



**Green River College LPN to BSN Program
2023-24 Systematic Evaluation Plan**

STANDARD I: CULTURE OF EXCELLENCE – Program Outcomes							
The nursing program engages in ongoing and systematic assessment and evaluation based on data collection processes relative to expected institutional and program outcomes. These data collection processes are used to inform data-based program decisions regarding program integrity and educational achievements. The decisions made by the program demonstrate a commitment to continuous quality improvement in achieving program outcomes. The program’s commitment to continuous quality improvement is evident through the achievement of the following associated quality indicators.							
Quality Indicators	Goal / Benchmark	Assessment Timeline	Assessment Methods	Analysis & Trending of Data	Goal or Benchmark met?	Quality Improvement (QI) Plan Action Plan	Location of Evidence Type & Date Responsible Persons
I-A. Faculty and staff assess and evaluate achievement of identified program outcomes (PLO) by engaging in an ongoing, systematic, evidence-based process.	The program engages in an ongoing, systematic, evidence-based process designed to demonstrate program effectiveness in achieving program outcomes with a commitment to continuous quality improvement.	AY: 2022-23 Annual review conducted summer quarter of academic year.	During the annual retreat, the ADN and faculty review and analyze all data collected throughout the year related to the SEP, QIs, program outcomes, student achievement of learning outcomes, course curriculum and material, and syllabi.	ADN and faculty developed and reviewed the programmatic components and found that the comprehensive assessment plan was in alignment with the needs of the program for evaluating outcomes.	Yes	The comprehensive assessment plan was developed and implemented.	Documents stored on network drive Annual SEP review and faculty meetings ADN, Tenured Faculty
		AY: 2023-24 Annual review conducted summer quarter of academic year.	During the annual retreat, the ADN and faculty review and analyze all data collected throughout the year related to the SEP, QIs, program outcomes, student achievement of learning outcomes, course curriculum and material, and syllabi.	ADN and faculty reviewed the programmatic components faculty reflected that they felt engaged in the process and understood how the program outcomes are imbedded into the program to meet student benchmarks. ADN and faculty developed a visualization of the program’s conceptual framework to be posted publicly.	Yes	Faculty will integrate the use of the nursing conceptual framework with students to help solidify the curriculum to practice and work towards attainment of student outcomes.	
		AY: 2024-25 Annual review conducted summer quarter of academic year.	During the annual retreat, the AND, faculty and staff review and analyze all data collected throughout the year related to the SEP, QIs, program outcomes, student achievement of learning outcomes, course curriculum and material, and syllabi.	ADN and faculty will review in summer 2024.	N/A	Will make any changes needed.	

STANDARD I: CULTURE OF EXCELLENCE – Program Outcomes							
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Quality Indicators	Goal / Benchmark	Assessment Timeline	Assessment Methods	Analysis & Trending of Data	Goal or Benchmark met?	Quality Improvement (QI) Plan Action Plan	Location of Evidence Type & Date Responsible Persons
I-B. Faculty and staff decisions regarding program effectiveness and continuous quality improvement efforts are informed through multiple means of collecting and analyzing data and are inclusive of input from communities of interest.	The program has a systematic data collection plan that outlines multiple means of collecting and analyzing data and are inclusive of input from communities of interest.	AY: 2022-23 Annual review conducted summer quarter of academic year.	ADN, faculty, and the Office of Institutional Effectiveness review and revise annual assessment plan.	The comprehensive assessment developed and implemented.	Yes	ADN and faculty developed and reviewed the comprehensive assessment plan to reflect the program’s continuous improvement process.	Documents stored on network drive Annual SEP review and faculty meetings Comprehensive assessment plan ADN, Tenured Faculty
		AY: 2023-24 Annual review conducted summer quarter of academic year.	ADN, faculty, and the Office of Institutional Effectiveness review and revise annual assessment plan.	The comprehensive assessment plan reviewed with program faculty and staff. No needed changes identified at this time.	Yes	No changes required at this time.	
		AY: 2024-25 Annual review conducted summer quarter of academic year.	ADN, faculty, and the Office of Institutional Effectiveness review and revise annual assessment plan.	Will be reviewed in summer 2024.	N/A	Will implement any changes needed.	

STANDARD I: CULTURE OF EXCELLENCE – Program Outcomes							
The nursing program engages in ongoing and systematic assessment and evaluation based on data collection processes relative to expected institutional and program outcomes. These data collection processes are used to inform data-based program decisions regarding program integrity and educational achievements. The decisions made by the program demonstrate a commitment to continuous quality improvement in achieving program outcomes. The program’s commitment to continuous quality improvement is evident through the achievement of the following associated quality indicators.							
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I-C. The program achieves expected program outcomes related to program completion rates.	80% of students will complete the program within 150% of program length annually.	AY: 2022-23 Annual review conducted summer quarter of academic year.	Review and evaluate program completion rates.	Program completion rates by cohort will be annualized yearly. In AY 2022-23, 16 students were admitted to the LPN to BSN program, as of summer 2023, all 16 students remain enrolled in the program.	N/A	Will review cohort completion rate in Summer 2024 when group graduates from program.	Documents stored on network drive Annual SEP review and faculty meetings Program application packet Admission rubric Course syllabi ADN, Tenured Faculty
		AY: 2023-24 Annual review conducted summer quarter of academic year.	Review and evaluate program completion rates.	Program completion rates by cohort will be annualized yearly. In AY 2023-24, 32 students were admitted to the LPN to BSN program and started in Fall 2023, as of Spring Quarter 30/32 students remain enrolled in the program.	N/A	Will review cohort completion rate in Summer 2025 when group graduates from program.	
		AY: 2024-25 Annual review conducted summer quarter of academic year.	Review and evaluate program completion rates.	Program completion rates by cohort will be annualized yearly. In AY 2024-25, 32 students will be admitted to the LPN to BSN program and will start in Fall 2024.	N/A	Will review cohort completion rate in Summer 2026 when group graduates from program.	

STANDARD I: CULTURE OF EXCELLENCE – Program Outcomes

The nursing program engages in ongoing and systematic assessment and evaluation based on data collection processes relative to expected institutional and program outcomes. These data collection processes are used to inform data-based program decisions regarding program integrity and educational achievements. The decisions made by the program demonstrate a commitment to continuous quality improvement in achieving program outcomes. The program’s commitment to continuous quality improvement is evident through the achievement of the following associated quality indicators.

Quality Indicators	Goal / Benchmark	Assessment Timeline	Assessment Methods	Analysis & Trending of Data	Goal or Benchmark met?	Quality Improvement (QI) Plan Action Plan	Location of Evidence Type & Date Responsible Persons
I-D. The program achieves expected program outcomes related to graduates’ performance on licensure and certification examinations.	80% of first-time takers will achieve a minimum graduate licensure pass rate, averaged over the most recent three-year calendar time period.	AY: 2022-23 Annual review conducted summer quarter of academic year.	Review and evaluate NCLEX pass rate.	Program NCLEX pass rates by cohort will be annualized yearly. In AY 2022-23, 16 students were admitted to the LPN to BSN program, those students will complete the program in summer 2024 and we anticipate them testing in late 2024.	N/A	The program has implemented built-in academic supports in preparation for the national licensure exam. These include Kaplan curriculum integration and NCLEX Preparation, and the use of the ATI testing platform to expose students to NextGen question formatting throughout their coursework.	Documents stored on network drive Annual SEP review and faculty meetings Washington Department of Health Nursing NCLEX Pass Rate Report ADN, Tenured Faculty
		AY: 2023-24 Annual review conducted summer quarter of academic year.	Review and evaluate NCLEX pass rate.	Program NCLEX pass rates by cohort will be annualized yearly. In AY 2023-24, 32 students were admitted to the LPN to BSN program, those students will complete the program in summer 2025 and we anticipate them testing in late 2025.	N/A	Program will continue to use built-in academic supports.	
		AY: 2024-25 Annual review conducted summer quarter of academic year.	Review and evaluate NCLEX pass rate.	Program NCLEX pass rates by cohort will be annualized yearly. In AY 2024-25, 32 students will be admitted to the LPN to BSN program, those students will complete the program in summer 2026 and we anticipate them testing in late 2026.	N/A	Program will continue to use built-in academic supports.	

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I-E. The program achieves expected program outcomes related to graduate employment rates in the area of nursing program preparation.	80% of graduates actively seeking employment will obtain employment in area of nursing program preparation within first 6 to 12 months after graduation.	AY: 2022-23	Review DLOA data report. The use of graduate survey data augments the DLOA data as there is a 2-year lag time until the data becomes available to the college. Review and evaluate graduate survey results.	DLOA and graduate survey results:	N/A	Will review cohort completion rate in Summer 2025 when group graduates from program.	Documents stored on network drive Annual SEP review and faculty meetings Graduate student survey results DLOA placement report ADN, Tenured Faculty
		AY: 2023-24	Review DLOA data report. The use of graduate survey data augments the DLOA data as there is a 2-year lag time until the data becomes available to the college. Review and evaluate graduate survey results.	DLOA and graduate survey results:	N/A	Will review cohort completion rate in Summer 2026 when group graduates from program.	
		AY: 2024-25	Review DLOA data report. The use of graduate survey data augments the DLOA data as there is a 2-	DLOA and graduate survey results:	N/A	Will review cohort completion rate in Summer 2027 when group graduates from program.	

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		<p>data report winter quarter.</p> <p>Graduate Survey is administered in winter 2027 for 2025-26 cohort and results were reviewed in spring 2027.</p>	<p>year lag time until the data becomes available to the college.</p> <p>Review and evaluate graduate survey results.</p>				
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Quality Indicators	Goal / Benchmark	Assessment Timeline	Assessment Methods	Analysis & Trending of Data	Goal or Benchmark met?	Quality Improvement (QI) Plan Action Plan	Location of Evidence Type & Date Responsible Persons
I-F. Faculty, student, alumni, and employers express satisfaction with program effectiveness.	80% of students will agree or strongly agree that “I am satisfied with the education I received at the college to prepare me to enter the nursing profession.”	AY: 2022-23 Student Exit Survey will be administered in summer 2024 for 2023-24 cohort and results were reviewed in Summer 2024.	Review and evaluate student exit survey results.	Student survey results: 1. XX of respondents agreed that “I am satisfied with the education I received at the college to prepare me to enter the nursing profession.” (N=X/X) Comments on preparing the students for the profession included:	N/A	Actions taken to sustain student survey results included:	Documents stored on network drive Annual SEP review and faculty meetings Student survey results Faculty satisfaction survey results Gradate survey results Employer survey results Advisory board survey results ADN, Tenured Faculty
	80% of faculty will agree or strongly agree that the nursing program is effective in producing safe and qualified nurses. 80% of graduates will agree or strongly agree that the education they received in this program effectively prepared them to enter the nursing profession. 80% of employers will report being satisfied or very satisfied with Green River’s LPN to BSN Nursing Program.	Faculty Satisfaction Survey is administered in fall quarter and results are evaluated the same fall. Graduate Survey is administered in winter 2025 for 2023-24 cohort and results were reviewed in spring 2025. Employer Survey administered in spring 2025 for the 2023-24 cohort and results reviewed in summer 2025. Advisory Board Survey administered	Review and evaluate faculty satisfaction survey results.	Faculty survey results: 1. 83% of respondents agreed that the nursing program is effective in producing safe and qualified nurses. (N=6/6) Comments on the on the program’s strengths included: “I feel like the majority of the instructors and adjuncts have the best interest of the students in mind.” And “This department is forward thinking. The equipment we have to work with is up to date. We have knowledgeable teaching staff and a leader that encourages creativity.” Comments on areas of improvements included: “I feel like there needs to be more organization and with this I know it is likely due to not enough staff. I feel like more support for adjuncts would be helpful. Since most adjuncts are part time there is a lack of organization and agendas and sometimes I feel as I am "left to figure" it out.”	Yes	Actions taken to address faculty survey results included: a. The program paired new incoming adjuncts with a senior faculty to co-teach their first lab or clinical rotation. Moving forward, the program will have one faculty with 1/3 release time to support the onboarding, coordination and training of lab faculty and one faculty with 1/3 release time to support the onboarding, coordination and training of clinical faculty. These “lead” roles will begin in fall 2023. Of note, this survey was not specific to the BSN and did not ask faculty to distinguish between the LPN and BSN programs as this was the first year the program was offered.	

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	80% of advisory board members are satisfied or very satisfied with Green River's LPN to BSN Nursing Program.	in spring 2025 and results reviewed in summer 2025.				
			Review and evaluate graduate survey results.	Graduate survey results: 1. XX% of respondents agreed or strongly agreed that the education they received in this program effectively prepared them to enter the nursing profession. (N=X/X) Comments on areas of improvements included:	N/A	Actions taken to address graduate survey results included:
			Review and evaluate employer survey results.	Employer survey results: 1. XX% of respondents reporting being satisfied with Green River's LPN to BSN Nursing Program. (N=X/X) Comments on areas of improvements included:	N/A	Actions taken to address employer survey results included:
			Review and evaluate feedback and results from the program's Advisory Board Survey.	Advisory board survey results: 1. XX% of respondents were satisfied with Green River's LPN to BSN Nursing Program. (N=X/X) Comments on areas of improvements included:	N/A	Actions taken to sustain advisory board survey results included the following:
	AY: 2023-24 Student Exit Survey will be administered in summer 2025 for 2024-25 cohort and results were reviewed in Summer 2025. Faculty Satisfaction Survey is	Review and evaluate student exit survey results.	Student survey results: 1. XX of respondents agreed that "I am satisfied with the education I received at the college to prepare me to enter the nursing profession." (N=X/X) Comments on preparing the students for the profession included:	N/A	Actions taken to sustain student survey results included:	

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		<p>administered in fall quarter and results are evaluated the same fall.</p> <p>Graduate Survey is administered in winter 2026 for 2024-25 cohort and results were reviewed in spring 2026.</p> <p>Employer Survey administered in spring 2026 for the 2024-25 cohort and results reviewed in summer 2026.</p> <p>Advisory Board Survey administered in spring 2026 and results reviewed in summer 2026.</p>	<p>Review and evaluate faculty satisfaction survey results.</p>	<p>Faculty survey results:</p> <ol style="list-style-type: none"> 92% of respondents agreed that the nursing program is effective in producing safe and qualified nurses. (N=11/12) <p>Comments on the on the program’s strengths included: The commitment of faculty to embracing innovative approaches to presenting material that engages the students and helps to keep the program relevant. Additionally, one individual highlighted the diversity of the student population and the flexibility that the program offers both students and faculty.</p> <p>Comments on areas of improvements included: Looking at the weight of some of the courses credit loads and a possible redistribution to allow more time to cover advanced topics such Pathophysiology, Pharmacology and Physical Assessment for the LPN to RN and the use of active learning strategies in the classroom.</p>	<p>Yes</p>	<p>Actions taken to address faculty survey results included:</p> <ol style="list-style-type: none"> The program has hired two nursing education consultants that will be providing one 8-hour training on active learning strategies with the program faculty this Spring. This will then be followed by a 4-hour online follow-up discussion with the consultants in the Fall.
			<p>Review and evaluate graduate survey results.</p>	<p>Graduate survey results:</p> <ol style="list-style-type: none"> XX% of respondents agreed or strongly agreed that the education they received in this program effectively prepared them to enter the nursing profession. (N=X/X) <p>Comments on areas of improvements included:</p>	<p>N/A</p>	<p>Actions taken to address graduate survey results included:</p>
			<p>Review and evaluate employer survey results.</p>	<p>Employer survey results:</p> <ol style="list-style-type: none"> XX% of respondents reporting being satisfied with Green River’s LPN to BSN Nursing Program. (N=X/X) <p>Comments on areas of improvements included:</p>	<p>N/A</p>	<p>Actions taken to address employer survey results included:</p>

