



**Green River College Practical Nursing 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
<p>I-A. Faculty assess and evaluate achievement of identified program outcomes (PLO) by engaging in an ongoing, systematic, evidence-based process.</p>	<p>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.</p>	<p>AY: 2020-21 Annual review conducted summer quarter of academic year.</p>	<p>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.</p>	<p>ADN and faculty reviewed the programmatic components with IE and found that the comprehensive assessment plan should also include a quarterly review of syllabi and a review of the preceptor survey data.</p>	<p>Yes</p>	<p>The comprehensive assessment plan was adjusted to include a quarterly review of syllabi and a review of the preceptor survey data in summer quarter.</p>	<p>Documents stored on network drive Annual SEP review and faculty meetings ADN, Tenured Faculty</p>
		<p>AY: 2021-22 Annual review conducted summer quarter of academic year.</p>	<p>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.</p>	<p>ADN and faculty reviewed the programmatic components with IE, faculty reflected that they felt included in the process and because they were more engaged, they better understood how the program outcomes are imbedded into the program to meet student benchmarks.</p>	<p>Yes</p>	<p>Faculty integrated use of the nursing conceptual framework with students to help solidify the curriculum to practice and work towards attainment of student outcomes.</p>	
<p>I-A. Faculty and staff assess and evaluate achievement of identified program outcomes (PLO) by engaging in an ongoing, systematic, evidence-based process. (New QI 2021)</p>	<p>AY: 2022-23 Annual review conducted summer quarter of academic year.</p>	<p>During the annual retreat, the ADN, 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.</p>	<p>ADN, staff and faculty reviewed the programmatic components, faculty reflected that they felt included in the process and because they were more engaged, they better understood how the program outcomes are imbedded into the program to meet student benchmarks, this was especially true of new faculty joining the program.</p>	<p>Yes</p>	<p>Faculty continue to use the conceptual framework and engage in the ongoing assessment of program outcomes.</p>		

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<p>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.</p>	<p>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.</p>	<p>AY: 2020-21 Annual review conducted summer quarter of academic year.</p>	<p>ADN, faculty, and the Office of Institutional Effectiveness review and revise annual assessment plan.</p>	<p>The comprehensive assessment plan needed to be updated to include a formal review of the preceptor evaluations. Review of course syllabi needs to be done quarterly as well as annually.</p>	<p>Yes</p>	<p>a. Due to COVID-19, the review of the comprehensive assessment plan was postponed to fall quarter. b. ADN and faculty reviewed and updated the comprehensive assessment plan to reflect the program’s continuous improvement process.</p>	<p>Documents stored on network drive Annual SEP review and faculty meetings Comprehensive assessment plan ADN, Tenured Faculty</p>
		<p>AY: 2021-22 Annual review conducted summer quarter of academic year.</p>	<p>ADN, faculty, and the Office of Institutional Effectiveness review and revise annual assessment plan.</p>	<p>The comprehensive assessment plan needed to be updated to include a formal review the quarterly lab schedules, skills check-offs and simulations for each quarter.</p>	<p>Yes</p>	<p>a. ADN and faculty reviewed and updated the comprehensive assessment plan to reflect the program’s continuous improvement process.</p>	
		<p>AY: 2022-23 Annual review conducted summer quarter of academic year.</p>	<p>ADN, faculty, and the Office of Institutional Effectiveness review and revise annual assessment plan.</p>	<p>The comprehensive assessment plan needed to be updated to include the new part-time hybrid program assessment and survey schedules.</p>	<p>Yes</p>	<p>a. ADN and faculty reviewed and updated the comprehensive assessment plan to reflect the program’s continuous improvement process.</p>	

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<p>I-C. The program achieves expected program outcomes related to program completion rates.</p>	<p>80% of students will complete the program within 150% of program length annually.</p>	<p>AY: 2020-21 Annual review conducted summer quarter of academic year.</p>	<p>Review and evaluate program completion rates.</p>	<p>Program completion rates by cohort year: 2017-18 Cohort: 77% 2018-19 Cohort: 83% 2019-20 Cohort: 90% Three-Year Average: 83%</p> <p>The three-year average program completion rate exceeds the required 80% for undergraduate programs in Washington State per the Nursing Commission.</p>	<p>Yes</p>	<p>Actions taken to address program completion rates included:</p> <p>a. Faculty reviewed all courses and decided to revise the three learning contracts rule in four of the courses:</p> <ul style="list-style-type: none"> i. IV Therapy (NURSE 114) ii. Mental Health (NURSE 111) iii. Emergency/Disaster (NURSE 123) iv. Pharmacology (NURSE 102) <p>Starting Winter 2021 those courses will all require an 80% pass rate overall for successful progression and will not be subject to the three learning contract role.</p>	<p>Documents stored on network drive Annual SEP review and faculty meetings Program application packet Admission rubric Course syllabi ADN, Tenured Faculty</p>
		<p>AY: 2021-22 Annual review conducted summer quarter of academic year.</p>	<p>Review and evaluate program completion rates.</p>	<p>Program completion rates by cohort year: 2018-19 Cohort: 83% 2019-20 Cohort: 90% 2020-21 Cohort: 82% Three-Year Average: 85%</p> <p>The three-year average program completion rate exceeds the required 80% for undergraduate programs in Washington State per the Nursing Commission.</p>	<p>Yes</p>	<p>Actions taken to address program completion rates included:</p> <p>a. Faculty talked to students who returned from the 20-21 year and found that students struggled with the online delivery of theory. Those students have stated that being in-person has increased their engagement and overall success in the courses. Returned to face-to-face instruction in 2021-22 allowing the instructors to use different teaching modalities that they were limited to online.</p> <p>b. Faculty and ADN will meet with all students that leave the program to determine what factors could be mitigated in the future.</p>	
		<p>AY: 2022-23 Annual review conducted summer quarter</p>	<p>Review and evaluate program completion rates.</p>	<p>Program completion rates by cohort year: 2019-20 Cohort: 90% 2020-21 Cohort: 82%</p>	<p>Yes</p>	<p>Actions taken to address program completion rates included:</p> <p>a. The faculty reviewed and adjusted the dosage calculation policy, updating it from 3 attempts to get 100% to 2 attempts to get 90%.</p>	

		of academic year.		<p>2021-22 Cohort: 89% Three-Year Average: 87%</p> <p>The three-year average program completion rate exceeds the required 80% for undergraduate programs in Washington State per the Nursing Commission.</p>		<ul style="list-style-type: none"> b. Faculty developed remediation policies for students relating to lab check-offs, testing, and other components that require students to have intentional remediation with the tutor prior to second attempts. c. The program hired a full-time faculty with 50% release time to tutor 16 hours per week for lab, theory and clinical courses. d. The program implemented IBest support for both LPN cohorts. e. The faculty continue to identify at risk students or concerns at the weekly faculty meeting to ensure early identification of concerns and appropriate resource connection. f. Students are assigned to one full-time faculty as their advisor for the duration of the program, those individuals meet with the faculty once per quarter. g. The program created a lab lead and clinical lead position, both with 1/3 release time to coordinate the lab and clinical portions of the program h. The program has two adjunct faculty that were awarded “associate” status which allows them to participate in faculty meetings and engage in program level activities while being compensated. 	
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<p>I-D. The program achieves expected program outcomes related to graduates’ performance on licensure and certification examinations.</p>	<p>80% of first-time takers will achieve a minimum graduate licensure pass rate, averaged over the most recent three-year calendar time period.</p>	<p>AY: 2020-21 Annual review conducted summer quarter of academic year.</p>	<p>Review and evaluate NCLEX pass rate.</p>	<p>NCLEX Pass Rates by Cohort Year: 2017-18 Cohort: 100% 2018-19 Cohort: 100% 2019-20 Cohort: 95% Three-Year Average: 98%</p> <p>The three-year average program completion rate exceeds the required 80% for undergraduate programs in Washington State per the Nursing Commission.</p>	<p>Yes</p>	<p>Actions taken to address NCLEX pass rates included: a. Faculty will continue to require all students to complete the Kaplan Focused Review tests prior to taking a unit test. Faculty will continue to run an NCLEX review course for all students during COVID-19 and are considering continuing the NCLEX review course beyond COVID-19 based on positive student feedback.</p>	<p>Documents stored on network drive Annual SEP review and faculty meetings Washington Department of Health Nursing NCLEX Pass Rate Report ADN, Tenured Faculty</p>
		<p>AY: 2021-22 Annual review conducted summer quarter of academic year.</p>	<p>Review and evaluate NCLEX pass rate.</p>	<p>NCLEX Pass Rates by Cohort Year: 2018-19 Cohort: 100% 2019-20 Cohort: 95% 2020-21 Cohort: 84% Three-Year Average: 93%</p> <p>The three-year average program completion rate exceeds the required 80% for undergraduate programs in Washington State per the Nursing Commission.</p>	<p>Yes</p>	<p>Actions taken to address NCLEX pass rates included: a. Faculty felt that online instruction did not foster the engaged learning environment that face-to-face instruction does. Program returned to face-to-face instruction in Fall 2021. b. Faculty will continue to record lectures and post so that students can rewatch lectures on their own time.</p>	
		<p>AY: 2022-23 Annual review conducted summer</p>	<p>Review and evaluate NCLEX pass rate.</p>	<p>NCLEX Pass Rates by Cohort Year: 2019-20 Cohort: 95% 2020-21 Cohort: 84% 2021-2022 Cohort: 88%</p>	<p>Yes</p>	<p>Actions taken to address NCLEX pass rates included: a. The program purchased and integrated ATI testing platform to meet the student needs for preparation for NextGen NCLEX.</p>	

		quarter of academic year.		<p>Three-Year Average: 89%</p> <p>The three-year average program completion rate exceeds the required 80% for undergraduate programs in Washington State per the Nursing Commission.</p>		<ul style="list-style-type: none"> b. The program has scaffolded the introduction of NextGen NCLEX questions c. The program has integrated IBest d. Program continues to utilize Kaplan for NCLEX preparation throughout the program e. Faculty developed remediation policies for students relating to lab check-offs, testing, and other components that require students to have intentional remediation with the tutor prior to second attempts. f. Program now using uWorld to enhance preparation for NCLEX in the final quarter 	
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<p>I-E. The program achieves expected program outcomes related to graduate employment rates in the area of nursing program preparation.</p>	<p>80% of graduates actively seeking employment will obtain employment in area of nursing program preparation within first 6 to 12 months after graduation.</p>	<p>AY: 2020-21</p> <p>Review State-wide Data Linking Outcomes Assessment (DLOA) data report winter quarter.</p> <p>Graduate Survey is administered in winter 2021 for 2019-20 cohort and results were reviewed in spring 2021.</p>	<p>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.</p> <p>Review and evaluate graduate survey results.</p>	<p>DLOA and graduate survey results:</p> <ol style="list-style-type: none"> 1. DLOA employment rates for the 2018-19 cohort was 91%. 2. 83% of respondents obtained employment within first 6 to 12 months after graduation (N=19/23). <p>Only 23 of 35 graduates responded to the survey.</p>	<p>Yes</p>	<p>Actions taken to address graduate survey results included:</p> <ol style="list-style-type: none"> a. ADN will continue to collect personal email addresses to disseminate the graduate survey. b. ADN will continue to offer incentives in the next graduate survey in an effort to increase response rate. <p>Due to COVID-19, the program was unable to offer mock interviews for the 2019-20 cohort. Faculty are exploring a virtual event for 2021.</p>	<p>Documents stored on network drive</p> <p>Annual SEP review and faculty meetings</p> <p>Graduate student survey results</p> <p>DLOA placement report</p> <p>ADN, Tenured Faculty</p>
		<p>AY: 2021-22</p> <p>Review State-wide Data Linking Outcomes Assessment (DLOA) data report winter quarter.</p> <p>Graduate Survey is administered in winter 2021 for 2019-20 cohort and results were reviewed in spring 2021.</p>	<p>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.</p> <p>Review and evaluate graduate survey results.</p>	<p>DLOA and graduate survey results:</p> <ol style="list-style-type: none"> 1. DLOA employment rates for the 2019-20 cohort was 78%. 2. 80% of respondents obtained employment within first 6 to 12 months after graduation (N=4/6). <p>Only 6 of 32 graduates responded to the survey.</p>	<p>Yes</p>	<p>Actions taken to address graduate survey results included:</p> <ol style="list-style-type: none"> a. ADN will continue to collect personal email addresses to disseminate the graduate survey. b. ADN will continue to offer incentives in the next graduate survey in an effort to increase response rate. <p>This academic year the faculty and staff decided to offer a career fair in leu of the mock interviews. This gave students from all the health occupations programs an opportunity to participate. Approx. 10 industry partners attended, and reception by both students and industry was positive.</p>	

