

ACADEMIC PROGRAM REVIEW:

COLLEGE OF HEALTH AND EMERGENCY RESPONDERS

5-YEAR REVIEW: 2019-2023

LAKE SUPERIOR STATE UNIVERSITY

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5-Year Academic Program Review 2023

Due to the Dean's Office by October 27, 2023

This reporting form was introduced in FY2020; numerical data prior to FY2020 may be excluded.

KINESIOLOGY

Submitted by: *Joseph D. Susi II*

Date: *10/24/2023*

School: *Kinesiology and Behavioral Sciences*

Academic Program(s): *Kinesiology*

Annual Program Data Reporting

The following table summarizes data from the Annual Update Reports conducted for this program:

	2019-2020	2020-2021	2021-2022	2022-2023
Enrollments	Freshmen: <i>Fall # N/A</i> Sophomores: <i>Fall # N/A</i> Juniors: <i>Fall # N/A</i> Seniors: <i>Fall # N/A</i>	Freshmen: <i>Fall # 10</i> Sophomores: <i>Fall # 12</i> Juniors: <i>Fall # 17</i> Seniors: <i>Fall # 40</i>	Freshmen: <i>Fall # 17</i> Sophomores: <i>Fall # 7</i> Juniors: <i>Fall # 18</i> Seniors: <i>Fall # 33</i>	Freshmen: <i>Fall # 14</i> Sophomores: <i>Fall # 10</i> Juniors: <i>Fall # 10</i> Seniors: <i>Fall # 21</i>
Retention as of fall 2023	Fr to So: <i># Retained N/A</i> So to Jun: <i># Retained N/A</i> Jun to Sen: <i># Retained N/A</i>	Fr to So: <i># Retained 10</i> So to Jun: <i># Retained 11</i> Jun to Sen: <i># Retained 16</i>	Fr to So: <i># Retained 10</i> So to Jun: <i># Retained 10</i> Jun to Sen: <i># Retained 22</i>	Fr to So: <i># Retained 6</i> So to Jun: <i># Retained 6</i> Jun to Sen: <i># Retained 12</i>
Degrees Conferred				

Graduate Placement Data:

Data is not provided for the 2019-2020 academic year. It is important note, that the University saw the importance of assessment and created the position of Associate Provost of Assessment who in 2020-2021 devised the assessment plan that is currently in place, with templates and direction for program assessment summaries completed every academic year to be fed into a template and plan for 5-year Program Review such as this report.

2020-2021- The 2021 Commencement Program displays 23 graduates for the Bachelor of Science Degree in Kinesiology. Of those 23, 11 went onto

Professional or Graduate School in Physical Therapy (University of British Columbia, University of Western Ontario (2), Belmont, and Central Michigan University), Sport Management (Central Michigan University), Athletic Training (Northern Michigan University), Sport Science (Ashland University), Integrated Physiology (Michigan Technological University), Nutrition (University of Michigan – Dearborn), and Chiropractic (Northwestern Chiropractic). One of the mentioned students resigned from their program and now resides in a Master's of Public Health at Grand Valley State University. This represents a 47.8% placement rate for LSSU KINS Students in a graduate or professional program.

2021-2022- The 2022 Commencement Program displays 27 graduates for the Bachelor of Science Degree in Kinesiology. Of those 27, 9 went onto Professional or Graduate School in Athletic Training (Michigan State University), Sport and Fitness Management (University of Minnesota River Falls- 2), Public Health (Grand Valley State University), Physical Therapy School (Duke), Exercise Science (Western Michigan University), Physician's Assistant (Michigan State University) and Teacher Education (Davenport). This represents a 33% placement rate for LSSU KINS Students in a graduate or professional program.

2022-2023- The 2023 Commencement Program displays 21 graduates for the Bachelor of Science Degree in Kinesiology. Of those 21, 5 went onto Professional or Graduate School in Athletic Training (Wisconsin, Central Michigan University), Exercise Physiology (Minnesota), Sports Management (University of Wisconsin-Steven's Point) and Sports Management (University of Michigan). This represents a 23.8% placement rate for LSSU KINS Students in a graduate or professional program.

These numbers represent totals of 71 LSSU Kinesiology Graduates from 2020-2023 with 25 continuing onto graduate or professional school for a placement rate of 35.2%.