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			Review and evaluate feedback and results from the program's Advisory Board Survey.	Advisory board survey results: 1. XX% of respondents were satisfied with Green River's LPN to BSN Nursing Program. (N=X/X) Comments on areas of improvements included:	N/A	Actions taken to sustain advisory board survey results included the following:	
		AY: 2024-25 Student Exit Survey will be administered in summer 2026 for 2025-26 cohort and results were reviewed in Summer 2026. Faculty Satisfaction Survey is administered in fall quarter and results are evaluated the same fall. Graduate Survey is administered in winter 2027 for 2025-26 cohort and results were reviewed in spring 2027.	Review and evaluate student exit survey results.	Student survey results: 1. XX of respondents agreed that "I am satisfied with the education I received at the college to prepare me to enter the nursing profession." (N=X/X) Comments on preparing the students for the profession included:	N/A	Actions taken to sustain student survey results included:	
			Review and evaluate faculty satisfaction survey results.	Faculty survey results: 1. XX% of respondents agreed that the nursing program is effective in producing safe and qualified nurses. (N=X/X) Comments on the on the program's strengths included: Comments on areas of improvements included:	N/A	Actions taken to address faculty survey results included:	
		Employer Survey administered in spring 2027 for the 2025-26 cohort and results reviewed in summer 2027. Advisory Board Survey administered	Review and evaluate graduate survey results.	Graduate survey results: 1. XX% of respondents agreed or strongly agreed that the education they received in this program effectively prepared them to enter the nursing profession. (N=X/X) Comments on areas of improvements included:	N/A	Actions taken to address graduate survey results included:	

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		in spring 2027 and results reviewed in summer 2027.	Review and evaluate employer survey results.	<p>Employer survey results:</p> <ol style="list-style-type: none"> 1. XX% of respondents reporting being satisfied with Green River's LPN to BSN Nursing Program. (N=X/X) <p>Comments on areas of improvements included:</p>	N/A	Actions taken to address employer survey results included:	
			Review and evaluate feedback and results from the program's Advisory Board Survey.	<p>Advisory board survey results:</p> <ol style="list-style-type: none"> 1. XX% of respondents were satisfied with Green River's LPN to BSN Nursing Program. (N=X/X) <p>Comments on areas of improvements included:</p>	N/A	Actions taken to sustain advisory board survey results included the following:	

STANDARD II: CULTURE OF INTEGRITY AND ACCOUNTABILITY – Mission, Governance, and Resources

A culture of organizational integrity and accountability exists within the institution and program with regard to mission, governance, and resources as reflected in their core values. The missions of the institution and nursing program are aligned, creating an environment in which the program can effectively establish program goals and achieve expected program outcomes. Institutional and program governance support the attainment of the program’s expected outcomes and reflect faculty and student participation. Communities of interest are engaged in providing input into program planning. There is demonstrated institutional and program commitment and accountability to providing resources critical to maintaining the operational integrity of the nursing academic unit and supporting continuous quality improvement efforts designed to meet the program’s expected outcomes. This shared institutional and program perspective related to mission, governance, and resource allocation is evidenced through the achievement of the following associated quality indicators.

Quality Indicators	Goal / Benchmark	Assessment Timeline	Assessment Methods	Analysis & Trending of Data	Goal or Benchmark met?	Quality Improvement (QI) Plan Action Plan	Location of Evidence Type & Date Responsible Persons
II-A. Faculty and staff define the core values, mission, and goals for the nursing program, ensuring they are aligned with institutional mission and goals; expected program outcomes are derived from the established mission and goals.	100% of program core values, mission, and goals are in alignment with the college mission and goals.	AY: 2022-23 Annual review conducted summer quarter of academic year.	Faculty reviewed GRC mission, vision and goals.	Program mission and goals are consistent with college mission and goals.	Yes	Continue to monitor and amend as needed.	Documents stored on network drive Annual SEP review and faculty meetings Alignment of mission, vision, goals with college completed August 2018 ADN, Tenured Faculty
			Faculty reviewed program outcomes.	Program outcomes are derived from nursing program mission and vision.	Yes	Continue to monitor and amend as needed.	
	100% of program outcomes are derived from nursing program mission and goals.	AY: 2023-24 Annual review conducted summer quarter of academic year.	Faculty reviewed GRC mission, vision and goals.	Program mission and goals are consistent with college mission and goals.	Yes	Continue to monitor and amend as needed.	
			Faculty reviewed program outcomes.	Program outcomes are derived from nursing program mission and vision.	Yes	Continue to monitor and amend as needed.	
	AY: 2024-25 Annual review conducted summer quarter of academic year.	Faculty reviewed GRC mission, vision and goals.	Will review in summer 2024.	N/A	Continue to monitor and amend as needed.		
		Faculty reviewed program outcomes.	Will review in summer 2024.	N/A	Continue to monitor and amend as needed.		

STANDARD II: CULTURE OF INTEGRITY AND ACCOUNTABILITY – Mission, Governance, and Resources

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Quality Indicators	Goal / Benchmark	Assessment Timeline	Assessment Methods	Analysis & Trending of Data	Goal or Benchmark met?	Quality Improvement (QI) Plan Action Plan	Location of Evidence Type & Date Responsible Persons
II-B. The organizational structure of Green River College and the nursing program provide opportunities for faculty and students to demonstrate involvement in institutional and program governance, enabling achievement of expected program outcomes.	100% of full-time tenured and tenure-track faculty will serve on a college committee and a nursing committee. Nursing student representative will be present at Nursing Faculty meetings and Nurse Advisory Board meeting.	AY: 2022-23 Annual review conducted summer quarter of academic year.	Review committee assignments. Committee representative reports at nursing and division meeting.	100% of full-time faculty served on a college committee and a nursing committee. The program had four full-time faculty that served on the following committees: 1. R. Allen was the division representatives on the Instructional Diversity Committee. 2. T. Horner was the division representative on the Accessibility Committee. 3. A. Drury and G. Blackburn were in the first year of tenure. During their first year they shadow other faculty on committees. G. Blackburn shadowed R. Allen on the Instructional Diversity Committee and A. Drury shadowed K. LaValley on the Instructional Council.	Yes	1. All Nursing faculty sought faculty input at division meeting to be shared with college-wide committees and in decisions-making processes related to the Technology division and then reported follow-up on decisions. R. Allen participated in faculty work team and provided input on workshops about equity in instructional pedagogy. T. Horner shared out resources for assuring that the program is following accommodations guidelines and created a binder for faculty to use as a resource guide.	Documents stored on network drive Annual SEP review and faculty meetings ADN, Tenured Faculty

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			<p>Nursing student body elects a student representative that reports on behalf of cohort at nursing meetings and advisory board meetings.</p>	<ol style="list-style-type: none"> 1. Student representative came to ADN in Spring 2023 to discuss that the cohort would like the program to seek accreditation prior to their graduation date. 2. Student representative provided qualitative report during faculty meetings on behalf of cohort. The following concerns were brought up throughout the year: <ol style="list-style-type: none"> a. Students would like time built into the schedule to review skills learned in their LPN program (10/14/2022) b. Students expressed concerns about their general education courses and the workload/grading of those courses (10/21/2022) 	<p>Yes</p>	<p>Actions taken to address the students concerns included:</p> <ol style="list-style-type: none"> 1. The ADN and program faculty began the pre-accreditation process with CNEA. 2. The following actions were taken to address student concerns: <ol style="list-style-type: none"> a. Faculty assured student that the transition course developed for winter quarter would allow for skills practice. b. Faculty and ADN met with general education faculty to discuss concerns brought forward. Worked collaboratively to find solution to testing anxiety. Students were given the option to receive more time on exams but not have it be open resource. Students chose to keep the time the way it was and allow for open resource use. Program was able to work more collaboratively with general education faculty moving forward. 	
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		<p>AY: 2023-24</p> <p>Annual review conducted summer quarter of academic year.</p>	<p>Review committee assignments. Committee representative reports at nursing and division meeting.</p>	<p>100% of full-time faculty served on a college committee and a nursing committee.</p> <p>The program had four full-time faculty that served on the following committees:</p> <ol style="list-style-type: none"> 1. R. Allen was the division representatives on the Instructional Diversity Committee. 2. T. Horner was the division representative on the Accessibility Committee. 3. A. Drury was the division representative on the International Education Committee 4. G. Blackburn was the division representative on the International Programs Committee. <p>Additionally, the program had two full-time one-year contracted faculty that represented the program at various campus communities such as the Supporting Pregnant and Parenting Students workgroup, however there is no contractual obligation for these individuals.</p>	<p>yes</p>	<ol style="list-style-type: none"> 1. All Nursing faculty sought faculty input at division meeting to be shared with college-wide committees and in decisions-making processes related to the Technology division and then reported follow-up on decisions. 	
			<p>Nursing student body elects a student representative that reports on behalf of cohort at nursing meetings and advisory board meetings.</p>	<p>Student representative provided qualitative report during faculty meetings on behalf of cohort. The following concerns were brought up throughout the year:</p> <ol style="list-style-type: none"> a. Students would like more time with the dedicated nursing tutor and open lab sessions (11/2/23) b. Students requested more exposure to online testing platform the program uses (ATI) and NGN questions (12/8/23) c. Students requested technology support for students returning to the school after a large break from academia (2/3/24) 	<p>Yes</p>	<p>Actions taken to address student concerns included:</p> <ol style="list-style-type: none"> a. The program hired a faculty member that was given 50% release time to do 16 hours of tutoring, which includes open laboratory sessions weekly. b. The program incorporated more ATI practice opportunities and set a standard across all nursing programs that 20% of all theory exams would include NGN style NCLEX questions. c. The program started hosting pop-up technology support workshops where students could drop in and get help navigating program resources and technologies. Additionally, students can make appointments with the Nursing Support Coordinator, their faculty, or the nursing tutor to get support with technology resources. 	

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		<p>AY: 2024-25</p> <p>Annual review conducted summer quarter of academic year.</p>	<p>Review committee assignments. Committee representative reports at nursing and division meeting.</p>	<p>XX% of full-time faculty served on a college committee and a nursing committee.</p> <p>The program had XX full-time faculty that served on the following committees:</p>	N/A	<p>a. Nursing faculty will be assigned to committee work the first week of fall quarter 2024.</p>	
			<p>Nursing student body elects a student representative that reports on behalf of cohort at nursing meetings and advisory board meetings.</p>	<p>Student representative provided qualitative report during faculty meetings on behalf of cohort. The following concerns were brought up throughout the year:</p>	N/A	<p>Actions taken to address student concerns included:</p>	

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Quality Indicators	Goal / Benchmark	Assessment Timeline	Assessment Methods	Analysis & Trending of Data	Goal or Benchmark met?	Quality Improvement (QI) Plan Action Plan	Location of Evidence Type & Date Responsible Persons
II-C. Communities of interest provide feedback which is used to inform program decision-making about the educational preparation of students.	80% of community of interest will agree or strongly agree that they are provided opportunities to provide input into program planning and decision making.	AY: 2022-23 Advisory Board Survey administered in spring 2024 and results reviewed in summer 2024.	Review and evaluate feedback and results from the program's Advisory Board Survey.	Advisory board survey results: 1. XX% of the respondents agreed that they were provided the opportunity to provide input, however the response rate was low. (N=X/X)	Yes	Actions taken to address the low advisory board survey response rate included the following:	Documents stored on network drive Annual SEP review and faculty meetings Advisory board survey results and meetings ADN, Tenured Faculty
		Advisory Board Meeting in Fall and Spring.	At each Advisory Board meeting, ADN and faculty have an open forum discussion about the program.	Meeting discussions included the request for nursing students to provide sideline medical support at athletic games for the local school district and more advanced curriculum relating to eating disorders.	Yes	Actions taken to address advisory board feedback included: a. Faculty and clinical coordinator working with local school district to evaluate potential clinical opportunities. b. Faculty for the mental health courses working with Emily Program (local eating disorder clinic) to provide specialized training to students.	
		AY: 2023-24 Advisory Board Survey administered in spring 2025.	Review Advisory Board survey results.	Advisory board survey results: 1. XX% of the respondents agreed that they were provided the opportunity to provide input, however the response rate was low. (N=X/X)	N/A	Actions taken to address the low advisory board survey response rate included the following:	

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		and results reviewed in summer 2025. Advisory Board Meeting in Fall and Spring.	At each Advisory Board meeting, ADN and faculty have an open forum discussion about the program.	Meetings scheduled for fall 2023 and spring 2024. Thus far, meeting discussions have included the importance of providing students with diverse and enriching experiences, as a result the program worked collaboratively with our International Programs Department to develop a study abroad opportunity for community clinical rotations.	Yes	Actions taken to address advisory board feedback included: a. The program will be providing a study abroad opportunity in Vietnam for LPN to BSN community health clinicals in Winter 2025.	
		AY: 2024-25 Advisory Board Survey administered in spring 2026 and results reviewed in summer 2026.	Review Advisory Board survey results.	Advisory board survey results: 1. XX% of the respondents agreed that they were provided the opportunity to provide input, however the response rate was low. (N=X/X)	N/A	Actions taken to address the low advisory board survey response rate included the following:	
		Advisory Board Meeting in Fall and Spring.	At each Advisory Board meeting, ADN and faculty have an open forum discussion about the program.	Meetings scheduled for fall 2024 and spring 2025.	N/A	Actions taken to address advisory board feedback included:	

STANDARD II: CULTURE OF INTEGRITY AND ACCOUNTABILITY – Mission, Governance, and Resources

A culture of organizational integrity and accountability exists within the institution and program with regard to mission, governance, and resources as reflected in their core values. The missions of the institution and nursing program are aligned, creating an environment in which the program can effectively establish program goals and achieve expected program outcomes. Institutional and program governance support the attainment of the program’s expected outcomes and reflect faculty and student participation. Communities of interest are engaged in providing input into program planning. There is demonstrated institutional and program commitment and accountability to providing resources critical to maintaining the operational integrity of the nursing academic unit and supporting continuous quality improvement efforts designed to meet the program’s expected outcomes. This shared institutional and program perspective related to mission, governance, and resource allocation is evidenced through the achievement of the following associated quality indicators.

