

Academic Assessment Plan

College: College of Health

Program(s): BS Nursing

Reviewed: Spring 2023

Introduction

The Bachelor of Science in Nursing Program of the University of Alaska Anchorage School of Nursing has been continually approved by the Alaska Board of Nursing and has been accredited by the Accreditation Committee of Education in Nursing (ACEN) since 1976. Accreditation has been renewed every 8 years with the most recent renewal being successfully completed in 2017. There are two study options offered to students through the UAA campus; a pre-licensure and a RN-BSN Option. Registered nurses, who have graduated with their Diploma or Associates Degree in Nursing, can utilize the RN-BSN option and take courses online to fulfill the requirements to complete their Baccalaureate degree in nursing.

ASSESSMENT PROCESS INTRODUCTION

This document delineates the program student learning outcomes (PSLOs) for the Bachelor of Science in Nursing (BSN) Program and the RN-BSN Option. The BSN program has been redeveloped and plans to implement a completely new curriculum beginning summer 2020. The Mission, Vision, and Core Values for the University of Alaska Anchorage School of Nursing were reviewed and accepted in Spring 2017 and are outlined below.

The PSLOs were developed by faculty using the American Association of Colleges of Nursing (AACN) Baccalaureate Essentials (BE), Quality and Safety Education for Nurses standards, and the Accreditation Commission for Education in Nursing (ACEN). The BSN Program annually assesses its educational effectiveness using the four indicators mandated by the ACEN; these include graduation rates, licensure (NCLEX) pass rates, employment rates and patterns, and student satisfaction. Faculty also regularly assesses students' abilities in critical thinking, communication skills and therapeutic nursing interventions using both formative and summative means (through the use of nationally standardized examinations and graduate/employer surveys). According to the ACEN accreditation criteria, these data must be gathered, analyzed, and over time, aggregated and trended. Further achievement of accreditation requires evidence of use of the results of the outcomes assessment for program decision making.

Mission

The mission of UAA School of Nursing is to promote health and wellbeing of diverse populations by fostering excellence and innovation in nursing education, research and clinical practice.

Vision

The vision of the School of Nursing is to be a leader in the transformation of nursing in Alaska dedicated to improving local and global health outcomes.

CORE VALUES

The School of Nursing Core Values incorporate values from the UAA College of Health, ACEN, and AACN-BE.

The core values held by the SON include:

Excellence – We strive for the best, to continually improve ourselves and our endeavors.

Respect – We treat each person in a manner that recognizes their intrinsic value as a human being.

Integrity – We demonstrate unwavering honesty and decency.

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Caring – We display kindness and concern for all, especially for those in need.

PROGRAM STUDENT LEARNING OUTCOMES

At the completion of either the Pre-licensure Student Option or the Registered Nurse Option in the BSN, graduates will have met the following Program Outcomes:

- 1. Demonstrate clinical reasoning by making evidence-based nursing judgments through the use of intellectual, interpersonal, and technical competencies to promote safe and effective client-centered care.
- 2. Implement caring behaviors in the practice of professional nursing using established standards, evidence-based practice, and innovation to prevent illness and promote and restore health in order to meet the changing needs of diverse individuals, families, groups, and communities.
- 3. Utilize principles of management and leadership to collaborate as a member of the interprofessional care team.
- 4. Compare and contrast the roles of the professional nurse in promoting optimal healthcare policies locally, nationally, and globally.
- 5. Develop an individualized plan for ongoing professional development and professional identity using a technological platform.

ASSOCIATION OF ASSESSMENT MEASURES TO PROGRAM OUTCOMES

Methods used for assessing the PSLOs include:

- School Records
- NCLEX-RN pass rates and program report
- Standardized assessment exams and intensive NCLEX-RN review course
 - Throughout program assessment tests to identify gaps in knowledge acquisition relating to ability to pass NCLEX-RN exam
 - End-of-program assessment exam after intensive review to assess probability of passing the NCLEX-RN exam
- Graduate surveys
- Employer surveys
- Clinical evaluations
- Integrative capstone project
- Mapped Course reporting forms
 - Faculty developed tool using the program outcomes and conceptual framework as structure. Uses a 5 point Likert scale.

ASSESSMENT MEASURES

A description of the measures used in the assessment of the program objectives and their implementation are summarized below. The measures and their relationships to the program student learning outcomes are listed above. There is a separate appendix for each measure that shows the measure itself and describes its use and the factors that affect the results.

