaluates teaching plans for patients and their families to address health promotion, maintenance, and restoration. • 1-E: Evaluates and reports patient outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence-based practice, and plan follow-up nursing care. • 1-G: Implements measures to promote quality and a safe environment for patients, self, and others. • 1-D: Implements the plan of care for patients and their families within legal, ethical, and regulatory parameters and in consideration of disease prevention, wellness, and promotion of healthy lifestyles • 2-A: Provides safe, compassionate, comprehensive nursing care to patients and their families through a broad array of health care services. • 1-A: Uses clinical reasoning and knowledge based on the evidence-based practice outcomes as a basis for decision-making in nursing practice 	<p>Clinical Evaluation Tools</p> <p>95% of students will obtain "Exceeded Expectations" or "Satisfactory" on each identified clinical competency related to PSLO 1 as stated in the Clinical Evaluation Tool</p>		<p>Clinical Evaluation Tools</p> <table border="1"> <tr> <td rowspan="10">95% of students will obtain "Exceeded Expectations" or "Satisfactory" on each identified clinical competency related to PSLO 1 as stated in the Clinical Evaluation Tool</td> <td>"Exceeded Expectations" (EE)</td> <td>Spring (N = X)</td> <td>Summer (N = X)</td> <td>Fall (N = X)</td> <td>Winter (N = S)</td> <td>Met/Unmet</td> </tr> <tr> <td>"Satisfactory" (S)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1-C</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>5-E</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1-B</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2-F</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1-E</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1-G</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1-D</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>2-A</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1-A</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				95% of students will obtain "Exceeded Expectations" or "Satisfactory" on each identified clinical competency related to PSLO 1 as stated in the Clinical Evaluation Tool	"Exceeded Expectations" (EE)	Spring (N = X)	Summer (N = X)	Fall (N = X)	Winter (N = S)	Met/Unmet	"Satisfactory" (S)						1-C						5-E						1-B						2-F						1-E						1-G						1-D						2-A						1-A							<p>Action</p> <p>Analysis</p>
95% of students will obtain "Exceeded Expectations" or "Satisfactory" on each identified clinical competency related to PSLO 1 as stated in the Clinical Evaluation Tool	"Exceeded Expectations" (EE)	Spring (N = X)	Summer (N = X)	Fall (N = X)	Winter (N = S)	Met/Unmet																																																																						
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Program Student Learning Outcomes, Role-Specific Professional Competencies, and Program Outcomes

PLAN				IMPLEMENTATION													
Component	Assessment Method(s)*	Expected Level(s) of Achievement	Data Collection and Assessment Frequency	Results of Data Collection Including actual level(s) of achievement	Analysis and Actions for Program Development, Maintenance, or Revision												
	Course Survey · My ability to provide competent, safe, quality, patient-centered nursing care using established professional standards, guidelines, best practices, and available evidence increased.	Course Survey 75% of responding students will “Agree” or “Strongly Agree” with the course survey statement.		Course Survey Data <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Spring (N = X)</th> <th>Summer (N = X)</th> <th>Fall (N =X)</th> <th>Winter (N =X)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Spring (N = X)	Summer (N = X)	Fall (N =X)	Winter (N =X)									Action Analysis
Spring (N = X)	Summer (N = X)	Fall (N =X)	Winter (N =X)														

Program Student Learning Outcomes, Role-Specific Professional Competencies, and Program Outcomes

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Component	Assessment Method(s)*	Expected Level(s) of Achievement	Data Collection and Assessment Frequency	Results of Data Collection Including actual level(s) of achievement					Analysis and Actions for Program Development, Maintenance, or Revision				
PSLO #2: Caring Behaviors: Integrate caring behaviors when managing nursing care for diverse patients, families, and communities.	ATI Comprehensive Predictor Sub-Score Data <ul style="list-style-type: none"> RN Psychosocial Integrity 	ATI Sub-score Data On the first attempt of the ATI, 65% of students will obtain 60% on each of the identified ATI sub-scores.	Data collected quarterly and assessed annually	ATI Sub-scores					Action Analysis				
				ATI Sub-Scores	Spring		Summer			Fall		Winter	
					65% met	Avg score	65% Met	Avg score		65% Met	Avg score	65% Met	Avg score
				RN Psychosocial Integrity									

Program Student Learning Outcomes, Role-Specific Professional Competencies, and Program Outcomes

PLAN				IMPLEMENTATION					
Component	Assessment Method(s)*	Expected Level(s) of Achievement	Data Collection and Assessment Frequency	Results of Data Collection Including actual level(s) of achievement				Analysis and Actions for Program Development, Maintenance, or Revision	
	Clinical Evaluation Tools <ul style="list-style-type: none"> 1-D: Implements the plan of care for patients and their families within legal, ethical, and regulatory parameters and in consideration of disease prevention, wellness, and promotion of healthy lifestyles 2-A: Provides safe, compassionate, comprehensive nursing care to patients and their families through a broad array of health care services. 2-B: Serves as a health care advocate in monitoring and promoting quality and access to health care for patients and their families 	Clinical Evaluation Tools 95% of students will obtain "Exceeded Expectations" or "Satisfactory" on each identified clinical competency related to PSLO 2 stated in the Clinical Evaluation Tool.		Clinical Evaluation Tools 95% of students will obtain "Exceeded Expectations" or "Satisfactory" on each identified clinical competency related to PSLO 1 as stated in the Clinical Evaluation Tool				Action Analysis	
				"Exceeded Expectations" (EE) "Satisfactory" (S)	Spring (N = X)	Summer (N = X)	Fall (N = X)	Winter (N = S)	Met/Unmet
				1-D					
				2-A					
				2-B					

Program Student Learning Outcomes, Role-Specific Professional Competencies, and Program Outcomes

PLAN				IMPLEMENTATION													
Component	Assessment Method(s)*	Expected Level(s) of Achievement	Data Collection and Assessment Frequency	Results of Data Collection Including actual level(s) of achievement	Analysis and Actions for Program Development, Maintenance, or Revision												
	Course Survey • My ability to serve as a patient advocate by promoting dignity, respect, and privacy, while assimilating ethical and legal principles increased.	Course Survey 75% of responding students will “Agree” or “Strongly Agree” with the course survey statement.		Course Survey Data <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="background-color: #1a3d4d; color: white;">Spring (N = X)</th> <th style="background-color: #1a3d4d; color: white;">Summer (N = X)</th> <th style="background-color: #1a3d4d; color: white;">Fall (N =X)</th> <th style="background-color: #1a3d4d; color: white;">Winter (N =X)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Spring (N = X)	Summer (N = X)	Fall (N =X)	Winter (N =X)									Action Analysis
Spring (N = X)	Summer (N = X)	Fall (N =X)	Winter (N =X)														

Program Student Learning Outcomes, Role-Specific Professional Competencies, and Program Outcomes

PLAN				IMPLEMENTATION									
Component	Assessment Method(s)*	Expected Level(s) of Achievement	Data Collection and Assessment Frequency	Results of Data Collection Including actual level(s) of achievement					Analysis and Actions for Program Development, Maintenance, or Revision				
PSLO #3: Communication/ Information Technology Use: Integrate effective communication skills to promote safety and support decision making while managing patient care.	ATI Comprehensive Predictor Sub-Score Data <ul style="list-style-type: none"> • Informatics • Information Management and Application of Patient Care Technology • Interprofessional Communication and Collaboration 	ATI Sub-score Data On the first attempt of the ATI, 65% of students will obtain 60% on each of the identified ATI sub-scores.	Data collected quarterly and assessed annually.	ATI Sub-scores					Action Analysis				
				ATI Sub-Scores	Spring		Summer			Fall		Winter	
					65% met	Avg score	65% Met	Avg score		65% Met	Avg score	65% Met	Avg score
					60%		60%			60%		60%	
	Informatics												
	Information Management and Application of Patient Care Technology												
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Program Student Learning Outcomes, Role-Specific Professional Competencies, and Program Outcomes

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	<p>Clinical Evaluation Tools</p> <ul style="list-style-type: none"> • 3-C: Communicates and manages information using technology to support decision making to improve patient care. • 3-A: Coordinates human, information, and material resources in providing care for patients and their families. • 3-B: Coordinates, collaborates, and communicates with patients, their families, and the interdisciplinary health care team to plan, deliver, and evaluate patient-centered care • 5-E: Demonstrates knowledge of the board of nursing rules and nurse practice act that emphasize safety, as well as all federal, state, and local government and accreditation organization safety requirements and standards. • 1-E: Evaluates and reports patient outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence-based practice, and plan follow-up nursing care. • 4-A: Refers patients and their families to resources that facilitate continuity of care, health promotion, maintenance, and restoration, and ensure confidentiality. 	<p>Clinical Evaluation Tools</p> <p>95% of students will obtain "Exceeded Expectations" or "Satisfactory" on each identified clinical competency related to PSLO 3 as stated in the Clinical Evaluation Tool.</p>		<p>Clinical Evaluation Tools</p> <table border="1"> <tr> <td rowspan="7">95% of students will obtain "Exceeded Expectations" or "Satisfactory" on each identified clinical competency related to PSLO 1 as stated in the Clinical Evaluation Tool</td> <td>"Exceeded Expectations" (EE)</td> <td>Spring (N = X)</td> <td>Summer (N = X)</td> <td>Fall (N = X)</td> <td>Winter (N = S)</td> <td>Met/Unmet</td> </tr> <tr> <td>"Satisfactory" (S)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3-C</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3-A</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3-B</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>5-E</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1-E</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>4-A</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				95% of students will obtain "Exceeded Expectations" or "Satisfactory" on each identified clinical competency related to PSLO 1 as stated in the Clinical Evaluation Tool	"Exceeded Expectations" (EE)	Spring (N = X)	Summer (N = X)	Fall (N = X)	Winter (N = S)	Met/Unmet	"Satisfactory" (S)						3-C						3-A						3-B						5-E						1-E						4-A						<p>Action</p> <p>Analysis</p>
95% of students will obtain "Exceeded Expectations" or "Satisfactory" on each identified clinical competency related to PSLO 1 as stated in the Clinical Evaluation Tool	"Exceeded Expectations" (EE)	Spring (N = X)	Summer (N = X)	Fall (N = X)	Winter (N = S)	Met/Unmet																																																			
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Program Student Learning Outcomes, Role-Specific Professional Competencies, and Program Outcomes