		<p>AY: 2022-23</p> <p>Review State-wide Data Linking Outcomes Assessment (DLOA) data report winter quarter.</p> <p>Graduate Survey is administered in winter 2021 for 2019-20 cohort and results were reviewed in spring 2021.</p>	<p>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.</p> <p>Review and evaluate graduate survey results.</p>	<p>DLOA and graduate survey results:</p> <ol style="list-style-type: none"> 1. DLOA employment rates for the 2020-21 was 83%. 2. 80% of respondents obtained employment within first 6 to 12 months after graduation (N=8/10). <p>Only 12 of 34 graduates responded to the survey.</p>	Yes	<p>Actions taken to address graduate survey results included:</p> <ol style="list-style-type: none"> a. The program hosted a large scale hiring fair for healthcare students, will include continuing education programs in future years b. The program hired a coordinator who holds workforce development workshops throughout the year 	
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<p>I-F. Student, faculty, alumni, employers and communities of interest express satisfaction with program effectiveness.</p>	<p>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.”</p>	<p>AY: 2020-21</p> <p>Student Exit Survey is administered in summer 2020 for 2019-20 cohort and results were reviewed in Summer 2020.</p>	<p>Review and evaluate student exit survey results.</p>	<p>Student survey results:</p> <ol style="list-style-type: none"> 1. 100% of respondents agreed that “I am satisfied with the education I received at the college to prepare me to enter the nursing profession.” (N=37/37) <p>Comments on preparing the students for the profession included:</p> <ol style="list-style-type: none"> a. “I believed GRC is a great school and truly prepares students to be a great LPN” b. “I feel like I'm very well prepared to go into the nursing field as a new nurse” c. “The rigorous curriculum has prepared us for future careers and RN programs.” d. “It prepared me for what was to come and helped me to transition from the in class setting to the clinical setting.” e. “Honestly, there's too many strengths to count. The staff is so strong and professional. The coursework prepared me extremely well for the position, as well as an RN program in the future.” 	<p>Yes</p>	<p>Actions taken to sustain student survey results included:</p> <ol style="list-style-type: none"> a. Continue to improve the curriculum by incorporating best practices and evidence-based education strategies. 	<p>Documents stored on network drive</p> <p>Annual SEP review and faculty meetings</p> <p>Student survey results</p> <p>Faculty satisfaction survey results</p> <p>Graduate survey results</p> <p>Employer survey results</p> <p>Advisory board survey results</p> <p>ADN, Tenured Faculty</p>
	<p>80% of faculty will agree or strongly agree that the nursing program is effective in producing safe and qualified nurses.</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 the nursing program is effective in producing safe and qualified nurses. (N=5/5) <p>Comments on the on the program’s strengths included:</p>	<p>Yes</p>	<p>Actions taken to address faculty survey results included:</p> <ol style="list-style-type: none"> a. Continue to implement components of cultural diversity into the curriculum and instruction. b. Continue to hire diverse faculty as well as faculty with a diverse background. 	
<p>80% of graduates will agree or strongly agree that the education they received in this program effectively prepared them to enter the nursing profession.</p>	<p>Graduate Survey is administered in winter 2021 for 2019-20 cohort and results were reviewed in spring 2021.</p>						
<p>80% of employers will report being satisfied or very satisfied with Green River’s Practical Nursing Program.</p>	<p>Employer Survey administered in spring 2021 for the 2019-20 cohort and results reviewed in summer 2021.</p>						
	<p>Advisory Board Survey administered</p>						

80% of advisory board members are satisfied or very satisfied with Green River's Practical Nursing Program.	in spring 2021 and results reviewed in summer 2021.	<ul style="list-style-type: none"> a. Focus on cultural diversity as a strength of the program. b. The diverse background and strong work ethic of faculty. c. The program having a highly dedicated Associate Dean. d. The program is very pro-student success. <p>Comments on areas of improvements included:</p> <ul style="list-style-type: none"> a. More focus on social determinants of health. b. The need for a lab technician and more faculty. c. Curriculum seems cumbersome and not streamlined with lot of busy work that leave students confused. 		<ul style="list-style-type: none"> c. Faculty incorporated social determinants of health into the first quarter Fundamentals Nursing Course (NURSE 104) as well as in the concept maps. d. The program hired a lab technician that started in Fall 2020. With the shift to online instruction due to COVID-19, faculty worked to streamline the curriculum by ensuring all materials are available to students in one location via CANVAS.
	Review and evaluate graduate survey results.	<p>Graduate survey results:</p> <ul style="list-style-type: none"> 1. 100% of respondents agreed or strongly agreed that the education they received in this program effectively prepared them to enter the nursing profession. (N=23/23) <p>Comments on areas of improvements included:</p> <ul style="list-style-type: none"> a. "The need for more consistency in grading." b. "The need to make sure that skills taught in lab are reflective of current industry practices." 	Yes	<p>Actions taken to address graduate survey results included:</p> <ul style="list-style-type: none"> a. Faculty will review all skills prior to the content being taught to ensure practices are in alignment with industry b. Weekly faculty meetings will include a review of what is happening in each course, including a review of assignments in an effort to standardize grading practices.
	Review and evaluate employer survey results.	<p>Employer survey results:</p> <ul style="list-style-type: none"> 1. 100% of respondents reporting being satisfied with Green River's Practical Nursing Program. (N=6/6) <p>Comments on areas of improvements included:</p> <ul style="list-style-type: none"> a. "Documentation is very important at our facilities. Most nurses, not just from GRC program need assistance with documentation practice." 	Yes	<p>Actions taken to address employer survey results included:</p> <ul style="list-style-type: none"> a. Faculty acknowledge the need to have students document narrative notes on lab and clinical assignments. Including during all skills checkoffs, lecture activities and simulations. b. Faculty implemented teaching on FDAR charting in lab.
	Review and evaluate feedback	Advisory board survey results:	Yes	Actions taken to sustain advisory board survey results included the following:

			and results from the program's Advisory Board Survey.	<p>1. 100% of respondents were satisfied with Green River's Practical Nursing Program. (N=6/6)</p> <p>Comments on areas of improvements included:</p> <ol style="list-style-type: none"> "Lab practice of giving injections to a live person; Maybe practicing on each other." 		<ol style="list-style-type: none"> Faculty integrated more open lab time and encouraged students to participate to get more time to practice skills Faculty to allow students to volunteer to participate in giving/receiving an IM injection on one another To explore "poke for a poke" lab with the phlebotomy program 	
		<p>AY: 2021-22</p> <p>Student Exit Survey is administered in summer 2021 for 2020-21 cohort and results were reviewed in Summer 2021.</p> <p>Faculty Satisfaction Survey is administered in fall quarter and results are evaluated the same fall.</p> <p>Graduate Survey is administered in winter 2022 for 2020-21 cohort and results were reviewed in spring 2022.</p> <p>Employer Survey administered in spring 2022 for the 2020-21 cohort and results reviewed in summer 2022.</p> <p>Advisory Board Survey administered in spring 2022 and results reviewed in summer 2022.</p>	Review and evaluate student exit survey results.	<p>Student survey results:</p> <ol style="list-style-type: none"> 94% of respondents agreed that "I am satisfied with the education I received at the college to prepare me to enter the nursing profession." (N=32/34) <p>Comments on preparing the students for the profession included:</p> <ol style="list-style-type: none"> "I feel the program is successful and offer all the needs that make the student successful. The program coordinator and instructors are very helpful and supportive. I wish all the best to you to continue in this program." "I have been very pleased with both the instruction and curriculum. I have acquaintances in other nursing programs throughout the state and have concluded from conversations that GRC's program is top notch." <p>Comments suggesting improvements included:</p> <ol style="list-style-type: none"> "Information related to completion of concept maps was helpful, however it was delivered very early in the year. There was also inconsistent grading and information presented by different clinical instructors. I believe students would benefit from a second meeting day to present more information during spring quarter." "Consistency when it comes to some assignments. Concept maps for 		<p>Actions taken to address student survey results included:</p> <ol style="list-style-type: none"> The faculty separated the concept map bootcamp into two different sessions. The first was on the physical assessment piece, the second was on the map itself and was not done until after the students had completed the assessment portion in clinical. These sessions were also recorded on Panopto and made available for review. Faculty are now meeting collaboratively with the students between the first section of the concept map and the second to discuss the concept map and ensure that the student is on track and meeting the assignment objectives. Faculty to review assignments and rubrics at the beginning of each quarter to ensure that all are on the same page regarding assignment expectations. 	

				example, some required a head to toe document, some didn't."		
			Review and evaluate faculty satisfaction survey results.	<p>Faculty survey results:</p> <p>1. 100% of respondents agreed that the nursing program is effective in producing safe and qualified nurses. (N=5/5)</p> <p>Comments on the on the program's strengths included:</p> <ul style="list-style-type: none"> a. "Very knowledgeable staff, great integration of technology in the classroom, flexibility with remote learning and preceptorships for working students" b. "There is room for creativity and development of ideas and strategies to enrich the education of nurses. The team of faculty I work with and its' leader are forward thinking." <p>Comments on areas of improvements included:</p> <ul style="list-style-type: none"> a. "Clinicals are currently also combined with skills lab as well as simulation. I have taught at other colleges where instructors only did one or the other, and clinicals were still the same amount of credits. I find that when one instructor is expected to teach all 3 things as one course that the quality of the simulations and skills lab isn't the same (everyone is sort of doing their best but there is little consistency between instructors). I know it doesn't work with our program, but I think having one group teach skills lab, one group do all the simulations, and have adjuncts go into clinical sites would make the most sense (and also would be an incentive for adjuncts still working in hospitals to sign up as employees). Right now, it is a huge commitment to teach clinicals and 		<p>Actions taken to address faculty survey results included:</p> <ul style="list-style-type: none"> a. The faculty reviewed the curriculum in summer and fall 2020 and made revisions to align with the new state DTA. One of the changes instituted included separating out lab, clinical and simulation into three different courses. b. The simulation coordinator was removed from teaching theory, to focus on lab and simulation. c. We have a new faculty canvas shell for new hires in the nursing program, we also assign a mentor to each new faculty.

				<p>many adjuncts cannot commit to three days a week while also working at other places.</p> <p>b. "Onboarding of adjunct faculty can have a little more structure to it with orientation to expectations of the role, time, how assignments are graded."</p>		
			Review and evaluate graduate survey results.	<p>Graduate survey results:</p> <p>2. 100% of respondents agreed or strongly agreed that the education they received in this program effectively prepared them to enter the nursing profession. (N=6/6)</p> <p>Comments on areas of improvements included:</p> <p>"I believe the program should focus more on IM injections as many LPN's work in clinics and need more than one lab clinical to feel confident."</p>	Yes	<p>Actions taken to address graduate survey results included:</p> <p>a. Faculty will integrate IM instruction into the curriculum more purposefully. This includes spending more time on IM injections, landmarks, syringes, needles, etc. Will also work to get more clinical experiences that offer IM injection opportunities.</p>
			Review and evaluate employer survey results.	<p>Employer survey results:</p> <p>1. 92% of respondents reporting being satisfied with Green River's Practical Nursing Program. (N=11/12)</p> <p>Comments on areas of improvements included:</p> <p>a. "In working with a generation where nursing job opportunities are in abundance and reliable work ethic is in a decline, it is vital to instill on new nurse the critical role they play in helping their team and clients by being reliable (showing up and showing up on time), being responsible, and serving with integrity."</p>	Yes	<p>Actions taken to address employer survey results included:</p> <p>a. Faculty will continue to work on developing professional behaviors with students and will continue to evaluate those behaviors through our clinical evaluation tool quarterly.</p>
			Review and evaluate feedback and results from the program's Advisory Board Survey.	<p>Advisory board survey results:</p> <p>1. 67% of respondents were satisfied with Green River's Practical Nursing Program. (N=2/3)</p> <p>Comments on areas of improvements included:</p>	No	<p>Actions taken to address the advisory board survey results included the following:</p> <p>a. Faculty to grade applications blindly (will be unable to see identifying information for applicants) for the LPN to BSN and fall cohorts.</p>

				a. “Grade-blind applications (if not already in place) could eliminate bias. Initial applications can be reviewed to meet minimum standards, then grades can be removed prior to moving on to a selection committee. In this way, we eliminate one possible bias. If at all possible, evening and weekend course offerings, childcare assistance, and further student guidance (such as counselor or navigator) will be helpful.”		b. Began to offer the Part-Time Hybrid LPN program, will continue to market those options and explore how we can facilitate manageable scheduling.
I-F. Faculty, student, alumni, and employers express satisfaction with program effectiveness. (New QI 2021)	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.” 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 Practical Nursing Program.	AY: 2022-23 Student Exit Survey is administered in summer 2022 for 2021-22 cohort and results were reviewed in Summer 2022. Faculty Satisfaction Survey is administered in fall quarter and results are evaluated the same fall. Graduate Survey is administered in winter 2023 for 2021-22 cohort and results were reviewed in spring 2023.	Review and evaluate student exit survey results.	Student survey results: 1. 85% of respondents agreed that “I am satisfied with the education I received at the college to prepare me to enter the nursing profession.” (N=28/33) Comments on preparing the students for the profession included: a. “Instructors are great overall the curriculum really prepares you for the LPN roles” b. “I feel somewhat unprepared going out into the nursing world, I would’ve liked more hands on experience and more lab days set aside to practice skills” c. “I have felt pretty confident working with patients and family as I have been doing it for a long time. However, I feel more confident doing it in my new role as the nurse instead of the tech.”	Yes	Actions taken to address student survey results included: a. Program has worked with adjunct faculty and students on “soft skills” and ensuring the students have clear expectations of program and clinical/work settings b. The program has a lab and clinical lead with 1/3 release time each to ensure consistency among adjuncts c. Faculty to have transparent conversations with students and adjuncts alike about the value of all skills and settings d. One faculty with 50% release time to tutor students with access to open lab
		Employer Survey administered in spring 2023 for the 2021-22 cohort and results reviewed in summer 2023. 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=4/6) Comments on the on the program’s strengths included:	Yes	Actions taken to address faculty survey results included: a. The program has a lab and clinical lead with 1/3 release time each to ensure consistency among adjuncts b. Faculty continue to identify student concerns in weekly faculty meetings, also making sure to communicate out with adjuncts moving forward

	80% of advisory board members are satisfied or very satisfied with Green River's Practical Nursing Program.	in spring 2023 and results reviewed in summer 2023.		<p>a. "I feel like the majority of the instructors and adjuncts have the best interest of the students in mind."</p> <p>b. "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."</p> <p>c. "Instructors coming from diverse professional backgrounds, state of the art technology, an associate dean who whole heartedly supports us (even though she is probably has more work than all of us combined!), amazing supportive staff (clinical coordinator and Adam not sure what his title is)."</p> <p>Comments on areas of improvements included:</p> <p>a. "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."</p> <p>b. "I feel like there could be a stronger mentoring program for new instructors / adjuncts. I know we are trying to start improving that process."</p> <p>c. "We need to get better at helping our students connect the dots when care planning for patients. Teach beyond filling the boxes and answering the questions but also how those answers connect to each other and address the individual as a whole."</p>		<p>c. SPEET Form now used in lab/sim/clinical for near misses/errors</p> <p>d. Formatting clinical processes including the concept map and pre/debrief</p>	
			Review and evaluate graduate survey results.	<p>Graduate survey results:</p> <p>1. 82% of respondents agreed or strongly agreed that the education they received in this program effectively prepared them to enter the nursing profession. (N=9/11)</p>	Yes	<p>Actions taken to address graduate survey results included:</p> <p>a. Faculty discussed changing challenge question policy, however, chose to leave due to concerns about equity</p>	