PROGRAM OBJECTIVES ASSESSMENT TOOLS AND ADMINISTRATION 2020-2021

Tool	Description	Frequency/ Start Date	Collection Method	Administered by	Appendix	PLSO
School Records	Class rosters are used from entry into program to track students through graduation and assess numbers of semesters until graduation.	Annually since program began	Viewed and calculated annually prior to September	Program Chair or designee, Program Evaluation Committee	A	N/A: Required for accreditation
NCLEX-R N Pass Reports	UAA SON obtains the National Council of State Boards of Nursing NCLEX Reports.	Biannually from NCSBN	View BON website and review reports from NCSBN	National Council State Boards of Nursing	D	N/A: Required for accreditation
NCLEX Program Report	UAA SON obtains the National Council of State Boards of Nursing NCLEX Reports.	Biannually from NCSBN	View BON website and review reports from NCSBN	National Council State Boards of Nursing	D	1, 2, 3, 4
Standardize d Assessment Exams	Nursing educational support system used to predict NCLEX-RN student pass rates.	Standardized assessment predictor exam used last semester of BSN program. First cohort will test Spring 2022.	Online, reviewed bi-annually	Nursing Faculty	С	1, 2, 3, 4

BSN Graduate Survey	Program developed survey designed to measure graduate perception of program outcomes. Solicits demographic and PSLO data and uses Likert scale.	Annual	Qualtrics computer based with URL sent to students 6 to 12 months post-graduat ion	BSN Program Evaluation Committee, assisted by administrative assistants.	Е	N/A: Required for accreditation
BSN Employer Survey	Program developed survey designed to measure employer perception of graduates meeting program outcomes. Solicits demographic data and uses Likert scale.	Annual	Qualtrics computer based with URL sent to employers yearly in fall	BSN Program Evaluation Committee, assisted by administrative assistants.	F	N/A: Required for accreditation
Clinical Evaluatio ns	Faculty developed tool using the program outcomes and conceptual framework as structure. Uses a 5-point Likert scale.	With each clinical course	Final evaluation	Clinical instructor, Clinical Course Coordinator (denoted on clinical course report), Course	В	1, 2, 3, 4

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				reports reviewed by the Undergraduate Curriculum Committee		
Integrativ	Baccalaureate Essential for Nursing	Bi-annual	Online	Faculty liaison,	N/A	5
e	and QSEN driven integrative		course	Student		
Capstone	capstone project.		managemen			
Project			t system and			
			electronic			
			portfolio.			
Course	Course lead faculty submits end of	End of each	Submit	Individual	G	1, 2, 3, 4, 5
Reports	course report.	course	template	Faculty		
			form to	teaching course		
			Program			
			Chair,			
			Program			
			Assistant,			
			and			
			Undergradu			
			ate			
			Curriculum			
			Committee			

ASSESSMENT IMPLEMENTATION & ANALYSIS FOR PROGRAM IMPROVEMENT

GENERAL IMPLEMENTATION STRATEGY

The Baccalaureate Nursing Program Assessment Plan strategy is for data to be collected from each cohort as appropriate throughout the program, upon graduation, after licensure and at three months to one year post-graduation. Data is reviewed yearly by the Chair of the Baccalaureate Program and the Baccalaureate Program Evaluation Committee, as well as the Baccalaureate Curriculum Committee. The Chair of the Baccalaureate Program reports the data to the Alaska State Board of Nursing annually. Faculty is informed of the outcomes as information is gathered during Baccalaureate Program meetings.

METHOD OF DATA ANALYSIS AND FORMULATION OF RECOMMENDATIONS FOR PROGRAM IMPROVEMENT

Discussion outcomes and recommendations for program improvements and changes will be forwarded to the Office of Academic Affairs by October 15 each year. An implementation plan for recommendations with advertising to affected stakeholders will also be completed during this meeting.

The following are examples of changes that are under review to enhance performance regarding the PSLOs:

- Changes in course content, scheduling, sequencing, prerequisites, delivery method
- Changes in faculty/staff assignments
- Changes in advising process/methods/requirements
- Addition/Replacement of equipment

MODIFICATION OF THE ASSESSMENT PLAN

Changes approved by the faculty of the program and updated modifications of the assessment plan will be forwarded to the Office of Academic Affairs, the Dean's Office, and the Director of the School of Nursing.