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Component	Assessment Method(s)*	Expected Level(s) of Achievement	Data Collection and Assessment Frequency	Results of Data Collection Including actual level(s) of achievement	Analysis and Actions for Program Development, Maintenance, or Revision												
	<p>Course Survey</p> <ul style="list-style-type: none"> My ability to incorporate effective communication and information technology to interact, manage information, support decision-making, and minimize the potential for error increased. 	<p>Course Survey</p> <p>75% of responding students will “Agree” or “Strongly Agree” with the course survey statement.</p>		<p>Course Survey Data</p> <table border="1" data-bbox="1641 364 2309 600"> <thead> <tr> <th>Spring (N = X)</th> <th>Summer (N = X)</th> <th>Fall (N =X)</th> <th>Winter (N =X)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Spring (N = X)	Summer (N = X)	Fall (N =X)	Winter (N =X)									<p>Action</p> <p>Analysis</p>
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Program Student Learning Outcomes, Role-Specific Professional Competencies, and Program Outcomes

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Component	Assessment Method(s)*	Expected Level(s) of Achievement	Data Collection and Assessment Frequency	Results of Data Collection Including actual level(s) of achievement					Analysis and Actions for Program Development, Maintenance, or Revision				
PSLO #4: Critical Thinking/Clinical Judgment: Incorporate clinical judgment to ensure quality outcomes when managing patient care.	ATI Comprehensive Predictor Sub-Score Data <ul style="list-style-type: none"> Clinical Judgment/Critical Thinking in Nursing RN Assessment RN Analysis/Diagnosis RN Planning RN Implementation/Therapeutic Nursing Intervention RN Evaluation 	ATI Sub-score Data On the first attempt of the ATI, 65% of students will obtain 60% on each of the identified ATI sub-scores.	Data collected quarterly and assessed annually.	ATI Sub-scores					Action Analysis				
				ATI Sub-Scores	Spring		Summer			Fall		Winter	
					65% met	Avg score	65% Met	Avg score		65% Met	Avg score	65% Met	Avg score
					60%		60%			60%		60%	
				Clinical Judgement/ Critical Thinking in Nursing									
				RN/Analysis Diagnosis									
				RN Assessment									
				RN Evaluation									
RN Implementati on/Therapeut ic Nursing Interventions													
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Program Student Learning Outcomes, Role-Specific Professional Competencies, and Program Outcomes

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	<p>Clinical Evaluation Tools</p> <ul style="list-style-type: none"> • 1-C: Analyzes assessment data to identify problems, formulate goals/outcomes, and develop plans of care for patients and their families using • 1-B: Determines the physical and mental health status, needs, and preferences of culturally, ethnically, and socially diverse patients and their families, based upon interpretation of comprehensive health • 1-F: Develops, implements, and evaluates teaching plans for patients and their families to address health promotion, maintenance, and restoration. • 1-E: Evaluates and reports patient outcomes and responses to therapeutic interventions in comparison to benchmarks from evidence-based practice, and plan follow-up nursing care. • 1-A: Uses clinical reasoning and knowledge based on the evidence-based practice outcomes as a basis for decision-making in nursing practice 	<p>Clinical Evaluation Tools</p> <p>95% of students will obtain "Exceeded Expectations" or "Satisfactory" on each identified clinical competency related to PSLO 4 as stated in the Clinical Evaluation Tool.</p>		<p>Clinical Evaluation Tools</p> <table border="1"> <tr> <td rowspan="6">95% of students will obtain "Exceeded Expectations" or "Satisfactory" on each identified clinical competency related to PSLO 1 as stated in the Clinical Evaluation Tool</td> <td>"Exceeded Expectations" (EE)</td> <td>Spring (N = X)</td> <td>Summer (N = X)</td> <td>Fall (N = X)</td> <td>Winter (N = S)</td> <td>Met/Unmet</td> </tr> <tr> <td>"Satisfactory" (S)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1-C</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1-B</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1-F</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1-E</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1-A</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				95% of students will obtain "Exceeded Expectations" or "Satisfactory" on each identified clinical competency related to PSLO 1 as stated in the Clinical Evaluation Tool	"Exceeded Expectations" (EE)	Spring (N = X)	Summer (N = X)	Fall (N = X)	Winter (N = S)	Met/Unmet	"Satisfactory" (S)						1-C						1-B						1-F						1-E						1-A							<p>Action</p> <p>Analysis</p>
95% of students will obtain "Exceeded Expectations" or "Satisfactory" on each identified clinical competency related to PSLO 1 as stated in the Clinical Evaluation Tool	"Exceeded Expectations" (EE)	Spring (N = X)	Summer (N = X)	Fall (N = X)	Winter (N = S)	Met/Unmet																																														
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Program Student Learning Outcomes, Role-Specific Professional Competencies, and Program Outcomes

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Component	Assessment Method(s)*	Expected Level(s) of Achievement	Data Collection and Assessment Frequency	Results of Data Collection Including actual level(s) of achievement	Analysis and Actions for Program Development, Maintenance, or Revision												
	Course Survey • My ability to analyze patient situations while integrating critical thinking skills and applying clinical judgment increased.	Course Survey 75% of responding students will “Agree” or “Strongly Agree” with the course survey statement.		Course Survey Data <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Spring (N = X)</th> <th>Summer (N = X)</th> <th>Fall (N =X)</th> <th>Winter (N =X)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Spring (N = X)	Summer (N = X)	Fall (N =X)	Winter (N =X)									Action Analysis
Spring (N = X)	Summer (N = X)	Fall (N =X)	Winter (N =X)														

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Component	Assessment Method(s)*	Expected Level(s) of Achievement	Data Collection and Assessment Frequency	Results of Data Collection Including actual level(s) of achievement					Analysis and Actions for Program Development, Maintenance, or Revision				
PSLO #5: Teamwork/ Collaboration: Participate in collaborative relationships to improve patient outcomes when managing nursing care for diverse patients, families, and communities.	ATI Comprehensive Predictor Sub-Score Data • Teamwork and Collaboration	ATI Sub-score Data On the first attempt of the ATI, 65% of students will obtain 60% on each of the identified ATI sub-scores.	Data collected quarterly and assessed annually.	ATI Sub-scores					Action Analysis				
				ATI Sub-Scores	Spring		Summer			Fall		Winter	
					65% met	Avg score	65% Met	Avg score		65% Met	Avg score	65% Met	Avg score
				Teamwork and Collaboration									

Program Student Learning Outcomes, Role-Specific Professional Competencies, and Program Outcomes

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	<p>Clinical Evaluation Tools</p> <ul style="list-style-type: none"> • 4-B: Communicates and collaborates in a timely manner with members of the interdisciplinary health care team to promote and maintain optimal health status of patients and their families. • 3-A: Coordinates human, information, and material resources in providing care for patients and their families. • 3-B: Coordinates, collaborates, and communicates with patients, their families, and the interdisciplinary health care team to plan, deliver, and evaluate patient-centered care • 4-A: Refers patients and their families to resources that facilitate continuity of care, health promotion, maintenance, and restoration, and ensure confidentiality. 	<p>Clinical Evaluation Tools</p> <p>95% of students will obtain "Exceeded Expectations" or "Satisfactory" on each identified clinical competency related to PSLO 5 as stated in the Clinical Evaluation Tool.</p>		<p>Clinical Evaluation Tools</p> <table border="1"> <tr> <td rowspan="5">95% of students will obtain "Exceeded Expectations" or "Satisfactory" on each identified clinical competency related to PSLO 1 as stated in the Clinical Evaluation Tool</td> <td>"Exceeded Expectations" (EE)</td> <td>Spring (N = X)</td> <td>Summer (N = X)</td> <td>Fall (N = X)</td> <td>Winter (N = S)</td> <td>Met/Unmet</td> </tr> <tr> <td>"Satisfactory" (S)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>4-B</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3-A</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3-B</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>4-A</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				95% of students will obtain "Exceeded Expectations" or "Satisfactory" on each identified clinical competency related to PSLO 1 as stated in the Clinical Evaluation Tool	"Exceeded Expectations" (EE)	Spring (N = X)	Summer (N = X)	Fall (N = X)	Winter (N = S)	Met/Unmet	"Satisfactory" (S)						4-B						3-A						3-B						4-A							<p>Action</p> <p>Analysis</p>
95% of students will obtain "Exceeded Expectations" or "Satisfactory" on each identified clinical competency related to PSLO 1 as stated in the Clinical Evaluation Tool	"Exceeded Expectations" (EE)	Spring (N = X)	Summer (N = X)	Fall (N = X)	Winter (N = S)	Met/Unmet																																								
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	<p>Clinical Evaluation Tools</p> <ul style="list-style-type: none"> • 5-G: Accepts and makes assignments and delegates tasks that take into consideration patient safety and organizational policy. • 5-H: Assigns and/or delegates nursing care to other members of the health care team based upon an analysis of patient or unit need. • 5-B: Assumes responsibility and accountability for the quality of nursing care provided to patients and their families • 5-D: Demonstrates responsibility for continued competence in nursing practice, and develop insight through reflection, self-analysis, self-care, and lifelong learning. • 5-A: Functions within the nurse’s legal scope of practice and in accordance with the policies and procedures of the School of Nursing and the health care practice setting. • 5-F: Obtains instruction, supervision, or training as needed when implementing nursing procedures or practices. • 5-C: Participates in activities that promote the development and practice of professional nursing. • 5-I: Supervises nursing care provided by others for whom the nurse is responsible by using evidence-based nursing practices 	<p>Clinical Evaluation Tools</p> <p>95% of students will obtain “Exceeded Expectations” or “Satisfactory” on each identified clinical competency related to PSLO 6 as stated in the Clinical Evaluation Tool.</p>		<p>Clinical Evaluation Tools</p> <table border="1"> <tr> <td rowspan="9">95% of students will obtain “Exceeded Expectations” or “Satisfactory” on each identified clinical competency related to PSLO 1 as stated in the Clinical Evaluation Tool</td> <td rowspan="2">"Exceeded Expectations" (EE) "Satisfactory" (S)</td> <td>Spring (N = X)</td> <td>Summer (N = X)</td> <td>Fall (N = X)</td> <td>Winter (N = S)</td> <td>Met/Unmet</td> </tr> <tr> <td>5-G</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>5-H</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>5-B</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>5-D</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>5-A</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>5-F</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>5-C</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>5-I</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				95% of students will obtain “Exceeded Expectations” or “Satisfactory” on each identified clinical competency related to PSLO 1 as stated in the Clinical Evaluation Tool	"Exceeded Expectations" (EE) "Satisfactory" (S)	Spring (N = X)	Summer (N = X)	Fall (N = X)	Winter (N = S)	Met/Unmet	5-G					5-H					5-B					5-D					5-A					5-F					5-C					5-I					<p>Action</p> <p>Analysis</p>
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	<p>Course Survey My ability to demonstrate leadership skills and professional behavior required for the care of diverse patients in a variety of healthcare settings increased.</p>	<p>Course Survey 75% of responding students will “Agree” or “Strongly Agree” with the course survey statement.</p>		<p>Course Survey Data</p> <table border="1"> <thead> <tr> <th>Spring (N = X)</th> <th>Summer (N = X)</th> <th>Fall (N =X)</th> <th>Winter (N =X)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Spring (N = X)	Summer (N = X)	Fall (N =X)	Winter (N =X)									<p>Action</p> <p>Analysis</p>
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Program Student Learning Outcomes, Role-Specific Professional Competencies, and Program Outcomes