				<p>Comments on areas of improvements included:</p> <ul style="list-style-type: none"> a. “I feel like Sims program is a little bit challenging at the same times very helpful, so, I would encourage the school to give it more time for practice for every one to be on the same page.” b. “The one thing I seemed to have a problem on was, having only 2 chances to challenge a question/answer on a test per quarter. While going through the program, depending on the instructor, there seemed to be a lot more questions/answers that the class had questions about. A lot of people would think that there were questions/answers that should be challenged earlier on in the quarter but wouldn’t want to lose one of their challenges that could potential help them on later tests that they might’ve scored below the 76%. I think if the student puts in the work and ends up getting the point back on something they’ve challenged they should still have 2 out of 2 challenges and if they don’t get the point back then a challenge question can be taken for that quarter.” c. “The Kaplan NCLEX class should be done at the beginning of the program so students can apply the strategies taught from the beginning instead of suffering through proctored tests, and THEN learning what to do.” d. “Sim Chart and i-Human are utterly useless as it just becomes a click fest to get the assignment done; time may be better utilized with more in-person lab time with real life interactions.” e. “The OB course was... on another level of... just wow; please don't let future cohorts go through that.” 		<ul style="list-style-type: none"> b. Faculty attended the NCLEX prep class and will implement some learning strategies early in the program – continue to reinforce that students do not have the knowledge necessary to form the foundation in the beginning c. Nursing tutor with 50% release time hired to support theory, lab and clinical d. Both programs removed SimChart and i-human and shifted to shadow health e. Hired new OB faculty and changed delivery model for OB course 	
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			<p>Review and evaluate employer survey results.</p>	<p>Employer survey results:</p> <ol style="list-style-type: none"> 1. 100% of respondents reporting being satisfied with Green River's Practical Nursing Program. (N=2/2) <p>There were no suggested areas of improvement, comments on areas of strength included:</p> <ol style="list-style-type: none"> a. "Graduates of the GRCC program far exceed the expectations of a newly licensed nurse" b. "Overall the LPNs we have seen are as prepared as any other program to care for our clients." 	Yes	<p>Actions taken to address graduate survey results included:</p> <ol style="list-style-type: none"> a. The program will continue to review curriculum and evaluation data, implementing best practice and new evidence base to ensure graduates are prepared for industry 	
			<p>Review and evaluate feedback and results from the program's Advisory Board Survey.</p>	<p>Advisory board survey results:</p> <ol style="list-style-type: none"> 1. 100% of respondents were satisfied with Green River's Practical Nursing Program. (N=1/1) <p>There were no suggested areas of improvement, comments on areas of strength included:</p> <ol style="list-style-type: none"> a. "Students always come well prepared and eager to participate" 	Yes	<p>Actions taken to address advisory board survey results included:</p> <ol style="list-style-type: none"> a. Shifted to online for the advisory board meetings with a plan for an annual catered event b. Program will invite feeder programs to participate in the advisory board c. Program will invite grads to participate with the advisory board 	

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-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: 2020-21 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: 2021-22 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: 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.	
			Faculty reviewed program outcomes.	Program outcomes are derived from nursing program mission and vision.	Yes	Continue to monitor and amend as needed.	

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-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.</p>	<p>100% of full-time tenured and tenure-track faculty will serve on a college committee and a nursing committee.</p> <p>Nursing student representative will be present at Nursing Faculty meetings and Nurse Advisory Board meeting.</p>	<p>AY: 2020-21</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. L. Nelson represented the division on the Learning Outcomes Committee 2. R. Allen was division representative on the Instructional Diversity Committee. 3. J. Hatfield was the division representative on eLearning Committee. 4. T. Horner was the division representative on the Accessibility Committee. <p>Adjunct faculty T. James was the division representative on the Guided Pathway Design Team</p>	<p>Yes</p>	<p>a. All Nursing faculty sought faculty input at division meeting to be shared with college-wide committees and in decisions-making processes related to the Health Sciences division and then reported follow-up on decisions.</p> <ol style="list-style-type: none"> a. R. Allen represented the Health Science division in implementation and faculty development about the college’s diversity learning outcome. b. L. Nelson was the division program assessment coordinator. c. J. Hatfield provided input on the e-learning’s policy on publishing CANVAS shell to students prior to quarter start. d. T. James worked with the Guided Pathway Design team to develop the annual workplan for the college to implement Guided Pathways. e. Nursing faculty were involved in a week-long e-Learning workshop focusing on FERPA and how to use CANVAS more effectively in an online environment. 	<p>Documents stored on network drive</p> <p>Annual SEP review and faculty meetings</p> <p>ADN, Tenured Faculty</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> <ol style="list-style-type: none"> Due to COVID-19 and family obligations, students wanted to shift exam to later in day (10/16/20). With online learning and testing in home environment, some students had difficulty with vocabulary and distractions (10/23/20). With the additional information sharing, students indicated they had hard time determining what was important and what to prioritize and asked for streamlined communication (10/23/20). Students expressed concerns that the assignment due dates in the syllabus did not align with CANVAS and the quarterly class calendar (10/30/20). <p>During student advising, several students reported feeling overwhelmed with family obligations and responsibilities related to COVID-19.</p>	Yes	<p>Actions taken to address student concerns included:</p> <ol style="list-style-type: none"> Student voted on and recommended test times to the faculty. Test time was changed from 9 am to 10 am. Faculty offered students who had difficulty with vocabulary and home distractions the opportunity to come in and test in-person. Faculty instituted weekly ZOOM meetings to share important information and allow students to ask questions. These meetings were recorded and posted to CANVAS. The ADN reviewed all syllabi and made sure they were in alignment with CANVAS and the quarterly class calendar. <p>ADN surveyed the students to find out if there was an interested in a part-time program option. Only one student indicated an interest.</p>	
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		<p>AY: 2021-22</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. L. Nelson represented the division on the Learning Outcomes Committee 2. R. Allen was division representative on the Instructional Diversity Committee. 3. J. Hatfield was the division representative on eLearning Committee. 4. T. Horner was the non-voting observer on the Learning Outcomes Committee. Adjunct faculty T. James was the non on the Guided Pathway Design Team 	<p>Yes</p>	<p>All Nursing faculty sought faculty input at division meeting to be shared with college-wide committees and in decisions-making processes related to the division and then reported follow-up on decisions.</p> <ol style="list-style-type: none"> a. R. Allen represented the division in implementation and faculty development in the college's diversity learning outcome. b. L. Nelson participated in the division program assessment coordinator and is on the by-law's sub-committee. Nursing faculty were involved in program learning outcome assessment to include actively looking at how PLOs align with the clinical evaluation tool. c. J.H Hatfield provided input on the e-learning's policy on publishing CANVAS shell to students prior to quarter start. d. T. James worked with the Guided Pathway Design team to develop the annual workplan for the college to implement Guided Pathways. 	
			<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. Some students want to change the schedule for lecture. They feel like there are too many breaks and they would rather get out of class early. (10/22/21) b. Students to vote for possible class time change in Winter (11/12/22) c. Consistent grading regarding skills checkoffs (1/14/22) d. Students voiced concerns on pre sim work and clarifying instructions (2/4/22) e. Students need to raise their hand and the instructor needs to go to them to answer the question. Instructors need to take off their keys during tests. (2/25/22) 	<p>Yes</p>	<p>Actions taken to address student concerns included:</p> <ol style="list-style-type: none"> a. Faculty mindful of the request to minimize breaks and end class early, will implement when possible. b. Students to vote on course starting times. Majority rule will change the time to an earlier start as requested by students. c. TH to change Canvas structure to have step by step instructions for clarity in pre-sim activities. d. Instructors will re-implement raising hands during tests and will remove their keys to prevent a noise distraction. 	

		<p>AY: 2022-23</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 division representative on the Instructional Diversity Committee. 2. J. Hatfield was the division representative on Assessment and Testing. 3. T. Horner was the Accessibility Committee. 4. A. Drury, G. Blackburn and K. Moninger were all in the first year of tenure. In the first year the faculty mentor on a committee, but do not actively serve as a representative. <ol style="list-style-type: none"> a. A. Drury observed IC b. G. Blackburn observed IDC c. K. Moninger observed IDC 	<p>Yes</p>	<p>All Nursing faculty sought faculty input at division meeting to be shared with college-wide committees and in decisions-making processes related to the division and then reported follow-up on decisions.</p> <ol style="list-style-type: none"> a. R. Allen shared out updates to IDC and ongoing faculty development trainings pertaining to EDI b. J. Hatfield brought updates relating to new testing center policies and forms to be used with the new process c. T. Horner shared out changes to accessibility and stated a binder for the department with all student accommodations listed for easy review and access 	
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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>	<p>Student representative provided qualitative report during faculty meetings on behalf of cohort. The following concerns were brought up throughout the year:</p> <ul style="list-style-type: none"> a. Student representatives wanted more exposure to NCLEX style questions in the classroom and during lecture. Students also appreciated watching the faculty complete a full head-to-toe, requested that for all skill (10/14/22). b. Student representative requested more open lab availability (10/21/22). c. Students struggling with ATI questions and formatting, requesting practice exams (1/27/23). d. Students requested grades for exams be made available same day, immediately (2/17/23). e. Student expressed concern that faculty are not abiding by the grading return policies in their own syllabi, specifically in clinical (3/24/23). f. Students in new part time group concerned about Foundations testing grades (5/12/23). <p>Additionally, students in the new part-time program expressed concern regarding the scheduling being hybrid one quarter then in person two days the next.</p>	Yes	<p>Actions taken to address student concerns included:</p> <ul style="list-style-type: none"> a. Remind students of resources and collaborate with IBEST to scaffold NGN questions, all skills now have recorded faculty videos b. Tutor held open lab hours c. Testing in foundations to be scaffold and implemented ATI across program d. Faculty considered changes to the testing review process but chose to leave as is e. New lab/clinical faculty to be oriented to grading policies prior to start f. Group testing implemented in first exam of first quarter to help students become familiar, scaffolding ATI in future <p>Changed part-time program to have one lecture course and lab or clinical each quarter to reduce workload and scheduling concerns.</p>	
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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-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: 2020-21 Advisory Board Survey administered in spring 2020 and results reviewed in summer 2020.	Review Advisory Board survey results.	Advisory board survey results: 100% of the respondents agreed that they were provided the opportunity to provide input, however the response rate was low. (N=2/2)	Yes	Actions taken to address the low advisory board survey response rate included the following: a. ADN is considering giving a Starbucks gift card for those who respond to the survey at the Spring meeting.	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 support for including EHR, exploring purchasing a PYXIS machine, and the use of simulation. Advisory Board would like a tour of the new offices, classrooms, lab, and Sim Lab. The next Advisory Board is scheduled for winter or spring quarter.	Yes	Actions taken to address advisory board feedback included: a. Faculty will implement the use of EHR throughout the program. b. ADN wrote and received a grant to purchase the PYXIS machine. The machine will be in place by the end of June 2021. c. Faculty will continue to use and integrate simulation. d. Due to COVID-19, the tours will have to be delayed until safe to return to in-person meetings.	

		<p>AY: 2021-22</p> <p>Advisory Board Survey administered in spring 2021 and results reviewed in summer 2021.</p> <p>Advisory Board Meeting in Fall and Spring.</p>	<p>Review Advisory Board survey results.</p>	<p>Advisory board survey results:</p> <p>1. 83% of the respondents agreed that they were provided the opportunity to provide input, however the response rate was low. (N=5/6)</p> <p>Comments included:</p> <p>a. "I am pleased with the current program and partnership between our organizations."</p>	<p>Yes</p>	<p>Actions taken to address the low advisory board survey response rate included the following:</p> <p>a. New program manager will work to develop a more robust advisory board, with more targeted outreach</p> <p>Associate Dean and faculty will continue to seek Advisory Board feedback about quality of program and its graduates</p>	
			<p>At each Advisory Board meeting, ADN and faculty have an open forum discussion about the program.</p>	<p>Meeting discussions included</p> <p>a. Schools appreciate vision and hearing screening assistance, would like to resume that when program is back in person. Schools back in person now.</p> <p>b. Had mock interviews pre-COVID. Would like to start it back up in some format – intimate 1 on 1 or job fair experience. Rainier State participated in the past. Hired 8 graduates a couple of years ago. Preference would be in person.</p>	<p>Yes</p>	<p>Actions taken to address advisory board feedback included:</p> <p>a. Will resume in person vision and screening in Fall 2022.</p> <p>b. Will offer job fair in person in summer 2022.</p>	

		<p>AY: 2022-23</p> <p>Advisory Board Survey administered in spring 2022 and results reviewed in summer 2022.</p> <p>Advisory Board Meeting in Fall and Spring.</p>	<p>Review Advisory Board survey results.</p>	<p>Advisory board survey results:</p> <ol style="list-style-type: none"> 1. 67% of the respondents agreed that they were provided the opportunity to provide input, however the response rate was low. (N=2/3) <p>Comments included:</p> <ol style="list-style-type: none"> a. “Love the focus and attention Green River College offers towards diversity, equity, and inclusion. Please continue efforts towards an inclusive application process and reasonable course offerings for working adults.” b. “The positive progress and momentum within Green River College nursing is inspiring. Each change is one small step towards a much further goal. I really appreciate what is being done, and I hope to see continued advancement towards greater representation and equity in healthcare.” 	<p>No</p>	<p>Actions taken to address the low advisory board survey response rate included the following:</p> <ol style="list-style-type: none"> a. Faculty and staff exploring opportunities for increased engagement in advisory board, continues to be a struggle post-covid 	
			<p>At each Advisory Board meeting, ADN and faculty have an open forum discussion about the program.</p>	<p>Meeting discussions included</p> <ol style="list-style-type: none"> a. ARHS has a program that provides students with an opportunity to be on the sidelines at high school athletic events; GRN students would function as observers or assistants. Further discussion about a possible partnership will occur in the Fall 23 (3/20/23). b. Emily House (Eating disorder clinic) requesting clinical placement opportunities for BSN students and the opportunity to present provided services across the programs (6/13/23). 	<p>Yes</p>	<p>Actions taken to address advisory board feedback included:</p> <ol style="list-style-type: none"> a. Will continue to work on ARHS partnership b. Clinical coordinator working with EH to explore PN and BSN clinical experience options 	