APPENDIX A: SCHOOL RECORDS

MEASURE DESCRIPTION

Class rosters containing the names of students enrolled in each course throughout the program are kept for each trimester. Cohorts are identified upon admission and the cohort is tracked through the program until graduation to obtain graduation rates.

FACTORS THAT AFFECT THE COLLECTED DATA

Collected data can be affected by poor reporting from Banner on students in courses. For this reason, rosters that are maintained are collected at the end of the trimester after grades are posted, which shows actual completion of the course by student name.

How to Interpret the Data

Graduation rates are calculated as percentage of students who enter a given cohort who complete the program by graduation in six semesters (150% of program completion time). The percentage not completing the program in this time is examined for reason(s) not completing (i.e., twice failing a course, which leads to dismissal; voluntary withdrawal for personal reasons; left the state). Attrition reasons may be due to differing factors: academic, personal, financial, health or a combination thereof. The cause for attrition is not shown in these tables. The benchmark for this measure is that 80% of undergraduate students who enter the baccalaureate clinical sequence graduate within six clinical semesters. This measure will be re-evaluated for its effectiveness as an assessment measure for the current PSLOs. The benchmark for the BSN program evaluation is that 80% of undergraduate students who enter the baccalaureate clinical sequence graduate within six clinical semesters.

Graduation implies that students have met the program outcomes.

APPENDIX B: CLINICAL EVALUATION TOOL

MEASURE DESCRIPTION

This is a faculty generated tool based on meeting the objectives of the course. Critical thinking, nursing therapeutics and communication are inherent within the descriptors within the tool. The tool uses a 5-point Likert scale to assess the students' performance and in order to pass the course and thus the program, students must achieve a score of 4 when all categories are averaged at the final evaluation.

FACTORS THAT AFFECT THE COLLECTED DATA

UAA School of Nursing Weekly Clinical Evaluation

The evaluation form is self-scored by the student being evaluated, and the clinical instructor.

How to Interpret the Data

A meeting of the benchmark means that the student receives a grade of "Pass" for the course. Course reports each year examine the percentage of students who pass courses with each offering and are directly linked to the pass rate for the program.

Student	,	Week #	Date	Course #		
Students:	Circle Yes/No on first 6 criteria and then	n, for th	e remaining criteria,	circle either	5-4-3-2-1-NA	with blac

Students: Circle Yes/No on first 6 criteria and then, for the remaining criteria, circle either 5-4-3-2-1-NA with black ink.

Instructor or evaluator uses squares or another ink color. Use NO or NA on left margin if appropriate. Key on back.

Professional Student Behaviors			Relationship centered care (continued)					
1-Ethical/Honest: Is truthful	Ye s	N o	22-Values: Incorporates the client's culture/values into plan of care.	5	4	3	2	1
2- Accountable: Accepts responsibilities for actions. Complies with facility and school policies. Reports on time for clinical or, if late, notifies faculty appropriately	Ye s	N o	23-Community: Identifies available supportive resources in plan of care. Anticipates referrals.	5	4	3	2	1
3-Accepts limitations: Stays within their scope as defined in the syllabus and, if unsure, checks with faculty. Is aware of what they do not know and limits actions accordingly.	Ye s	N o	Quality is a process designed to promote, maintain excellence in nursing care. Qua against standards set by the profession. It the forefront in promoting, achieving & rexcellence.	lity Ve s	is m striv	e to		
4-Client: Demonstrates care and concern for clients and their support system. Is nonjudgmental & individualizes care.	Ye s	N o	24-Organization: Organized, systematic, timely care for assigned patients.	5	4	3	2	1