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Component	Assessment Method(s)*	Expected Level(s) of Achievement	Data Collection and Assessment Frequency	Results of Data Collection Including actual level(s) of achievement				Analysis and Actions for Program Development, Maintenance, or Revision	
Placement Rates		ELA: 70% ELA Rationale: ELA was established based on review of internal data.		Aggregate for Entire Program					Action Analysis
				Year	Total Number of Graduates	Total Number of Graduate Responses	Response Rate (%)	Job Placement Rate (%)	
				2020					
				2019					
				2018					

BSN Program SPE Template

Galen College of Nursing BSN Program
Systematic Plan of Evaluation
STANDARD I: PROGRAM QUALITY: MISSION AND GOVERNANCE

The mission, goals, and expected program outcomes are congruent with those of the parent institution, reflect professional nursing standards and guidelines, and consider the needs and expectations of the community of interest. Policies of the parent institution and nursing program clearly support the program's mission, goals, and expected outcomes. The faculty and students of the program are involved in the governance of the program and in the ongoing efforts to improve program quality.

Plan					Implementation	
Criteria	Expected Level of Achievement	Assessment Method(s)	Frequency of Assessment	Responsible Party	Results of Data Collection <i>Including actual levels of achievement</i>	Analysis and Actions <i>For program development, maintenance, or revision</i>
I-A. The mission, goals, and expected program outcomes are: <ul style="list-style-type: none"> • congruent with those of the parent institution; and reviewed periodically and revised as appropriate. 	1. The mission and goals for the BSN program are consistent with Galen College of Nursing's mission and goals, and outcomes are written and accessible to prospective students, faculty, and other constituents.	<ul style="list-style-type: none"> • Mission, Vision, and Values Statement Available on ERC • Employee Handbook • Student Catalog 	November	Faculty/Program Evaluation Committee		Analysis Action
	2. The program outcomes for the BSN program are consistent with Galen College of Nursing's mission, goals, and expected outcomes and are written and accessible to prospective students, faculty, and other constituents.	<ul style="list-style-type: none"> • Review and compare mission, goals and expected program outcomes in the Student Catalog 	November	Faculty/Program Evaluation Committee		Analysis Action

**Galen College of Nursing BSN Program
Systematic Plan of Evaluation
STANDARD I: PROGRAM QUALITY: MISSION AND GOVERNANCE**

The mission, goals, and expected program outcomes are congruent with those of the parent institution, reflect professional nursing standards and guidelines, and consider the needs and expectations of the community of interest. Policies of the parent institution and nursing program clearly support the program's mission, goals, and expected outcomes. The faculty and students of the program are involved in the governance of the program and in the ongoing efforts to improve program quality.

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I-B. The mission, goals, and expected program outcomes are consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.	1. The BSN program has identified the professional nursing standards and guidelines utilized in the program.	<ul style="list-style-type: none"> • Program Evaluation Committee Meeting Minutes • Student Catalog • Website • Course Outcome Mapping 	November	Faculty/Program Evaluation Committee		Analysis Action
	2. Program mission, goals, and PSLOs reflect professional nursing standards and guidelines, including The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008).	<ul style="list-style-type: none"> • Program Evaluation Committee Minutes • Faculty meeting minutes • Curriculum Council meeting minutes • PAC Meeting Minutes 	November	Faculty/Program Evaluation Committee		Analysis Action
	3. The BSN program integrates and maintains currency with professional nursing standards and guidelines utilized in the program.	<ul style="list-style-type: none"> • Course Outcome Mapping • Course Deep Dive Process as outlined in the CDIE policy 	November	Faculty/Program Evaluation Committee		Analysis Action
I-C. The mission, goals, and expected program outcomes reflect the needs and expectations of the community of interest.	1. There is a process for periodic review and revision of the BSN program mission, goals, and PSLOs.	<ul style="list-style-type: none"> • Program Evaluation Committee Minutes • Faculty Committee meeting minutes • Curriculum Council Meeting Minutes • Course Deep Dive Process as outlined in the CDIE policy • Professional Advisory Committee Meeting Minutes 	November	Faculty/Program Evaluation Committee		Analysis Action
	2. The BSN Program community of interest has been identified by the College.	<ul style="list-style-type: none"> • Professional Advisory Committee Meeting Minutes 	November	Faculty/Program Evaluation Committee		Analysis Action
	3. The needs and expectations of the community of interest are reflected in the mission, goals, and PSLOs.	<ul style="list-style-type: none"> • Student Catalog • Faculty Handbook • Mission, Goals, Values on ERC 	November	Faculty/Program Evaluation Committee		Analysis Action

**Galen College of Nursing BSN Program
Systematic Plan of Evaluation
STANDARD I: PROGRAM QUALITY: MISSION AND GOVERNANCE**

The mission, goals, and expected program outcomes are congruent with those of the parent institution, reflect professional nursing standards and guidelines, and consider the needs and expectations of the community of interest. Policies of the parent institution and nursing program clearly support the program's mission, goals, and expected outcomes. The faculty and students of the program are involved in the governance of the program and in the ongoing efforts to improve program quality.

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	4. Input from the community of interest is used to foster program improvement.	<ul style="list-style-type: none"> • Program Evaluation Committee Minutes • Continuous Improvement Progress (CIP) Report • Faculty Committee meeting minutes • Professional Advisory Committee Meeting Minutes 	November	Faculty/Program Evaluation Committee		Analysis Action
I-D. The nursing unit's expectations for faculty are written and communicated to the faculty and are congruent with institutional expectations.	1. BSN faculty expectations and policies including teaching, scholarship, service, practice are defined and congruent with College policies and expectations.	<ul style="list-style-type: none"> • Faculty Handbook • Employee Handbook • Rank and Promotion Policy • Course Assignment Policy • Faculty Evaluation Policy 	December	Faculty/Program Evaluation Committee		Analysis Action
I-E. Faculty and students participate in program governance.	1. Roles of the faculty and students in program governance are clearly defined and promote participation.	<ul style="list-style-type: none"> • Faculty meeting minutes • Student representative meeting minutes • Online Quarterly Meeting minutes 	December	Faculty/Program Evaluation Committee		Analysis Action
	2. Nursing faculty are involved in the development, review, and revision of academic program policies.	<ul style="list-style-type: none"> • Faculty meeting minutes • Online Quarterly Meeting minutes • Committee meeting minutes (Curriculum Council, Faculty committees, Academic Affairs Council, Institutional Effectiveness Council, etc.) 	December	Faculty/Program Evaluation Committee		Analysis Action
	3. BSN students have input into program governance.	<ul style="list-style-type: none"> • Faculty meeting minutes • Student representative meeting minutes (Prelicensure) • Student Advisory Council • Student Catalog (communication to students regarding how to participate) 	December	Faculty/Program Evaluation Committee		Analysis Action

**Galen College of Nursing BSN Program
Systematic Plan of Evaluation
STANDARD I: PROGRAM QUALITY: MISSION AND GOVERNANCE**

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I-F. Academic policies of the parent institution and the nursing program are congruent and support achievement of the mission, goals, and expected program outcomes. These policies are: <ul style="list-style-type: none"> • fair and equitable; • published and accessible; and reviewed and revised as necessary to foster program improvement. 	1. All academic policies, including (but not limited to) student recruitment, admission, retention, and progression, of Galen College of Nursing and the BSN program are congruent and support achievement of the mission, goals, and PSLOs.	<ul style="list-style-type: none"> • Faculty Handbook • Employee Handbook • Student Catalog 	December	Faculty/Program Evaluation Committee		Analysis Action
	2. The policies are: <ul style="list-style-type: none"> • fair, equitable, and implemented consistently; • written, published, and accessible to relevant constituencies; and, • reviewed and revised as necessary to foster program improvement. 	<ul style="list-style-type: none"> • Student Catalog • Faculty Handbook • Employee Handbook • Policy and Procedure Manual • Committee meeting minutes (Curriculum Council, Faculty Committees, Academic Affairs Council, Institutional Effectiveness Council, etc.) as applicable 	December	Faculty/Program Evaluation Committee		Analysis Action
I-G. The program defines and reviews formal complaints according to established policies.	1. Formal complaints are reviewed and processed in accordance to established policies.	<ul style="list-style-type: none"> • Student Catalog: Student grievance (policy, process, procedure) • Record of formal complaints • Annual Grievance Summary 	December	Compliance Department		Analysis Action
	2. The definition of a formal complaint and the procedures for filing a complaint are communicated to students.	<ul style="list-style-type: none"> • Student Catalog: Student grievance (policy, process, procedure) • Record of formal complaints • Annual Grievance Summary 	December	Compliance Department		Analysis Action

Galen College of Nursing BSN Program
Systematic Plan of Evaluation
STANDARD I: PROGRAM QUALITY: MISSION AND GOVERNANCE

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	3. A process for review of formal student complaints is established and implemented.	<ul style="list-style-type: none"> • Student Catalog: Student grievance (policy, process, procedure) • Record of formal complaints • Annual Grievance Summary 	December	Compliance Department		Analysis Action

Galen College of Nursing BSN Program

Systematic Plan of Evaluation

STANDARD II: PROGRAM QUALITY: INSTITUTIONAL COMMITMENT AND RESOURCES

Galen College of Nursing demonstrates ongoing commitment to and support for the RN to BSN program. Galen makes resources available to enable the program to achieve its mission, goals, and expected outcomes. The faculty, as a resource of the program, enable the achievement of the mission, goals, and expected program outcomes.