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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
<p>II-D. Program publications, documents, and policies are clear, current, and 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: 2020-21</p> <p>Annual review conducted in Summer 2020.</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 2020.</p> <ol style="list-style-type: none"> To be in compliance with WAC 246-840-546, the program needed to include an online education policy. The program’s conceptual framework need to be added to the handbook. Due to COVID-19, revisions needed to be made to the website and the application process. <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 2020 and found the program to be in compliance.</p>	<p>Yes</p>	<p>Action taken to address policies included:</p> <ol style="list-style-type: none"> Created the program’s distance learning policy congruent with the institution’s eLearning policies and WAC 246-840-546. Added the conceptual framework to the handbook available publicly online. Eliminated the Pre-Admission test requirement. In-person proctored essay and math test changed to submission with application. <p>All course syllabi were updated to include updated statements on Title IX, and accessibility/ accommodation.</p>	<p>Documents stored on network drive</p> <p>Annual SEP review and faculty meetings</p> <p>Program website</p> <p>Student Handbook</p> <p>CANVAS courses</p> <p>Course syllabi</p> <p>ADN, Tenured Faculty</p>

		<p>AY: 2021-22</p> <p>Annual review conducted in Summer 2021.</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 2021.</p> <ol style="list-style-type: none"> As the college transitioned back to more In-person classes, a number of students were still unable to participate in face to face activities. Faculty decided that students unable to participate in person could join in a Zoom class. Consistent student feedback indicated that faculty were not timely in grading of assignments within 5 business days. Program website had information that the program had pre-candidacy for accreditation. The number of applicants to the program increased upwards of 100 applicants. <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 2021 and found the program to be in compliance.</p>	<p>Yes</p>	<p>Action taken to address policies included:</p> <p>Syllabi, handbooks updated to align with college</p> <ol style="list-style-type: none"> Attendance Policy changed to accommodate COVID-19 to attend online class synchronously when unable to participate in-person. Based on student feedback about faculty grading assignments within 5 business days the policy was changed to have assignments graded within 10 business days. Program website updated to include Program Accreditation. Faculty and Dean of program decided to begin a wait list of up to 10 students. 	
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<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, accurately 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.</p> <ul style="list-style-type: none"> a. Program received accreditation from CNEA and it was published in all program materials (handbook and website). b. Determined the need to revise dosage calculation policy c. Incivility explicitly called out in the professional behaviors policy d. Added inclimate weather policy <p>All course syllabi were reviewed, and a few minor edits were needed to address college-wide requirements.</p> <p>Website updated to include the new part-time LPN option, MA to LPN option and the new BSN program.</p> <p>ADN reviewed compliance with all WACs in fall 2022 and found the program to be in compliance.</p>	<p>Yes</p>	<p>Action taken to address policies included: Syllabi, handbooks updated to align with college:</p> <ul style="list-style-type: none"> a. All COVID references removed from syllabi and communication b. Kaplan remediation and grading policies updated and included in all syllabi c. Updated the “coffee cup” to include an opportunity for students to explain the circumstances and ask for extended time, this enables us to address any resources that may be needed. 	
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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-E. The 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 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>AY: 2020-21 Annual review conducted in Summer 2020.</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 Annual SEP review and faculty meetings ADN’s job description and CV can be found in HR and at the dean’s office 2019 POC report ADN</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>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>Washington State Nursing Commission accepted the program’s plan of correction submitted in November 2020. It was accepted and the program is no longer out of compliance. The Commission requested two follow-up items by June 2021 that included:</p> <ul style="list-style-type: none"> a. Faculty recruitment and retention report b. Simulation mannequin budget report. 	

		AY: 2021-22 Annual review conducted in Summer 2021.	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.
			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.
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.	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. The Associate Dean (ADN) of Nursing fulfills 100% of the Nurse Administrator duties as outlined by the Washington State Nursing Commission and the CNEA.	AY: 2022-23	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.
			Review and evaluate ADN job description.	The ADN is entrusted and fulfills the leadership requirements needed to achieve the program's expected outcomes including the leadership to procure and allocate resources.	Yes	Will continue to review if WAC changes or new ADN is appointed.

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</p>	<p>AY: 2020-21 Survey is administered in summer 2020 for 2019-20 cohort and results were reviewed in Summer 2020.</p>	<p>Review and evaluate student exit survey results.</p>	<p>Student survey results:</p> <ol style="list-style-type: none"> 1. 97% of respondents agree that the classroom was sufficient for their needs. (N=36/37) 2. 97% of respondents agree that the nursing skills lab was sufficient for their needs. (N=36/37) 3. 100% of respondents agree that the technology was sufficient for their needs. (N=37/37) 4. 100% of respondents agreed that the nursing program resources enable the nursing program to meet expected program outcomes. (N=37/37) 	<ol style="list-style-type: none"> 1. Yes 2. Yes 3. Yes 4. Yes 	<p>Actions taken to address student survey results and student feedback included:</p> <ol style="list-style-type: none"> a. Started utilizing the two new classrooms in the remodeled Zgolinski building. b. Started using the new simulation lab in Science Center and the new NAC/Phlebotomy lab. c. Continued to implement new evidence-based technology including the new simulation system and electronic health record. d. The program purchased a Laerdal Modular Skills Trainer for each student to enable students to practice skills at home. <p>If a student tests positive for COVID-19, faculty will allow the student to participate in lab via Zoom utilizing their skills trainer.</p>	<p>Documents stored on network drive Annual SEP review and faculty meetings Student survey results ADN, Tenured Faculty</p>

<p>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: 2021-22</p> <p>Survey is administered in summer 2021 for 2020-21 cohort and results were reviewed in Summer 2021.</p>	<p>Review and evaluate student exit survey results.</p>	<p>Student survey results:</p> <ol style="list-style-type: none"> 1. 94% of respondents agree that the classroom was sufficient for their needs. (N=32/34) 2. 97% of respondents agree that the nursing skills lab was sufficient for their needs. (N=33/34) 3. 91% of respondents agree that the technology was sufficient for their needs. (N=31/34) 4. 94% of respondents agreed that the nursing program resources enable the nursing program to meet expected program outcomes. (N=31/33) 	<ol style="list-style-type: none"> 1. Yes 2. Yes 3. Yes 4. Yes 	<p>Actions taken to address student survey results and student feedback included:</p> <ol style="list-style-type: none"> a. Faculty will continue to utilize the new classrooms and ensure that supplies are adequate to meet the needs of the students and faculty. b. Faculty will continue to discuss lab equipment needs at each faculty meeting to ensure we are responsive to the needs of faculty and students. c. The program will purchase new surface pros for student use. Will also look at new simulation technologies available for integration into lab and sim. d. Will continue to evaluate our resources, added the use of SimChart for documentation and iHuman for simulation (replacing vSim).
	<p>AY: 2022-23</p> <p>Survey is administered in summer 2021 for 2020-21 cohort and results were reviewed in Summer 2021.</p>	<p>Review and evaluate student exit survey results.</p>	<p>Student survey results:</p> <ol style="list-style-type: none"> 1. 73% of respondents agree that the classroom was sufficient for their needs. (N=24/33) 2. 91% of respondents agree that the nursing skills lab was sufficient for their needs. (N=30/33) 3. 79% of respondents agree that the technology was sufficient for their needs. (N=26/33) 4. 91% of respondents agreed that the nursing program resources enable the nursing program to meet expected program outcomes. (N=30/33) 	<ol style="list-style-type: none"> 1. No 2. Yes 3. No 4. Yes 	<p>Actions taken to address student survey results and student feedback included:</p> <ol style="list-style-type: none"> a. The program acquired a large classroom with seating for 72 b. Faculty reflected and admitted that this being the first year post covid with online accommodations it was a learning curve

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
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<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: 2020-21</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. 100% of respondents agree that they are satisfied with the operational budget's ability to support the program (N=6/6) 3. 100% 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=6/6) <p>The increase in faculty satisfaction can be attributed to the following:</p> <ol style="list-style-type: none"> 1. Implementation and utilization of a new SIM lab, debrief room, and SIM capture system. <p>Qualitative feedback included:</p> <ol style="list-style-type: none"> 1. "Prep time often exceeds normal working hours and is often times consumed by meetings." 2. "Our new lab room seems to be too small to safely provide instruction during COVID-19. Where I am at currently is perfect but for winter quarter I will have to be in a much smaller classroom and it makes me nervous." 3. "A lab tech would be helpful." 	<ol style="list-style-type: none"> 1. Yes 2. Yes 3. Yes 	<p>Actions taken to sustain faculty survey results included:</p> <ol style="list-style-type: none"> a. ADN will request a permanent lab technician position in 2021-22 budget cycle. b. Faculty will spend more intentional time during faculty meetings to discuss and prepare upcoming week class activities. c. The capacity for lab classes were lowered to no more than 10 students per section to meet social distancing guidelines. d. Hired a lab technician using temporary grant funding. e. ADN acquired grant funding to purchase a Pyxis machine and four new hospital beds. The grant funding also allowed the program to hire two part-time lab technicians for up to two years depending on hours utilized. f. ADN used Perkins funding to purchase 5 suction machines, and two mannequins. g. As part of the remodel of the Zgolinski building and the Science Center, the program bought 10 large storage cabinets for labs and classrooms. 	<p>Documents stored on network drive</p> <p>Annual SEP review and faculty meetings</p> <p>Faculty satisfaction survey results</p> <p>2019 POC reports</p> <p>2020 POC reports</p> <p>ADN, Tenured Faculty</p>
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		<p>AY: 2021-22</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=5/5) 2. 100% of respondents agree that they are satisfied with the operational budget's ability to support the program. (N=5/5) 3. 100% 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=5/5) 	<ol style="list-style-type: none"> 1. Yes 2. Yes 3. Yes 	<p>Actions taken to sustain faculty survey results included:</p> <ol style="list-style-type: none"> a. Continue incorporating concepts of self-care b. Retain faculty through mentorship efforts, encouraging self-care practices <p>Continue to advocate for increased faculty both full-time and part-time</p>	
		<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 sustain faculty survey results included:</p> <ol style="list-style-type: none"> a. Insufficient faculty and staff to support program demand – hired program manager and three tenure track faculty b. The new lab lead will take over communication with lab adjuncts about lab needs, expectations and will have a pre-brief and debrief 	

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-A. The program’s faculty are qualified, diverse and adequate in number to meet program goals.</p>	<p>100% of nursing faculty hold a Master’s degree and an active and unencumbered licensure as registered nurses.</p> <p>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.</p>	<p>AY: 2020-21</p> <p>Annual review conducted in Summer 2020 and at hire.</p> <p>Quarterly review of faculty load and assignments</p>	<p>Review of CV at hire.</p> <p>Review NURSUS data on expiring credentials.</p>	<p>100% of nursing faculty hold an active and unencumbered licensure as registered nurses (N=9/9).</p> <p>75% of full-time nursing faculty hold a master’s degree or higher (N=3/4).</p> <p>The program had 4 adjunct clinical nursing faculty teaching in 2020-21. 50% of adjunct clinical nursing faculty hold a master’s degree (N=2). 25% of adjunct clinical faculty hold a BSN degree (N=1). 25% of adjunct clinical faculty hold a BA degree with an RN credential (N=1).</p>	<p>Yes</p>	<p>The BSN prepared full-time nursing faculty has been enrolled in master’s program and is due to graduate December 2021.</p> <p>The BA prepared adjunct clinical nursing faculty enrolled in a RN-to-master’s program with an expected completion date of 6/2022. She teaches exclusively in the CNA program except for a specialized lecture on Death, Dying and Hospice Care in the PN program. The BSN prepared adjunct clinical nursing faculty enrolled in a master’s program with an expected completion date of 8/2021.</p>	<p>Documents stored on network drive</p> <p>Annual SEP review and faculty meetings</p> <p>Employee documentation on file with HR</p> <p>NURSUS data</p> <p>2019 POC reports</p> <p>ADN, Tenured Faculty</p>
			<p>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.</p>	<p>100% in compliance with state required student/faculty ratios for lecture, lab and clinical.</p>	<p>Yes</p>	<p>Continue to review quarterly.</p>	

		<p>AY: 2021-22</p> <p>Annual review conducted in Summer 2021 and at hire.</p> <p>Quarterly review of faculty load and assignments.</p>	<p>Review of CV at hire.</p> <p>Review NURSYS data on expiring credentials.</p>	<p>100% of nursing faculty hold an active and unencumbered licensure as registered nurses (N=9/9).</p> <p>100% of full-time nursing faculty hold a master's degree or higher (N=4/4).</p> <p>The program had 4 adjunct clinical nursing faculty teaching in 2021-22. 50% of adjunct clinical nursing faculty hold a master's degree (N=2). 25% of adjunct clinical faculty hold a BSN degree (N=1). 25% of adjunct clinical faculty hold a BA degree with an RN credential (N=1).</p>		<p>The BSN prepared adjunct clinical nursing faculty enrolled in a Master's program with an expected completion date of 6/2022.</p>	
			<p>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.</p>	<p>100% in compliance with state required student/faculty ratios for lecture, lab and clinical.</p>	Yes	Continue to monitor quarterly	
		<p>AY: 2022-23</p> <p>Annual review conducted in Summer 2021 and at hire.</p> <p>Quarterly review of faculty load and assignments.</p>	<p>Review of CV at hire.</p> <p>Review NURSYS data on expiring credentials.</p>	<p>100% of nursing faculty hold an active and unencumbered licensure as registered nurses (N=16/16).</p> <p>100% of full-time nursing faculty hold a master's degree or higher (N=5/5).</p> <p>The program had 11 adjunct clinical nursing faculty teaching in 2022-23. 82% of adjunct clinical nursing faculty hold a master's degree (N=9). 18% of adjunct clinical faculty hold a BSN degree (N=2).</p>	Yes	<p>The two BSN prepared adjunct faculty are exploring continuing to a masters or doctoral degree, but have not enrolled at this time. The school continues to offer in state employee tuition exemption to faculty that work 50% load for two consecutive quarters.</p>	

			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 monitor quarterly	
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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
III-B. Preceptors are 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: 2020-21 Reviewed in quarters when precepted rotations occur.	Review and evaluate verification of degree and work experience in the preceptor’s role.	100% of preceptors were academically prepared and had required work experience of at least one year. Faculty noted that the revised daily tracking tool simplified the process of determining preceptor qualifications.	Yes	The program purchased EXXAT database to manage clinical placements as well as tracking preceptor qualifications in compliance with WAC 246-840-533 .	Documents stored on network drive Annual SEP review and faculty meetings Preceptor tracking form Preceptor checklist and handbook
			Review preceptor checklist, handbook. Review and evaluate preceptor survey results. Review and evaluate student preceptor feedback.	Verbal feedback from clinical preceptor showed that they liked the preceptor handbook but recommended adding a tracking mechanism for student skills performed at clinicals.	Yes	Faculty will revise preceptor handbook to include any applicable COVID-19 guidelines and tracking mechanism requested by the preceptors.	Student preceptor feedback ADN, Tenured Faculty
		AY: 2021-22 Reviewed in quarters when precepted rotations occur.	Review and evaluate verification of degree and work experience in the preceptor’s role.	100% of preceptors were academically prepared and had required work experience of at least one year. Faculty reported that some students were being assigned to inappropriate preceptors that do not meet the state requirements. In those instances, faculty immediately reported to the site and were able to shift to a new and qualified preceptor.	Yes	Will continue to track and monitor. Clinical Coordinator to work with clinical partners to ensure that they understand the requirements of preceptors so that we do not have to shift at the last moment.	