l is re	spectf	her ful.	Ye s	0 N 0	rationale & monitors effects. Demonstrates competency & documents appropriately.	5	4	3	2	1
Clinical Reasoning is practice-based reasoning that relies upon scientific and research-based knowledge, the ability to discern its relevance, and then apply that information to a particular patient or clinical situation. It occurs within the context of relationships or situations involving patient,						5	4	3	2	1
are pr	ovide			d	27-Psychomotor skills: Prepares client & demonstrates competency.	5	4	3	2	1
5	4	3	2	1	28-Advocate: Acts in best interest of client. Maintains confidentiality.	5	4	3	2	1
5	4	3	2	1	29-Equipment: Uses safely & competently	5	4	3	2	1
5	4	3	2	1	30-Leader: Coordinates care effectively with interdisciplinary team.	5	4	3	2	1
5	4	3	2	1	31-Teaching: Identifies teaching/learning needs of client and evaluates effectiveness.	5	4	3	2	1
5	4	3	2	1	32-Manager: Manages care for assigned patients and delegates appropriately.	5	4	3	2	1
5	4	3	2	1	33-Preparation: Initiates plan of care & sets goals.	5	4	3	2	1
5	4	3	2	1	34-Client Safety: Follows universal precautions and maintains client safety.	5	4	3	2	1
5	4	3	2	1	objectively by circling the number that do of competency for each category.	lescr	ibes	thei	r lev	el
pest pronstant neorpoliues to s to ex	actice tly que orating solve aplorir	es and estion g clini e prob	optima ing, ical lems a	nd to	meet these NPSG criteria are an important part of your evaluation.					
	sed read knopply thation. ions in are preparties of the second se	sed reasoning descriptions involving are provided patient. 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 5 4 6 7 7 7 8 9 8 9 9 9 9 9 10 9 10 9	ed knowledge, the pply that information. It occurs ions involving partial are provider teams are patient. 5 4 3 5 4 3 5 4 3 5 4 3 5 4 3 5 4 3 5 4 3 5 4 3 5 4 3 5 4 3 5 4 3 6 5 4 3 7 7 7 8 7 7 9 7 7 10 7 10 7 11 7 12 7 13 7 14 7 15 7 16 7 17 7 17 7 18 7 19 7 10 7 10 7 11 7 12 7 12 7 13 14 7 15 7 16 7 17 7 17 7 18 7 19 7 10 7 10 7 11 7 12 7 12 7 13 7 14 7 15 7 15 7 16 7 17 7 18 7 19 7 10 7 10 7 10 7 11 7 12 7 13 7 14 7 15 7 15 7 16 7 17 7 18 7 19 7 10 7	seed reasoning that relie ed knowledge, the ability ply that information to ation. 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16-Research: Identifies questions & applies to care. Identifies researchable issues.	5	4	3	2	1		
17-Decision Making: Explains rationale. Identifies factors used in making decision based on evidenced based practice.	5	4	3	2	1		
Relationship-centered care includes caring for all clients regardless of care. This is best accomplished as collaborate inter-professionally whealthcare community to form cabenefit of society	when nurs ithin	e the es coi the b	y reco nmui roado	eive he nicate a	alth and		
18-Verbal: Uses therapeutic/professional communication with client/staff.	5	4	3	2	1		
19-Non-Verbal: Conveys professional demeanor and uses effective nonverbal communication with clients and staff.	5	4	3	2	1		
20-Developmental: Nursing interventions reflect the client's developmental level.	5	4	3	2	1	Faculty Signature So	core
21-Family: Plan of care reflects the role of the client within the family	5	4	3	2	1		

Clinical Competence Rating Scale Key

- **5 Independent** *Safe accurate performance* according to accepted standards; the desired outcome is obtained *each time*; affect is *appropriate*; the student is *proficient*, *coordinated*, *confident*; *occasional expenditure* of excess energy is noted; task is completed within a *reasonable* time period; *no supporting cues* are needed.
- **4 Supervised** *Safe accurate performance* according to accepted standards; the desired outcome is obtained *each time*; affect is *appropriate*; the student is *efficient*, *coordinated*, *confident*; *some expenditure* of excess energy is noted; task is completed within a *reasonable* time period; *occasional supporting cues* are needed.
- **3 Assisted** -Safe accurate performance according to accepted standards; the desired outcome is obtained most of the time; affect is appropriate most of the time; skillful in parts of the behavior; the student is inefficient and uncoordinated; expends excess energy to accomplish task; task is completed within a delayed time period; frequent verbal and occasional physical directive cues are needed in addition to supportive cues.
- **2 Marginal** –*Safe, but not alone*; student *performs at risk*; student is *not always* accurate; the desired *outcome is obtained only occasionally*; the student's *affect is appropriate only occasionally; unskilled, inefficient* performance; *considerable expenditure* of energy noted; task completed within a *prolonged time period*; *continuous* verbal and *frequent* physical directive cues are needed.
- 1 **Dependent** *Unsafe, unable* to demonstrate behavior; student *lacks confidence, coordination, efficiency; continuous* verbal and physical cues are needed.