Plan					Implementation	
Criteria	Expected Level of Achievement	Assessment Method(s)	Frequency of Assessment	Responsible Party	Results of Data Collection and Analysis <i>Including actual levels of achievement</i>	Actions <i>For program development, maintenance, or revision</i>
II-A. Fiscal resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of fiscal resources is reviewed periodically, and resources are modified as needed.	1. The budget enables achievement of the BSN's mission, goals, and expected outcomes.	<ul style="list-style-type: none"> The budget is reviewed by the dean and/or program directors in preparation for fiscal year budget 	August	Faculty/Program Evaluation Committee		Analysis Action
	2. The budget supports the development, implementation, and evaluation of the BSN program.	<ul style="list-style-type: none"> Faculty meeting minutes as evidence of faculty input into the budget. 	August	Faculty/Program Evaluation Committee		Analysis Action
II-B. Physical resources and clinical sites enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of physical resources and clinical sites is reviewed periodically, and resources are modified as needed.	1. Physical space and resources are adequate to support student learning outcomes and retention of qualified faculty and staff.	All Programs: <ul style="list-style-type: none"> Floor plans Technology survey Prelicensure Only: <ul style="list-style-type: none"> Faculty Evaluation of the Clinical Site Student evaluation course survey (evaluates lab, theory, clinical) Room utilization report Technology Survey 	August	Faculty/Program Evaluation Committee		Analysis Action
	2. Resources to support the online environment are reviewed periodically and are modified as needed to enable the program to achieve its mission, goals, and expected outcomes.	<ul style="list-style-type: none"> Technology Survey 	August	Faculty/Program Evaluation Committee		Analysis Action

Galen College of Nursing BSN Program

Systematic Plan of Evaluation

STANDARD II: PROGRAM QUALITY: INSTITUTIONAL COMMITMENT AND RESOURCES

Galen College of Nursing demonstrates ongoing commitment to and support for the RN to BSN program. Galen makes resources available to enable the program to achieve its mission, goals, and expected outcomes. The faculty, as a resource of the program, enable the achievement of the mission, goals, and expected program outcomes.

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II-C. Academic support services are sufficient to meet program and student needs and are evaluated on a regular basis.	1. There is a regular review of the adequacy of the program's academic support services	<ul style="list-style-type: none"> Anonymous suggestion box 	September	Faculty/Program Evaluation Committee		Analysis Action
	2. Academic support services (e.g., library, technology, distance education support, research support, and admission) are adequate for students and faculty to meet program requirements and to achieve the mission, goals, and expected program outcomes.	<ul style="list-style-type: none"> Student services survey Retention Committee meeting minutes Mid Program Survey Results Exit Survey Results 	September	Faculty/Program Evaluation Committee		Analysis Action
II-D. The chief nurse administrator of the nursing unit: is a registered nurse (RN); holds a graduate degree in nursing; holds a doctoral degree if the nursing unit offers a graduate program in nursing; is vested with the administrative authority to accomplish the mission, goals, and expected program outcomes; and provides effective leadership to the nursing unit in achieving its mission, goals, and expected program outcomes.	1. The Chief Nurse Administrator of the BSN program: <ul style="list-style-type: none"> is a registered nurse; holds a graduate degree in nursing; is academically and experientially qualified to accomplish the mission, goals, and expected program outcomes; is vested with the administrative authority to accomplish the mission, goals, and expected outcomes; and provides effective leadership to the BSN program in the achievement of its mission, goals, and expected program outcomes. 	<ul style="list-style-type: none"> Transcripts Curriculum vitae Position description 	July	Faculty/Program Evaluation Committee		Analysis Action
	1. All program faculty meet SACSCOC accreditation standards and any applicable state regulatory and/or accreditation requirements.	<ul style="list-style-type: none"> Faculty Credentialing Center Report (pre and postlicensure) Review applicable state boards of nursing regulations and accreditation requirements (prelicensure and postlicensure) 	July	Faculty/Program Evaluation Committee		Analysis Action

Galen College of Nursing BSN Program

Systematic Plan of Evaluation

STANDARD II: PROGRAM QUALITY: INSTITUTIONAL COMMITMENT AND RESOURCES

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II-E. Faculty are: sufficient in number to accomplish the mission, goals, and expected program outcomes; academically prepared for the areas in which they teach; and, experientially prepared for the areas in which they teach.	2. Nursing faculty are registered nurses, have a graduate degree in nursing, and are academically and experientially prepared for the areas in which they teach. The program provides a justification for the use of any faculty who do not have a graduate degree.	<ul style="list-style-type: none"> Faculty Credentialing Center Report 	July	Faculty/Program Evaluation Committee		Analysis Action
	3. General education faculty hold a graduate degree and are academically and experientially qualified in the area in which they teach.	<ul style="list-style-type: none"> Faculty Credentialing Center Report 	July	Faculty/Program Evaluation Committee		Analysis Action
	4. The overall number of full-time equivalency (FTE) of nursing faculty is sufficient in number and qualifications to ensure achievement of expected program outcomes.	<ul style="list-style-type: none"> Faculty Credentialing Center Report, SACSCOC 2.8 Aggregate Data % of Full Time Faculty Teaching Report; Aggregate Ratio of Faculty to students 	July	Faculty/Program Evaluation Committee		Analysis Action
II-F. Preceptors (e.g., mentors, guides, coaches), if used by the program as an extension of faculty, are academically and experientially qualified for their role.	1. The roles of preceptors with respect to teaching, supervision, and student evaluation are: <ul style="list-style-type: none"> clearly defined and communicated to the preceptors; congruent with the mission, goals, and expected student outcomes; congruent with relevant professional nursing standards and guidelines; and reviewed periodically and revised as appropriate. 	<ul style="list-style-type: none"> Postlicensure only - Preceptor Packet - Preceptor qualifications (NSG 4850P) 	January	Faculty/Program Evaluation Committee		Analysis Action
	2. Preceptors have the expertise to support student achievement of PSLOs.	<ul style="list-style-type: none"> Postlicensure only - Preceptor Packet - Preceptor qualifications (NSG 4850P) 	January	Faculty/Program Evaluation Committee		Analysis Action

Galen College of Nursing BSN Program

Systematic Plan of Evaluation

STANDARD II: PROGRAM QUALITY: INSTITUTIONAL COMMITMENT AND RESOURCES

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	3. The program ensures preceptor performance meets expectations	<ul style="list-style-type: none"> • Postlicensure only - Preceptor Packet (Student Evaluation of Preceptor NSG 4850) 	January	Faculty/Program Evaluation Committee		Analysis Action
II-G. The parent institution and program provide and support an environment that encourages faculty teaching, scholarship, service, and practice in keeping with the mission, goals, and expected faculty outcomes.	1. Faculty have opportunities for ongoing development in teaching and scholarship.	<ul style="list-style-type: none"> • Faculty development offerings Funding for Faculty Development (i.e. tuition reimbursement, CNE reimbursement, professional development workshops provided, External resources, and Internal Resources) 	June	Faculty/Program Evaluation Committee		Analysis Action
	2. Faculty service has been clearly defined.	<ul style="list-style-type: none"> • Faculty Handbook 	June	Faculty/Program Evaluation Committee		Analysis Action
	3. Faculty course assignment policy addresses workload for teaching, scholarship, and service.	<ul style="list-style-type: none"> • Faculty Course Assignment Policy 	June	Faculty/Program Evaluation Committee		Analysis Action
	4. Institutional support ensures that currency in clinical practice is maintained for faculty in roles that require it.	<ul style="list-style-type: none"> • Faculty development offerings • NLN Membership through the institution 	June	Faculty/Program Evaluation Committee		Analysis Action

Galen College of Nursing BSN Program
Systematic Plan of Evaluation
STANDARD III: PROGRAM QUALITY, CURRICULUM, AND TEACHING-LEARNING PRACTICES

The curriculum is developed in accordance with the program's mission, goals, and expected student outcomes. The curriculum reflects professional nursing standards and guidelines and the needs and expectations of the community of interest. Teaching-learning practices are congruent with expected student outcomes. The environment for teaching-learning fosters achievement of expected student outcomes.

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III-A. The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that: are congruent with the program's mission and goals; are congruent with the roles for which the program is preparing its graduates; and, consider the needs of the program-identified community of interest.	1. The BSN program's curriculum is congruent with the mission and goals of the College.	<ul style="list-style-type: none"> Curriculum Council Minutes Course Outcomes Map Document for each course 	March	Faculty/Program Evaluation Committee		Analysis Action
	2. Unit and course outcomes are written clearly and are relate to program student learning outcomes (PSLOs).	<ul style="list-style-type: none"> Course Outcomes Map Document for each course Course Syllabi Exit Survey Results 	March	Faculty/Program Evaluation Committee		Analysis Action
	3. Unit, course, and program's student learning outcomes relate to the roles that BSN prepared nurses are expected to fill.	<ul style="list-style-type: none"> Course Syllabi Exit Survey Results Course Meeting Minutes Course Outcomes Map Document for each course 	March	Faculty/Program Evaluation Committee		Analysis Action

Galen College of Nursing BSN Program

Systematic Plan of Evaluation

STANDARD III: PROGRAM QUALITY, CURRICULUM, AND TEACHING-LEARNING PRACTICES

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III-B. The Baccalaureate curricula are developed, implemented, and revised to reflect professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected individual and aggregate student outcomes. Baccalaureate program curricula incorporate The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008).	1. The BSN curriculum incorporates The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008)	<ul style="list-style-type: none"> • Course Deep Dive Process as outlined in the CDIE policy • BSN Program Evaluation Committee minutes (individual campus and college wide) • Faculty meeting minutes • Curriculum Committee minutes • Course Outcomes Mapping Document 	March	Faculty/Program Evaluation Committee		Analysis Action
	2. Additional professional nursing standards and guidelines relevant to the role of the BSN prepared nurse are identified and incorporated into the curriculum by the faculty.	<ul style="list-style-type: none"> • Course Deep Dive Process as outlined in the CDIE policy • BSN Program Evaluation Committee minutes (individual campus and college wide) • Faculty meeting minutes • Curriculum Committee minutes • Course Outcomes Mapping Document 	March	Faculty/Program Evaluation Committee		Analysis Action
	3. There is clear demonstration of where and how the content, knowledge, and skills required by the identified sets of national standards and guidelines are incorporated into the curriculum.	<ul style="list-style-type: none"> • Course Deep Dive Process as outlined in the CDIE policy • BSN Program Evaluation Committee minutes (individual campus and college wide) • Faculty meeting minutes • Curriculum Committee minutes 	March	Faculty/Program Evaluation Committee		Analysis Action