			<p>Review preceptor checklist, handbook.</p> <p>Review and evaluate preceptor survey results.</p> <p>Review and evaluate student preceptor feedback.</p>	<p>The Preceptor Handbook was reviewed and updated with minor changes.</p> <p>Preceptors receptive to the newly revised handbook that was significantly reduced in size.</p>	Yes	<p>Only minor revisions needed. Will continue to assess effectiveness and receptiveness of preceptors.</p>	
<p>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.</p>	<p>100% of preceptors and alternative clinical supervisory personnel are academically and experientially qualified for their role in assisting in the achievement of the mission, goals, and expected student outcomes.</p> <p>100% of preceptors and alternative clinical supervisory personnel are oriented and mentored when selected and evaluated through student feedback.</p>	<p>AY: 2022-23</p> <p>Reviewed in quarters when precepted rotations occur.</p>	<p>Review and evaluate verification of degree and work experience in the preceptor's role.</p>	<p>100% of preceptors were academically prepared and had required work experience of at least one year.</p>	Yes	<p>Will continue to track and monitor.</p> <p>Clinical Coordinator to work with clinical partners to ensure that they understand the requirements of preceptors so that we do not have to shift at the last moment.</p>	
			<p>Review preceptor checklist, handbook.</p> <p>Review and evaluate preceptor survey results.</p> <p>Review and evaluate student preceptor feedback.</p>	<p>The Preceptor Handbook was reviewed and updated with minor changes.</p>	Yes	<p>Only minor revisions needed. Will continue to assess effectiveness and receptiveness of preceptors.</p> <p>All positive feedback about handbook and processes Some feedback on the clinical eval tool – will meet to simplify</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
<p>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.</p>	<p>80% of nursing faculty will agree or strongly agree that the nursing program values their unique and innovative contributions.</p> <p>100% of nursing faculty maintain professional practice knowledge base required for assigned teaching responsibilities.</p>	<p>AY: 2020-21</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"> 100% of respondents agreed that the nursing program values their unique and innovative contributions. (N=6/6) 83% of respondents felt “supported and valued by other members of their division.” (N=5/6) 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=6/6) 100% of respondents felt “supported by my Associate Dean of Nursing” and 83% of respondents felt “supported by my Nursing faculty peers.” (N=5/6) 	<p>Yes</p>	<p>Actions taken to address faculty survey results included:</p> <ol style="list-style-type: none"> ADN began including information on all available continuing education opportunities, both internal and external, on the faculty meeting agenda as well as shared in an email to faculty. <p>Faculty will review survey questions to better capture faculty participation in professional development.</p>	<p>Documents stored on network drive</p> <p>Annual SEP review and faculty meetings</p> <p>Faculty CVs</p> <p>Faculty 5-year professional development plans</p> <p>Faculty satisfaction survey results</p> <p>ADN, Tenured Faculty</p>
			<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>	<p>Continue to review annually and with new hires.</p> <p>Faculty have participated in the following continuing education opportunities:</p> <ol style="list-style-type: none"> GRC COVID-19 training Panopto training CNEWS SIM UW Collaborate training Sim SLS training Sim Capture Webinars on transitioning from face-to-face to online learning strategies 	

		<p>AY: 2021-22</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"> 100% of respondents agreed that the nursing program values their unique and innovative contributions. (N=5/5) 100% of respondents felt “supported and valued by other members of their division.” (N=4/4) 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=5/5) 100% of respondents felt “supported by my Associate Dean of Nursing” and 100% of respondents felt “supported by my Nursing faculty peers.” (N=5/5) 	<p>Yes</p>	<p>Actions taken to address faculty survey results included:</p> <ol style="list-style-type: none"> Continue to elicit feedback of faculty at each faculty meeting. Mid-year program moved from the Health Sciences Division to the Technology Division. ADN will continue to work with faculty to identify and resolve concerns as they arise. 	
			<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>Continue to review annually and with new hires.</p> <p>During AY 21-22 faculty participated in the following continuing education opportunities provided by the nursing department:</p> <ol style="list-style-type: none"> IHUMAN LPN-BSN Seminars on Holistic Admission, Simulation, etc. Practical Nursing CNEA Accreditation NextGen NCLEX Simulation manikin use (mother/baby) manikins 	
		<p>AY: 2022-23</p>	<p>Review and evaluate faculty satisfaction survey results.</p>	<p>Faculty survey results:</p> <ol style="list-style-type: none"> 67% of respondents agreed that the nursing program values their unique and innovative contributions. (N=4/6) 83% of respondents felt “supported and valued by other members of their division.” (N=5/6) Furthermore, 83% of respondents felt they have “the opportunity to engage in continuous quality improvement for on-going development as an educator or practitioner.” (N=5/6) 67% of respondents felt “supported by my Associate Dean of Nursing” and 100% of respondents felt “supported by my Nursing faculty peers.” (N=4/6) 	<p>No</p>	<p>Actions taken to address faculty survey results included:</p> <ol style="list-style-type: none"> Faculty expressed the want to showcase some of their innovative work and successes – celebrate little wins, explore incorporating into the weekly faculty meetings Explore scheduling quarterly touch base with adjuncts/faculty and dean Explore bringing back the summer retreat 	

			<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>Continue to review annually and with new hires.</p> <p>During AY 22-23 faculty participated in the following continuing education opportunities provided by the nursing department:</p> <ul style="list-style-type: none"> a. NGN NCLEX Item writing b. ATI Inservice c. Campus Wide in-service, especially pertaining to DEI 	
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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: 2020-21</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 full-time, tenure-track Nursing faculty (R. Allen and J. Hatfield) are in their 2nd year of the tenure evaluation.</p> <p>J.Hatfield:</p> <ul style="list-style-type: none"> Comments from the tenure committee observations in her 2nd year (4th quarter) included that she “Showed enthusiasm and appeared to genuinely enjoy working with students. She raised challenging questions to the students that made the students think and sometimes reevaluate their answer.” Another noted that lecture material was “Well organized, with great graphics including casts an external fixation devices, plus many other graphics.” <p>R.Allen:</p> <ul style="list-style-type: none"> Comments from the tenure committee observations in her 2nd year (4th quarter) included that students were engaged and that the faculty asked students questions to determine baseline knowledge and connect what students have learned in theory to application. Another observer noted that she “Related the content to actual patient care with different age groups. She also included safety measures related to the use of apps to measure vital signs.” Student observations reflected an appreciation for her sharing her personal nursing experiences and the clarity of her expectations. <p>One full-time, tenure-track faculty (T. Horner) is in her 1st year of the tenure evaluation.</p> <p>T. Horner:</p> <ul style="list-style-type: none"> Comments from the tenure committee observations in her 1st year (1st quarter) included that “Tina is making excellent progress towards developing her teaching skills during a very challenging first quarter in the tenure process respected to COVID-era teaching. Another comment included that “Critical thinking questions were also asked to elicit student connection of theory to practice.” 	<p>Yes</p>	<p>Due to a union MOU related to the impacts of COVID-19 on instruction and the eLearning department, many of the evaluations were put on hold.</p> <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>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>

		<p>AY: 2021-22</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 full-time, tenure-track Nursing faculty (R. Allen and J. Hatfield) are in their 3rd year of the tenure evaluation.</p> <p>J.Hatfield:</p> <ul style="list-style-type: none"> Comments from the tenure committee observations in her 3rd year (8th quarter) included that she “Jeanine was a Rockstar. Had to change from teaching face to face to Zoom at the last minute due to COVID precautions. Smooth transition with lecture feeling very real, like it was live. Students were engaged, students felt free to ask question. Communication was very clear.” <p>R.Allen:</p> <ul style="list-style-type: none"> Comments from the tenure committee observations in her 3rd year (8th quarter) included that “Rebeca incorporated feedback from previous observations, making sure that lighting facilitated viewing a PowerPoint presentation. She provided time for students to practice with the Pyxis and tube feedings as well as had case studies for the students to work through. The lab was well paced, and Rebeca demonstrated her patience and ability to connect with students which allowed students to actively participate and engage.” <p>One full-time, tenure-track faculty (T. Horner) is in her 2nd year of the tenure evaluation.</p> <p>T. Horner:</p> <ul style="list-style-type: none"> Comments from the tenure committee observations in her 2nd year (6th quarter) included that “Students highly engaged and immediately responsive to lab activities. Planned activities well to allow students who finished early to move onto another skill. Observed to have a great rapport with students feeling very comfortable asking questions and seeking clarification.” 	Yes	<p>Due to a union MOU related to the impacts of COVID-19 on instruction and the eLearning department, many of the evaluations were put on hold.</p> <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: 2022-23</p> <p>Full-time, Post-Tenure: Every five years</p> <p>Full-time, In Tenure: Quarterly, for 9 consecutive quarters</p>	<p>Full-time and adjunct faculty are evaluated in accordance with the Collective Bargaining Agreement</p>	<p>One full-time, tenure-track faculty (T. Horner) is in her 3rd year of the tenure evaluation.</p> <p>T. Horner:</p> <ul style="list-style-type: none"> Comments from the tenure committee observations in her final quarter included “As her committee, we have been impressed by her skilled performance in the classroom, her clear dedication to student learning, and strong commitment to growing as a nursing instructor. She showed herself to be an integral part of the program, and we are confident that she will continue helping the College fulfill its mission as she continues to improve, teach, and prepare future students going forward” 	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>	

		Adjunct: Annual observations and student evaluations		<p>Two full-time, tenure-track faculty (A. Drury and G. Blackburn) are in their 1st year of the tenure evaluation process.</p> <p>A. Drury:</p> <ul style="list-style-type: none"> • Comments from the tenure committee observations in her 1st year (3rd quarter) included that “she not only taught, but developed, several new classes. She wrote the curriculum and co-taught it with another faculty member. This speaks to her multi-faceted abilities as an educator in course create and collaboration. In her curriculum review of Anna’s courses, Jeanine Hatfield expressed appreciation for Anna’s clear outcomes as well as a connection between assignments and outcomes. Anna’s syllabus set the stage for creating an equity-focused class culture. For example, her grading policies allow students to review and challenge exam questions, and additional strategies and resources for students who receive less than a 76% on an exam.” <p>G. Blackburn</p> <ul style="list-style-type: none"> • Comments from the tenure committee observations in his 1st year (3rd quarter) included that “we would like to highlight that you are being intentional in implementing inclusive pedagogies for students specifically for your English language learners. For example, you mention that students may have found it challenging to answer some questions on your exams based on how questions were phrased. However, you were proactive in making immediate changes and saw positive results as you progressed in the quarter. We appreciate that you are actively working towards working on creative ways to teach challenging concepts and being more mindful of word choice in your lectures.” 			
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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; and readily accessible to all students, including those enrolled in distance education; and, guide students through the process associated with admission, recruitment, retention progression, graduation and career planning. Student services are evaluated for effectiveness and ability to satisfactorily meet student needs through a process of continuous quality improvement.</p>	<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: 2020-21</p> <p>Survey is administered in summer 2020 for 2019-20 cohort and results were reviewed in Summer 2020.</p>	<p>Review and evaluate Student Exit Survey results.</p>	<p>Student survey results:</p> <ol style="list-style-type: none"> 1. 89% of respondents agree that academic advising was sufficient for their needs. (N=33/37) 2. 76% of respondents agree that tutoring was sufficient for their needs. (N=28/37) 3. 97% of respondents agree that Library was sufficient for their needs. (N=36/37) 4. 89% of respondents agree that financial aid was sufficient for their needs. (N=33/37) 5. 72% of respondents agree that personal counseling was sufficient for their needs. (N=26/37) 6. 76% of respondents agree that technology support was sufficient for their needs. (N=28/37) 7. 75% of respondents agree that career guidance was sufficient for their needs. (N=27/37) 1. 95% of respondents agree that bookstore was sufficient for their needs. (N=35/37) 	<ol style="list-style-type: none"> 1. Yes 2. No 3. Yes 4. Yes 5. No 6. No 7. No 8. Yes 	<p>Actions taken to address student survey results included:</p> <ol style="list-style-type: none"> a. Faculty began using one of their office hours for dedicated tutoring and encouraging students to use this tutoring hour with their faculty. b. Continue to invite the counseling staff during the first quarter to discuss services available and continue to use the college’s Red Flag system to identify students at risk and needing counseling services. c. Based on feedback from students, this was due to COVID-19 and the shift to online instruction. Faculty worked with the library staff to procure technology for students who did not have access to technology and when library resources were depleted, faculty loaned out the program’s Surface pros used in labs. d. Moving forward, the ADN added computer and software requirements to the list of program supplies so it would be covered by Financial Aid. If students do not have financial aid, faculty will continue to loan out the program’s surface pros to students. e. Due to COVID-19, the program was not able to offer the mock interview component. When the program is back to offering instruction face-to-face, faculty will continue the mock interviews. 	<p>Documents stored on network drive</p> <p>Annual SEP review and faculty meetings</p> <p>Student survey results</p> <p>ADN, Tenured Faculty</p>

