

**Mississippi University for Women  
College of Nursing and Health Sciences  
Baccalaureate Nursing Program**

**IV-PROGRAM EFFECTIVENESS: STUDENT PERFORMANCE AND FACULTY ACCOMPLISHMENTS  
WORKSHEET**

*Closing the Loop - COVER PAGE*

**Complete the following table utilizing the previous year's Program Effectiveness Score Card data, analysis, and follow-up.  
Previous Year's Scorecard Score: Summer ---- Fall ---- Spring ---- (completed --/-- Benchmarks=100%)**

UNIVERSITY, DIVISIONAL AND PROGRAM GOALS	KEY ELEMENT	INT/EXT& PROCESS EVALUATION BENCHMARKS Indicators	ANALYSIS OF BENCHMARKS FROM WORK-SHEET INFORMATION	ACTIONS THAT HAVE BEEN TAKEN OVER THE PAST YEAR TO IMPROVE BENCHMARK SCORE/S THUS IMPROVING PROGRAM QUALIY/ EFFECTIVENESS
Directions: See Page 5- Section 1, if no changes copy and paste from previous year	List the Key Element that the Benchmark helps define	Copy and paste the Benchmark # from the Worksheet	Copy and Paste the faculty analysis from the previous year	Describe what actions have been taken during the past year toward improving the benchmark score. Note dates.

## IV-PROGRAM EFFECTIVENESS: STUDENT PERFORMANCE AND FACULTY ACCOMPLISHMENTS WORKSHEET

**Semesters/ Year Being Evaluated:**

IV-A					
A systematic process is used to determine program effectiveness.					
<b>Master Evaluation Plan</b>	Yes No			Met Not Met	
1. The BSN Master Evaluation Plan is reviewed and revised according to the MPE Calendar and as needed.	All worksheets meet revised CCNE Accreditation Standards.			Met Not Met	
○ Committee Assignments	I. M & G	II. Facilities	III. Program Quality		IV. Program Effectiveness
Evaluation Schema/Evaluation Forms are reviewed yearly and revised when needed:	Note: Revision dates noted on survey form.				
• Master Calendar for Evaluation	Yes No	• Evaluation of Services and Resources	Yes No		
• Alumni Survey	Yes No	• Faculty Performance Review	Yes No		
• Course Evaluations	Yes No	• Information Checklist (Student)	Yes No		
• Faculty Evaluations	Yes No	• Preceptor Final Evaluation	Yes No		
• Employer Surveys	Yes No	• Student Textbook Evaluation	Yes No		
• End of Course Report	Yes No	• Policy Packet	Yes No		
• End of Program Evaluation	Yes No				
2. Committee Worksheets were completed and submitted according to Master Calendar:	Mission and Governance: Yes No Institutional Commitment and Resources: Yes No Program Quality: Teaching/Learning: Yes No Program Effectiveness: Student Performance and Faculty Accomplishments: Yes No			Met Not Met	
3. The Divisional Strategic Plan was reviewed and completed in May.	Yes No			Met Not Met	
4. Minutes are:	Yes No			Met Not Met	
• Written according to policy/By-Laws	Yes No			All uploaded into Course Management System.	
• Evidence Follow-Up Activities Needed	Yes No				
• Written for each team meeting	Yes No				
• Written for each Curriculum Meeting	Yes No				
• Written for each BSN Meeting	Yes No				
• Written for each BSN Committee Meeting	Yes No (Data included in BSN Meeting Minutes)				
• Housed in the office of the Department Chair	Yes No				

IV-B Program completion rates demonstrate program effectiveness.					
BENCHMARK	Columbus Campus		Tupelo Campus		Comments
<b>Student Admissions:</b> 5. 100% Student admission data are compiled yearly to include:					Met Not Met
					<u>Generic</u>
					<u>RN/BSN</u>
o Admission Numbers	Yes	No	Yes	No	
o # high risk students (does not exceed 10% of the previous year's total admission)	Yes	No	Yes	No	
o ACT	Yes	No	Yes	No	
o GPA (Overall based on 4.0 scale)	Yes	No	Yes	No	

BENCHMARK	Columbus Campus			Tupelo Campus			Met Not Met
	Graduated in Spring- Generic			Graduated in Summer RN/BSN			
<b>Student Graduation Rates</b>  6. 70% students complete the program within 150% of the time from admission. (Graduation Rates)  Generic = 8 semesters APO = 5 semesters  Normal Program Length: Generic = 5 semesters APO = 3 semesters	Admission Date: Admitted #			Admission Date:                      Fall Admitted #			<b>COMBINED GENERIC/APO DATA:</b>
Previous 3 years rates:	2014	2015	2016	2013	2014	2015	
	92.98%	92.7%	88%	94.30%	98.00%	95.42%	
Analysis of data if rate falls below 70%:	Analysis:						