High Impact Practices: The Kinesiology (KINS) Program at LSSU continues to utilize several High Impact Practices (HIP) as identified by the Association of American Colleges and Universities within its curriculum. HIP consist of 11 topic areas: 1) First Year Experience, 2) Common Intellectual Experience, 3) Learning Communities, 4) Writing Intensive Courses, 5) Collaborative Assignments and Projects, 6) Undergraduate Research, 7) Diversity and Global Learning, 8) E-Portfolio's, 9) Service Learning/Community Based Learning, 10) Internships and 11) Capstone Courses and Projects. The application of HIP is demonstrated in the following ways:

- 1) First Year Experience – The KINS Program supports a First Year Experience Seminar

(USEM 101) with a section specific to KINS students.

- 2) Common Intellectual Experience – The KINS program implements this HIP by utilizing a common core of classes that all KINS students must take. The students then select a concentration area (Human Performance, Rehabilitation Sciences or Sports and Fitness Management).
- 3) Writing Intensive Courses – The HIP in this area are seen in KINS 358 Research Methods and KINS 428 Psychological Aspects of Exercise and Rehabilitation where students research and compose professional papers.
- 4) Diversity and Global Learning – All KINS students are required to take a Diversity course prior to graduation.
- 5) E – Portfolio's – While "e-portfolio's" are not used all KINS students create a professional portfolio in KINS 481 which include the establishment of professional goals and objectives, development of a resume and cover letter and a personal philosophy essay.
- 6) Service Learning/Community Based Learning – KINS students regularly gain experience in this area. Activities working with LSSU Athletics in strength and conditioning, athletic training and game management occur quite frequently. Students have opportunities to work with clients with physical ailments such as autism and cerebral palsy as well as regular interaction with Michigan Special Olympics.
- 7) Internships/Capstone – All LSSU KINS students are required to complete one internship and may either complete a second internship or complete a senior project.

Summary of Annual Assessment Updates

The following table summarizes assessment data from the Annual Update Reports conducted for this program:

	2019-2020	2020-2021	2021-2022	2022-2023
Program Learning Outcome Findings				
Physical Activity in Health, Physical Activity, and Quality of Life KINS 444	<p>100% of students met the criterion for this year.</p> <p>This was a fall course and thus was not affected by the COVID-19 Pandemic</p> <p>Students created an exercise prescription for a selected case study</p> <p>Moodle was used to deliver textual material</p>	<p>The goal was met for this course. Due to remote learning the case study project was moved to an individual level exercise prescription, meeting ACSM standards.</p> <p>The next logical step since the individual presentation has been established is a hands-on supervised exercise delivery</p> <p>Recommend implementation of certification work. KINS 265 to become EX Pres I, KINS 444 to ACSM Prep and KINS 446 moving to NSCA Prep</p>	<p>100% of the students enrolled achieved this metric.</p> <p>This assignment has been modified to a series of student presentations to better reflect the ILO of formal communication. Students now present through small groups.</p>	<p>100% of the students met this criterion.</p> <p>This criterion while met, is a component of the curriculum revision currently ongoing in Kinesiology. Support for this PLO needs to occur at the underclass level. Continued implementation across the entire curriculum would solidify this SLO through increased competency in presenting.</p>
Scientific Foundations of Kinesiology KINS 358	<p>90% of students met the criterion for this year. Projects were incomplete due to COVID-19 Pandemic. Current practice will be continued with the development of a research poster to be presented at Campus Wide Research Symposium</p>	<p>100% of students met this goal.</p> <p>It is recommended that the senior capstone process be reinstated.</p> <p>It was discussed if the material is really "mastered" in this course and maybe KINS 492 would be a better place to assess or potentially KINS 428</p>	<p>This goal was not met as only 50% achieved this metric.</p> <p>The poor performance led to a move away from the development of a review of literature to an annotated bibliography. Students were not prepared for the demands of this course. It is felt that the move to the annotated bibliography is developmentally more appropriate</p>	<p>100% of students achieved this metric. Continued development of the Annotated Bibliography with an emphasis on the inclusion of content areas in Information Literacy. Initial data suggests that this was an improvement over the Review of Literature process practiced previously.</p>