		<p>AY: 2021-22</p> <p>Survey is administered in summer 2021 for 2020-21 cohort and results were reviewed in Summer 2021.</p>	<p>Review and evaluate Student Exit Survey results.</p>	<p>Student survey results:</p> <ol style="list-style-type: none"> 1. 82% of respondents agree that academic advising was sufficient for their needs. (N=28/34) 2. 53% of respondents agree that tutoring was sufficient for their needs. (N=18/34) 3. 82% of respondents agree that Library was sufficient for their needs. (N=28/34) 4. 76% of respondents agree that financial aid was sufficient for their needs. (N=26/34) 5. 62% of respondents agree that personal counseling was sufficient for their needs. (N=21/34) 6. 65% of respondents agree that technology support was sufficient for their needs. (N=22/34) 7. 59% of respondents agree that career guidance was sufficient for their needs. (N=20/34) 8. 79% of respondents agree that bookstore was sufficient for their needs. (N=27/34) 	<ol style="list-style-type: none"> 1. Y 2. N 3. Y 4. N 5. N 6. N 7. N 8. N 	<p>Actions taken to address student survey results included:</p> <ol style="list-style-type: none"> a. Faculty will continue using one of their office hours for dedicated tutoring and encouraging students to use this tutoring hour with their faculty. ADN will look for grant funding to support a nursing tutor position. b. Resume inviting Workforce, FA and the Foundation to orientation in-person. Allow for time in orientation for students to meet with those resources. c. Continue to invite the counseling staff during the first quarter to discuss services available and continue to use the college's Red Flag system to identify students at risk and needing counseling services. d. Based on feedback from students, this continued to be a problem due to COVID-19 and the use of online instruction and increased reliance on technical programs. Faculty worked with the library staff to procure technology for students who did not have access to technology and when library resources were depleted, faculty loaned out the program's Surface pros used in labs. e. The ADN added computer and software requirements to the list of program supplies so it would be covered by Financial Aid. If students do not have financial aid, faculty will continue to loan out the program's surface pros to students. f. Faculty to incorporate career guidance in quarterly advising. Will return to in person Mock Interviews and job prep. g. Due to COVID-19, the bookstore had limited hours for students to purchase materials. In addition, the bookstore did not purchase enough textbook packages to support all students, they will order enough moving forward. 	
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<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>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: 2022-23</p> <p>Survey is administered in summer 2022 for 2021-22 cohort and results were reviewed in Summer 2022.</p>	<p>Review and evaluate Student Exit Survey results.</p>	<p>Student survey results:</p> <ol style="list-style-type: none"> 1. 73% of respondents agree that academic advising was sufficient for their needs. (N=24/33) 2. 39% of respondents agree that tutoring was sufficient for their needs. (N=13/33) 3. 61% of respondents agree that Library was sufficient for their needs. (N=20/33) 4. 61% of respondents agree that financial aid was sufficient for their needs. (N=20/33) 5. 49% of respondents agree that personal counseling was sufficient for their needs. (N=16/33) 6. 49% of respondents agree that technology support was sufficient for their needs. (N=16/33) 7. 49% of respondents agree that career guidance was sufficient for their needs. (N=16/33) 8. 73% of respondents agree that bookstore was sufficient for their needs. (N=24/33) 	<ol style="list-style-type: none"> 1. N 2. N 3. N 4. N 5. N 6. N 7. N 8. N 	<p>Actions taken to address student survey results included:</p> <ol style="list-style-type: none"> a. Hired dedicated CAC advisor for nursing and formalized the faculty advising sheets. b. Hired a dedicated faculty tutor for 16 hours per week c. Library Assignment scaffolded for Foundations and created an integrated assignment for all students to complete d. Continue to invite workforce to events e. Continue to encourage use of personal counseling f. Replacing the surface pros, went to ATI testing platform, added orientation day to resources for all new students g. Hiring the workforce specialist to help with development in workforce h. Expanded relationship with bookstore to encourage student use 	
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STANDARD IV: CULTURE OF EXCELLENCE AND CARING – Students

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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
<p>IV-B. The program’s student policies conform with institutional student policies and are readily available to the public.</p>	<p>100% of student nursing policies are consistent with Green River College’s policies and are readily available to the public.</p>	<p>AY: 2020-21</p> <p>Annual review conducted summer quarter of AY and as new college policies are adopted/revised.</p>	<p>Review and evaluate college policies and procedures for alignment with nursing program policies.</p> <p>Annual review of Nursing Student Program Handbook posted on program website. Annual and quarterly review of course syllabi.</p>	<p>100% of nursing program policies are congruent with the institution’s instructional policies and posted in the Student Handbook and in all course syllabi.</p> <p>At the end of summer 2020, the college revised its Title IX policy to be in alignment with federal mandated changes to take effect August 14, 2020.</p>	Yes	<p>The program revised the its Student Handbook and all course syllabi to include the college’s revised Title IV policy. The updated Student Handbook was posted to the program’s website on September 1, 2020.</p>	<p>Documents stored on network drive</p> <p>Annual SEP review and faculty meetings</p> <p>Student Handbook posted on the program’s website</p> <p>CANVAS courses</p> <p>Course syllabi</p> <p>Grading rubrics</p> <p>ADN, Tenured Faculty</p>
		<p>AY: 2021-22</p> <p>Annual review conducted summer quarter of AY and as new college policies are adopted/revised.</p>	<p>Review and evaluate college policies and procedures for alignment with nursing program policies.</p> <p>Annual review of Nursing Student Program Handbook posted on program website. Annual and quarterly review of course syllabi.</p>	<p>100% of nursing program policies are congruent with the institution’s instructional policies and posted in the Student Handbook and in all course syllabi.</p> <p>With the start of the Part-Time hybrid program in the Spring, the handbook was updated to include policies relevant to that program.</p>	Yes	<p>Student handbook was revised to include policies relating to the new part-time hybrid program including assessment of PLA, and transfer between programs.</p>	
		<p>AY: 2022-23</p>	<p>Review and evaluate college policies and procedures for alignment with nursing program policies.</p> <p>Annual review of Nursing Student Program Handbook posted on program website. Annual and quarterly review of course syllabi.</p>	<p>100% of nursing program policies are congruent with the institution’s instructional policies and posted in the Student Handbook and in all course syllabi.</p> <p>Program revised dosage calculation policy from 3 chances to earn 100%, to two chances to earn 90% with built in mandatory remediation. Program including incivility in professional behaviors policy.</p>	Yes	<p>Student handbook was updated to include changes to policies in dosage calculation testing, and the inclusion of incivility in the professional behaviors policy.</p>	

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IV-C. Student policies are clearly delineated and accessible with students advised of 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: 2020-21 Student Exit Survey is administered in summer 2020 for 2019-20 cohort and results were reviewed in Summer 2020.	Review and evaluate Student Exit Survey results.	Student survey results: 1. 89% 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=33/37)	Yes	Actions taken to address student survey results included: a. With the onset of COVID-19, the faculty began holding weekly updates to students live via ZOOM so students could ask questions. These meetings were also recorded and posted to CANVAS. This allowed for direct and timely communication with students when changes were announced by the college. b. ADN and faculty created a standardized syllabi template to be used in every course and modified as needed.	Location of Evidence Type & Date Responsible Persons 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: 2021-22 Student Exit Survey is administered in summer 2021 for 2020-21 cohort and results were reviewed in Summer 2021.	Review and evaluate Student Exit Survey results.	Student survey results: 1. 76% 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=26/34)	No	Actions taken to address student survey results included: a. Faculty to review policies and procedures from the handbook with students at the beginning of the program. b. All changes will be announced via canvas an email at least one quarter before implementation, unless a state mandated change requires earlier implementation.	
		AY: 2022-23 Student Exit Survey is administered in summer 2022 for 2021-22 cohort and results were reviewed	Review and evaluate Student Exit Survey results.	Student survey results: 1. 55% 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=18/33)	No	Actions taken to address student survey results included: a. Integration of Ibest helps with communication and reiterating changes in practices, also helps hold faculty to those standards	

		in Summer 2022.					
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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-D. Faculty and staff process the formal program complaints of students using policies and procedures that are clearly delineated.</p>	<p>Program adheres to the college’s student complaint policy and process.</p> <p>80% of students will agree or strongly agree that the student handbook explains the program and college policy for handling program complaints and grievances.</p>	<p>AY: 2020-21</p> <p>Student Exit Survey is administered in summer 2020 for 2019-20 cohort and results were reviewed in Summer 2020.</p>	<p>Review student complaint policy and procedure for changes.</p> <p>Review and evaluate handling of complaint, if any.</p>	<p>The program has not received any formal student complaints so far.</p>	Yes	Continue to monitor.	<p>Documents stored on network drive</p> <p>Annual SEP review and faculty meetings</p> <p>Student Handbook posted on the program’s website</p> <p>CANVAS courses</p> <p>Course syllabi</p> <p>ADN, Tenured Faculty</p>
		<p>Review and evaluate Student Exit Survey results.</p>	<p>Student survey results:</p> <ol style="list-style-type: none"> 100% of students agreed that the student handbook explains the program and college policy for handling program complaints and grievances. (N=37/37) 92% of students agreed that the nursing policies are implemented in a consistent and equitable manner. (N=34/37) 	Yes	Continue to monitor.		
		<p>AY: 2021-22</p> <p>Student Exit Survey is administered in summer 2021 for 2020-21 cohort and results were reviewed in Summer 2021.</p>	<p>Review student complaint policy and procedure for changes.</p> <p>Review and evaluate handling of complaint, if any.</p>	<p>The program has not received any formal student complaints so far.</p>	Yes	Continue to monitor.	
		<p>Review and evaluate Student Exit Survey results.</p>	<p>Student survey results:</p> <ol style="list-style-type: none"> 94% of students agreed that the student handbook explains the program and college policy for handling program complaints and grievances. (N=32/34) 	<ol style="list-style-type: none"> Yes No 	<p>Actions taken to address student survey results included:</p> <ol style="list-style-type: none"> Faculty moving forward will meet as a group when enforcing a policy with students, especially one that is interpreted as punitive. The faculty 		

				2. 79% of students agreed that the nursing policies are implemented in a consistent and equitable manner. (N=27/34)		as a group will then discuss and decide action moving forward.	
		AY: 2022-23 Student Exit Survey is administered in summer 2022 for 2021-22 cohort and results were reviewed in Summer 2022.	Review student complaint policy and procedure for changes. Review and evaluate handling of complaint, if any.	The program has not received any formal student complaints so far.	Yes	Continue to monitor.	
			Review and evaluate Student Exit Survey results.	Student survey results: 1. 76% of students agreed that the student handbook explains the program and college policy for handling program complaints and grievances. (N=25/33) 2. 85% of students agreed that the nursing policies are implemented in a consistent and equitable manner. (N=28/33)	1. No 2. Yes	Actions taken to address student survey results included: a. Remind and reinforce the process, posted in syllabi b. Updated policies around drinking in the clinical setting and title 9 in the program c. Faculty aware they need to be more consistent in application and enforcement of policies, specifically dosage calculation	

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: 2020-21 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>a. Faculty offices relocated to a new building in December 2020. During the move, all student records were moved in a secure cabinet. Each full-time faculty office and the adjunct faculty office has a secure filing cabinet for storing student records.</p> <p>b. Faculty began using the waiting room function in Zoom to ensure confidential meetings with students.</p>	<p>Documents stored on network drive and in EXXAT Annual SEP review and faculty meetings ADN, Tenured Faculty</p>
		<p>AY: 2021-22 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 is continuing to use EXXAT to store and verify electronic copies of student health records that include student signed HIPAA and FERPA release forms. 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>The program will cross train the lab technician on EXXAT to ensure adequate coverage in case of illness/vacation for clinical coordinator</p>	

		<p>AY: 2022-23</p> <p>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 is continuing to use EXXAT to store and verify electronic copies of student health records that include student signed HIPAA and FERPA release forms. 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>The program will cross train the lab technician on EXXAT to ensure adequate coverage in case of illness/vacation for clinical coordinator</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-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 Practical Nursing Outcomes.</p>	<p>AY: 2020-21</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>100% of the program’s PLO’s are clearly delineated and aligned with the expected program outcomes and the NLN Practical Nursing Outcomes.</p> <p>Feedback from students and preceptors indicated the clinical evaluation tool needed to be revised to clarify and differentiate expected proficiencies between course assignments and clinical performance. Students and preceptors felt the clinical evaluation tool had some measures that were vague and may contribute to inconsistencies in grading.</p>	<p>Yes</p>	<p>a. Created a visual of the program’s conceptual framework to show alignment with NLN practical nursing framework. Created posters to be posted in all Nursing classrooms, labs, faculty offices and hallways.</p> <p>b. Made revisions to the program’s clinical evaluation tool for implementation in fall 2020. Clinical evaluation tool re-formatted to ensure consistent grading and clarification of expectations for students, faculty, and preceptors.</p>	<p>Documents stored on network drive</p> <p>Annual SEP review and faculty meetings</p> <p>ADN, Tenured Faculty</p>
		<p>AY: 2021-22</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>100% of the program’s PLO’s are clearly delineated and aligned with the expected program outcomes and the NLN Practical Nursing Outcomes.</p> <p>Feedback from students and clinical faculty indicate that the revision of the clinical evaluation tool has clarified clinical expectations of clinical performance.</p>	<p>Yes</p>	<p>a. Faculty met to review the Clinical evaluation tool. Revised language to ensure understanding and alignment with PLO/CCLOs.</p> <p>b. Faculty to review with student one-on-one prior to attending clinical to ensure that they understand the behaviors required of them.</p> <p>c. I-Best program started with Part-Time LPN program. I-Best faculty reviewed the document for ELL comprehension.</p>	