<b>CCNE Documentation:</b> If the completion rate is less than 70% for the most recent calendar year, a written explanation/analysis with documentation for the Variance is provided to CCNE.	Analysis/Documentation:
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<b>IV-C Licensure pass rates demonstrate program effectiveness.</b>					
<b>Current year's results and previous past three years of data:</b>					
<b>BENCHMARK Student NCLEX—RN Pass Rates</b>	<b>Columbus Campus Spring -First Write</b>	<b>Benchmark Results</b> Met    Not Met	Columbus Campus	Columbus Campus	Columbus Campus
7. First write of NCLEX-RN results shall be no less than 80 % of that year's national average (IHL).  ❖ <b>Generic Program only</b>	<b>Spring ____ -Second Write</b>	<b>2009 October IHL established that the standard for the NCLEX pass rate will be 80% or higher trended over three Years.</b>			
8. NCLEX-RN pass rate is above or equal to other nursing schools in the state and nation.	<b>MUW pass rate first write- State mean pass rate- National Average-</b>	Met	Not Met		
<b>CCNE Documentation:</b> If the MUW NCLEX-RN pass rate is less than 80% for first-time takers for the most recent calendar year, a written explanation/analysis with documentation for the variance and a plan to meet the 80% NCLEX-RN pass rate for first-time takers is provided to CCNE.			<b>Analysis: NA</b> <ul style="list-style-type: none"> <li>• <b>Were any changes made in NCLEX this past year?</b></li> <li>• <b>What areas of weakness were identified on NCLEX report?</b></li> <li>• <b>Were any curriculum changes made?</b></li> <li>• <b>For each generic student not successful on second write, complete a full analysis. (attach table for each student here)</b></li> </ul>		

<b>IV-D Certification pass rates demonstrate program effectiveness.</b>	Not applicable
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<b>IV-E Employment rates demonstrate program effectiveness. The program demonstrates achievement of required outcomes regarding employment rates.</b>		
<b>BENCHMARK</b>		

<b>Student Employment Rates</b> 9. 70 % of graduates who are seeking employment obtain a job within 12 months after graduation or enroll in a program of higher education.	Generic BSN-  RN/BSN-	Met Not Met  <b>COMBINED            GENERIC/APO            DATA:</b>
<b>CCNE Documentation:</b> Any program with an employment rate less than 70% provides a written explanation/analysis with documentation for the variance to CCNE.		

**Key Element IV-F – Data analysis regarding completion, licensure, certification, and employment rates are used, as appropriate, to foster ongoing program improvement.**

10. Identify any discrepancies between actual and CCNE expected outcomes (program completion rates 70%, licensure pass rates 80%, employment rates 70%)	<b>Generic BSN -</b>	
11. 100% of changes to the program to foster improvement and achievement of program outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.	<b>Generic BSN-            RN/BSN-</b>	
12. 100% Faculty are engaged in the program improvement process.	<b>Generic BSN-            RN/BSN –</b>	

**IV-G**

Aggregate faculty outcomes demonstrate program effectiveness. The program demonstrates achievement of expected faculty outcomes.

**IV-H**

Aggregate faculty outcome data are analyzed and used, as appropriate, to foster ongoing program improvement.

<b>BENCHMARK</b>	<b>BSN Faculty</b>	<b>Results</b>	<b>Met Not Met</b>
<b>Faculty Outcomes</b> 13. 100% Faculty show evidence academic assignments, scholarship/research, and university and community involvement. <ul style="list-style-type: none"> <li>• Faculty Performance Evaluations Evidence:</li> </ul>	Department Chair Completes:		Faculty Accomplishments Survey.
<ul style="list-style-type: none"> <li>○ 100% Curriculum Vitae Updated with self-evaluation</li> </ul>	Yes No	%	

○ 100% maintain current practice proficiency in their selected field	Yes No	%	Faculty Accomplishment surveys filed in BSN office
○ 100% maintain 10 contact hours each academic year	Yes No	%	
○ 100% participation in teaching/advising activities	Yes No	%	
○ 100% participation in community service activities	Yes No	%	
○ 100% participation in scholarship activities	Yes No	%	<b>See Attachment 5 Faculty Accomplishment Survey</b>
○ 100% participate in systematic MPE for BSN program	Yes No	%	
○ 100% maintain membership in professional organization	Yes No	%	
○ 75% serve as a member of a college or university committee	Yes No	%	
○ 50% serve as course coordinator	Yes No	%	
○ 20% serve as an adviser to student group/organization	Yes No	%	
○ 25% professional meeting presentation, exhibit or poster presentation	Yes No	%	
○ 25% participated in research activities	Yes No	%	
MUW is primarily a teaching institution, and faculty are encouraged to publish and write grants, but this is not required and no benchmarks are set: ○ Number of publications ○ Number of article and book reviews ○ Number of grants ○ Number of recognitions		% % %	
14. The cascade of evaluation events was completed: • 100 % faculty is evaluated by Department Chair (as validated by Department Chair). • 100% of the faculty have the opportunity to evaluate the Department Chair • The Dean evaluates the Department Chair • Faculty have the opportunity to evaluate the Dean	Yes No  Yes No Yes No Yes No		Met Not Met
<b>Recruitment Plan</b> 15. The BSN Recruitment Plan is implemented and reported yearly.	❖ <i>Attach copy of recruitment events- Done</i> <b>Attachment 6</b>		Met Not Met
<b>The program defines and reviews formal complaints according to established policies. The program defines what constitutes a formal complaint and maintains a record of formal complaints received.</b>			
16. Information from formal complaints is used as appropriate to foster ongoing program improvement.	100% of grievances are handled according to DON Grievance Policy 100% grievances are reviewed to identify any need for program changes. # of grievances filed against the BSN Program:		Met Not Met Met Not Met