NO/NA – Not observed or not applicable. Bachelor of Science Nursing, Assessment Plan 2020-2021

Note – These quality improve	National Patient Safety Goals (NPSG) – Hospital ment national goals are based on data that signals they are determinative to quality	care.
The Goals	Your Behaviors	Possible Applicable Behaviors from front side (#)
Identify Patients correctly	Use at least two ways to identify patients. For example, use the patient's name <i>and</i> date of birth. This is done to make sure that each patient gets the correct medicine and treatment	2, 3, 6, 7, 15, 25, 26, 27
	Make sure that the correct patient gets the correct blood when they get a blood transfusion (observation only in medical-surgical I)	2, 3, 6, 7, 15, 25, 26, 27
Improve Staff Communication	Get important test results to the right staff person on time	7, 15, 18, 30, 34
	Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up	2, 3, 6, 25, 26, 27
Use medicines safely	Take extra care with patients who take medicines to thin their blood Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor	2, 3, 6, 25 7, 15, 18, 19, 20, 21, 25, 31, 34
Use alarms safely	Make improvements to ensure that alarms on medical equipment are heard and responded to on time	2, 29, 34
Prevent infection – Note: although you may read these guidelines and think	Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning	2, 3, 6, 34
that they are not nursing,	Use proven guidelines to prevent infections that are difficult to treat	2, 3, 6, 34
they really are. Through	Use proven guidelines to prevent infection of the blood from central lines	2, 3, 6, 34
your diligence, you can help	Use proven guidelines to prevent infection after surgery	2, 3, 6, 34
facilitate quality outcomes in each of these areas.	Use proven guidelines to prevent infections of the urinary tract that are caused by catheters	2, 3, 6, 34
Identify patient safety risks	Find out which patients are most likely to try to commit suicide	7, 18, 19, 23, 34

APPENDIX C: STANDARDIZED ASSESSMENT EXAMS

MEASURE DESCRIPTION

A Standardized Assessment Exam is a test that accurately predicts how students will perform on the NCLEX-RN licensure exam. Most students take the Comprehensive Predictor Exam during their final semester of nursing school. A detailed score report is generated after students finish this exam, which will help determine weak nursing content areas. Students are able to create an individualized remediation plan with this generated report for additional studying prior to taking the NCLEX-RN exam.

How to Interpret the Data

Standardized Assessment Exam scores are gathered during the final semester in the nursing program. Scores and reports are used to design a study plan/remediation plan for student success on the NCLEX-RN exam.

APPENDIX D: NCLEX - RN PASS REPORTS

MEASURE DESCRIPTION

The NCLEX-RN is a national exam developed by the National Council of State Boards of Nursing and given as a computer adaptive exam to determine minimum competency in nursing. The test plan covers 4 major categories of client needs with 2 of these divided into a total of 6 subcategories. The categories and questions were developed by experts in the field of nursing and include the following:

- Safe and Effective Care Environment
 - Management of Care
 - Safety and Infection Control
- Health Promotion and Maintenance
- Psychosocial Integrity
- Physiological Integrity
 - Basic Care and Comfort
 - Pharmacological and Parenteral Therapies
 - Reduction of Risk Potential
 - Physiological Adaptation

FACTORS THAT AFFECT THE COLLECTED DATA

Successful completion of this exam is reported to the Alaska Board of Nursing and then to UAA School of Nursing twice a year. Graduates who test within the state of Alaska and receive a license here are listed on the Alaska State Board of Nursing website as a matter of public record.

Data is not received by the School of Nursing at intervals that correspond to specific cohorts of students, nor are students required to test within a specific time frame after graduation. Those who track the data may not capture each individual student's NCLEX result to update the table for "the Total % Pass of Those Taking the NCLEX". These three factors make it difficult to determine pass rates for an individual cohort, so we report pass rates on a yearly basis.

How to Interpret the Data

NCLEX-RN data are reported to UAA four times a year. The data includes the overall first time test taker NCLEX-RN pass rate for the program, as well in-depth data on the categories above. The UAA SON will compile the quarterly reports and examine them bi-annually for the two graduating cohorts (fall and spring). The reports are distributed to the nursing faculty, and examined by the BSN Nursing Evaluation Committee. The committee then disseminates important summarized findings to the nursing faculty for recommended changes.

APPENDIX E: BSN GRADUATE SURVEY

MEASURE DESCRIPTION

This measure was developed by the faculty using the guidelines from the ACEN for the content for each program outcome. The outcomes examined are Communication Abilities, Critical Thinking Abilities, Therapeutic Nursing Intervention Abilities and a general evaluation. These are assessed using a 4-point Likert scale. Demographic data is also collected including information regarding practice in a medically underserved area or with this population via the zip code of employment. There is also a section of qualitative input. The survey is sent to graduates in the BSN Pre-licensed Program six months after graduation via email as a Qualtrics Survey.