Galen College of Nursing BSN Program
Systematic Plan of Evaluation
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III-F. The curriculum is logically structured to achieve expected student outcomes. Baccalaureate curricula build on a foundation of the arts, sciences, and humanities.	1. The BSN curriculum is built upon a foundation of the arts, sciences, and humanities.	<ul style="list-style-type: none"> • BSN Program Evaluation Committee minutes (individual campus and college wide) and/or Curriculum Committee Minutes and/or Faculty Meeting minutes 	March	Faculty/Program Evaluation Committee		Analysis Action
	2. The BSN program faculty and students are able to articulate how knowledge from courses in the arts, sciences, and humanities is incorporated into nursing practice (postlicensure only) .	<ul style="list-style-type: none"> • BSN Program Evaluation Committee Minutes (individual campus and college wide) and/or Curriculum Committee Minutes and/or Faculty Meeting minutes • Arts and Sciences reflection form Postlicensure only via ePortfolio Review 	March	Faculty/Program Evaluation Committee		Analysis Action
	3. General Education Competencies are met throughout program.	<ul style="list-style-type: none"> • Course Mapping Outcome Documents • Course Syllabi 	March	Faculty/Program Evaluation Committee		Analysis Action
III-G. Teaching-learning practices: support the achievement of expected student outcomes; consider the needs and expectations of the identified community of interest; and expose students to individuals with diverse life experiences, perspectives, and backgrounds.	1. Teaching and learning practices and environments in the classroom and in clinical practice experiences support achievement of unit, course and program SLOs.	<ul style="list-style-type: none"> • Student Course Evaluations • Faculty Clinical Site Survey • Faculty Walk through evaluation • Student satisfaction surveys • End of term Course evaluations • Graduate Exit Surveys • Faculty Evaluation of Simulation 	April	Faculty/Program Evaluation Committee		Analysis Action

Galen College of Nursing BSN Program
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	2. The curriculum and teaching-learning practices are identified for the community of interest.	<ul style="list-style-type: none"> • Faculty meeting minutes • Professional advisory committee minutes • Student advisory committee/student representative minutes 	April	Faculty/Program Evaluation Committee		Analysis Action
	3. There is evidence of stakeholder feedback (including alumni, students, and the professional advisory committees) in the curriculum and the teaching-learning practices in the BSN program.	<ul style="list-style-type: none"> • Faculty meeting minutes • Professional advisory committee minutes • Student advisory committee/student representative minutes 	April	Faculty/Program Evaluation Committee		Analysis Action
III-H. The curriculum includes planned clinical practice experiences that: enable students to integrate new knowledge and demonstrate attainment of program outcomes; foster interprofessional collaborative practice; and are evaluated by faculty.	1. Clinical practice experiences provide students with the opportunity to develop professional competencies consistent with BSN education (prelicensure only).	<ul style="list-style-type: none"> • Faculty Evaluation of the Clinical Site • Student Course Surveys • Exit Survey • End of term Course Evaluation • Midterm and final clinical evaluation tool 	April (prelicensure only)	Faculty/Program Evaluation Committee		Analysis Action
	2. Clinical practice experiences involve activities designed to ensure that students are competent for role expectation of BSN prepared nurses (prelicensure only).	<ul style="list-style-type: none"> • Faculty Evaluation of the Clinical Site • End of term student Course Evaluations • Midterm and final clinical evaluation tool • Student Course evaluations • Exit Survey 	April	Faculty/Program Evaluation Committee		Analysis Action
	3. The design, implementation, and evaluation of clinical practice experiences are aligned to student and program outcomes (prelicensure only).	<ul style="list-style-type: none"> • Clinical Evaluation Tools • End of term student Course Evaluations • Faculty Evaluation of the Clinical Site 	April	Faculty/Program Evaluation Committee		Analysis Action

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III-I. Individual student performance is evaluated by the faculty and reflects achievement of expected student outcomes. Evaluation policies and procedures for individual student performance are defined and consistently applied.	1. Evaluation of individual student performance is completed by faculty and reflects achievement of PSLOs.	<ul style="list-style-type: none"> • Faculty Handbook • Academic e-Portfolio Review (postlicensure) • Course syllabi • End of Course Faculty evaluations • PSLO Document 	May	Faculty/Program Evaluation Committee		Analysis Action
	2. Grading criteria are clearly defined for each course, are communicated to students, and are consistently applied.	<ul style="list-style-type: none"> • Course syllabi • Student Catalog 	May	Faculty/Program Evaluation Committee		Analysis Action
	3. When preceptors are used to facilitate students' clinical practice experiences, there is evidence that faculty has sought input about student performance from the preceptor and that the faculty member was ultimately responsible for the evaluation of individual student outcomes in the course (postlicensure only).	<ul style="list-style-type: none"> • Preceptor Packet (postlicensure only) 	May	Faculty/Program Evaluation Committee		Analysis Action
III-J. The curriculum and teaching-learning practices are evaluated at regularly scheduled intervals, and evaluation data are used to foster ongoing improvement.	1. Faculty use data from faculty and student evaluation of teaching-learning practices to inform decisions that facilitate the achievement of student outcomes.	<ul style="list-style-type: none"> • End of term student Course Evaluations • End of Course Faculty evaluations • BSN Program Evaluation Committee Minutes (individual campus and college wide), BSN Faculty meeting minutes 	August	Faculty/Program Evaluation Committee		Analysis Action
	2. The curriculum is regularly evaluated by faculty and other communities of interest as appropriate.	<ul style="list-style-type: none"> • Curriculum Council Minutes • BSN Faculty meeting minutes Committee Minutes • BSN Program Evaluation Committee Minutes 	August	Faculty/Program Evaluation Committee		Analysis Action

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	3. Data from the evaluation of curriculum and teaching-learning practices are used to foster program improvement.	<ul style="list-style-type: none"> • End of term student Course Evaluations • End of Course Faculty evaluations • Curriculum Council meeting Minutes 	August	Faculty/Program Evaluation Committee		Analysis Action

Galen College of Nursing BSN Program
Systematic Plan of Evaluation

STANDARD IV: PROGRAM EFFECTIVENESS: ASSESSMENT AND ACHIEVEMENT OF PROGRAM STUDENT LEARNING OUTCOMES

The program is effective in fulfilling its mission and goals as evidenced by achieving expected program outcomes. Program outcomes include student outcomes, faculty outcomes, and other outcomes identified by the program. Data on program effectiveness are used to foster ongoing program improvement.

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IV-A. A systematic assessment process is used to determine program effectiveness.	The program uses a systematic plan of evaluation (SPE) to obtain relevant data to determine program effectiveness. The SPE: <ul style="list-style-type: none"> • is written, ongoing, and is utilized to determine achievement of program outcomes; • is comprehensive and includes all relevant program outcomes, including those required by the state boards of nursing; • identifies which quantitative and/or qualitative data are collected to assess achievement of the program outcomes; • includes timelines for collection, review of expected and actual outcomes, and analysis of data; and • is periodically reviewed and revised as appropriate. 	<ul style="list-style-type: none"> • BSN SPE • BSN Annual Report • BSN Program Evaluation Committee Minutes • BSN Faculty Meeting Minutes • Institutional Effectiveness Council Meeting Minutes 	February	Program Evaluation Committee (PEC)		Analysis Action																				
IV-B. Program completion rates demonstrate program effectiveness.	The completion rate* is 70% or higher for the most recent calendar year when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education. *As stated in the Standardized Definitions. Located on the ERC. The CCNE completion rates are based on the number of students who graduate the program within 150% of the stated program length. Reporting is based on the 150% graduation date (Date of first Nursing course + (length of program * 150%)).	<ul style="list-style-type: none"> • Student completion rates obtained from IE, located on the ERC 	Data Collection: Every Term Data Assessment and Analysis: Bi-Annually (February and August)	Institutional Effectiveness Dept. (IE) Program Evaluation Committee (PEC)	<table border="1"> <thead> <tr> <th colspan="5">Result of Data Collection:</th> </tr> <tr> <th></th> <th>2018</th> <th>2019</th> <th>2020</th> <th>Aggregate</th> </tr> </thead> <tbody> <tr> <td>Result</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Met/Not Met</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Result of Data Collection:						2018	2019	2020	Aggregate	Result					Met/Not Met					Analysis Action
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IV-C. Licensure pass rates demonstrate program effectiveness.	The NCLEX-RN® pass rate for each campus/site and track is 80% or higher for first-time takers for the most recent calendar year. If the NCLEX-RN® pass rate for any campus/site or track is less than 80% for	<ul style="list-style-type: none"> • State BON or NCSBN NCLEX-RN reports 	Data Collection: Every Term; Annually (Official Report) Data Assessment and Analysis: Annually (March)	Program Directors PEC	<table border="1"> <thead> <tr> <th># Passed/ Tested</th> <th>Pass Rate*</th> <th>Met/ Not Met</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>	# Passed/ Tested	Pass Rate*	Met/ Not Met							Analysis Action											
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Galen College of Nursing BSN Program
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	first- time takers for the most recent calendar year, (1) the pass rate for that campus/site or track is 80% or higher for all takers (first-time and repeat) for the most recent calendar year, (2) the pass rate for that campus/site or track is 80% or higher for first-time takers when the annual pass rates for the three most recent calendar years are averaged, or (3) the pass rate for that campus/site or track is 80% or higher for all takers (first-time and repeat) when the annual pass rates for the three most recent calendar years are averaged. (Prelicensure BSN)					
IV-E. Employment rates demonstrate program effectiveness.	The employment rate* is 70% or higher within 12 months of graduation. If the employment rate is less than 70%, the employment rate is 70% or higher when excluding graduates who have elected not to be employed. *As stated in the Standardized Definitions. Located on the ERC.	<ul style="list-style-type: none"> • Employment/Job Placement Report 	Data Collection: Ongoing Data Assessment: Annually (July)	Office of Academic Records PEC		Analysis Action