Additional Comments	
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<b>IV-I</b>										
<b>Program outcomes demonstrate program effectiveness. The program demonstrates achievement of outcomes other than those related to completion rates, licensure, and employment. Program outcomes are defined by the program and incorporate expected levels of achievement.</b>										
<b>BENCHMARKS</b>										
<b>Student Core Knowledge</b> 17. 90% of the students will score 85% or higher on the Senior MUW BSN Portfolio.		<b>Generic BSN – APO –</b>						Met	Not Met	
<b>Alumni</b> 18. Alumni satisfied with the program as evidenced by a benchmark score of 2.5 or above on the Alumni survey		Satisfaction Score = # Survey's Obtained=  ❖ Attach compiled surveys- <b>Attachment 1 (file copies/documentation in BSN office)</b>						Met	Not Met	Comments:
19. 90% alumni indicate professional advancement								Met	Not Met	
<b>Employers</b> 20. Sampled employers' express satisfaction with the program as evidenced by a benchmark score of 2.5 or above on the Employer Survey		Satisfaction Score = # Survey's Obtained = ❖ Attach compiled survey results- <b>Attachment 2 (file copies/documentation in BSN office)</b> ❖ See <b>Attachment 3</b> – Minutes from Advisory Council						Met	Not Met	
<b>Student Program Satisfaction:</b> 21. Average score of all students is satisfied with the program of learning as evidenced by a benchmark score of 2.5 or above on the End of Program Satisfaction Survey.		<b>Columbus Campus (Generic)</b>		<b>Tupelo Campus (APO)</b>			<b>Met Not Met COMBINED GENERIC/APO DATA: overall satisfaction</b>			
		# responses		# responses =			<i>Attach copy of Generic and APO compiled results and student comments in Attachment 4</i>			
Date (Year)		<b>Spring</b>		<b>Summer</b>			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
Results							XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
		Previous 3 years data:			Previous 3 years data:			Previous 3 years data:		
		2014	2015	2016	2013	2014	2015	2012	2013	2014
		3.76	3.75	3.50	3.82	3.82	3.77	3.86	3.44	NA

<b>CCNE Documentation:</b> Any program with outcomes lower than expected provides a written explanation/analysis for the variance to CCNE.	Analysis/Documentation: NA
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<b>IV-J</b> <b>Program outcome data are used, as appropriate, to foster ongoing program improvement.</b>						
22. Each scorecard results/analysis from each Standard has been reviewed and appropriate actions were initiated as indicated on each scorecard.	Standard I - Standard II - Standard III - Standard IV -	Yes Yes Yes Yes	No No No No			Met      Not Met
23. The Cumulative Scorecard for the last three years has been reviewed.	Cumulative Scorecard Results Standard I Standard II Standard III Standard IV	Current Year 201    	Previous Year 201    	Previous Year 201    	Previous Year 201    	Met      Not Met
Synopsis of data: -actual outcomes compared to expected outcomes -areas of improvement identified -changes to the program to foster improvement	Synopsis: See Scorecard Results for Standard I, II, III, and IV Worksheets.					



**College of Nursing and Health Sciences  
BSN DEPARTMENT  
PROGRAM EFFECTIVENESS: STUDENT PERFORMANCE AND FACULTY ACCOMPLISHMENTS WORKSHEET  
SCORE CARD RESULTS**

SCORE CARD RESULTS: Number of benchmarks:          / 20 =          %
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**Action Plan to Correct Unmet Benchmarks**

UNIVERSITY, DIVISIONAL AND PROGRAM GOALS	KEY ELEMENT	INT/EXT& PROCESS EVALUATION BENCHMARKS	ANALYSIS OF BENCHMARKS FROM WORK-SHEET INFORMATION	COMMENTS & ACTIONS TO BE TAKEN	Resp. Party Group/ Ind.	FOLLOW-UP ACTIONS REQUIRED	TARGET DATE FOR COMPLETION/  Evaluation

**Note: This data will be transferred to next year’s Worksheet Cover Page to provide follow-up documentation (closing the loop).**

Date:

Signatures of Faculty assisting with completion of worksheet: (Typed names will serve as signatures:

Signature of Department Chair (Typed in name will serve as signature)

Revised December 04, Reviewed 9/05, Reviewed 8/06, Revised 1/05/07, Revised: November 13, 2008, Revised 4/09; Revised 8/12; Revised 6/14 (new CCNE Standards 2013); revised 12-5-16, 4-2017; Revised 5/2017; Reviewed 5/2018; Revised 1/2019; Reviewed 5/2019; Reviewed 5/2020; Reviewed 5/2021; Reviewed 5/2022