Quality Indicators	Goal / Benchmark	Assessment Timeline	Assessment Methods	Analysis & Trending of Data	Goal or Benchmark met?	Quality Improvement (QI) Plan Action Plan	Location of Evidence Type & Date Responsible Persons
<p>II-D. Program publications, documents, and policies are clear, current, accurately reflect program practices, and are accessible to communities of interest.</p>	<p>100% of program publications (written and online) documents, and policies are clear, current, reflect program practices, and are publicly accessible.</p>	<p>AY: 2022-23 Annual review conducted in Summer 2022.</p>	<p>Annual review of Nursing Student Program Handbook. Annual and quarterly review of course syllabi. Review of program website twice a year: prior to admissions process and start of AY. The ADN reviews college and WAC policies on a regular basis to ensure compliance.</p>	<p>All policies and student handbook are reviewed during annual faculty meeting in Summer 2022. a. The program needed to develop an LPN to BSN section of the student handbook. b. All course syllabi were developed and reviewed, and a few minor edits were needed to address college-wide requirements. c. Program needed to develop LPN to BSN website. ADN reviewed compliance with all WACs in fall 2022 and found the program to be in compliance.</p>	<p>Yes</p>	<p>Actions taken to address policies included: a. The program developed and adopted the LPN to BSN section of the Nursing Student Handbook in fall 2023. b. Syllabi updated to include new requirements for collegewide DEI learning outcome. c. Program developed LPN to BSN website. All course syllabi were updated and reviewed to ensure compliance with IC requirements. Faculty as a group review each course syllabi to ensure compliance and standardization.</p>	<p>Documents stored on network drive Annual SEP review and faculty meetings Program website Student Handbook CANVAS courses Course syllabi ADN, Tenured Faculty</p>

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		<p>AY: 2023-24</p> <p>Annual review conducted in Summer 2023.</p>	<p>Annual review of Nursing Student Program Handbook.</p> <p>Annual and quarterly review of course syllabi.</p> <p>Review of program website twice a year: prior to admissions process and start of AY.</p> <p>The ADN reviews college and WAC policies on a regular basis to ensure compliance.</p>	<p>All policies and student handbook are reviewed during annual faculty meeting in Summer 2023.</p> <ul style="list-style-type: none"> a. The program needed to create an inclement weather policy for all nursing programs. b. The program’s conceptual framework need to be added to the handbook. <p>All course syllabi were reviewed, and a few minor edits were needed to address college-wide requirements.</p> <p>ADN reviewed compliance with all WACs in fall 2023 and found the program to be in compliance.</p>	<p>Yes</p>	<p>Action taken to address policies included:</p> <ul style="list-style-type: none"> a. The program developed and adopted an inclement weather policy which was implemented in Fall 2024. b. Added the conceptual framework to the handbook available publicly online. <p>All course syllabi were reviewed and will be updated with newly published requirements by IC in fall 2023.</p>	
		<p>AY: 2024-25</p> <p>Annual review conducted in Summer 2024.</p>	<p>Annual review of Nursing Student Program Handbook.</p> <p>Annual and quarterly review of course syllabi.</p> <p>Review of program website twice a year: prior to admissions process and start of AY.</p> <p>The ADN reviews college and WAC policies on a regular basis to ensure compliance.</p>	<p>All policies and student handbook are reviewed during annual faculty meeting in Summer 2024.</p>	<p>N/A</p>	<p>Action taken to address policies included:</p>	

STANDARD II: CULTURE OF INTEGRITY AND ACCOUNTABILITY – Mission, Governance, and Resources

A culture of organizational integrity and accountability exists within the institution and program with regard to mission, governance, and resources as reflected in their core values. The missions of the institution and nursing program are aligned, creating an environment in which the program can effectively establish program goals and achieve expected program outcomes. Institutional and program governance support the attainment of the program’s expected outcomes and reflect faculty and student participation. Communities of interest are engaged in providing input into program planning. There is demonstrated institutional and program commitment and accountability to providing resources critical to maintaining the operational integrity of the nursing academic unit and supporting continuous quality improvement efforts designed to meet the program’s expected outcomes. This shared institutional and program perspective related to mission, governance, and resource allocation is evidenced through the achievement of the following associated quality indicators.

Quality Indicators	Goal / Benchmark	Assessment Timeline	Assessment Methods	Analysis & Trending of Data	Goal or Benchmark met?	Quality Improvement (QI) Plan Action Plan	Location of Evidence Type & Date Responsible Persons
<p>II-E. The academic nursing unit is led by a chief academic nurse administrator who is educationally and experientially qualified for the role and administratively entrusted with the responsibility and authorization to provide the leadership needed to procure and allocate resources to achieve the program’s expected outcomes.</p>	<p>The Associate Dean (ADN) of Nursing will meet 100% of the education and experience requirements required for the Nurse Administrator as outlined by the Washington State Nursing Commission and the CNEA.</p> <p>The Associate Dean (ADN) of Nursing fulfills 100% of the Nurse Administrator duties as outlined by the Washington State Nursing Commission and the CNEA.</p>	<p>AY: 2022-23</p> <p>Annual review conducted in Summer 2022.</p>	<p>Review and evaluate Curriculum Vitae</p>	<p>The ADN is in 100% compliance with education and experience requirements to provide the leadership needed to achieve the program’s expected outcomes.</p>	<p>Yes</p>	<p>Will continue to review if WAC changes or new ADN is appointed.</p>	<p>Documents stored on network drive</p> <p>Annual SEP review and faculty meetings</p> <p>ADN’s job description and CV can be found in HR and at the dean’s office</p> <p>2019 POC report</p> <p>ADN</p>
			<p>Review and evaluate ADN job description.</p>	<p>The ADN is entrusted and fulfills the leadership requirements needed to achieve the program’s expected outcomes.</p>	<p>Yes</p>	<p>Will continue to review if WAC changes or new ADN is appointed.</p>	

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		AY: 2023-24	Review and evaluate Curriculum Vitae	The ADN is in 100% compliance with education and experience requirements to provide the leadership needed to achieve the program's expected outcomes.	Yes	Will continue to review if WAC changes or new ADN is appointed.	Documents stored on network drive Annual SEP review and faculty meetings
			Review and evaluate ADN job description.	The ADN is entrusted and fulfills the leadership requirements needed to achieve the program's expected outcomes.	Yes	Will continue to review if WAC changes or new ADN is appointed.	ADN's job description and CV can be found in HR and at the dean's office. 2020 POC report WA Nursing Commission letter of decision ADN
		AY: 2024-25	Review and evaluate Curriculum Vitae	Will review in summer 2024.	N/A	Will continue to review if WAC changes or new ADN is appointed.	Documents stored on network drive Annual SEP review and faculty meetings
			Review and evaluate ADN job description.	Will review in summer 2024.	N/A	Will continue to review if WAC changes or new ADN is appointed.	ADN's job description and CV can be found in HR and at the dean's office. ADN

STANDARD II: CULTURE OF INTEGRITY AND ACCOUNTABILITY – Mission, Governance, and Resources

A culture of organizational integrity and accountability exists within the institution and program with regard to mission, governance, and resources as reflected in their core values. The missions of the institution and nursing program are aligned, creating an environment in which the program can effectively establish program goals and achieve expected program outcomes. Institutional and program governance support the attainment of the program’s expected outcomes and reflect faculty and student participation. Communities of interest are engaged in providing input into program planning. There is demonstrated institutional and program commitment and accountability to providing resources critical to maintaining the operational integrity of the nursing academic unit and supporting continuous quality improvement efforts designed to meet the program’s expected outcomes. This shared institutional and program perspective related to mission, governance, and resource allocation is evidenced through the achievement of the following associated quality indicators.

Quality Indicators	Goal / Benchmark	Assessment Timeline	Assessment Methods	Analysis & Trending of Data	Goal or Benchmark met?	Quality Improvement (QI) Plan Action Plan	Location of Evidence Type & Date Responsible Persons
<p>II-F. The nursing program has the necessary budgetary, human, instructional, physical, and technological resources to demonstrate achievement of the mission, goals, and expected program outcomes.</p>	<p>80% of nursing students will agree or strongly agree that the following were sufficient for their needs:</p> <ol style="list-style-type: none"> 1. the classrooms 2. the nursing skills lab 3. technology <p>80% of students will agree or strongly agree that the nursing program resources enable the nursing program to meet expected program outcomes</p>	<p>AY: 2022-23</p> <p>Survey is administered in summer 2024 for 2022-23 cohort and results were reviewed in Summer 2024.</p>	<p>Review and evaluate student exit survey results.</p>	<p>Student survey results:</p> <ol style="list-style-type: none"> 1. XX% of the respondents agreed that the nursing classrooms were sufficient to meet their needs. (N=X/X) 2. XX% of the respondents agreed that the nursing skills lab was sufficient to meet their needs. (N=X/X) 3. XX% of the respondents agreed that the technology sufficient to meet their needs. (N=X/X) <p>Comments on survey include:</p>	<p>N/A</p>	<p>Actions taken to address student survey results and included:</p>	<p>Documents stored on network drive Annual SEP review and faculty meetings Student survey results ADN, Tenured Faculty</p>
		<p>AY: 2023-24</p> <p>Survey is administered in summer 2025 for 2023-24 cohort and results were reviewed in Summer 2025.</p>	<p>Review and evaluate student exit survey results.</p>	<p>Student survey results:</p> <ol style="list-style-type: none"> 1. XX% of the respondents agreed that the nursing classrooms were sufficient to meet their needs. (N=X/X) 2. XX% of the respondents agreed that the nursing skills lab was sufficient to meet their needs. (N=X/X) 3. XX% of the respondents agreed that the technology sufficient to meet their needs. (N=X/X) 	<p>N/A</p>	<p>Actions taken to address student survey results and student feedback included:</p>	

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		<p>AY: 2024-25</p> <p>Survey is administered in summer 2026 for 2024-25 cohort and results were reviewed in Summer 2026.</p>	<p>Review and evaluate student exit survey results.</p>	<p>Student survey results:</p> <ol style="list-style-type: none"> 1. XX% of the respondents agreed that the nursing classrooms were sufficient to meet their needs. (N=X/X) 2. XX% of the respondents agreed that the nursing skills lab was sufficient to meet their needs. (N=X/X) 3. XX% of the respondents agreed that the technology sufficient to meet their needs. (N=X/X) <p>Comments on survey include:</p>	<p>N/A</p>	<p>Actions taken to address student survey results and included:</p>	
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STANDARD II: CULTURE OF INTEGRITY AND ACCOUNTABILITY – Mission, Governance, and Resources

A culture of organizational integrity and accountability exists within the institution and program with regard to mission, governance, and resources as reflected in their core values. The missions of the institution and nursing program are aligned, creating an environment in which the program can effectively establish program goals and achieve expected program outcomes. Institutional and program governance support the attainment of the program’s expected outcomes and reflect faculty and student participation. Communities of interest are engaged in providing input into program planning. There is demonstrated institutional and program commitment and accountability to providing resources critical to maintaining the operational integrity of the nursing academic unit and supporting continuous quality improvement efforts designed to meet the program’s expected outcomes. This shared institutional and program perspective related to mission, governance, and resource allocation is evidenced through the achievement of the following associated quality indicators.

Quality Indicators	Goal / Benchmark	Assessment Timeline	Assessment Methods	Analysis & Trending of Data	Goal or Benchmark met?	Quality Improvement (QI) Plan Action Plan	Location of Evidence Type & Date Responsible Persons
<p>II-G. Nursing program resources are periodically reviewed and allocated as needed to sustain an environment of continuous quality improvement that enables the program to meet expected program outcomes and expected student learning outcomes.</p>	<p>80% of nursing faculty will agree or strongly agree that:</p> <ol style="list-style-type: none"> 1. technology, instructional equipment and supplies are sufficient to support learning and program outcomes. 2. the operational budget’s ability to adequately support the nursing program. 3. faculty review program resources on an annual basis, prioritize requests and develop a plan to fund equipment needs of the program 	<p>AY: 2022-23</p> <p>Faculty Satisfaction Survey is administered in fall quarter and results are evaluated the same fall.</p>	<p>Review and evaluate Faculty Satisfaction Survey results.</p>	<p>Faculty survey results:</p> <ol style="list-style-type: none"> 1. 100% of respondents agreed that technology, instructional equipment and supplies are sufficient to support learning and program outcomes. (N=6/6) 2. 67% of respondents agree that they are satisfied with the operational budget’s ability to support the program (N=4/6) 3. 83% of respondents agreed that faculty review program resources on an annual basis, prioritize requests and develop a plan to fund equipment needs of the program. (N=5/6) 	<ol style="list-style-type: none"> 1. Yes 2. No 3. Yes 	<p>Actions taken to address both faculty survey results included:</p> <ol style="list-style-type: none"> a. New lab equipment purchased with worker retraining and Perkins funding including simulators. b. Two new faculty hired to support BSN starting Fall 2023. One additional faculty will be hired for Fall 2024. 	<p>Documents stored on network drive</p> <p>Annual SEP review and faculty meetings</p> <p>Faculty satisfaction survey results</p> <p>ADN, Tenured Faculty</p>

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		<p>AY: 2023-24</p> <p>Faculty Satisfaction Survey is administered in fall quarter and results are evaluated the same fall.</p>	<p>Review and evaluate Faculty Satisfaction Survey results.</p>	<p>Faculty survey results:</p> <ol style="list-style-type: none"> 1. 87% of respondents agreed that technology, instructional equipment and supplies are sufficient to support learning and program outcomes. (N=13/15) 2. 46% of respondents agree that they are satisfied with the operational budget's ability to support the program (N=6/13) 3. 88% of respondents agreed that faculty review program resources on an annual basis, prioritize requests and develop a plan to fund equipment needs of the program. (N=7/8) <p>Qualitative feedback included: The need for more physical and personnel resources. This includes the need for more laboratory and office spaces as well as the need for more full-time faculty.</p>	<ol style="list-style-type: none"> 1. Yes 2. No 3. Yes 	<p>Actions taken to sustain faculty survey results included:</p> <ol style="list-style-type: none"> a. The ADN and Program Manager are working with college administration to address the needs for physical space. b. The program will be hiring two new full-time faculty to start in Fall 2024. It will also request an additional two faculty for Fall of 2025 in the hiring process. 	<p>Documents stored on network drive</p> <p>Annual SEP review and faculty meetings</p> <p>Faculty satisfaction survey results</p>
		<p>AY: 2024-25</p> <p>Faculty Satisfaction Survey is administered in fall quarter and results are evaluated the same fall.</p>	<p>Review and evaluate Faculty Satisfaction Survey results.</p>	<p>Faculty survey results:</p> <ol style="list-style-type: none"> 4. XX% of respondents agreed that technology, instructional equipment and supplies are sufficient to support learning and program outcomes. (N=X/X) 5. XX% of respondents agree that they are satisfied with the operational budget's ability to support the program (N=X/X) 6. XX% of respondents agreed that faculty review program resources on an annual basis, prioritize requests and develop a plan to fund equipment needs of the program. (N=X/X) <p>Qualitative feedback included:</p>	<p>N/A</p>	<p>Actions taken to sustain faculty survey results included:</p>	<p>Documents stored on network drive</p> <p>Annual SEP review and faculty meetings</p> <p>Faculty satisfaction survey results</p>

STANDARD III: CULTURE OF EXCELLENCE AND CARING – Faculty

The expertise, creativity, and innovation demonstrated by the collective faculty within a culture of excellence and caring enables the nursing program to achieve expected program outcomes aligned with the program’s mission and goals. The faculty complement consists of educationally and experientially qualified persons of diverse backgrounds who have expertise as educators, clinicians, scholars, and researchers, as relevant to the program’s mission and use their expertise to co-create a student-centered learning environment and achieve expected program outcomes. The organizational environment and program core values support inclusivity and empower faculty to achieve the professional outcomes expected of them in the faculty role, and seek the recruitment and retention of a diverse faculty. This commitment to creating a culture of excellence and caring supportive of faculty outcomes is evidenced through the achievement of the following associated quality indicators.