Galen College of Nursing BSN Program
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<p>IV-F. Data regarding completion, licensure, certification, and employment rates are used, as appropriate, to foster ongoing program improvement.</p> <p>Elaboration: The program uses outcome data (completion, licensure, certification, and employment) for improvement.</p> <ul style="list-style-type: none"> • Discrepancies between actual and CCNE expected outcomes (program completion rates 70%, licensure pass rates 80%, certification pass rates 80%, employment rates 70%) inform areas for improvement. • Changes to the program to foster improvement and achievement of program outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness. Faculty are engaged in the program improvement process. 	The faculty analyzes and utilizes student outcome data for program improvement.	<ul style="list-style-type: none"> • Course Committee meeting minutes • PEC meeting minutes • Curriculum meeting minutes 	February	Faculty/Program Evaluation Committee																														
<p>IV-G. Aggregate faculty outcomes demonstrate program effectiveness: ICARE principles (FT faculty)</p>	<p>100% of full-time faculty will demonstrate achievement of I.C.A.R.E. principles as evidenced by earning a score of 3 or greater on their performance evaluation.</p> <p>a. Inclusivity: I foster an environment that provides opportunity for every individual to reach their full potential. b. Character: I act with integrity and compassion. c. Accountability: I accept responsibility for, and take ownership of, the daily role played in institutional success. d. Respect: I value each individual equally. e. Excellence: I engage and commit to the highest level of quality.</p>	Annual faculty evaluations	<p>Data Collection: Ongoing (during evaluation)</p> <p>Data Assessment and Analysis: Annually (April)</p>	<p>Program Director</p> <p>PEC</p>	<table border="1"> <thead> <tr> <th>Total # of Respondents</th> <th>Total # Agree/Strongly Agree</th> <th>%</th> <th>Met/Not Met</th> </tr> </thead> <tbody> <tr> <td colspan="4" style="text-align: center;">2018</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4" style="text-align: center;">2019</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4" style="text-align: center;">2020</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Total # of Respondents	Total # Agree/Strongly Agree	%	Met/Not Met	2018								2019								2020								<p>Analysis</p> <p>Action</p>
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IV-G. Aggregate faculty outcomes demonstrate program effectiveness: ICARE principles (PT faculty)	100% of part-time faculty will demonstrate achievement of I.C.A.R.E. principles as evidenced by earning a rating of “met” on their performance evaluation. a. Inclusivity: I foster an environment that provides opportunity for every individual to reach their full potential. b. Character: I act with integrity and compassion. c. Accountability: I accept responsibility for, and take ownership of, the daily role played in institutional success. d. Respect: I value each individual equally. e. Excellence: I engage and commit to the highest level of quality.	· Annual faculty evaluations	Data Collection: Ongoing (during evaluation) Data Assessment and Analysis: Annually (April)	Program Director PEC	Total # of Respondents	Total # Agree/ Strongly Agree	%	Met/ Not Met	Analysis Action				
										2018			
										2019			
										2020			
IV-G. Aggregate faculty outcomes demonstrate program effectiveness: Service (FT faculty).	100% of full-time faculty will engage in Service.	· Aggregate Faculty Service Table (Faculty Credentialing Center)	Data Collection: Ongoing (during evaluation) Data Assessment and Analysis: Annually (April)	Program Directors PEC	Total # of Respondents	Total # Agree/ Strongly Agree	%	Met/ Not Met	Analysis Action				
										2018			
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IV-G. Aggregate faculty outcomes demonstrate program effectiveness: Scholarship/Professional Development (FT faculty).	100% of full-time faculty will engage in Scholarship/Professional Development.	· Aggregate Faculty Scholarship Table (Faculty Credentialing Center)	Data Collection: Ongoing (during evaluation) Data Assessment and Evaluation: Annually (April)	Program Directors PEC	<table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th>Total # of Respondents</th> <th>Total # Agree/Strongly Agree</th> <th>%</th> <th>Met/Not Met</th> </tr> </thead> <tbody> <tr style="background-color: #d9ead3;"> <td colspan="4">2018</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr style="background-color: #d9ead3;"> <td colspan="4">2019</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr style="background-color: #d9ead3;"> <td colspan="4">2020</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Total # of Respondents	Total # Agree/Strongly Agree	%	Met/Not Met	2018								2019								2020								Analysis Action
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IV-I. Program outcomes demonstrate program effectiveness: Student Outcomes/PSLOs PSLO 1: Synthesize knowledge from the arts and sciences to form a foundation for the practice of professional nursing. (Essential I)	100% of students will demonstrate achievement of PSLO 1 at the level of 75% or above as measured by ePortfolio evaluation. (RN to BSN)	Aggregated results of Evaluation of ePortfolio using rubric related to PSLO 1.	Data Collection: Annually Data Assessment and Evaluation: Every 3 Years* (May 2022 per schedule) *All PSLOs are assessed on the schedule outlined in the Curriculum Development, Implementation, & Evaluation Procedures (p. 3)	Curriculum Committee Curriculum Committee	<table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th></th> <th>2017</th> <th>2019*</th> <th>2022</th> <th>Aggregate</th> </tr> </thead> <tbody> <tr> <td>Met/Not Met</td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> *PSLO evaluation schedule changed in 2017.		2017	2019*	2022	Aggregate	Met/Not Met					Analysis Action																		
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	At least 75% of the students will achieve a score of "MET" on their reflection of their perceived achievement of PSLO 1. (RN to BSN)	Aggregated results of Reflection Statement using rubric related to PSLO 1.	Data Collection: Annually Data Assessment and Evaluation: Every 3 Years* (May 2022 per schedule)	Curriculum Committee Curriculum Committee	<table border="1"> <thead> <tr> <th></th> <th>2017*</th> <th>2019*</th> <th>2022</th> <th>Aggregate</th> </tr> </thead> <tbody> <tr> <td>GEC**</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>GEC**</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Met/Not Met</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>*PSLO evaluation schedule changed in 2017. **GEC 3 & 5 in 2017 and 2019.</p>		2017*	2019*	2022	Aggregate	GEC**					GEC**					Met/Not Met					Analysis Action
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	At least 75% of the students will indicate Agree/Strongly Agree that as a result of completing the program, they are able to <i>synthesize knowledge from the arts and sciences to form a foundation for the practice of professional nursing.</i> (RN to BSN)	Aggregated results of End-of-Program Survey related to PSLO1.	Data Collection: Annually Data Assessment and Evaluation: Every 3 Years* (May 2022 per schedule)	IE (Data and Assessment Coordinator) Curriculum Committee	<table border="1"> <thead> <tr> <th></th> <th>2017</th> <th>2019*</th> <th>2022</th> <th>Aggregate</th> </tr> </thead> <tbody> <tr> <td>Met/Not Met</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>*PSLO evaluation schedule changed in 2017.</p>		2017	2019*	2022	Aggregate	Met/Not Met					Analysis Action										
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	The comprehensive aggregate score will be 76% or greater, for items related to PSLO 1, for each graduating cohort. (Prelicensure BSN)	Aggregated results of Comprehensive Exam 1, 2, & 3 for items related to PSLO 1.	Data Collection: Every Term Data Assessment and Evaluation: Every 3 Years* (May 2022 per schedule)	Test Development Specialist Curriculum Committee	<table border="1"> <thead> <tr> <th></th> <th>Aggregate Result</th> </tr> </thead> <tbody> <tr> <td>Percentage</td> <td></td> </tr> <tr> <td>Met/Not Met</td> <td></td> </tr> </tbody> </table>		Aggregate Result	Percentage		Met/Not Met		Analysis Action														
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PSLO 2: Provide holistic, culturally competent care for individuals, families, and populations through health promotion and disease prevention across the lifespan and healthcare continuum. [AACN Essential VII, IX]	100% of students will demonstrate achievement of PSLO 2 at the level of 75% or above as measured by ePortfolio evaluation. (RN to BSN)	Aggregated results of Evaluation of ePortfolio using rubric related to PSLO 2.	Data Collection: Annually Data Assessment and Evaluation: Every 3 Years* (May 2020 per schedule)	Curriculum Committee Curriculum Committee	<table border="1"> <thead> <tr> <th></th> <th>2015</th> <th>2016*</th> <th>2020</th> <th>Aggregate</th> </tr> </thead> <tbody> <tr> <td>Percentage</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Met/Not Met</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>*PSLO evaluation schedule changed in 2017.</p>		2015	2016*	2020	Aggregate	Percentage					Met/Not Met					Analysis Action					
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Criteria	Expected Level of Achievement	Assessment Method(s)	Frequency of Assessment	Responsible Party	Results of Data Collection <i>Including actual levels of achievement</i>				Analysis and Actions <i>For program development, maintenance, or revision</i>	
	At least 75% of the students will achieve a score of "MET" on their reflection of their perceived achievement of PSLO 2. (RN to BSN)	Aggregated results of Reflection Statement using rubric related to PSLO 2.	Data Collection: Annually Data Assessment and Evaluation: Every 3 Years* (May, 2020 per schedule)	Curriculum Committee Curriculum Committee		2015	2016*	2020	Aggregate	Analysis Action
	At least 75% of the students will indicate Agree/Strongly Agree that as a result of completing the program, they are able to <i>provide holistic, culturally competent care for individuals, families, and populations through health promotion and disease prevention across the lifespan and healthcare continuum.</i> (RN to BSN)	Aggregated results of End-of-Program Survey related to PSLO 2.	Data Collection: Annually Data Assessment and Evaluation: Every 3 Years* (May 2020 per schedule)	Curriculum Committee Curriculum Committee		2015	2016*	2020	Aggregate	Analysis Action
	The comprehensive aggregate score will be 76% or greater, for items related to PSLO 2, for each graduating cohort. (Prelicensure BSN)	Aggregated results of Comprehensive Exam 1, 2, & 3 for items related to PSLO 2.	Data Collection: Every Term Data Assessment and Evaluation: Every 3 Years* (May 2020 per schedule)	Test Development Specialist Curriculum Committee		Aggregate Result				Analysis Action
	100% of students will be rated 'satisfactory' or greater on the application of the clinical competencies related to PSLO 2: 1. Provide care integrating health/illness beliefs, values, attitudes, and practices. 2. Meet the healthcare needs and preferences of culturally, ethnically, and socially diverse patients. 3. Compare health assessment findings with: • Evidence-based health data. • Synthesis of previously learned knowledge from the arts and sciences. 4. Provide safe, patient-centered nursing care to assigned patients: a. Integrate correct psychomotor nursing skills into patient care. b. Demonstrate caring behaviors toward the patient and significant others. c. Deliver community-based care that	Aggregated results of NSG 4800 Clinical Evaluation Tool (PSLO 2).	Data Collection: Every Term Data Assessment and Evaluation: Every 3 Years* (May 2020 per schedule)	IE Curriculum Committee	Clinical Competency (PSLO 2)	Aggregate Results*	Met/Not Met			Analysis Action
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	recognizes the impact of attitudes, values, and expectations on the care of vulnerable individuals. d. Facilitate patient-centered transitions or care, including discharge. 5. Develop and revise a plan of care for a patient: a. Within legal, ethical, and regulatory parameters. b. In consideration of disease prevention and promotion of healthy lifestyles. c. Within the context of the healthcare environment. d. Using current evidence and clinical experience. 6. Evaluate patient outcomes and responses to therapeutic interventions: a. Compared to evidence-based practice and research findings. b. To plan follow-up nursing care. 7. Develop, implement, and evaluate a teaching plan for patients, families, or groups that takes into consideration the patient's: a. Developmental stage and age. b. Preferences. c. Health literacy. d. Readiness to learn. e. Cultural considerations. (Prelicensure BSN)															
	At least 75% of the students will indicate Agree/Strongly Agree that as a result of completing the nursing program, they are able to <i>provide holistic, culturally competent care for individuals, families, and populations through health promotion and disease prevention across the lifespan and healthcare continuum.</i> (Prelicensure BSN)	NSG 4800 student evaluation of the course related to PSLO 2.	Data Collection: Every Term Data Assessment and Evaluation: Every 3 Years*(May 2020 per schedule)	IE (Data and Assessment Coordinator) Curriculum Committee	<table border="1"> <tr> <td></td> <td style="text-align: center;">Aggregate Result</td> </tr> <tr> <td style="text-align: center;">Percentage</td> <td></td> </tr> <tr> <td style="text-align: center;">Met/Not Met</td> <td></td> </tr> </table>		Aggregate Result	Percentage		Met/Not Met		Analysis Action				
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PSLO 3: Integrate professional values and behaviors when delivering standards-based nursing care to diverse patients and populations. [AACN Essential VIII)	100% of students will demonstrate achievement of PSLO 3 at the level of 75% or above as measured by ePortfolio evaluation. (RN to BSN)	Aggregated results of Evaluation of ePortfolio using rubric related to PSLO 3.	Data Collection: Annually Data Assessment and Evaluation: Every 3 Years* (May 2020 per schedule)	Curriculum Committee Curriculum Committee	<table border="1"> <tr> <td></td> <td style="text-align: center;">2014*</td> <td style="text-align: center;">2017</td> <td style="text-align: center;">2020</td> <td style="text-align: center;">Aggregate</td> </tr> <tr> <td style="text-align: center;">Met/Not Met</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		2014*	2017	2020	Aggregate	Met/Not Met					Analysis Action
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*Data not available. The first cohort of RN to BSN students graduated in October 2015.