Cultural, Historical, Philosophical Dimensions of Kinesiology KINS 450	Criterion was not met due to faculty turnover and low enrollment. This is an elective course and is being considered being moved to the core	Criterion was not met due to low enrollment. This course is an elective and is thus not a proper measure for this criterion	No data provided. A better course is still being discussed as the KINS program enters into curricular revision.	No data provided. A better course is still being discussed as the KINS program continues with curricular revision. KINS 202 Diversity and Inclusion in Sport was created and approved by the Curricular Committee.
The Practice of Physical Activity Across the Lifespan KINS 401	85.7% of students completed their placements. One (1) student was unable to complete do to COVID-19 Shutdown	This goal was met. There was a limitation to placement sites due to COVID-19, but all students enrolled completed. The KINS program continues to build additional placement options. This year LSSU Club Sports and the LSSU NCAA Compliance office were added as placement sites.	90% of the students who took KINS 401 completed the course with an 80% or better. Two (2) students did not complete their internships during the academic year.	Only 50% of students met the benchmark of receiving an 80% or better on this project. 1/3 of the students received a 70% not reaching the benchmark. One received an "Incomplete" but finished in the Spring 2023. One student did not complete the course at all.
Professional Development in Kinesiology KINS 481	No data submitted	This goal was met with scores ranging from 91.8 – 100% Students complete a professional portfolio The KINS program itself needs to improve with its career development within the program	Goal met. Assignments are working as intended. Curricular discussion regarding creation of an additional seminar class continues	The goal was met for this year. Class continues to work effectively as a collective goal of preparing students professionally and developing a small professional portfolio. In future curriculum discussions, revisions may be
				needed. This class is slated to become KINS 381. Faculty need to determine if this is the best move or to keep the class at the 400 level.

Technical Competency in Kinesiology KINS 402	<p>Criterion was not met. 3 of 4 students completed the requirements and 1 did not resulting in a 75% pass rate.</p> <p>The three students who completed the requirements graduated. The one who did not complete the requirements did not communicate with the faculty member.</p> <p>It is still believed that this is a worthwhile experience as it allows students to demonstrate their cognitive and psychomotor skills.</p>	<p>Goal was met with 90% of the enrolled students successfully completing their placement. The one (1) who did not repeatedly ignored communications from instructor and clinical supervisor</p>	<p>Goal met with 100% of students completing their internship placements.</p>	<p>100% of students completed their field placements during the 2022-2023 academic year. One student was late in completing the requirements due to staffing turnover but eventually completed the course requirements.</p>
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Summary of decisions, recommendations, and/or improvements concerning the future of the program

Decisions and recommendations should include budgets, additions of new courses or concentrations, discontinuation or suspension of the program, etc.

2019-2020- Data is not provided for the 2019-2020 academic year. It is important note, that the University saw the importance of assessment and created the position of Associate Provost of Assessment who in 2020-2021 devised the assessment plan that is currently in place, with templates and direction for program assessment summaries completed every academic year to be fed into a template and plan for 5-year Program Review such as this report.

2020-2021- The 2020-2021 Program Assessment Report indicated that the analysis and plans for improvement for the KINS program would include:

- Shoring up the Program's Capstone Experience
- Reintroducing Athletic Training courses into the KINS curriculum
- Establishing Internship placements
 - LSSU Athletic Training
 - LSSU Strength and Conditioning
 - LSSU Athletics Administration
 - Club Sports
 - Special Olympics Michigan
 - University Recreation
 - Worksite Wellness
 - Inter-tribal Council of Michigan
- Identify and develop new courses
- Research into the feasibility of an Advisory Board
- Continue with Professional Transition Ceremony (referred to below)

Established articulation agreement with Central Michigan University Masters of Athletic Training guaranteeing 2 seats to their MAT program for qualified students.

Established a “Transition to Professional Practice” event for graduating seniors. At this ceremony an alumnus was asked to be the Keynote Speaker, faculty talked of the program and student awards were presented to include: Overall Outstanding Kinesiology Student, Outstanding Human Performance Student, Outstanding Rehabilitation Sciences Student, Outstanding Sport and Fitness Management Student and the Russell and Marquette Bruce Scholarship presented to a junior student.

The LSSU Student Government Leadership Awards recognized the Kinesiology Club as the organization of the year for 2020-2021.

2021-2022- Based on the assessments results and faculty discussion / analysis of those results, briefly describe plans for improvements and the next steps that will be taken.

There has been a decrease in class density necessitating a re-evaluation of courses offered in the KINS program. When the KINS program was created it was the result of collapsing 4 different majors into one degree (i.e. Athletic Training, Exercise Science, Sport and Recreation Management and Parks and Recreation). In doing so there was a large block of General Electives that helped the program grow with internal and external transfers. However, this led to less students within the KINS classes proper. It was decided that a sub-committee of three members would meet over the summer of 2022 to work on a new curriculum.