Quality Indicators	Goal / Benchmark	Assessment Timeline	Assessment Methods	Analysis & Trending of Data	Goal or Benchmark met?	Quality Improvement (QI) Plan Action Plan	Location of Evidence Type & Date Responsible Persons
III-A. The program’s faculty are qualified, diverse and adequate in number to meet program goals.	100% of nursing faculty hold a Master’s degree and an active and unencumbered licensure as registered nurses. Program has a sufficient number of nursing faculty to maintain student ratios of 1:10 (max) for clinical; 1:20 for classroom setting; and 1:10 (max) for lab setting.	AY: 2022-23 Annual review conducted in Summer 2022 and at hire.	Review of CV at hire. Review NURSYS data on expiring credentials.	100% of nursing faculty hold an active and unencumbered licensure as registered nurses (N=4/4). 100% of full-time nursing faculty hold a master’s degree or higher (N=4/4).	Yes	Will continue to monitor and provide educational advancement opportunities as identified.	Documents stored on network drive Annual SEP review and faculty meetings Employee documentation on file with HR NURSYS data 2019 POC reports ADN, Tenured Faculty
		Quarterly review of faculty load and assignments.	Review of faculty load and assignments to be compliance with WAC 246-840-532 relating to faculty to student ratios for clinical and practice experiences.	100% in compliance with state required student/faculty ratios for lecture, lab and clinical.	Yes	Continue to review quarterly.	
		AY: 2023-24 Annual review conducted in Summer 2023 and at hire.	Review of CV at hire. Review NURSYS data on expiring credentials.	100% of nursing faculty hold an active and unencumbered licensure as registered nurses (N=6/6). 100% of full-time nursing faculty hold a master’s degree or higher (N=6/6). The program had 4 lab/clinical adjuncts in 2023, that all held a master’s degree or higher.	Yes	Will continue to monitor and provide educational advancement opportunities as identified.	
		Quarterly review of faculty load and assignments					

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			Review of faculty load and assignments to be compliance with WAC 246-840-532 relating to faculty to student ratios for clinical and practice experiences.	100% in compliance with state required student/faculty ratios for lecture, lab and clinical.	Yes	Continue to review quarterly.	
		AY: 2024-25 Annual review conducted in Summer 2024 and at hire. Quarterly review of faculty load and assignments.	Review of CV at hire. Review NURSYS data on expiring credentials.	XX% of nursing faculty hold an active and unencumbered licensure as registered nurses (N=X/X). XX% of full-time nursing faculty hold a master's degree or higher (N=X/X).	N/A		
			Review of faculty load and assignments to be compliance with WAC 246-840-532 relating to faculty to student ratios for clinical and practice experiences.	XX% in compliance with state required student/faculty ratios for lecture, lab and clinical.	N/A		

STANDARD III: CULTURE OF EXCELLENCE AND CARING – Faculty

The expertise, creativity, and innovation demonstrated by the collective faculty within a culture of excellence and caring enables the nursing program to achieve expected program outcomes aligned with the program’s mission and goals. The faculty complement consists of educationally and experientially qualified persons of diverse backgrounds who have expertise as educators, clinicians, scholars, and researchers, as relevant to the program’s mission and use their expertise to co-create a student-centered learning environment and achieve expected program outcomes. The organizational environment and program core values support inclusivity and empower faculty to achieve the professional outcomes expected of them in the faculty role, and seek the recruitment and retention of a diverse faculty. This commitment to creating a culture of excellence and caring supportive of faculty outcomes is evidenced through the achievement of the following associated quality indicators.

Quality Indicators	Goal / Benchmark	Assessment Timeline	Assessment Methods	Analysis & Trending of Data	Goal or Benchmark met?	Quality Improvement (QI) Plan Action Plan	Location of Evidence Type & Date Responsible Persons
III-B. Preceptors, and other alternative clinical supervisory personnel, are adequate in number, qualified, and prepared for their assigned role and responsibilities in facilitating student learning.	100% of preceptors are academically and experientially qualified for their role in assisting in the achievement of the mission, goals, and expected student outcomes. 100% of preceptors are oriented and mentored when selected and evaluated through student feedback.	AY: 2022-23 Reviewed in quarters when precepted rotations occur.	Review and evaluate verification of degree and work experience in the preceptor’s role.	No clinical preceptors used in 2022-2023, first preceptor rotation planned for summer 2024.	N/A	The program tracks all preceptor requirements in a database curated by the clinical coordinator.	Documents stored on network drive Annual SEP review and faculty meetings Preceptor tracking form Preceptor checklist and handbook Student preceptor feedback ADN, Tenured Faculty
			Review preceptor checklist, handbook.	The preceptor handbook was developed and reviewed by faculty.	N/A	The program developed a preceptor handbook that was reviewed by faculty and is in alignment with WAC 246-840-533 .	
			Review and evaluate preceptor survey results. Review and evaluate student preceptor feedback.	Survey data will be reviewed when in summer 2024, after students have completed their preceptor rotation.			
		AY: 2023-24 Reviewed in quarters when precepted rotations occur.	Review and evaluate verification of degree and work experience in the preceptor’s role.	XX% of preceptors were academically prepared and had required work experience of at least one year.	N/A	Will continue to track and monitor.	
			Review preceptor checklist, handbook.	Survey data will be reviewed when in summer 2025, after students have completed their preceptor rotation.	N/A	Will continue to assess effectiveness and receptiveness of preceptors.	
			Review and evaluate preceptor survey results. Review and evaluate student preceptor feedback.				

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		AY: 2024-25 Reviewed in quarters when precepted rotations occur.	Review and evaluate verification of degree and work experience in the preceptor's role.	XX% of preceptors were academically prepared and had required work experience of at least one year.	Yes	Will continue to track and monitor.	
			Review preceptor checklist, handbook. Review and evaluate preceptor survey results. Review and evaluate student preceptor feedback.	Survey data will be reviewed when in summer 2026, after students have completed their preceptor rotation.	Yes	Will continue to assess effectiveness and receptiveness of preceptors.	

STANDARD III: CULTURE OF EXCELLENCE AND CARING – Faculty

The expertise, creativity, and innovation demonstrated by the collective faculty within a culture of excellence and caring enables the nursing program to achieve expected program outcomes aligned with the program’s mission and goals. The faculty complement consists of educationally and experientially qualified persons of diverse backgrounds who have expertise as educators, clinicians, scholars, and researchers, as relevant to the program’s mission and use their expertise to co-create a student-centered learning environment and achieve expected program outcomes. The organizational environment and program core values support inclusivity and empower faculty to achieve the professional outcomes expected of them in the faculty role, and seek the recruitment and retention of a diverse faculty. This commitment to creating a culture of excellence and caring supportive of faculty outcomes is evidenced through the achievement of the following associated quality indicators.

Quality Indicators	Goal / Benchmark	Assessment Timeline	Assessment Methods	Analysis & Trending of Data	Goal or Benchmark met?	Quality Improvement (QI) Plan Action Plan	Location of Evidence Type & Date Responsible Persons
III-C. Faculty are supported in providing unique and innovative contributions to the faculty role as defined by the missions of the parent institution and nursing program.	80% of nursing faculty will agree or strongly agree that the nursing program values their unique and innovative contributions. 100% of nursing faculty maintain professional practice knowledge base required for assigned teaching responsibilities.	AY: 2022-23 Faculty Satisfaction Survey is administered in fall quarter and results are reviewed the same fall quarter. Annual review of professional development plan.	Review and evaluate faculty satisfaction survey results.	Faculty survey results: 1. 67% of respondents agreed that the nursing program values their unique and innovative contributions. (N=4/6) 2. 83% of respondents felt “supported and valued by other members of their division.” (N=5/6) 3. 67% of respondents felt “supported by my Associate Dean of Nursing” (N=4/6) and 83% of respondents felt “supported by my Nursing faculty peers.” (N=5/6)	1. Yes 2. No 3. Yes	The faculty survey results cover all nursing faculty teaching in either the BSN, LPN or a certificate program. Actions taken to address faculty survey results included: a. The ADN has made a concerted effort to do faculty recognition activities and to thank those who go above and beyond. The ADN has also created program faculty leads to recognize faculty who have been peer leaders. b. The ADN has worked with college administration to ensure that the program has the fiscal and faculty supports necessary to foster success. The ADN also provided 1/3 release time for all faculty to develop BSN coursework prior to the quarter they taught the material.	Documents stored on network drive Annual SEP review and faculty meetings Faculty CVs Faculty 5-year professional development plans Faculty satisfaction survey results ADN, Tenured Faculty
			Review faculty professional development plan/continuing education.	100% of Nursing faculty were in compliance with the continuing education requirements for licensure in Washington State. 100% of full-time nursing faculty have a five-year professional development plan on file with the ADN that is reviewed by the ADN and the dean annually.	Yes	a. Continue to review annually and with new hires. b. Faculty to update their professional development plans annually.	

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		<p>AY: 2023-24</p> <p>Faculty Satisfaction Survey is administered in fall quarter and results are reviewed the same fall quarter.</p> <p>Annual review of professional development plan.</p>	<p>Review and evaluate faculty satisfaction survey results.</p>	<p>Faculty survey results:</p> <ol style="list-style-type: none"> 93% of respondents agreed that the nursing program values their unique and innovative contributions. (N=13/14) 88% of respondents felt “supported and valued by other members of their division.” (N=15/17) Furthermore, 93% of respondents felt they have “the opportunity to engage in continuous quality improvement for on-going development as an educator or practitioner.” (N=13/14) 93% of respondents felt “supported by my Associate Dean of Nursing” (N=13/14) and 82% of respondents felt “supported by my Nursing faculty peers.” (N=13/16) 	<ol style="list-style-type: none"> Yes Yes Yes 	<p>Actions taken to address faculty survey results included:</p> <ol style="list-style-type: none"> The ADN will continue to celebrate the successes of the faculty and reinforce positive feedback. Continue to develop the mentor program for faculty and explore additional supports to foster meaningful relationships among faculty.
			<p>Review faculty professional development plan/continuing education.</p>	<p>100% of Nursing faculty were in compliance with the continuing education requirements for licensure in Washington State.</p> <p>100% of full-time nursing faculty have a five-year professional development plan on file with the ADN that is reviewed by the ADN and the dean annually.</p>	<p>Yes</p>	<ol style="list-style-type: none"> Continue to review annually and with new hires. Faculty to update their professional development plans annually.
		<p>AY: 2024-25</p> <p>Faculty Satisfaction Survey is administered in fall quarter and results are reviewed the same fall quarter.</p> <p>Annual review of professional development plan.</p>	<p>Review and evaluate faculty satisfaction survey results.</p>	<p>Faculty survey results:</p> <ol style="list-style-type: none"> XX% of respondents agreed that the nursing program values their unique and innovative contributions. (N=X/X) XX% of respondents felt “supported and valued by other members of their division.” (N=X/X) Furthermore, 100% of respondents felt they have “the opportunity to engage in continuous quality improvement for on-going development as an educator or practitioner.” (N=X/X) XX% of respondents felt “supported by my Associate Dean of Nursing” and 83% of respondents felt “supported by my Nursing faculty peers.” (N=X/X) 	<p>N/A</p>	<p>Survey to be administered in Fall 2024.</p>
			<p>Review faculty professional development plan/continuing education.</p>	<p>XX% of Nursing faculty were in compliance with the continuing education requirements for licensure in Washington State.</p>	<p>N/A</p>	<p>Continue to review annually and with new hires.</p>

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				XX% of full-time nursing faculty have a five-year professional development plan on file with the ADN that is reviewed by the ADN and the dean annually.			
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STANDARD III: CULTURE OF EXCELLENCE AND CARING – Faculty

The expertise, creativity, and innovation demonstrated by the collective faculty within a culture of excellence and caring enables the nursing program to achieve expected program outcomes aligned with the program’s mission and goals. The faculty complement consists of educationally and experientially qualified persons of diverse backgrounds who have expertise as educators, clinicians, scholars, and researchers, as relevant to the program’s mission and use their expertise to co-create a student-centered learning environment and achieve expected program outcomes. The organizational environment and program core values support inclusivity and empower faculty to achieve the professional outcomes expected of them in the faculty role, and seek the recruitment and retention of a diverse faculty. This commitment to creating a culture of excellence and caring supportive of faculty outcomes is evidenced through the achievement of the following associated quality indicators.