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	100% of the students will achieve a score of "MET" on their reflection of their perceived achievement of PSLO 3. (RN to BSN)	Aggregated results of Reflection Statement using rubric related to PSLO 3.	Data Collection: Annually Data Assessment and Evaluation: Every 3 Years* (May 2020 per schedule)	Curriculum Committee Curriculum Committee		2014*	2017	2020	Aggregate	
	At least 75% of the students will indicate Agree/Strongly Agree that as a result of completing the program, they are able to <i>integrate professional values and behaviors when delivering standards-based nursing care to diverse patients and populations.</i> (RN to BSN)	Aggregated results of student End-of-Program Survey related to PSLO 3.	Data Collection: Annually Data Assessment and Evaluation: Every 3 Years (May 2020 per schedule)	Curriculum Committee Curriculum Committee		2014*	2017	2020	Aggregate	
	The comprehensive aggregate score will be 76% or greater, for items related to PSLO 3, for each graduating cohort. (Prelicensure BSN)	Aggregated results of Comprehensive Exam 1, 2, & 3 for items related to PSLO 3.	Data Collection: Every Term Data Assessment and Evaluation: Every 3 Years* (May 2020 per schedule)	Test Development Specialist Curriculum Committee			Aggregate Result			Analysis
										Action
	100% of students will be rated at 'satisfactory' or greater on the application of the clinical competencies related to PSLO 3: 1. Function within the nurse's legal scope of practice and in accordance with the policies and procedures of: A. The nursing program. B. The healthcare setting. 2. Deliver nursing care that is in compliance with rules, requirements, and standards that emphasize safety outlined by: a. The State Board of Nursing. b. The Federal, State, and Local Government. c. Accreditation Organizations. 3. Demonstrate accountability for nursing actions.	Aggregated results of NSG 4800 Clinical Evaluation Tool (PSLO 3).	Data Collection: Every Term Data Assessment and Evaluation: Every 3 Years* (May 2020 per schedule)	IE Curriculum Committee	Clinical Competency (PSLO 3)	Aggregate Results*	Met/Not Met			Analysis Action
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	4. Incorporate the American Nurses Association's Code of Ethics into nursing practice. 5. Demonstrate awareness of mandatory reporting requirements of the State Board of Nursing Act, if required. 6. Incorporate insight about nursing practice gained through reflection and self-assessment to improve the delivery of care provided. (Prelicensure BSN)																	
	At least 75% of the students will indicate Agree/Strongly Agree that as a result of completing the nursing program, they are able to <i>Integrate professional values and behaviors when delivering standards-based nursing care to diverse patients and populations.</i> (Prelicensure BSN)	NSG 4800 student evaluation of the course related to PSLO 3.	Data Collection: Every Term Data Assessment and Evaluation: Every 3 Years* (May 2020 per schedule)	IE (Data and Assessment Coordinator) Curriculum Committee	<table border="1"> <thead> <tr> <th colspan="2">Aggregate Result</th> </tr> <tr> <th>Percentage</th> <th></th> </tr> <tr> <th>Met/Not Met</th> <th></th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>	Aggregate Result		Percentage		Met/Not Met				*Data unavailable for first two graduating cohorts. PSLO questions added to course survey as of the Fall 2020 quarter.				
Aggregate Result																		
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PSLO 4: Develop leadership skills to provide and continuously improve the delivery of safe, patient-centered quality healthcare. [Essential II, V]	100% of students will demonstrate achievement of PSLO 4 at the level of 75% or above as measured by ePortfolio evaluation. (RN to BSN)	Aggregated results of Evaluation of ePortfolio using rubric related to PSLO 4.	Data Collection: Annually Data Assessment and Evaluation: Every 3 Years* (May 2020 per schedule)	Curriculum Committee Curriculum Committee	<table border="1"> <thead> <tr> <th></th> <th>2015</th> <th>2020</th> <th>Aggregate</th> </tr> <tr> <th>Met/Not Met</th> <td></td> <td></td> <td></td> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> *PSLO was not measured in 2017 due to college-wide schedule change.		2015	2020	Aggregate	Met/Not Met								Analysis Action
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	At least 75% of the students will achieve a score of "MET" on their reflection of their perceived achievement of PSLO 4. (RN to BSN)	Aggregated results of Reflection Statement using rubric related to PSLO 4.	Data Collection: Annually Data Assessment and Evaluation: Every 3 Years* (May 2020 per schedule)	Curriculum Committee Curriculum Committee	<table border="1"> <thead> <tr> <th></th> <th>2015</th> <th>2020</th> <th>Aggregate</th> </tr> </thead> <tbody> <tr> <td>Met/Not Met</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>*PSLO was not measured in 2017 due to college-wide schedule change.</p>				2015	2020	Aggregate	Met/Not Met				Analysis Action																						
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	100% of students will be rated at 'satisfactory' or greater on the application of the clinical competencies related to PSLO 4: 1. Implement measures to promote quality and a safe environment for patients, self, and others. 2. Participate in the coordination of human, information, and material resources in providing care for patients/families, populations/ communities. 3. Notify appropriate individuals about observed inefficiencies and failures on the patient care unit, such as those involving supplies, medications, equipment, and information. 4. Participate in promoting the practice of professional nursing through leadership activities and advocacy. 5. Develop strategies for serving as a healthcare advocate to monitor and promote quality and access to care for patients. 6. Obtain instruction, supervision, or training as needed when implementing nursing procedures or practices.	Aggregated results of NSG 4800 Clinical Evaluation Tool (PSLO 4).	Data Collection: Every Term Data Assessment and Evaluation: Every 3 Years* (May 2020 per schedule)	IE Curriculum Committee	<table border="1"> <thead> <tr> <th>Clinical Competency (PSLO 4)</th> <th>Aggregate Results*</th> <th>Met/Not Met</th> </tr> </thead> <tbody> <tr><td>1</td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td></tr> <tr><td>5</td><td></td><td></td></tr> <tr><td>6</td><td></td><td></td></tr> <tr><td>7</td><td></td><td></td></tr> <tr><td>8</td><td></td><td></td></tr> <tr><td>9</td><td></td><td></td></tr> </tbody> </table> <p>*Results reflects students who graduated in the SP 2020 (Jan-Mar) and SU 2020 (Apr – June) terms only.</p>			Clinical Competency (PSLO 4)	Aggregate Results*	Met/Not Met	1			2			3			4			5			6			7			8			9			Analysis Action
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	7. Accept and make assignments and delegate tasks that take into consideration patient safety and organizational policy. 8. A) Assign and/or delegate nursing care to other members of the healthcare team based upon an analysis of patient or organizational need. B) Communicate identified risk associated with transferring patient care responsibilities to another professional. 9. Supervise nursing care provided by others for whom the nurse is responsible by using best practices of management, leadership, and evaluation. (Prelicensure BSN)																	
	At least 75% of the students will indicate Agree/Strongly Agree that as a result of completing the nursing program, they are able to <i>develop leadership skills to provide and continuously improve the delivery of safe, patient-centered quality healthcare.</i> (Prelicensure BSN)	NSG 4800 student evaluation of the course related to PSLO 4.	Data Collection: Every Term Data Assessment and Evaluation: Every 3 Years* (May 2020 per schedule)	IE (Data and Assessment Coordinator) Curriculum Committee	<table border="1"> <thead> <tr> <th colspan="2">Aggregate Result</th> </tr> <tr> <th>Percentage</th> <th></th> </tr> <tr> <th>Met/Not Met</th> <th></th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table>	Aggregate Result		Percentage		Met/Not Met				Analysis Action				
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	<p>100% of students will be rated at 'satisfactory' or greater on the application of the selected clinical competencies related to PSLO 6:</p> <ol style="list-style-type: none"> 1. Communicate information using technology to support decision making to improve patient care and healthcare delivery. 2. Demonstrate skill using patient care technologies and information systems that support safe nursing practice. 3. Evaluate data from all relevant sources, including technology, to inform the delivery of care. 4. Protect patient privacy and confidentiality of patient records and other privileged communications. 5. Respond appropriately to clinical decision-making supports and alerts (e.g., monitoring alarms and medication alerts). 6. Teach patients and their families about prescribed or relevant healthcare technologies. <p>(Prelicensure BSN)</p>	<p>Aggregated results of NSG 4800 Clinical Evaluation Tool (PSLO 6).</p>	<p>Data Collection: Every Term</p> <p>Data Assessment and Evaluation: Every 3 Years* (May 2021 per schedule)</p>	<p>IE</p> <p>Curriculum Committee</p>	<table border="1"> <thead> <tr> <th>Clinical Competency (PSLO 6)</th> <th>Aggregate Results*</th> <th>Met/Not Met</th> </tr> </thead> <tbody> <tr><td>1</td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td></tr> <tr><td>5</td><td></td><td></td></tr> <tr><td>6</td><td></td><td></td></tr> </tbody> </table> <p>*Results reflects students who graduated in the SP 2020 (Jan-Mar) and SU 2020 (Apr – June) terms only.</p>	Clinical Competency (PSLO 6)	Aggregate Results*	Met/Not Met	1			2			3			4			5			6			<p>Analysis</p> <p>Action</p>
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	100% of students will be rated at 'satisfactory' or greater on the application of the selected clinical competencies related to PSLO 7 1. Use therapeutic communication when caring for patients by: a. Determining the patient's ability to communicate. b. Identifying barriers to effective communication. c. Taking the patient's culture into consideration. d. Making appropriate adaptation in own communication based on patient and family assessment. 2. Plan, deliver, and evaluate patient care by communicating with:	Aggregated results of NSG 4800 Clinical Evaluation Tool (PSLO 7).	Data Collection: Every Term Data Assessment and Evaluation: Every 3 Years* (May 2021 per schedule)	IE Curriculum Committee	Clinical Competency (PSLO 7)	Aggregate Results*	Met/Not Met		Analysis Action	
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	a. Patients/families/groups. b. Members of the healthcare team. 3. Communicate in a timely manner with members of the healthcare team in order to promote and maintain the optimal health status of patients, families, and groups. 4. Document interventions according to professional standards and policies of the healthcare setting. 5. Use a standardized communication approach (ISBAR) to transfer care responsibilities to other professionals whenever patients experience transitions in care and across settings. 6. Communicate observations or concerns related to hazards and errors involving patients, families, and/or healthcare team. 7. Plan, deliver, and evaluate care by coordinating and collaborating with patients/families/groups and members of the healthcare team. 8. Determine multiple referral sources for patients/families/groups taking into consideration: a. Cost. b. Confidentiality. c. Effectiveness and efficiency of care. (Prelicensure BSN)																				
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IV-I. Program outcomes demonstrate program effectiveness: Graduating Student satisfaction	At least 75% of the graduating students will indicate agree/strongly agree in response to the question, "Would you recommend Galen to someone interested in attending a nursing program?"	<ul style="list-style-type: none"> Graduating Student Exit Surveys 	Data Collection: Every Term Data Assessment and Evaluation: Annually (June)	IE (Data and Assessment Coordinator) PEC	<table border="1"> <thead> <tr> <th></th> <th>2018</th> <th>2019</th> <th>2020</th> <th>Aggregate</th> </tr> </thead> <tbody> <tr> <td>Percentage</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Met/Not Met</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		2018	2019	2020	Aggregate	Percentage					Met/Not Met					Analysis Action
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IV-I. Program outcomes demonstrate program effectiveness: Graduate (Alumni) satisfaction with their preparation for the BSN role.	At least 75% of graduates will indicate agree/strongly agree in response to the question, "My learning experience at Galen prepared me to practice as a baccalaureate-prepared registered nurse."	• Alumni Surveys	Data Collection: Every Term Data Assessment and Evaluation: Annually (June)	IE (Data and Assessment Coordinator) PEC		2018	2019	2020	Aggregate	Analysis Action
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Appendix H: Committee Descriptions