				Larger number of students are ELL that reported having difficulty with interpreting the clinical evaluation tool.			
		<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>100% of the program's PLO's are clearly delineated and aligned with the expected program outcomes and the NLN Practical Nursing Outcomes.</p> <p>Feedback from students and clinical faculty indicate that the revision of the clinical evaluation tool has clarified clinical expectations of clinical performance.</p>	Yes	<p>a. Faculty met to review the Clinical evaluation tool. Revised language to ensure understanding and alignment with PLO/CCLOs.</p> <p>b. Faculty to review with student one-on-one prior to attending clinical to ensure that they understand the behaviors required of them.</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
<p>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.</p>	<p>The curriculum reflects relevant professional nursing standards, guidelines and role-specific competencies.</p>	<p>AY: 2020-21 Annual review conducted summer quarter of AY and as new college policies are adopted/ revised.</p>	<p>Review alignment with NLN Practical Nursing Outcomes. 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. Review alignment with NAPNES and NALPN guidelines. Review alignment with National Association of Licensed Practical Nurses (NALPN) IV Certification guidelines.</p>	<p>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, NAPNES and NALPN guidelines, and National Association of Licensed Practical Nurses (NALPN) IV Certification guidelines showed no changes had been made requiring the program to revise its curriculum.</p>	<p>Yes</p>	<p>Continued to review annually and as needed if the program is notified of statewide or national changes.</p>	<p>Documents stored on network drive Annual SEP review and faculty meetings Course syllabi ADN, Tenured Faculty</p>
		<p>AY: 2021-22 Annual review conducted summer quarter of AY and as new college policies are adopted/ revised.</p>	<p>Review alignment with NLN Practical Nursing Outcomes. 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. Review alignment with NAPNES and NALPN guidelines. Review alignment with National Association of Licensed Practical Nurses (NALPN) IV Certification guidelines.</p>	<p>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, NAPNES and NALPN guidelines, and National Association of Licensed Practical Nurses (NALPN) IV Certification guidelines showed no changes had been made requiring the program to revise its curriculum. As a result of COVID-19 the NCQAC instituted emergency WAC rules for education that allowed for online learning and an increased utilization of Sim.</p>	<p>Yes</p>	<p>Continued to review annually and as needed if the program is notified of statewide or national changes. Program in compliance with emergency WAC rules, reporting quarterly compliance.</p>	

		<p>AY: 2022-23</p> <p>Annual review conducted summer quarter of AY and as new college policies are adopted/ revised.</p>	<p>Review alignment with NLN Practical Nursing Outcomes.</p> <p>Review alignment with Washington's Administrative Codes (WAC) and Nurse Practice Act.</p> <p>Review alignment with ANA's nursing scope of practice and code of ethics.</p> <p>Review alignment with NAPNES and NALPN guidelines.</p> <p>Review alignment with National Association of Licensed Practical Nurses (NALPN) IV Certification guidelines.</p>	<p>100% of the curriculum reflects relevant professional nursing standards, guidelines and role-specific competencies.</p> <p>Annual review of WACs, ANA nursing scope of practice and code of ethics, NAPNES and NALPN guidelines, and National Association of Licensed Practical Nurses (NALPN) IV Certification guidelines showed no changes had been made requiring the program to revise its curriculum.</p>	Yes	Continued to review annually and as needed if the program is notified of statewide or national changes.	
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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-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.</p>	<p>100% of the curriculum is sequenced and designed to promote student progression through the program and achievement of learning outcomes.</p>	<p>AY: 2020-21 Annual review conducted in Summer 2020.</p>	<p>Faculty review of curriculum and student achievement of learning outcomes.</p>	<p>100% of the program’s curriculum is sequenced and designed to promote student progression through the program. The program only lost one student of the 2019-20 cohort for academic reasons. COVID-19 impacted how we looked at student outcomes. Had to use vSim and DocuCare to see if the students were meeting the student outcomes</p>	<p>Yes</p>	<p>Actions taken to address curriculum sequencing included:</p> <ol style="list-style-type: none"> In anticipation of continued COVID-19 impact through winter and spring 2021 faculty introduced use of vSim and simulated computerized documentation to replicate use of DocuCare in fall quarter. Use the high-fidelity simulation lab in Fall 2020 to substitute for clinical hours if program loses community clinical sites due to COVID-19. Use asynchronous Panopto for lecture delivery with embedded questions. Use new CANVAS testing tool to be able measure student learning outcomes for each test question. Make electronic rubrics for assignments to increase consistency in grading between faculty in an online environment 	<p>Documents stored on network drive Annual SEP review and faculty meetings Catalog degree map Student Handbook CANVAS courses Course syllabi ADN, Tenured Faculty</p>

		<p>AY: 2021-22</p> <p>Annual review conducted in Summer 2021.</p>	<p>Faculty review of curriculum and student achievement of learning outcomes.</p>	<p>100% of the program's curriculum is sequenced and designed to promote student progression through the program.</p> <p>The program lost five students of the 2020-21 cohort for academic reasons. And two students for non-academic reasons for a total of seven students.</p> <p>Students struggled with exams, unable to ask questions in person r/t COVID. They didn't have access to collective learning in the classroom.</p> <p>Program used an online platform for all theory classes in the 2020-2021 academic year. Feedback from students is that it was challenging for them to successfully achieve learning outcomes on this platform.</p>		<p>Actions taken to address curriculum sequencing included:</p> <ol style="list-style-type: none"> a. The program worked with the college to transition the online portion of the curriculum back to face-to-face instruction for AY 2021-22 with appropriate precautions with COVID-19. These changes also include providing students the opportunity to attend class via zoom if unable to attend in person. Lectures are also being recorded and put into Panopto for students to review lectures at their own time. b. In-person tutoring available with faculty, plan to apply for grant opportunities to support dedicated tutoring. 	
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		<p>AY: 2022-23</p> <p>Annual review conducted in Summer 2021.</p>	<p>Faculty review of curriculum and student achievement of learning outcomes.</p>	<p>100% of the program's curriculum is sequenced and designed to promote student progression through the program. The program was revised to be in alignment with the state DTA, reducing the credits from 60 to 45 and the time from 1-year to 3 quarters.</p> <p>The part-time, hybrid program began in Spring 2022 with the new curriculum. The full-time program started with the new curriculum in Fall 2022.</p> <p>I-best was integrated into both the full-time and the part-time LPN programs.</p> <p>The program lost two students of the 2022-23 full-time cohort. One of which was for academic reasons while the other was for non-academic reasons.</p> <p>Additionally, the part-time lost four students of the 2022-23 cohort. Three of those students were for academic reasons, and the fourth was non-academic.</p>	<p>Yes</p>	<p>Actions taken to address curriculum sequencing included:</p> <ol style="list-style-type: none"> a. The program revised the dosage calculation policy from 3 attempts to earn 100%, to two attempts to earn 90% b. Implemented Ibest to support students c. Hired a faculty to provide 16 hours of tutoring weekly d. Creation of dosage calc shell for students to do practice and remediation e. Implemented the use ATI for dosage calculation learning and testing 	
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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-D. 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.</p>	<p>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.</p>	<p>AY: 2020-21 Annual review conducted in Summer 2020.</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>ADN and faculty reviewed the curriculum due to presence of COVID-19 to reflect trends in health care and the social determinants of health.</p> <p>Advisory partner reported that GRC students needed more de-escalation training.</p> <p>Clinical partners reported need for more training on insulin pumps and carbohydrate counting as well as more training on administration of medications via nasal route and suppository.</p> <p>Due to COVID-19, clinic partners wanted to help but asked the program to be flexible with placements.</p>	<p>Yes</p>	<p>Actions taken to address curriculum sequencing included:</p> <ol style="list-style-type: none"> Incorporate herd immunity and vaccine hesitancy content into Nurse 104 due to COVID-19. Incorporate social determinants of health into the Concept Map assignments for students. Shift the focus of the Concept Map from disease management to holistic patient care. Incorporate de-escalation training for students in Nurse 111. Incorporate theory and lab skills covering nasal and suppository medications administration into Nurse 107. Incorporate enhanced diabetes education including insulin pump and carb-counting into Nurse 110. 	<p>Documents stored on network drive Annual SEP review and faculty meetings Catalog degree map Student Handbook Course syllabi ADN, Tenured Faculty</p>
		<p>AY: 2021-22 Annual review conducted in Summer 2021.</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>The SBCTC is in the process of developing a Direct Transfer Agreement (DTA) for LPNs to progress to either an RN or BSN pathway.</p> <p>The program began reviewing resources for implementing NGN testing and the new clinical judgement model.</p>	<p>Yes</p>	<p>Actions taken to address curriculum included:</p> <ol style="list-style-type: none"> In order to be in alignment with the new DTA the faculty and staff will review the curriculum and determine how to best adjust the credits from 60 to 45 to ensure alignment with the new DTA. Plan to implement in Spring 2022 with new part-time hybrid cohort. Faculty to begin implementing the new clinical judgment model and NGN questions with the part-time hybrid Spring 2022 cohort, this will be the program’s first NGN cohort. 	

			Review and evaluate quarterly feedback received from clinical partners the previous year.				
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 and emerging 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 and emerging societal and health care trends and issues. Review and evaluate feedback from the program's Advisory Board. Review and evaluate quarterly feedback received from clinical partners the previous year.	The program was revised to be in alignment with the state DTA, reducing the credits from 60 to 45 and the time from 1-year to 3 quarters. Advisory board and clinical partners reported that students need better time-management and accountability skills.	Yes	Actions taken to address curriculum included: a. Clinical lead faculty with 1/3 release time to help onboard and support clinical instructors, this allows the program to have clear expectations that are uniform for students across instructors. b. Reinforce 15 min early arrival time to clinical with faculty and students	

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-E. The curriculum provides students with experiential learning that supports evidence-based practice, intra- and inter-professional collaborative practice, student achievement of clinical competence, and as appropriate to the program’s mission and expected curricular outcomes, expertise 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>AY: 2020-21 Quarterly review of results from clinical experiential survey. Student Exit Survey is administered in summer 2020 for 2019-20 cohort and results were reviewed in Summer 2020.</p>	<p>Faculty review and evaluate results from the clinical experiential survey administer to students at the end of each rotation.</p>	<p>Survey not administered to students due to COVID-19 for winter, spring, or summer quarters as the surveys are administered in person.</p>	<p>No</p>	<p>Developed an online clinical evaluation survey to be administered on Canvas for AY 2020-21.</p>	<p>Documents stored on network drive and in a locked filing cabinet Annual SEP review and faculty meetings Clinical survey tool Student exit survey results</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>Review and evaluate Student Exit Survey</p>	<p>Student survey results: 97% of respondents agreed the clinical sites were appropriate for learning and achievement of the student learning outcomes. (N=36/37)</p>	<p>Yes</p>	<p>Print out survey to be done in person at the clinical site on the last clinical day. The faculty will collect the surveys in an envelope. If this is not feasible, the survey will be administered through CANVAS. Actions taken to address student survey results: ADN, clinical affiliations coordinator and faculty will continue to foster positive relationships with clinical sites.</p>	<p>ADN, Tenured Faculty</p>
		<p>Faculty review and evaluate results from the clinical experiential survey administer to students at the end of each rotation.</p>	<p>Majority of the student feedback indicated students enjoyed the hands-on patient care aspect of the rotations, especially those in the acute care units of the hospitals.</p>	<p>Yes</p>	<p>Will continue to expand clinical offerings, with the goal to offer every student the opportunity to do one rotation in an acute care setting, preferably inpatient hospital experiences.</p>		

		<p>AY: 2021-21</p> <p>Quarterly review of results from clinical experiential survey.</p> <p>Student Exit Survey is administered in summer 2021 for 2020-21 cohort and results were reviewed in Summer 2021.</p>	Review and evaluate Student Exit Survey	<p>Student survey results:</p> <p>91% of respondents agreed that the clinical sites were appropriate for learning and achievement of the student learning outcomes. (N=31/34)</p>	Yes	<p>Actions taken to address student survey results:</p> <p>ADN, clinical affiliations coordinator and faculty will continue to foster positive relationships with clinical sites.</p>
<p>V-E. The curriculum provides students with experiential learning that supports evidence-based practice, intra- and inter-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 2022 for 2021-22 cohort and results were reviewed in Summer 2022.</p>	<p>Faculty review and evaluate results from the clinical experiential survey administer to students at the end of each rotation.</p>	<p>Student feedback indicated the following:</p> <ul style="list-style-type: none"> a. The VA CLC unit lacked learning experiences b. Franciscan clinic really engaging learning environment c. EHR got to do a lot of clinical skills (NAC) but was short staffed so lacked the ability to do more of those nursing level skills 	Yes	<p>Actions taken to address student feedback:</p> <ul style="list-style-type: none"> a. Reinforce that NAC skills are nursing skills, and encourage the assessment pieces and skill set of that work – need to reframe that engagement with patients, especially with adjuncts b. Students need to be encouraged to advocate for those experiences
			<p>Review and evaluate Student Exit Survey</p>	<p>Student survey results:</p> <p>70% of respondents agreed the clinical sites were appropriate for learning and achievement of the student learning outcomes. (N=23/33)</p>	No	<p>Actions taken to address student survey results:</p> <ul style="list-style-type: none"> a. Remind students of the reasons behind clinical ie the relations with patients b. Reiterate the importance of practice at all levels c. Better clinical survey process