Quality Indicators	Goal / Benchmark	Assessment Timeline	Assessment Methods	Analysis & Trending of Data	Goal or Benchmark met?	Quality Improvement (QI) Plan Action Plan	Location of Evidence Type & Date Responsible Persons
<p>III-D. Faculty demonstrate individual and collective achievement of the program’s expected faculty outcomes.</p>	<p>100% of faculty members are evaluated in accordance with Green River United Faculty Collective Bargaining Agreement.</p>	<p>AY: 2022-23</p> <p>Full-time, Post-Tenure: Every five years</p> <p>Full-time, In Tenure: Quarterly, for 9 consecutive quarters</p> <p>Adjunct: Annual observations and student evaluations</p>	<p>Full-time and adjunct faculty are evaluated in accordance with the Collective Bargaining Agreement</p>	<p>Two faculty are tenured R. Allen and T. Horner, their next evaluations for post-tenure will occur in 2027 and 2028 respectively.</p> <p>Two full-time, tenure-track Nursing faculty (A. Drury and G. Blackburn) are in their 1st year of the tenure evaluation.</p> <p>A. Drury (full-time):</p> <ul style="list-style-type: none"> Comments from the tenure committee observations in her 2nd quarter included “she makes me rethink the situation and change my approach to be more patient-centered” and that she never made them feel like they were burdening her with too many questions and they were never embarrassed to ask questions. <p>G. Blackburn (full-time):</p> <ul style="list-style-type: none"> Comments from the tenure committee observations in his 2nd quarter included that the instructor is very engaging, and found that bringing real-life scenarios was valuable to understand the content additionally they stated that having the instructor be fun, engaging, interactive and great at explaining things is what they found stimulated their learning. 	<p>Yes</p>	<p>The ADN will work with and continue to support the two faculty in tenure-track. ADN will encourage faculty to adopt practices recommended by the tenure committees.</p> <p>The ADN will work with the adjunct faculty on his professional development goals. ADN will encourage faculty to pursue the adjunct-in-file process in the next academic year.</p>	<p>Documents stored on network drive</p> <p>Annual SEP review and faculty meetings</p> <p>Faculty evaluations and observations</p> <p>ADN, Tenured Faculty</p>

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		<p>AY: 2023-24</p> <p>Full-time, Post-Tenure: Every five years</p> <p>Full-time, In Tenure: Quarterly, for 9 consecutive quarters</p> <p>Adjunct: Annual observations and student evaluations</p>	<p>Full-time and adjunct faculty are evaluated in accordance with the Collective Bargaining Agreement</p>	<p>Two faculty are tenured R. Allen and T. Horner, their next evaluations for post-tenure will occur in 2027 and 2028 respectively.</p> <p>Two full-time, tenure-track Nursing faculty (A. Drury and G. Blackburn) are in their 2nd year of the tenure evaluation.</p> <p>A. Drury (full-time):</p> <ul style="list-style-type: none"> Comments from the tenure committee observations in her 4th quarter included “Anna has invested numerous hours in curriculum development, professional development, pedagogical improvement, and DEI learning. It is exciting to see students and the Nursing Program reaping the results of Anna’s intentional efforts as she continues to develop the BSN program, team-teaches, and refines her teaching practices. Anna’s amenability to feedback and desire for continuous growth has resulted in positive feedback from students and impressive observations.” <p>G. Blackburn (full-time):</p> <ul style="list-style-type: none"> Comments from the tenure committee observations in his 4th quarter included that “The committee acknowledges the cultural richness you bring to the classroom and the valuable cross-cultural discussions you facilitate. Your commitment to validating diverse perspectives and providing a space for students to connect their cultural backgrounds with mental health concepts is commendable.” And “Your dedication to continuous improvement, responsiveness to student feedback, and commitment to fostering an inclusive and transformative learning environment are recognized and valued by the committee.” 	Yes	<p>ADN will and continue to support the three faculty in tenure-track. ADN will encourage faculty to adopt practices recommended by the tenure committees.</p> <p>ADN will encourage all faculty to utilize the professional development funds available to the department.</p>	
		<p>AY: 2024-25</p> <p>Full-time, Post-Tenure: Every five years</p> <p>Full-time, In Tenure: Quarterly, for 9 consecutive quarters</p> <p>Adjunct: Annual observations and</p>	<p>Full-time and adjunct faculty are evaluated in accordance with the Collective Bargaining Agreement</p>	<p>Two faculty are tenured R. Allen and T. Horner, their next evaluations for post-tenure will occur in 2027 and 2028 respectively.</p> <p>Two full-time, tenure-track Nursing faculty (A. Drury and G. Blackburn) are in their final year of the tenure evaluation. Two full-time faculty (TBD) will be in their 1st year of the tenure process.</p>	N/A	<p>ADN will and continue to support the three faculty in tenure-track. ADN will encourage faculty to adopt practices recommended by the tenure committees.</p> <p>ADN will encourage all faculty to utilize the professional development funds available to the department.</p>	

Appendix E: Systematic Evaluation Plan

		student evaluations					
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STANDARD IV: CULTURE OF EXCELLENCE AND CARING – Students

The parent institution and nursing program are committed to providing student-centered services sufficient to create a learning environment focused on promoting student success. The learning environment is supportive of students, enabling them to achieve academic success. The nursing program has established student policies which conform with institutional student policies. Student policies include, but are not limited to, those related to recruitment, admission, retention, progression, and graduation processes. Students enrolled in distance learning programs have access to student services to support their success. The program’s commitment to acting in the best interest of its students and creating a caring environment that fosters student success is exhibited through the achievement of the following associated quality indicators

Quality Indicators	Goal / Benchmark	Assessment Timeline	Assessment Methods	Analysis & Trending of Data	Goal or Benchmark met?	Quality Improvement (QI) Plan Action Plan	Location of Evidence Type & Date Responsible Persons
<p>IV-A. The institution and program provide student services that are student-centered; culturally responsive; inclusive, and readily accessible to all students, including those enrolled in distance education; and guide students through the processes associated with admission, recruitment, retention, progression, graduation, and career planning. Student services are evaluated for effectiveness and ability to satisfactorily meet diverse student needs through a process of continuous quality improvement.</p>		<p>AY: 2022-23</p> <p>Survey is administered in summer 2024 for 2022-23 cohort and results are reviewed in Summer 2024.</p>	<p>Review and evaluate Student Exit Survey results.</p>	<p>Student survey results:</p> <ol style="list-style-type: none"> 1. XX% of respondents agree that academic advising was sufficient for their needs. (N=X/X) 2. XX% of respondents agree that tutoring was sufficient for their needs. (N=X/X) 3. XX% of respondents agree that Library was sufficient for their needs. (N=X/X) 4. XX% of respondents agree that financial aid was sufficient for their needs. (N=X/X) 5. XX% of respondents agree that personal counseling was sufficient for their needs. (N=X/X) 6. XX% of respondents agree that technology support was sufficient for their needs. (N=X/X) 7. XX% of respondents agree that career guidance was sufficient for their needs. (N=X/X) 8. XX% of respondents agree that bookstore was sufficient for their needs. (N=X/X) 	<p>N/A</p>	<p>Actions taken to address student survey results included:</p>	<p>Documents stored on network drive Annual SEP review and faculty meetings Student survey results ADN, Tenured Faculty</p>

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	<p>80% of nursing students will agree or strongly agree that the following institutional and program resources are sufficient to meet their needs:</p> <ol style="list-style-type: none"> 1. Academic advising 2. Tutoring 3. Library 4. Financial aid 5. Personal counseling 6. Tech support 7. Career guidance 8. Bookstore 	<p>AY: 2023-24</p> <p>Survey is administered in summer 2025 for 2023-24 cohort and results are reviewed in Summer 2025.</p>	<p>Review and evaluate Student Exit Survey results.</p>	<p>Student survey results:</p> <ol style="list-style-type: none"> 1. XX% of respondents agree that academic advising was sufficient for their needs. (N=X/X) 2. XX% of respondents agree that tutoring was sufficient for their needs. (N=X/X) 3. XX% of respondents agree that Library was sufficient for their needs. (N=X/X) 4. XX% of respondents agree that financial aid was sufficient for their needs. (N=X/X) 5. XX% of respondents agree that personal counseling was sufficient for their needs. (N=X/X) 6. XX% of respondents agree that technology support was sufficient for their needs. (N=X/X) 7. XX% of respondents agree that career guidance was sufficient for their needs. (N=X/X) 8. XX% of respondents agree that bookstore was sufficient for their needs. (N=X/X) 	<p>N/A</p>	<p>Actions taken to address student survey results included:</p>	
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		<p>AY: 2024-25</p> <p>Survey is administered in summer 2026 for 2024-25 cohort and results are reviewed in Summer 2026.</p>	<p>Review and evaluate Student Exit Survey results.</p>	<p>Student survey results:</p> <ol style="list-style-type: none"> 1. XX% of respondents agree that academic advising was sufficient for their needs. (N=X/X) 2. XX% of respondents agree that tutoring was sufficient for their needs. (N=X/X) 3. XX% of respondents agree that Library was sufficient for their needs. (N=X/X) 4. XX% of respondents agree that financial aid was sufficient for their needs. (N=X/X) 5. XX% of respondents agree that personal counseling was sufficient for their needs. (N=X/X) 6. XX% of respondents agree that technology support was sufficient for their needs. (N=X/X) 7. XX% of respondents agree that career guidance was sufficient for their needs. (N=X/X) 8. XX% of respondents agree that bookstore was sufficient for their needs. (N=X/X) 	<p>N/A</p>	<p>Actions taken to address student survey results included:</p>	
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STANDARD IV: CULTURE OF EXCELLENCE AND CARING – Students

The parent institution and nursing program are committed to providing student-centered services sufficient to create a learning environment focused on promoting student success. The learning environment is supportive of students, enabling them to achieve academic success. The nursing program has established student policies which conform with institutional student policies. Student policies include, but are not limited to, those related to recruitment, admission, retention, progression, and graduation processes. Students enrolled in distance learning programs have access to student services to support their success. The program’s commitment to acting in the best interest of its students and creating a caring environment that fosters student success is exhibited through the achievement of the following associated quality indicators.

Quality Indicators	Goal / Benchmark	Assessment Timeline	Assessment Methods	Analysis & Trending of Data	Goal or Benchmark met?	Quality Improvement (QI) Plan Action Plan	Location of Evidence Type & Date Responsible Persons
IV-B. The program’s student policies conform with institutional student policies and are readily available to the public.	100% of student nursing policies are consistent with Green River College’s policies and are readily available to the public.	AY: 2022-23 Annual review conducted summer quarter of AY and as new college policies are adopted/revised.	Review and evaluate college policies and procedures for alignment with nursing program policies. Annual review of Nursing Student Program Handbook posted on program website. Annual and quarterly review of course syllabi.	100% of nursing program policies are congruent with the institution’s instructional policies and posted in the Student Handbook and in all course syllabi.	Yes	Program developed LPN to BSN section of student handbook.	Documents stored on network drive Annual SEP review and faculty meetings Student Handbook posted on the program’s website CANVAS courses Course syllabi Grading rubrics ADN, Tenured Faculty
		AY: 2023-24 Annual review conducted summer quarter of AY and as new college policies are adopted/revised.	Review and evaluate college policies and procedures for alignment with nursing program policies. Annual review of Nursing Student Program Handbook posted on program website. Annual and quarterly review of course syllabi.	100% of nursing program policies are congruent with the institution’s instructional policies and posted in the Student Handbook and in all course syllabi.	Yes	Continue to monitor.	
		AY: 2024-25 Annual review conducted summer quarter of AY and as new college policies are adopted/revised.	Review and evaluate college policies and procedures for alignment with nursing program policies. Annual review of Nursing Student Program Handbook posted on program website. Annual and quarterly review of course syllabi.	XX% of nursing program policies are congruent with the institution’s instructional policies and posted in the Student Handbook and in all course syllabi.	N/A	Continue to monitor.	

STANDARD IV: CULTURE OF EXCELLENCE AND CARING – Students

The parent institution and nursing program are committed to providing student-centered services sufficient to create a learning environment focused on promoting student success. The learning environment is supportive of students, enabling them to achieve academic success. The nursing program has established student policies which conform with institutional student policies. Student policies include, but are not limited to, those related to recruitment, admission, retention, progression, and graduation processes. Students enrolled in distance learning programs have access to student services to support their success. The program’s commitment to acting in the best interest of its students and creating a caring environment that fosters student success is exhibited through the achievement of the following associated quality indicators.

Quality Indicators	Goal / Benchmark	Assessment Timeline	Assessment Methods	Analysis & Trending of Data	Goal or Benchmark met?	Quality Improvement (QI) Plan Action Plan	Location of Evidence Type & Date Responsible Persons
IV-C. Student policies are clearly delineated and accessible with students advised of policy changes with adequate notice.	80% of students will agree or strongly agree that communication in changes in policies, procedures, and program information are clearly and consistently communicated to students in a timely manner.	AY: 2022-23 Student Exit Survey is administered in summer 2024 for 2022-23 cohort and results are reviewed in Summer 2024.	Review and evaluate Student Exit Survey results.	Student survey results: 1. XX% of students agree or strongly agreed that the communication of changes in policies, procedures, and program information are clearly and consistently communicated to students in a timely manner. (N=X/X)	N/A	Actions taken to address student survey results included:	Documents stored on network drive Annual SEP review and faculty meetings Student Handbook posted on the program’s website CANVAS courses Course syllabi Grading rubrics ADN, Tenured Faculty
		AY: 2023-24 Student Exit Survey is administered in summer 2025 for 2023-24 cohort and results are reviewed in Summer 2025.	Review and evaluate Student Exit Survey results.	Student survey results: 1. XX% of students agree or strongly agreed that the communication of changes in policies, procedures, and program information are clearly and consistently communicated to students in a timely manner. (N=X/X)	N/A	Actions taken to address student survey results included:	
		AY: 2024-25 Student Exit Survey is administered in summer 2026 for 2024-25 cohort and results are reviewed in Summer 2026.	Review and evaluate Student Exit Survey results.	Student survey results: 1. XX% of students agree or strongly agreed that the communication of changes in policies, procedures, and program information are clearly and consistently communicated to students in a timely manner. (N=X/X)	N/A	Actions taken to address student survey results included:	

STANDARD IV: CULTURE OF EXCELLENCE AND CARING – Students								
The parent institution and nursing program are committed to providing student-centered services sufficient to create a learning environment focused on promoting student success. The learning environment is supportive of students, enabling them to achieve academic success. The nursing program has established student policies which conform with institutional student policies. Student policies include, but are not limited to, those related to recruitment, admission, retention, progression, and graduation processes. Students enrolled in distance learning programs have access to student services to support their success. The program’s commitment to acting in the best interest of its students and creating a caring environment that fosters student success is exhibited through the achievement of the following associated quality indicators.								
Quality Indicators	Goal / Benchmark	Assessment Timeline	Assessment Methods	Analysis & Trending of Data	Goal or Benchmark met?	Quality Improvement (QI) Plan Action Plan	Location of Evidence Type & Date Responsible Persons	
IV-D. Faculty and staff process the formal program complaints of students using policies and procedures that are clearly delineated.	Program adheres to the college’s student complaint policy and process.	AY: 2022-23 Student Exit Survey is administered in summer 2024 for 2022-23 cohort and results are reviewed in Summer 2024.	Review student complaint policy and procedure for changes.	The program’s complaint process is dictated by college policy. No changes for 2022-23.	Yes	Continue to monitor.	Documents stored on network drive Annual SEP review and faculty meetings Student Handbook posted on the program’s website CANVAS courses Course syllabi ADN, Tenured Faculty	
			Review and evaluate handling of complaint, if any.	The program had no formal student complaints in 2022-23.				
	80% of students will agree or strongly agree that the student handbook explains the program and college policy for handling program complaints and grievances.			Review and evaluate Student Exit Survey results.	Student survey results: 1. XX% of students agreed that the student handbook explains the program and college policy for handling program complaints and grievances. (N=X/X) 2. XX% of students agreed that the nursing policies are implemented in a consistent and equitable manner. (N=X/X)	N/A		Actions taken to address student survey results included:
				Review student complaint policy and procedure for changes.	No changes to college complaint process for 2023-24.	Yes		Continue to monitor.
				Review and evaluate handling of complaint, if any.	The program had no formal student complaints thus far in 2023-24.			
				Review and evaluate Student Exit Survey results.	Student survey results: 1. XX% of students agreed that the student handbook explains the program and college policy for	N/A		Actions taken to address student survey results included:

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				<p>handling program complaints and grievances. (N=X/X)</p> <p>2. XX% of students agreed that the nursing policies are implemented in a consistent and equitable manner. (N=X/X)</p>			
		<p>AY: 2024-25</p> <p>Student Exit Survey is administered in summer 2026 for 2024-25 cohort and results are reviewed in Summer 2026.</p>	<p>Review student complaint policy and procedure for changes.</p> <p>Review and evaluate handling of complaint, if any.</p>	<p>Program will implement any changes to college complaint process if required.</p> <p>The program had XX formal student complaints in 2024-25.</p>	N/A	Continue to monitor.	
			<p>Review and evaluate Student Exit Survey results.</p>	<p>Student survey results:</p> <p>1. XX% of students agreed that the student handbook explains the program and college policy for handling program complaints and grievances. (N=X/X)</p> <p>2. XX% of students agreed that the nursing policies are implemented in a consistent and equitable manner. (N=X/X)</p>	N/A	Actions taken to address student survey results included:	

STANDARD IV: CULTURE OF EXCELLENCE AND CARING – Students

The parent institution and nursing program are committed to providing student-centered services sufficient to create a learning environment focused on promoting student success. The learning environment is supportive of students, enabling them to achieve academic success. The nursing program has established student policies which conform with institutional student policies. Student policies include, but are not limited to, those related to recruitment, admission, retention, progression, and graduation processes. Students enrolled in distance learning programs have access to student services to support their success. The program’s commitment to acting in the best interest of its students and creating a caring environment that fosters student success is exhibited through the achievement of the following associated quality indicators.