FACTORS THAT AFFECT THE COLLECTED DATA

Indicate your Primary employment setting (Choose all that apply)

Factors that dramatically affect this data are having current email addresses available for graduates and the willingness of them to complete the surveys online. To date collecting data from a large sample has been challenging. Such difficulties propose roadblock to correctly interrupting data and evaluating outcomes.

How to Interpret the Data

The areas of Professional Activities, Communication, Critical Thinking, Therapeutic Nursing Interventions and Abilities, and Satisfaction have a 4-point Likert scale with "1" as the high score. Descriptive statistics were also used in interpretation of the qualitative data.

	Inpatient	Outpatient		work place zip
professional	Community health ter obtaining your nursing license were you e employment?			
. 0	Less than 3 months 3-6 months More than 6 months Not employed			

Professional ac	tivities (yes/i	no) No	0							
Do you have										
a professional development plan?	С	0								
Have taken continuing education courses	0	О								
Member of professional nursing association	С	С								
At some point in the future I plan to attend graduate	С	c								
school If yes is the degree you seek within the nursing profession	0	0								
Since graduation, do you feel you are on track with										
your individual professional development plan?	0	C								
Tell us about you development. (psince graduation	olease discuss									
Communicatio Please rate you			icate:	T. 7.00 .4		T-00				T 00 .1
V 7	whally		0	Very Effective	0	Effective	0	not effective	0	Ineffective
	rbally		0		0		0		0	
With other	ur discipline er health car ofessionals ar encies	e	0		0		0		0	

Advocating for clients/patients	0	O	0	С
Electronic health record	0	0	0	C
Leadership	\circ	0	0	0
Critical thinking Behavior/Ability Please rate your ability to:		Very Effective Effecti	ve not effect	tive Ineffective
Prioritize needed nursing care for multiple clients/patients		Very Effective Effecti		
Adapt decision making and nursing care to meet the needs of clients of different cultures				
Adapt decision making and nursing care to meet the needs of clients of different ages				
Promotes safe and effective client/ patient centered care				
Is creative in solving client problems				
Evidence based clinical judgments				
Therapeutic Nursing Intervention	and Ab			T 00 1
Therapeutic Nursing Intervention and Please rate your ability in relation to nursing interventions	and Ab	ilities Very Effective Effective	ve not effect	tive Ineffective
Please rate your ability in		Very Effective Effective	0	0
Please rate your ability in relation to nursing interventions		Very Effective Effective	0	0
Please rate your ability in relation to nursing interventions Satisfaction with program How satisfied are you with the UAA Baccalaureate Nursing	C tisfacti	Very Effective Effective	© Dissatisf © ing program	ied Very Dissatisfied

Appendix F: BSN Employer Survey

MEASURE DESCRIPTION

This measure was developed by the faculty using the guidelines from the ACEN for the content for each program outcome. The outcomes examined are Communication Abilities, Critical Thinking Abilities, Therapeutic Nursing Intervention Abilities and a general evaluation. These are assessed using a 4-point Likert scale. Demographic data about the employer is also collected including information regarding practice in a medically underserved area with this population via the zip code where the employer is located. There is also a section of qualitative input. A URL is sent to employers via email or by hand by members of the BS Evaluation Committee or faculty members who are known by managers in places of employment in the fall, and the completed Qualtrics surveys are reviewed by the BSN Evaluation Committee Chair and BSN Chair in the spring.

FACTORS THAT AFFECT THE COLLECTED DATA

One factor that affects this data is having current email addresses for employers. It also depends on the willingness of the employer to complete and return the survey to us.

How to Interpret the Data

Verbal

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The areas of Professional Activities, Communication, Critical Thinking, Therapeutic Nursing Interventions and Abilities, and Satisfaction have a 4-point Likert scale with "1" as the high score. Descriptive statistics were also used with interpretation of the qualitative data.