Program Evaluation Committee Description



Program Evaluation Committee

The purpose of the Program Evaluation Committee (PEC) is to guide program evaluation activities in a continuous and systematic manner. The PEC is responsible for developing and implementing a plan to provide for the regular and consistent assessment of the effectiveness of the nursing program(s) in relationship to changes within education, communities of interest, and student population that are affected by legal, social, and economic influences. This includes application of national accreditation standards, programmatic accreditation standards, and state rules and regulations to the evaluation of criteria.

This committee reports to the Institutional Effectiveness Council (IEC). This report will be provided by the Chair of the PEC once a year in the designated term below:

Cincinnati:	Q1 report to the Institutional Effectiveness Council
MSN:	Q1 report to the Institutional Effectiveness Council
Miami:	Q2 report to the Institutional Effectiveness Council
Louisville:	Q2 report to the Institutional Effectiveness Council
BSN:	Q3 report to the Institutional Effectiveness Council
San Antonio:	Q3 report to the Institutional Effectiveness Council
Tampa:	Q4 report to the Institutional Effectiveness Council

Functions

1. Review existing assessment tools in relation to data requisite to timely program evaluations (ACEN 6.1; CCNE IV-A; SACS 7.1).
2. Develop, augment, and use new tools with the approval of the Institutional Effectiveness Council (IEC) (ACEN 6.1; CCNE IV-A; SACS 7.1).
3. Review, implement, and update the Systematic Plan for Program Evaluation (SPE) according to a predetermined calendar (ACEN 6.1).
4. Communicate findings from the SPE to the faculty to obtain input for development of action plans (ACEN 6.3).
5. Incorporate available data resources for Committee assessment activities (ACEN 6.4; CCNE IV-H).
6. Recommend Expected Levels of Achievement (ELAs) for Program Student Learning Outcomes (PSLOs) and General Education Competencies (ACEN 6; CCNE IV-E).
7. Report the findings of the PEC to the Institutional Effectiveness Council (IEC) and other committees as needed (ACEN 6.3).

Meetings

The PEC will meet a minimum of once per term.

Membership

1. Chairperson or Co-Chairs
 - a. Must be full-time faculty.
 - b. One (1) or two (2) based on each campus' (or program's) needs.
 - c. One (1) chair or co-chair must be a registered nurse.
2. Faculty members
 - a. Number must be sufficient to manage the committee's functions.
 - b. Must include nursing and arts & sciences faculty representation.
 - c. Must include representation from all programs, as applicable.

Faculty Handbook

Prepared by: [Office of the Academic President](#)

Revised 10/12; 06/13; 07/13/; 10/14; 04/15; 08/15; 10/15; 03/16; 09/16; 01/17; 09/17; 06/18; 01/19; 07/19; 01/20; 07/20; 01/21; 07/21

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3. Program Director(s), *ex-officio* member(s)

Voting Members

1. Chairperson or Co-Chairs
2. Faculty Members

Faculty Handbook

Prepared by: [Office of the Academic President](#)

Revised 10/12; 06/13; 07/13/; 10/14; 04/15; 08/15; 10/15; 03/16; 09/16; 01/17; 09/17; 06/18; 01/19; 07/19; 01/20; 07/20; 01/21; 07/21
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Institutional Effectiveness Council Description



Institutional Effectiveness Council

The Institutional Effectiveness Council (IEC) is charged to review, monitor, and revise the institutional effectiveness framework, processes, and procedures used to support the mission and accomplish the goals outlined in the Strategic Plan. The IEC meets each term and serves in an advisory capacity to the academic, administrative, and educational support units of Galen. All educational programs, academic support services, and educational support services shall be required to submit at least one written report twice a year (Institutional Effectiveness Plan – IEP) on the results of their ongoing assessment efforts to the IEC.

This council will report to the Academic Affairs Council (AAC) and Leadership Advisory Council (LAC) for notification purposes only. This report will be provided by Institutional Effectiveness at least annually to the Academic Affairs Council and Leadership Advisory Council. In addition, Institutional Effectiveness will report to the Board of Directors at least annually.

Functions

1. Review Institutional Effectiveness Plans (IEPs; SACS 7.1, 8.2).
2. Recommend instruments and/or procedures for the evaluation of instructional effectiveness (SACS 7.1, 8.2; ACEN 6; CCNE IV).
3. Review and recommend revisions to institutional surveys and questionnaires.
4. Connect unit level assessment activities with the achievement of the College's mission and strategic goals.
5. Make institutional effectiveness activities more meaningful to the Galen community by:
6. Establishing a campus (or program) culture committed to the continuous improvement of its programs and services (ACEN 6.1; 6.4; CCNE IV).
7. Recommending appropriate resources to assure that Galen accomplishes its goals including the IEP five column reporting process, institutional department and program reviews, and external reporting, including accreditation (SACS 7.1, 8.2; CCNE IV-H).
8. Ensuring that institutional assessment strategies, including those related to student learning outcomes, are coordinated throughout the College (ACEN 6; SACS 7.1, 8.2; CCNE IV-A).

Meetings

The Institutional Effectiveness Council will meet at least once a term while classes are in session.

Membership

1. Vice President and Chief Strategy Officer
2. Director of Accreditation, Compliance & Regulatory Affairs
3. A representative from Regulatory Affairs
4. A representative from Faculty Development
5. Senior Director of Curriculum & Instruction
6. Program Evaluation Committee (PEC) co-chairs from each campus (or program)

Voting Members

Program Evaluation Committee (PEC) co-chairs from each campus (or program).

Faculty Handbook

Prepared by: [Office of the Academic President](#)

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