Quality Indicators	Goal / Benchmark	Assessment Timeline	Assessment Methods	Analysis & Trending of Data	Goal or Benchmark met?	Quality Improvement (QI) Plan Action Plan	Location of Evidence Type & Date Responsible Persons
<p>IV-E. Student records are maintained in a secure, confidential manner in accordance with the policies of the parent institution, nursing program, and regulatory guidelines.</p>	<p>100% of all student records are maintained in a secure, confidential manner in accordance with the policies of the institution and regulatory guidelines.</p>	<p>AY: 2022-23 Quarterly review and as needed.</p>	<p>ADN randomly review student records to ensure nursing program follows college and regulatory guidelines regarding confidentiality and record retention.</p>	<p>The nursing program adheres 100% to college’s and regulatory guidelines regarding confidentiality and record retention.</p> <p>The nursing program contracted with a third-party software company, EXXAT to store and verify electronic copies of student health records that include student signed HIPAA and FERPA release forms. At the college, only the clinical coordinator and the ADN have access to the electronic student records. Once the student has been placed with a clinical site, the site’s clinical coordinator has access to that student’s specific health records.</p> <p>Other student records such as academic records and behavioral contracts were stored on the program’s network drive in individual folder specific to each student. Only the ADN and the nursing faculty have access to student records maintained on the network drive. All student records were stored and retained for seven years.</p>	<p>Yes</p>	<p>Will continue to monitor.</p>	<p>Documents stored on network drive and in a locked filing cabinet as well as EXXAT Annual SEP review and faculty meetings ADN, Tenured Faculty</p>
		<p>AY: 2023-24 Quarterly review and as needed.</p>	<p>ADN randomly review student records to ensure nursing program follows college and regulatory guidelines regarding confidentiality and record retention.</p>	<p>The nursing program adheres 100% to college’s and regulatory guidelines regarding confidentiality and record retention.</p> <p>The nursing program contracted with a third-party software company, EXXAT to store and verify electronic copies of student health records that include student signed HIPAA and FERPA release forms. At the college, only the clinical coordinator and the ADN have access to the electronic student records. Once the student has been placed with a clinical site, the site’s clinical coordinator has access to that student’s specific health records.</p> <p>Other student records such as academic records and behavioral contracts were stored on the program’s network drive in individual folder specific to each student. Only the ADN and the nursing faculty have access to student records maintained on the network drive. All student records were stored and retained for seven years.</p>	<p>Yes</p>	<p>Will continue to monitor.</p>	

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		AY: 2024-25 Quarterly review and as needed.	ADN randomly review student records to ensure nursing program follows college and regulatory guidelines regarding confidentiality and record retention.	The nursing program adheres XX% to college's and regulatory guidelines regarding confidentiality and record retention.	N/A	The program will review in summer 2024.	

STANDARD V: CULTURE OF LEARNING AND DIVERSITY – Curriculum and Evaluation Processes

Faculty design program curricula to create a culture of learning that fosters the human flourishing of diverse learners through professional and personal growth and supports the achievement of expected student learning outcomes. Professional nursing standards and other professional standards appropriate to the program type are foundational curricular elements and are clearly integrated throughout the curriculum. Teaching, learning and evaluation processes take into consideration the diverse learning needs of students and are designed to support student achievement of learning outcomes. Distance learning programs are held to the same curricular, teaching/learning, and evaluation standards as campus-based programs. The program’s culture of learning and diversity related to the implementation of curriculum and teaching/learning/evaluation processes is evident through the creation of a positive learning environment and achievement of the following associated quality indicators.

Quality Indicators	Goal / Benchmark	Assessment Timeline	Assessment Methods	Analysis & Trending of Data	Goal or Benchmark met?	Quality Improvement (QI) Plan Action Plan	Location of Evidence Type & Date Responsible Persons
<p>V-A. The curriculum is designed to foster achievement of clearly delineated student learning outcomes that are specific to the program mission and type (i.e., practical/vocational, diploma, associate, bachelor’s, master’s, post-master’s, and clinical doctorate) and aligned with expected curricular program outcomes.</p>	<p>100% of student learning outcomes are clearly delineated, specific to the program mission and type, and aligned with the expected program outcomes and the NLN Nursing Outcomes.</p>	<p>AY: 2022-23</p> <p>Annual review conducted summer quarter and quarterly review conducted at the end of the quarter.</p>	<p>Faculty review student mastery of PLO’s using the clinical evaluation tool against quarterly benchmarks for student progression.</p> <p>Prior to start of the academic year, the faculty reviewed the clinical evaluation tool.</p> <p>At the end of the program, the faculty review the Reflective Portfolio assignment.</p>	<p>100% of the program’s PLO’s are clearly delineated and aligned with the expected program outcomes and the NLN BSN Outcomes, the QSEN competencies and the AACN essentials.</p> <p>Faculty developed a clinical evaluation tool for the LPN to BSN program.</p> <p>All students do reflective journaling throughout the program as part of their Reflective Portfolio courses.</p>	<p>Yes</p>	<p>Continue to review and revise the clinical evaluation tool annually.</p> <p>Faculty will review final portfolio assignments at the end of the program in Summer 2024.</p>	<p>Documents stored on network drive</p> <p>Annual SEP review and faculty meetings</p> <p>ADN, Tenured Faculty</p>
		<p>AY: 2023-24</p> <p>Annual review conducted summer quarter and quarterly review conducted at the end of the quarter.</p>	<p>Faculty review student mastery of PLO’s using the clinical evaluation tool against quarterly benchmarks for student progression.</p> <p>Prior to start of the academic year, the faculty reviewed the clinical evaluation tool.</p> <p>At the end of the program, the faculty review the</p>	<p>100% of the program’s PLO’s are clearly delineated and aligned with the expected program outcomes and the NLN BSN Outcomes, the QSEN competencies and the AACN essentials.</p> <p>Faculty reviewed the clinical evaluation tool for the LPN to BSN program, no changes needed.</p> <p>All students do reflective journaling throughout the program as part of their Reflective Portfolio courses.</p>	<p>Yes</p>	<p>Program developed a visual of the framework that will be included in the handbook and posters will be displayed in the labs and classrooms.</p> <p>Continue to review and revise the clinical evaluation tool annually.</p> <p>Faculty will review final portfolio assignments at the end of the program in Summer 2025.</p>	

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			Reflective Portfolio assignment.				
		<p>AY: 2024-25</p> <p>Annual review conducted summer quarter and quarterly review conducted at the end of the quarter.</p>	<p>Faculty review student mastery of PLO's using the clinical evaluation tool against quarterly benchmarks for student progression.</p> <p>Prior to start of the academic year, the faculty reviewed the clinical evaluation tool.</p> <p>At the end of the program, the faculty review the Reflective Portfolio assignment.</p>	<p>XX% of the program's PLO's are clearly delineated and aligned with the expected program outcomes and the NLN Nursing Outcomes.</p>	N/A	<p>Continue to review and revise the clinical evaluation tool annually.</p> <p>Faculty will review final portfolio assignments at the end of the program in Summer 2026.</p>	

STANDARD V: CULTURE OF LEARNING AND DIVERSITY – Curriculum and Evaluation Processes

Faculty design program curricula to create a culture of learning that fosters the human flourishing of diverse learners through professional and personal growth and supports the achievement of expected student learning outcomes. Professional nursing standards and other professional standards appropriate to the program type are foundational curricular elements and are clearly integrated throughout the curriculum. Teaching, learning and evaluation processes take into consideration the diverse learning needs of students and are designed to support student achievement of learning outcomes. Distance learning programs are held to the same curricular, teaching/learning, and evaluation standards as campus-based programs. The program’s culture of learning and diversity related to the implementation of curriculum and teaching/learning/evaluation processes is evident through the creation of a positive learning environment and achievement of the following associated quality indicators.

Quality Indicators	Goal / Benchmark	Assessment Timeline	Assessment Methods	Analysis & Trending of Data	Goal or Benchmark met?	Quality Improvement (QI) Plan Action Plan	Location of Evidence Type & Date Responsible Persons
V-B. The curriculum incorporates professional nursing standards and other professional standards and guidelines, associated with PN/VN and RN licensure, APRN certification and/or other graduate level practice competencies aligned with practical/vocational, diploma, associate, bachelor’s, master’s, post-master’s certificate, and clinical doctorate types.	The curriculum reflects relevant professional nursing standards, guidelines and role-specific competencies.	AY: 2022-23 Annual review conducted summer quarter of AY and as new college policies are adopted/ revised.	Review alignment with NLN Outcomes, QSEN competencies and AACN Essentials. Review alignment with Washington’s Administrative Codes (WAC) and Nurse Practice Act. Review alignment with ANA’s nursing scope of practice and code of ethics.	100% of the curriculum reflects relevant professional nursing standards, guidelines and role-specific competencies. Annual review of WACs, ANA nursing scope of practice and code of ethics, showed no changes had been made requiring the program to revise its curriculum.	Yes	Continued to review annually and as needed if the program is notified of statewide or national changes.	Documents stored on network drive Annual SEP review and faculty meetings Course syllabi ADN, Tenured Faculty
		AY: 2023-24 Annual review conducted summer quarter of AY and as new college policies are adopted/ revised.	Review alignment with NLN Outcomes, QSEN competencies and AACN Essentials. Review alignment with Washington’s Administrative Codes (WAC) and Nurse Practice Act. Review alignment with ANA’s nursing scope of practice and code of ethics.	100% of the curriculum reflects relevant professional nursing standards, guidelines and role-specific competencies. Annual review of WACs, ANA nursing scope of practice and code of ethics, showed no changes had been made requiring the program to revise its curriculum.	Yes	Continued to review annually and as needed if the program is notified of statewide or national changes.	
		AY: 2024-25 Annual review conducted summer quarter of AY and as new college policies are adopted/ revised.	Review alignment with NLN Outcomes, QSEN competencies and AACN Essentials. Review alignment with Washington’s Administrative Codes (WAC) and Nurse Practice Act. Review alignment with ANA’s nursing scope of practice and code of ethics.	XX% of the curriculum reflects relevant professional nursing standards, guidelines and role-specific competencies.	N/A	Continued to review annually and as needed if the program is notified of statewide or national changes.	

STANDARD V: CULTURE OF LEARNING AND DIVERSITY – Curriculum and Evaluation Processes

Faculty design program curricula to create a culture of learning that fosters the human flourishing of diverse learners through professional and personal growth and supports the achievement of expected student learning outcomes. Professional nursing standards and other professional standards appropriate to the program type are foundational curricular elements and are clearly integrated throughout the curriculum. Teaching, learning and evaluation processes take into consideration the diverse learning needs of students and are designed to support student achievement of learning outcomes. Distance learning programs are held to the same curricular, teaching/learning, and evaluation standards as campus-based programs. The program’s culture of learning and diversity related to the implementation of curriculum and teaching/learning/evaluation processes is evident through the creation of a positive learning environment and achievement of the following associated quality indicators.

Quality Indicators	Goal / Benchmark	Assessment Timeline	Assessment Methods	Analysis & Trending of Data	Goal or Benchmark met?	Quality Improvement (QI) Plan Action Plan	Location of Evidence Type & Date Responsible Persons
V-C. The program’s curriculum is sequenced, designed and implemented to progressively support student achievement of learning outcomes and the acquisition of competencies appropriate for the intended practice role.	100% of the curriculum is sequenced and designed to promote student progression through the program and achievement of learning outcomes.	AY: 2022-23 Annual review conducted in Summer 2022.	Faculty review of curriculum and student achievement of learning outcomes.	100% of the program’s curriculum is sequenced and designed to promote student progression through the program. In 2022-23, the program has lost zero students. In previous academic years, students noted the need for tutoring support in nursing.	Yes	In 2022 the program secured funding for a nursing faculty to provide 16 hours of lab and theory tutoring per week. Nursing LPN to BSN skills assessment of competency developed to assess student skill and comfort level at entrance to program, this is then used to design the lab for the first quarter.	Documents stored on network drive Annual SEP review and faculty meetings Catalog degree map Student Handbook CANVAS courses Course syllabi ADN, Tenured Faculty
		AY: 2023-24 Annual review conducted in Summer 2023.	Faculty review of curriculum and student achievement of learning outcomes.	100% of the program’s curriculum is sequenced and designed to promote student progression through the program. The program faculty noted that student success has increased in the LPN program markedly due to the implementation of I-Best support.	Yes	The ADN worked with the state board and the I-Best department to support the creation of an I-Best support program in the LPN to BSN program, this was application was denied by the state board because the students in the LPN to BSN program have already obtained a degree.	
		AY: 2024-25 Annual review conducted in Summer 2024.	Faculty review of curriculum and student achievement of learning outcomes.	XX% of the program’s curriculum is sequenced and designed to promote student progression through the program.	N/A	Will continue to monitor.	