Thank you for participating in the evaluation of our BS program in nursing at the University of Alaska Anchorage. This

survey includes 9 items and should only take 10 minutes to complete. For this data collection period please answer the questions based on UAA BSN student graduates employed by you or your facility who have graduated in the last year. Your name (optional) Title At what type of agency are you employed? (Choose all that apply) Hospital Home Health Agency Nursing Home Community Agency/ Public Health Clinic Work place Zip code Office Please indicate the number of UAA baccalaureate nursing graduates you have employed in the last 3 years (new graduate employees) Communication Behavior/ability Please identify your level of satisfaction with our New Graduate(s) in relation to communication Very Satisfied Satisfied Dissatisfied Very Dissatisfied

Within our discipline				
With other health care providers, professionals and/or agencies				
Advocating for clients/patients				
Electronic health record				
Leadership				
Q11Critical thinking Behavior/Abil				
Please rate UAA BSN New graduat	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
Prioritize needed nursing care for multiple clients/patients	0	0	O	C
Adapt decision making and				
nursing care to meet the needs of clients of different cultures	0	0	0	С
Adapt decision making and			6	6
nursing care to meet the needs of clients of different ages	0	О	0	0
Promotes safe and effective client/ patient centered care	C	0	0	0
Is creative in solving client	0	0	0	c
problems		V		
Evidence based clinical judgments	O	C	0	0
Therapeutic Nursing Intervention a	and Abilities			
	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
Please identify your level of satisfaction with our New Graduate(s) in relation to nursing interventions and	С	0	0	0
abilities				
General Evaluation	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
How satisfied are you with UAA BSN new graduates:	O	O	Ö	Ö
Please comment on your overall sat	isfaction of new graduate	es from the UAA Baccala	ureate Nursing program	1
Please indicate both our greatest str	engths and weaknesses (qualitative entry for this	one open ended unlimite	ed space)

APPENDIX G: COURSE REPORT

UAA School of Nursing Baccalaureate Program Course Report

Course Number:			
Faculty Member Completing Repor	t:		
Year:			
Highlight reporting semester:	Summer	Spring	Fall
Course reporting on:	Theory	Clinical	

Elective

Note: form may be used to document a combined theory/clinical report and may also be used to report multiple semesters provided they occurred in the same academic reporting cycle (summer, spring, fall).

Highlight the program outcomes and student learning outcomes applicable to the course you are reporting on. Please fill in any additional course objectives that you are monitoring under other.

PROGRAM OUTCOMES	Student learning objectives	Course objectives	Instructional Method	Method of Evaluation
1.Demonstrate clinical reasoning by making evidence-based nursing judgments through the use of intellectual, interpersonal, and technical competencies to promote safe and effective	Patient Centered Care (QSEN) (BE) Safety (QSEN)(BE) Evidence-based practice (BE)			
client-centered care.	Technology & information (informatics QSEN) (BE)			

	Clinical Judgment (BE)		
2.Implement caring behaviors in the practice of	Legality and Ethics (BE)		
professional nursing using established standards, evidence-based	Cultural Diversity (BE)		
practice, and innovation to prevent illness and promote and restore	Population Health (BE)		
health in order to meet the changing needs of diverse individuals, families, groups, and communities.	Health Promotion (BE)		
3.Utilize principles of management and leadership to collaborate as a	Communication (BE)		
member of the interprofessional care team.	Teamwork and collaboration (QSEN)		
4.Compare and contrast the roles of the professional			
nurse in promoting optimal healthcare policies locally, nationally, and globally.	Leadership (BE)		

5.Develop an individualized plan for ongoing professional development and professional identity using a technological platform.	Professionalism and Professional Values (BE) Technology & information (informatics QSEN) (BE)		
Other(s):			

Number of students enrolle

Number of students earning:

A	В	С	D	F	withdrawn in good standing

Overall class average:

Assessment of student evaluations and action if applicable:

Assessment of changes made affecting this reporting period:

Use of other faculty or health professionals from other disciplines in the course. Please list name and discipline:

Planned course revisions:

BS Program Outcomes

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- Demonstrate clinical reasoning by making evidence-based nursing judgments through the use of intellectual, interpersonal, and technical competencies to promote safe and effective client-centered care.
- Implement caring behaviors in the practice of professional nursing using established standards, evidence-based practice, and innovation to prevent illness and promote and restore health in order to meet the changing needs of diverse individuals, families, groups, and communities.
- Utilize principles of management and leadership to collaborate as a member of the interprofessional care team.
- Compare and contrast the roles of the professional nurse in promoting optimal healthcare policies locally, nationally, and globally.
- Develop an individualized plan for ongoing professional development and professional identity using a technological platform.