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-F. The curriculum provides experiential learning that enhances student ability to demonstrate leadership, clinical reasoning, reflect thoughtfully, provide culturally responsive care to diverse 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: <ol style="list-style-type: none"> increased or supported their cultural sensitivity in providing care to patients of diverse backgrounds. assisted their development of professional attitudes which includes ethical, confidential, dependable work behaviors and an ability to collaborate effectively. increased their knowledge of a safe working environment for patients, visitors, and staff. 	AY: 2020-21 Student Exit Survey is administered in summer 2020 for 2019-20 cohort and results were reviewed in Summer 2020.	Review and evaluate Student Exit Survey results.	Student survey results: <ol style="list-style-type: none"> 95% of respondents agreed that the program increased or supported their cultural sensitivity in providing care to patients of diverse. (N=35/37) 92% 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=35/38) 89% of respondents agreed that the program increased their knowledge of a safe working environment for patients, visitors, and staff. (N=34/38) 	<ol style="list-style-type: none"> Yes Yes Yes 	Actions taken to address student survey results included: <ol style="list-style-type: none"> Continue to include diverse and culturally sensitive experiences in simulation and lecture. Topics for the 2020-21 cohort will include cultural and gender identity concepts into physical patient assessments. 	Documents stored on network drive Annual SEP review and faculty meetings Student exit survey results CANVAS courses Course syllabi ADN, Tenured Faculty
		AY: 2021-22 Student Exit Survey is administered in summer 2021 for 2020-21 cohort and results were reviewed in Summer 2021.	Review and evaluate Student Exit Survey results.	Student survey results: <ol style="list-style-type: none"> 83% of respondents agreed that the program increased or supported their cultural sensitivity in providing care to patients of diverse. (N=28/34) 88% 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=30/34) 92% of respondents agreed that the program increased their knowledge of a 	<ol style="list-style-type: none"> Yes Yes Yes 	Actions taken to address student survey results included: <ol style="list-style-type: none"> Continue to include diverse and culturally sensitive experiences in simulation and lecture. 	

				safe working environment for patients, visitors, and staff. (N=31/34)		
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 Student Exit Survey is administered in summer 2022 for 2021-22 cohort and results were reviewed in Summer 2022.	Review and evaluate Student Exit Survey results.	Student survey results: 1. 85% of respondents agreed that the program increased or supported their cultural sensitivity in providing care to patients of diverse. (N=28/33) 2. 85% 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=28/33) 3. 88% of respondents agreed that the program increased their knowledge of a safe working environment for patients, visitors, and staff. (N=30/34)	1. Yes 2. Yes 3. Yes	Actions taken to address student survey results included: a. Continue to include diverse and culturally sensitive experiences in simulation and lecture.

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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
<p>V-G. The faculty use a variety of teaching, learning, and evaluation strategies within the curriculum, including distance education programs, that are 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).</p>	<p>Faculty will use a variety of evidence-based teaching strategies that promote a student-centered culture of learning.</p> <p>Faculty will use a variety of evidence-based evaluation strategies that demonstrate student achievement of course and program learning outcomes.</p>	<p>AY: 2020-21</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> <ol style="list-style-type: none"> 1. Use of mindfulness exercises prior to students performing difficulty procedural tasks. <p>Use of flip classroom model where material is presented before class by the faculty and class time is spent having students teach one another using the material presented by the faculty.</p>	<p>Yes</p>	<ol style="list-style-type: none"> 1. Due to COVID-19, faculty recorded all theory and lecture material to be delivered in an online environment. The material was available to students for two weeks prior to quizzes which allowed students to review the material at their own pace. Due to the impacts of COVID-19, faculty have provided grace, so students feel safe to continue with their journey in nursing. Faculty have provided more communication through announcements and open faculty zoom meetings with students to allow them to ask anything or express concerns about anything. Faculty have been very intentional with instruction and exams in to ensure allow equitability. 2. Faculty are considering the continued use of online supplemental lecture material in addition to normal classroom delivery post COVID-19. 	<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>
				<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. Use of computerized grading rubrics. 2. Use of inter-rater reliability grading. 3. Use of different modalities of assess student attainment of learning outcomes. 	<p>Yes</p>	<ol style="list-style-type: none"> 1. As of Fall 2020, faculty were required to use standardized grading rubrics in CANVAS to grade assignments. 2. Faculty also began using the CANVAS quiz function to evaluate student achievement of course outcomes. 	

				<p>In each course, students' attainment of learning outcomes is assessed orally, written, and by testing to build on each student's learning style and strengths.</p> <p>4. Use of item analysis on tests to evaluate exam quality, effectiveness, and fairness.</p>			
		<p>AY: 2021-22</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> <ol style="list-style-type: none"> 1. Added case studies to help demonstrate concepts learned in class geared towards developing clinical judgement 2. Added tutoring sessions and a tutor form putting emphasis on vocabulary to facilitate learning for our non-native English-speaking students. 	<p>Yes</p>	<ol style="list-style-type: none"> a. The program will incorporate NGN questions into all exams and classroom work. b. The program will implement sim in the classroom activities. c. Continue to engage in professional development opportunities to enhance teaching. d. Continue to diversity faculty so that they are representative of the student population. 	
				<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. Computerized grading rubrics 2. Multiple types of assessment activities to evaluate students including projects, testing, presentations, etc. 	<p>Yes</p>	<ol style="list-style-type: none"> a. Faculty will continue to evaluate program and implement industry standards b. Continue engaging in systematic curriculum evaluation and change as needed. c. Continue to engage in professional development opportunities to enhance teaching. d. TILTing rubrics to ensure clear understanding of expectations 	

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. Four (N=4/4, 2 skipped this question) faculty noted that they were not sure if they use evidence-based teaching strategies. While not reported in the survey, faculty do report using methods such as: <ul style="list-style-type: none"> a. TILT framework for assignments and rubrics b. Active learning strategies such as case studies c. Ungrading pedagogy d. Standardized Rubrics 	No	<ul style="list-style-type: none"> a. Faculty will continue to attend workshops but need to be intentional in implementation of those resources provided b. Incorporate report out of those workshops at following faculty meetings – bring examples to share out with the group
				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: <ul style="list-style-type: none"> 1. Clinical Evaluations (both mid-term and final) that are based on industry and professional standards Examples: assessments, assignments, projects/presentations, simulation, integrated testing	Yes	<ul style="list-style-type: none"> a. Simulation faculty looking at VR integration for simulated learning experiences b. Faculty exploring the integration of more active learning strategies, will explore offering in-service on this in the coming year

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-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.	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: 2020-21 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 reviewed course syllabi and updated the standardized course learning outcomes template. Faculty reviewed all lab skills check-offs and decided the check-offs need more clarity around what component of the skill was necessary to pass a so called “make or break point.” For example, the “make or break point” for the catheter insertion skill was to maintain sterility at all times. If a student is unable to maintain sterility throughout the skill check-off, the student must repeat the skill check-off.	Yes	a. Faculty reviewed and evaluated all grading rubrics to ensure every assignment had a clear grading rubric that is specific to each assignment. b. Faculty added a “make or break point” to every skill listed on each lab check-off. The “make or break point” were noted on the rubric using an asterisk or bolding the text to clearly communicate to students the importance of the skill.	Documents stored on network drive Annual SEP review and faculty meetings Course syllabi Grading rubrics Skills check-off sheets ADN, Tenured Faculty
		AY: 2021-22 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 reviewed course syllabi and updated the standardized course learning outcomes template. The grading rubrics have created more transparency for both new adjuncts and students in knowing expectations with assignments and skills check off. Faculty decided to review all rubrics for check offs quarterly instead of yearly.	Yes	a. Faculty reviewed rubrics to ensure every assignment had a clear grading rubric that is specific to each assignment. This was done with special consideration for adjuncts grading the assignments to ensure clarity and transparency of grading expectation. b. Faculty will evaluate all skills check offs quarterly to: <ol style="list-style-type: none"> i. Adhere to the latest evidence base practice ii. To assess if the assessment tool is capturing the assessment needed for students’ progress. 	
AY: 2022-23	Faculty review of course syllabi, assignments, and grading rubrics posted	Faculty reviewed course syllabi and continue to use the standardized course learning outcomes template.	Yes	a. Faculty reviewed rubrics to ensure every assignment had a clear grading rubric that is specific to each assignment. This was done with special consideration for			

<p>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.</p>	<p>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, including standardized testing.</p>	<p>Quarterly review and as needed.</p>	<p>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.</p>	<p>The grading rubrics have created more transparency for both new adjuncts and students in knowing expectations with assignments and skills check off. Additionally, the program has recorded videos for faculty and students to review for some of the more challenging assignments such as concept mapping or skills check-offs.</p> <p>Faculty continue to review all rubrics for check offs quarterly instead of yearly.</p>		<p>adjuncts grading the assignments to ensure clarity and transparency of grading expectation.</p> <ul style="list-style-type: none"> b. Lab and clinical lead to review assignments and rubrics with adjunct faculty to ensure clarity and understanding prior to the start of the rotation c. Faculty will evaluate all skills check offs annually to: <ul style="list-style-type: none"> i. Adhere to the latest evidence base practice ii. To assess if the assessment tool is capturing the assessment needed for students' progress. 	
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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
<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>80% of students agree or strongly agree that:</p> <ol style="list-style-type: none"> 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. 	<p>AY: 2020-21</p> <p>Student Exit Survey is administered in summer 2020 for 2019-20 cohort and results were reviewed in Summer 2020.</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. 97% of respondents agreed orientation to technology was available to me. (N=36/37) 2. 100% of respondents agreed that technology support was available to me. (N=37/37) 3. 97% of respondents agreed that information for technology requirements and policies for online education are clear, accurate, consistent, and accessible on the college website. (N=36/37) 	<ol style="list-style-type: none"> 1. Yes 2. Yes 	<p>Actions taken to address student survey results included:</p> <ol style="list-style-type: none"> a. Faculty will continue to offer Nurse 101 and add new resources as they become available. 	<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>80% of faculty agree or strongly agree that:</p> <ol style="list-style-type: none"> 1. Orientation to instructional technology is available to me 2. Support in the use of instructional technology is available to me. 		<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) <p>The results are reflective of the program’s transition from face-to-face instruction to a predominately online learning environment and the initial technology support from the college.</p>	<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. Faculty are working with the eLearning department to ensure they have the instructional resources and training needed to foster a student center online learning environment. <p>ADN and faculty are meeting with college leadership to continue to improve delivery of online instruction due to COVID-19.</p>	

		<p>AY: 2021-22</p> <p>Student Exit Survey is administered in summer 2021 for 2020-21 cohort and results were reviewed in Summer 2021.</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. 88% of respondents agreed orientation to technology was available to me. (N=30/34) 2. 91% of respondents agreed that technology support was available to me. (N=31/34) 3. 85% of respondents agreed that information for technology requirements and policies for online education are clear, accurate, consistent, and accessible on the college website. (N=29/34) 	<ol style="list-style-type: none"> 1. Yes 2. Yes 	<p>Actions taken to address student survey results included:</p> <ol style="list-style-type: none"> a. Faculty will work with IT and E-learning departments to ensure that the students have the necessary supports for online instruction. 	
			<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. Program working to develop a new mentorship model for new faculty hires, and faculty moving from adjunct to full-time. Will be partnered with a full-time faculty to review resources and receive support as needed. b. Adjunct faculty will be invited and encouraged to attend instructional trainings offered by the program and college. 	

		<p>AY: 2022-23</p> <p>Student Exit Survey is administered in summer 2022 for 2021-22 cohort and results were reviewed in Summer 2022.</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. 70% of respondents agreed orientation to technology was available to me. (N=23/33) 2. 76% of respondents agreed that technology support was available to me. (N=25/33) 3. 82% of respondents agreed that information for technology requirements and policies for online education are clear, accurate, consistent, and accessible on the college website. (N=27/33) 	<ol style="list-style-type: none"> 1. No 2. No 3. Yes 	<p>Actions taken to address student survey results included:</p> <ol style="list-style-type: none"> a. Created orientation day which includes overview of all program resources used b. Encourage faculty to train in how to use student resources so they can help support c. Utilize new program coordinator to offer workshops for students that need resource and tech support 	
			<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. Revamped the orientation checklist for new faculty b. Created lab and clinical leads for onboarding new faculty and adjuncts 	

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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
<p>V-J. There is a 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: 2020-21</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>Annual review of the SEP found that the previous plan for bi-weekly analysis of quality indicators did not align with the academic calendar, therefor leaving some indicators out of the evaluation process. Faculty also found that the timeline for collecting evidence i.e. survey result, NCLEX results, etc. did not align with the scheduled review and assessment of achievement of the quality indicators.</p>	<p>Yes</p>	<p>Faculty shifted to a review model that is more purposeful. The quality indicators are reviewed on a regular basis with Institutional Effectiveness, faculty and the ADN. Allowing for the quality indicators to be assessed utilizing a timeline that matches the academic calendar and data collection times.</p>	<p>Documents stored on network drive Annual SEP review and faculty meetings ADN, Tenured Faculty</p>
		<p>AY: 2021-22</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>Annual review of the SEP included meeting with the office of Institutional Effectiveness for five consecutive weeks in the winter quarter to review the five standards of the SEP.</p> <p>Program reviewed certain QI at each faculty meeting, where they were relevant.</p>	<p>Yes</p>	<p>Well received by faculty and staff. This process allowed for the quality indicators to be assessed utilizing a timeline that matches the academic calendar and data collection times.</p> <p>Example of timely QI review includes the review of NCLEX pass rates in beginning of January after annual data is published.</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 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>Annual review of the SEP included a one-day review of the document as part of a summer planning day.</p> <p>Program reviewed certain QI at each faculty meeting, where they were relevant.</p>	Yes	<p>Well received by faculty and staff. This process allowed for the quality indicators to be assessed utilizing a timeline that matches the academic calendar and data collection times.</p> <p>Example of timely QI review includes the review of NCLEX pass rates in beginning of January after annual data is published.</p>	
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