STANDARD V: CULTURE OF LEARNING AND DIVERSITY – Curriculum and Evaluation Processes							
Faculty design program curricula to create a culture of learning that fosters the human flourishing of diverse learners through professional and personal growth and supports the achievement of expected student learning outcomes. Professional nursing standards and other professional standards appropriate to the program type are foundational curricular elements and are clearly integrated throughout the curriculum. Teaching, learning and evaluation processes take into consideration the diverse learning needs of students and are designed to support student achievement of learning outcomes. Distance learning programs are held to the same curricular, teaching/learning, and evaluation standards as campus-based programs. The program’s culture of learning and diversity related to the implementation of curriculum and teaching/learning/evaluation processes is evident through the creation of a positive learning environment and achievement of the following associated quality indicators.							
Quality Indicators	Goal / Benchmark	Assessment Timeline	Assessment Methods	Analysis & Trending of Data	Goal or Benchmark met?	Quality Improvement (QI) Plan Action Plan	Location of Evidence Type & Date Responsible Persons
V-D. The curriculum is up-to-date, dynamic, evidence-based, and reflects current and emerging societal and health care trends and issues, research findings, and contemporary educational practices.	100% of the curriculum is up-to-date, dynamic, evidence based and reflects current societal and health care trends and issues, research findings, and contemporary educational practices.	AY: 2022-23 Annual review conducted in Summer 2022.	Faculty review of course content to determine relevancy and alignment with current societal and health care trends and issues, research findings, and contemporary educational practices. Review and evaluate feedback from the program’s Advisory Board. Review and evaluate quarterly feedback received from clinical partners the previous year.	With new faculty and a new program, the ADN had faculty review content within the curriculum for each course to determine relevancy and alignment with current and up-to-date trends and issues. The content for all courses reflect current trends and issues. Advisory partner reported the need for more advanced training in eating disorders.	Yes	Program developed curriculum to be in alignment with current societal and healthcare trends. The mental health course faculty is working with advisory board and clinical partners to develop a more robust educational offering related to eating disorders.	Documents stored on network drive Annual SEP review and faculty meetings Catalog degree map Student Handbook Course syllabi ADN, Tenured Faculty
		AY: 2023-24 Annual review conducted in Summer 2023.	Faculty review of course content to determine relevancy and alignment with current societal and health care trends and issues.	The ADN and faculty reviewed content within the curriculum for each course to determine relevancy and alignment with current and up-to-date trends and issues. The content for all courses reflects current trends and issues.	Yes	No noted changes needed in summer 2023, will continue to monitor. A study Abroad option for the community health clinical is being developed with a planned implementation of Winter 2025.	

Appendix E: Systematic Evaluation Plan

			<p>Review and evaluate feedback from the program's Advisory Board.</p> <p>Review and evaluate quarterly feedback received from clinical partners the previous year.</p>	<p>Advisory Board meetings planned for fall 2023 and spring 2024.</p> <p>Feedback thus far expressed desire for students to have more experience with diverse populations.</p>			
		<p>AY: 2024-25</p> <p>Annual review conducted in Summer 2024.</p>	<p>Faculty review of course content to determine relevancy and alignment with current societal and health care trends and issues.</p> <p>Review and evaluate feedback from the program's Advisory Board.</p> <p>Review and evaluate quarterly feedback received from clinical partners the previous year.</p>	<p>The ADN and faculty will review content within the curriculum for each course to determine relevancy and alignment with current and up-to-date trends and issues. The content for all courses reflects current trends and issues.</p> <p>Advisory Board meetings planned for fall 2024 and spring 2025.</p>	N/A	Will continue to monitor.	

STANDARD V: CULTURE OF LEARNING AND DIVERSITY – Curriculum and Evaluation Processes

Faculty design program curricula to create a culture of learning that fosters the human flourishing of diverse learners through professional and personal growth and supports the achievement of expected student learning outcomes. Professional nursing standards and other professional standards appropriate to the program type are foundational curricular elements and are clearly integrated throughout the curriculum. Teaching, learning and evaluation processes take into consideration the diverse learning needs of students and are designed to support student achievement of learning outcomes. Distance learning programs are held to the same curricular, teaching/learning, and evaluation standards as campus-based programs. The program’s culture of learning and diversity related to the implementation of curriculum and teaching/learning/evaluation processes is evident through the creation of a positive learning environment and achievement of the following associated quality indicators.

Quality Indicators	Goal / Benchmark	Assessment Timeline	Assessment Methods	Analysis & Trending of Data	Goal or Benchmark met?	Quality Improvement (QI) Plan Action Plan	Location of Evidence Type & Date Responsible Persons
V-E. The curriculum provides students with experiential learning that supports evidence-based practice, intra- and inter-			Faculty review and evaluate results from the clinical experiential survey administer to students at the end of each rotation.	No clinical in year one of the program, the students will first attend clinical in summer 2023.	N/A	Will review survey results beginning in summer 2023.	

Appendix E: Systematic Evaluation Plan

<p>professional collaborative practice, student achievement of clinical competence, and as appropriate to the program’s mission and expected curricular outcomes, developing competence in a specific role or specialty.</p>	<p>100% of clinical experiences are evidence-based, promote intra- and inter-professional practice, support clinical competence, and are appropriate to the program’s mission and expected curricular outcomes.</p> <p>80% of students will agree or strongly agree that the clinical site is appropriate for learning and achievement of the student learning outcomes.</p>	<p>AY: 2022-23</p> <p>Quarterly review of results from clinical experiential survey.</p> <p>Student Exit Survey is administered in summer 2024 for 2022-23 cohort and results were reviewed in Summer 2024.</p>	<p>Review and evaluate Student Exit Survey results.</p>	<p>Student survey results:</p> <ol style="list-style-type: none"> 1. XX% of respondents agreed that the clinical sites were appropriate for learning and achievement of the student learning outcomes. (N=X/X) <p>In the comment section, feedback included:</p> <p>Quarterly Clinical Survey:</p> <ol style="list-style-type: none"> 1. 100% of respondents agreed that the OB/Peds clinical sites were appropriate for learning and achievement of the student learning outcomes. (N=2/2) 2. 100% of respondents agreed that the Medical-Surgical clinical sites were appropriate for learning and achievement of the student learning outcomes. (N=16/16) 3. XX% of respondents agreed that the Community Health clinical sites were appropriate for learning and achievement of the student learning outcomes. (N=X/X) 4. XX% of respondents agreed that the Mental Health clinical sites were appropriate for learning and achievement of the student learning outcomes. (N=X/X) 5. XX% of respondents agreed that the Precepted clinical sites were appropriate for learning and achievement of the student learning outcomes. (N=X/X) 	<p>N/A</p> <ol style="list-style-type: none"> 1. Yes 2. Yes 3. N/A 4. N/A 5. N/A 	<p>Actions taken to address student survey results included:</p> <p>Continue to seek placements at the facilities students indicated helped to foster the achievement of learning outcomes.</p>	<p>Documents stored on network drive and in a locked filing cabinet</p> <p>Annual SEP review and faculty meetings</p> <p>Clinical survey tool</p> <p>Student exit survey results</p> <p>ADN, Tenured Faculty</p>
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Appendix E: Systematic Evaluation Plan

		<p>AY: 2023-24</p> <p>Quarterly review of results from clinical experiential survey.</p> <p>Student Exit Survey is administered in summer 2025 for 2023-24 cohort and results were reviewed in Summer 2025.</p>	<p>Faculty review and evaluate results from the clinical experiential survey administer to students at the end of each rotation.</p>	<p>Will review survey results quarterly.</p>	<p>N/A</p>	<p>Will review survey results beginning in summer 2023.</p>	
			<p>Review and evaluate Student Exit Survey</p>	<p>Student survey results:</p> <p>1. XX% of respondents agreed that the clinical sites were appropriate for learning and achievement of the student learning outcomes. (N=X/X)</p> <p>In the comment section, feedback included:</p>	<p>N/A</p>	<p>Actions taken to address student survey results included:</p>	

Appendix E: Systematic Evaluation Plan

				<p>Quarterly Clinical Survey:</p> <ol style="list-style-type: none"> 1. XX% of respondents agreed that the OB/Peds clinical sites were appropriate for learning and achievement of the student learning outcomes. (N=X/X) 2. XXX% of respondents agreed that the Medical-Surgical clinical sites were appropriate for learning and achievement of the student learning outcomes. (N=XX/XX) 3. XX% of respondents agreed that the Community Health clinical sites were appropriate for learning and achievement of the student learning outcomes. (N=X/X) 4. XX% of respondents agreed that the Mental Health clinical sites were appropriate for learning and achievement of the student learning outcomes. (N=X/X) 5. XX% of respondents agreed that the Precepted clinical sites were appropriate for learning and achievement of the student learning outcomes. (N=X/X) 			
			<p>Faculty review and evaluate results from the clinical experiential survey administer to students at the end of each rotation.</p>	<p>Will review survey results quarterly.</p>	<p>N/A</p>	<p>Will review survey results beginning in summer 2023.</p>	

Appendix E: Systematic Evaluation Plan

		<p>AY: 2024-25</p> <p>Quarterly review of results from clinical experiential survey.</p> <p>Student Exit Survey is administered in summer 2026 for 2024-25 cohort and results were reviewed in Summer 2026.</p>	<p>Review and evaluate Student Exit Survey</p>	<p>Student survey results:</p> <ol style="list-style-type: none"> 1. XX% of respondents agreed that the clinical sites were appropriate for learning and achievement of the student learning outcomes. (N=X/X) <p>In the comment section, feedback included:</p> <p>Quarterly Clinical Survey:</p> <ol style="list-style-type: none"> 1. XX% of respondents agreed that the OB/Peds clinical sites were appropriate for learning and achievement of the student learning outcomes. (N=X/X) 2. XXX% of respondents agreed that the Medical-Surgical clinical sites were appropriate for learning and achievement of the student learning outcomes. (N=XX/XX) 3. XX% of respondents agreed that the Community Health clinical sites were appropriate for learning and achievement of the student learning outcomes. (N=X/X) 4. XX% of respondents agreed that the Mental Health clinical sites were appropriate for learning and achievement of the student learning outcomes. (N=X/X) 5. XX% of respondents agreed that the Precepted clinical sites were appropriate for learning and achievement of the student learning outcomes. (N=X/X) 	<p>N/A</p>	<p>Actions taken to address student survey results included:</p>	
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STANDARD V: CULTURE OF LEARNING AND DIVERSITY – Curriculum and Evaluation Processes

Faculty design program curricula to create a culture of learning that fosters the human flourishing of diverse learners through professional and personal growth and supports the achievement of expected student learning outcomes. Professional nursing standards and other professional standards appropriate to the program type are foundational curricular elements and are clearly integrated throughout the curriculum. Teaching, learning and evaluation processes take into consideration the diverse learning needs of students and are designed to support student achievement of learning outcomes. Distance learning programs are held to the same curricular, teaching/learning, and evaluation standards as campus-based programs. The program’s culture of learning and diversity related to the implementation of curriculum and teaching/learning/evaluation processes is evident through the creation of a positive learning environment and achievement of the following associated quality indicators.

Quality Indicators	Goal / Benchmark	Assessment Timeline	Assessment Methods	Analysis & Trending of Data	Goal or Benchmark met?	Quality Improvement (QI) Plan Action Plan	Location of Evidence Type & Date Responsible Persons
V-F. The curriculum provides experiential learning that enhances student ability to demonstrate leadership, ethical practice, clinical reasoning and judgment, reflect thoughtfully, on one’s practice, provide culturally responsive care to diverse and vulnerable populations, and integrate concepts, including, but not limited to context and environment of care delivery, knowledge and science, personal and professional development, quality and safety, patient-centered care, and teamwork into their practice.	80% of students agree or strongly agree that the program effectively: 1. increased or supported their cultural sensitivity in providing care to patients of diverse backgrounds. 2. assisted their development of professional attitudes which includes ethical, confidential, dependable work behaviors and an ability to collaborate effectively. 3. increased their knowledge of a safe working environment for patients, visitors, and staff.	AY: 2022-23 Quarterly review of results from clinical experiential survey. Student Exit Survey is administered in summer 2024 for 2022-23 cohort and results were reviewed in Summer 2024.	Review and evaluate Student Exit Survey results.	Student survey results: 1. XX% of respondents agreed that the program increased or supported their cultural sensitivity in providing care to patients of diverse. (N=X/X) 2. XX% of respondents agreed that the program assisted their development of professional attitudes which includes ethical, confidential, dependable work behaviors and an ability to collaborate effectively. (N=X.X) 3. XX% of respondents agreed that the program increased their knowledge of a safe working environment for patients, visitors, and staff. (N=X/X)	N/A	Actions taken to address student survey results included:	Documents stored on network drive Annual SEP review and faculty meetings Student exit survey results CANVAS courses Course syllabi ADN, Tenured Faculty
		AY: 2023-24 Quarterly review of results from clinical experiential survey. Student Exit Survey is administered in summer 2025 for 2023-24 cohort and results were reviewed in Summer 2025.	Review and evaluate Student Exit Survey results.	Student survey results: 1. XX% of respondents agreed that the program increased or supported their cultural sensitivity in providing care to patients of diverse. (N=X/X) 2. XX% of respondents agreed that the program assisted their development of professional attitudes which includes ethical, confidential, dependable work behaviors and an ability to collaborate effectively. (N=X.X) 3. XX% of respondents agreed that the program increased their knowledge of a	N/A	Actions taken to address student survey results included:	

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				safe working environment for patients, visitors, and staff. (N=X/X)			
		<p>AY: 2024-25</p> <p>Quarterly review of results from clinical experiential survey.</p> <p>Student Exit Survey is administered in summer 2026 for 2024-25 cohort and results were reviewed in Summer 2026.</p>	<p>Review and evaluate Student Exit Survey results.</p>	<p>Student survey results:</p> <ol style="list-style-type: none"> 1. XX% of respondents agreed that the program increased or supported their cultural sensitivity in providing care to patients of diverse. (N=X/X) 2. XX% of respondents agreed that the program assisted their development of professional attitudes which includes ethical, confidential, dependable work behaviors and an ability to collaborate effectively. (N=X.X) 3. XX% of respondents agreed that the program increased their knowledge of a safe working environment for patients, visitors, and staff. (N=X/X) 	N/A	<p>Actions taken to address student survey results included:</p>	

STANDARD V: CULTURE OF LEARNING AND DIVERSITY – Curriculum and Evaluation Processes

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Quality Indicators	Goal/Benchmark	Assessment Timeline	Assessment Methods	Analysis & Trending of Data	Goal or Benchmark met?	Quality Improvement (QI) Plan Action Plan	Location of Evidence Type & Date Responsible Persons
V-G. The faculty use a variety of teaching, learning, and evaluation strategies within the curriculum, including distance education programs, that are innovative, evidence-based, student-centered, and designed to create a culture of learning as demonstrated by student achievement of expected course and curricular program outcomes appropriate for the program type (i.e., practical/vocational, diploma, associate, bachelor’s, master’s, post-master’s certificate, and clinical doctorate).	Faculty will use a variety of evidence-based teaching strategies that promote a student-centered culture of learning. Faculty will use a variety of evidence-based evaluation strategies that demonstrate student achievement of course and program learning outcomes.	AY: 2022-23 Faculty Satisfaction Survey is administered in fall quarter and results are evaluated the same fall.	Review and evaluate Faculty Satisfaction Survey results.	Faculty have used a variety of evidence-based teaching strategies that promote a student-centered culture of learning. Examples of evidence-based teaching strategies implemented by faculty include: <ol style="list-style-type: none"> 1. The use of hands-on learning activities in lecture 2. Integration of nursing concepts throughout all courses 	Yes	The program faculty have been very intentional at designing interactive courses that use multiple modalities to encourage learning including the use of videos, skills based activities, and group discussion.	Documents stored on network drive Annual SEP review and faculty meetings Faculty satisfaction survey results ADN, Tenured Faculty
				Faculty have used a variety of evidence-based evaluation strategies that demonstrate student achievement of course and program learning outcomes. Examples of evidence-based evaluation strategies used by faculty include: <ol style="list-style-type: none"> 1. Use of the clinical evaluation tools at mid-term and end of quarter 	Yes	The program developed and implemented a clinical evaluation tool to assess student attainment of PLOs.	
		AY: 2023-24 Faculty Satisfaction Survey is administered in fall quarter and results are evaluated the same fall.	Review and evaluate Faculty Satisfaction Survey results.	Faculty have used a variety of evidence-based teaching strategies that promote a student-centered culture of learning. Examples of evidence-based teaching strategies implemented by faculty include: <ol style="list-style-type: none"> 1. Flip classroom 2. Concept mapping 3. Games/Active-Learning activities 	Yes	The program faculty have been very intentional at designing interactive courses that use multiple modalities to encourage learning including the use of videos, skills-based activities, and group discussion. Additionally, in late winter 2024 the program invited two speakers to facilitate a workshop on active learning strategies for faculty.	

Appendix E: Systematic Evaluation Plan

				<p>Faculty have used a variety of evidence-based evaluation strategies that demonstrate student achievement of course and program learning outcomes.</p> <p>Examples of evidence-based evaluation strategies used by faculty include:</p> <ol style="list-style-type: none"> 1. Transparency in Teaching and Learning (TILT) assignments and rubrics 	Yes	The program developed a standardized rubric template used by faculty and available in the faculty handbook.	
		<p>AY: 2024-25</p> <p>Faculty Satisfaction Survey is administered in fall quarter and results are evaluated the same fall.</p>	<p>Review and evaluate Faculty Satisfaction Survey results.</p>	<p>Faculty have used a variety of evidence-based teaching strategies that promote a student-centered culture of learning.</p> <p>Examples of evidence-based teaching strategies implemented by faculty include:</p>	N/A	Will review survey results in fall 2025.	
				<p>Faculty have used a variety of evidence-based evaluation strategies that demonstrate student achievement of course and program learning outcomes.</p> <p>Examples of evidence-based evaluation strategies used by faculty include:</p>	N/A	a. Will review survey results in fall 2025.	

STANDARD V: CULTURE OF LEARNING AND DIVERSITY – Curriculum and Evaluation Processes

Faculty design program curricula to create a culture of learning that fosters the human flourishing of diverse learners through professional and personal growth and supports the achievement of expected student learning outcomes. Professional nursing standards and other professional standards appropriate to the program type are foundational curricular elements and are clearly integrated throughout the curriculum. Teaching, learning and evaluation processes take into consideration the diverse learning needs of students and are designed to support student achievement of learning outcomes. Distance learning programs are held to the same curricular, teaching/learning, and evaluation standards as campus-based programs. The program’s culture of learning and diversity related to the implementation of curriculum and teaching/learning/evaluation processes is evident through the creation of a positive learning environment and achievement of the following associated quality indicators.

Quality Indicators	Goal / Benchmark	Assessment Timeline	Assessment Methods	Analysis & Trending of Data	Goal or Benchmark met?	Quality Improvement (QI) Plan Action Plan	Location of Evidence Type & Date Responsible Persons
V-H. The faculty design and implement evaluation strategies to measure individual student achievement, ensuring the evaluation strategies are explicitly communicated in course materials and program policies and related to expected course and curricular program outcomes, including appropriate use, if any, of standardized tests.	100% of faculty design and implement evaluation strategies to measure individual student achievement, ensuring the evaluation strategies are explicitly communicated in course materials and program policies and are related to expected course and curricular program outcomes.	AY: 2022-23 Quarterly review and as needed.	Faculty review of course syllabi at Nursing meetings prior to the start of each quarter to ensure course materials and program policies are transparent and reflective of the program and student learning outcomes.	In the development of the LPN to BSN program faculty wanted to create a course that allowed students to reflect on progress towards meeting all program outcomes, with specific examples provided from each course. Faculty include in all syllabi a chart that demonstrates alignment of college-wide, program and course learning outcomes to the evaluation method used in class to determine progress toward meeting outcomes (such as exams, assignments, etc).	Yes	Program designed with a reflective portfolio component where students must articulate their own progress towards meeting program outcomes. All course syllabi include the alignment chart.	Documents stored on network drive Annual SEP review and faculty meetings Course syllabi Grading rubrics Skills check-off sheets ADN, Tenured Faculty
		AY: 2023-24 Quarterly review and as needed.	Faculty review of course syllabi, assignments, and grading rubrics posted in CANVAS prior to the start of each quarter to ensure course materials and program policies are transparent and reflective of the program and student learning outcomes.	Faculty review course syllabi and updated the standardized course learning outcomes template. All program-wide assignments such as concept maps, clinical evaluations and laboratory skills checkoffs are reviewed on an annual basis by all program faculty to ensure consistency, clarity and alignment with current best practices, evidence-based guidelines, and regulatory and accreditation standards.	Yes	Faculty continue to be intentional in TILTING all assignments to ensure transparency and understanding. The faculty also developed a grading rubric template that has been TILTEd for transparency for use with every assignment, presentation, and exam for every course. This template helps the program to ensure the grading policy was applied fairly and consistently from faculty to faculty and course to course.	
		AY: 2024-25	Faculty review of course syllabi, assignments, and grading rubrics posted	Faculty review course syllabi and updated the standardized course learning outcomes template.	N/A	Faculty will review beginning in fall 2024 for the AY 2024-25. Any necessary changes will be implemented quarterly.	

Appendix E: Systematic Evaluation Plan

		Quarterly review and as needed.	in CANVAS prior to the start of each quarter to ensure course materials and program policies are transparent and reflective of the program and student learning outcomes.				
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STANDARD V: CULTURE OF LEARNING AND DIVERSITY – Curriculum and Evaluation Processes

Faculty design program curricula to create a culture of learning that fosters the human flourishing of diverse learners through professional and personal growth and supports the achievement of expected student learning outcomes. Professional nursing standards and other professional standards appropriate to the program type are foundational curricular elements and are clearly integrated throughout the curriculum. Teaching, learning and evaluation processes take into consideration the diverse learning needs of students and are designed to support student achievement of learning outcomes. Distance learning programs are held to the same curricular, teaching/learning, and evaluation standards as campus-based programs. The program’s culture of learning and diversity related to the implementation of curriculum and teaching/learning/evaluation processes is evident through the creation of a positive learning environment and achievement of the following associated quality indicators.

Quality Indicators	Goal / Benchmark	Assessment Timeline	Assessment Methods	Analysis & Trending of Data	Goal or Benchmark met?	Quality Improvement (QI) Plan Action Plan	Location of Evidence Type & Date Responsible Persons
<p>V-I. Technology, including the use of distance education technology as applicable, is used effectively to support the teaching, learning, and evaluation process.</p>		<p>AY: 2022-23</p> <p>Student Exit Survey is administered in summer 2024 for 2022-23 cohort and results were reviewed in Summer 2024.</p> <p>Faculty Satisfaction Survey is administered in fall quarter and results are evaluated the same fall.</p>	<p>Review and evaluate Student Exit Survey results.</p>	<p>Student survey results:</p> <ol style="list-style-type: none"> 1. XX% of respondents agreed orientation to technology was available to me. (N=X/X) 2. XX% of respondents agreed that technology support was available to me. (N=X/X) 3. XX% of respondents agreed that information for technology requirements and policies for online education are clear, accurate, consistent, and accessible on the college website. (N=X/X) 	<p>N/A</p>	<p>Actions taken to address student survey results included:</p>	<p>Documents stored on network drive</p> <p>Annual SEP review and faculty meetings</p> <p>Catalog degree map</p> <p>Student exit survey results</p> <p>Faculty satisfaction survey results</p> <p>ADN, Tenured Faculty</p>
		<p>Review and evaluate Faculty Satisfaction Survey results.</p>	<p>Faculty survey results:</p> <ol style="list-style-type: none"> 1. 83% of respondents agreed that orientation to instructional technology is available to me. (N=5/6) 2. 83% of respondents agreed that support in the use of instructional technology is available to me. (N=5/6) 	<ol style="list-style-type: none"> 1. Yes 2. Yes 	<p>Actions taken to address faculty survey results included:</p> <ol style="list-style-type: none"> a. New faculty are paired with a senior faculty to receive mentorship and training in their first quarter of teaching. 		

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	80% of students agree or strongly agree that:	AY: 2023-24 Student Exit Survey is administered in summer 2025 for 2023-24 cohort and results were reviewed in Summer 2025. Faculty Satisfaction Survey is administered in fall quarter and results are evaluated the same fall.	Review and evaluate Student Exit Survey results.	Student survey results: 1. XX% of respondents agreed orientation to technology was available to me. (N=X/X) 2. XX% of respondents agreed that technology support was available to me. (N=X/X) 3. XX% of respondents agreed that information for technology requirements and policies for online education are clear, accurate, consistent, and accessible on the college website. (N=X/X)	N/A	Actions taken to address student survey results included:
	80% of faculty agree or strongly agree that:		Review and evaluate Faculty Satisfaction Survey results.	Faculty survey results: 1. 93% of respondents agreed that orientation to instructional technology is available to me. (N=13/14) 2. 93% of respondents agreed that support in the use of instructional technology is available to me. (N=13/14)	1. Yes 2. Yes	Actions taken to address faculty survey results included: Continue to support faculty through mentorship model. The program also created lab and clinical lead roles to help mentor adjuncts in those courses and experiences.
	1. Orientation to technology was available to me. 2. Technology support was available to me. 3. Information for technology requirements and policies for online education are clear, accurate, consistent, and accessible on the college website.		Review and evaluate Student Exit Survey results.	Student survey results: 1. XX% of respondents agreed orientation to technology was available to me. (N=X/X) 2. XX% of respondents agreed that technology support was available to me. (N=X/X) 3. XX% of respondents agreed that information for technology requirements and policies for online education are clear, accurate, consistent, and accessible on the college website. (N=X/X)	N/A	Actions taken to address student survey results included:

Appendix E: Systematic Evaluation Plan

		<p>AY: 2024-25</p> <p>Student Exit Survey is administered in summer 2026 for 2024-25 cohort and results were reviewed in Summer 2026.</p> <p>Faculty Satisfaction Survey is administered in fall quarter and results are evaluated the same fall.</p>	<p>Review and evaluate Faculty Satisfaction Survey results.</p>	<p>Faculty survey results:</p> <ol style="list-style-type: none"> 1. XX% of respondents agreed that orientation to instructional technology is available to me. (N=X/X) 2. XX% of respondents agreed that support in the use of instructional technology is available to me. (N=X/X) 	<p>N/A</p>	<p>Actions taken to address faculty survey results included:</p>	
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STANDARD V: CULTURE OF LEARNING AND DIVERSITY – Curriculum and Evaluation Processes

Faculty design program curricula to create a culture of learning that fosters the human flourishing of diverse learners through professional and personal growth and supports the achievement of expected student learning outcomes. Professional nursing standards and other professional standards appropriate to the program type are foundational curricular elements and are clearly integrated throughout the curriculum. Teaching, learning and evaluation processes take into consideration the diverse learning needs of students and are designed to support student achievement of learning outcomes. Distance learning programs are held to the same curricular, teaching/learning, and evaluation standards as campus-based programs. The program’s culture of learning and diversity related to the implementation of curriculum and teaching/learning/evaluation processes is evident through the creation of a positive learning environment and achievement of the following associated quality indicators.

Quality Indicators	Goal / Benchmark	Assessment Timeline	Assessment Methods	Analysis & Trending of Data	Goal or Benchmark met?	Quality Improvement (QI) Plan Action Plan	Location of Evidence Type & Date Responsible Persons
<p>V-J. There is systematic and ongoing review and evidence-based revision of the curriculum and teaching, learning, and evaluation strategies by faculty within a culture of continuous quality improvement to foster achievement of the program’s expected student outcomes.</p>	<p>100% of curriculum will be systematically reviewed within a culture of continuous quality improvement using evidence-based revision to foster student achievement</p>	<p>AY: 2022-23</p> <p>Annual review conducted summer quarter and quarterly review conducted at the end of the quarter, or as needed.</p>	<p>Faculty will develop and review the SEP</p> <p>Faculty will discuss Quality Indicators during faculty meetings, Advisory Board meetings, or when appropriate</p> <p>Faculty will holistically review the course outcomes and curriculum and plan for the following year.</p>	<p>New program implementation allowed for holistic review of curriculum prior to implementation.</p> <p>Faculty review SEP in the summer of each year and as needed throughout the program. Changes are implemented based on concerns noted in the review.</p> <p>Quarterly course surveys provide feedback to faculty and program of the effectiveness of each course, each time it is taught. Those are reviewed at the completion of the quarter by the ADN and faculty teaching the course.</p>	<p>Yes</p>	<p>Developed SEP for LPN to BSN program</p> <p>Developed an evaluation plan for all programmatic data.</p> <p>Curriculum developed as a faculty group and informed by evidence-based practice. In alignment with NLN, AACN and QSEN standards.</p>	<p>Documents stored on network drive</p> <p>Annual SEP review and faculty meetings</p> <p>ADN, Tenured Faculty</p>
		<p>AY: 2023-24</p> <p>Annual review conducted summer quarter and quarterly review conducted at the end of the quarter, or as needed.</p>	<p>Faculty will review the SEP</p> <p>Faculty will discuss Quality Indicators during faculty meetings, Advisory Board meetings, or when appropriate</p> <p>Faculty will holistically review the course outcomes and curriculum and plan for the following year.</p>	<p>Faculty continue to review curriculum for the second year of the program, prior to implementation.</p> <p>Faculty review SEP in the summer of each year and as needed throughout the program. Changes are implemented based on concerns noted in the review.</p> <p>Quarterly course surveys provide feedback to faculty and program of the effectiveness of each course, each time it is taught. Those are reviewed at the completion of the quarter by the ADN and faculty teaching the course.</p>	<p>Yes</p>	<p>Data collection plan utilized to keep program on target for analyzing data to make informed decisions.</p>	

Appendix E: Systematic Evaluation Plan

		<p>AY: 2024-25</p> <p>Annual review conducted summer quarter and quarterly review conducted at the end of the quarter, or as needed.</p>	<p>Faculty will review the SEP</p> <p>Faculty will discuss Quality Indicators during faculty meetings, Advisory Board meetings, or when appropriate</p> <p>Faculty will holistically review the course outcomes and curriculum and plan for the following year.</p>	Review to occur in summer 2024	N/A	Will review in summer 2024	
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