According to the 2020-2021 Annual Program Assessment Report, one of the action plans was to establish ongoing Internship Placements with a focus on placements within and at LSSU. This has been difficult with a constant turnover of athletics administration and individuals involved with strength and conditioning, athletic training, game management, club sports and worksite wellness.

Since the KINS program is in a curricular review process the program’s faculty will continue to review, identify and develop new courses to strengthen the KINS curriculum.

Last year a “Professional Transition Ceremony” was established where the KINS Seniors were recognized and an alumnus was brought back as a keynote speaker. 2020-2021 saw Ms. Heather Hemming being the inaugural Keynote Speaker. This year 2021-2022, Mr. Michael McPherson, DPT and his wife Ms. Rachelle McPherson RD continued the trend. At this ceremony, faculty talked of the program and student awards were presented to include: Overall Outstanding Kinesiology Student, Outstanding Human Performance Student, Outstanding Rehabilitation Sciences Student, Outstanding Sport and Fitness Management Student and the Russell and Marquette Bruce Scholarship presented to a junior student. The KINS Program became members of the AKA and were able to award an “AKA Scholar Award.”

Established articulation agreement with Northern Michigan University Masters of Athletic Training Program guaranteeing 1 seat into their MAT program for qualified students.

The LSSU Student Government Leadership Awards recognized the Kinesiology Department as the Department of the Year and the Kinesiology Club as the organization of the year for 2021-2022.

2022-2023 – Faculty within the LSSU KINS program met every week during the 2022-2023 academic year. The Curricular Sub-Committee was re-arranged with the substitution of one of the members. Curricular work was continued and progress was made, however not to the point of completion. Faculty created a new course, KINS 202 Diversity and Equity in Sports, which was approved by the University Curriculum Committee and plans were established to gain approval of this course as a General Education “Diversity” elective.

Again, there was turnover at on-campus Internship sites at the end of the academic year which saw two athletic trainers and one strength coach leave. Again it is difficult to develop a curricular plan and continuity with the constant turnover in this area.

Established articulation agreement with Grand Valley State University Masters of Public Health Program guaranteeing 5 seats into their MPH program for qualified students

Upon returning from AKA Leadership Workshop it was discovered that programs must be accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) for those wishing to sit for ACSM Accreditation. Also, individuals wishing to sit for the National Strength and Conditioning Association Certified Strength and Conditioning Specialist, programs must be accredited by 2030. The KINS program will discuss which if any of these accreditations are appropriate. Consideration to accreditation through the Commission on Sport Management Accreditation (COSMA) is being given as well.

Continued with the “Transition to Professional Practice” event for graduating seniors. This event has also been referred to as “Senior Sendoff.” Ms. Nikki Brown ATC, PTA was this year’s Keynote speaker. Faculty talked of the program and student awards were presented to include: Overall Outstanding Kinesiology Student, Outstanding Human Performance Student, Outstanding Rehabilitation Sciences Student, Outstanding Sport and Fitness Management Student and the Russell and Marquette Bruce Scholarship presented to a junior student. As members of the AKA, the program was able to continue presenting an “AKA Scholar Award.”

The LSSU Student Government Leadership Awards recognized the Kinesiology Club as the organization of the year for 2022-2023. Making the Kinesiology Club the “Organization of the Year,” for three years running. In addition to this recognition, a group of KINS students attended the 2023 Michigan American College of Sports Medicine (MIACSM) conference. Students from LSSU entered the Quiz Bowl and were the winners of the 2023 MIACSM Quiz Bowl against all programs in the state of Michigan.

Rationale or justification for decisions made for the future of the program

The KINS program was created by collapsing 4 different academic programs into one. This represents how the KINS program is currently set up with a set of Core classes all KINS students take and three different concentrations that students can choose; Human Performance, Rehabilitation Sciences and Sport and Fitness Management. Also there is a large block of General Electives. Initially, this set up worked fine with a large number of internal and external transfers as the KINS program was not very prescriptive. However, this led to a decrease in class density with many courses needing to be cancelled due to low enrollment. Also during this time, it was noticed that there was much similarity between the Human Performance and Rehabilitation Sciences Concentrations. Human Performance required KINS 105 and KINS 332, a lower level MATH requirement and only one (1) CHEM class with a lab. The Rehabilitation Sciences Concentration required a higher level MATH and two CHEM courses. The Sport and Fitness Management Concentration was sparse at best. It was being revised until that faculty member working with that concentration left. That faculty vacancy has been filled which has led to the last two years of curricular work that describes and extended core of KINS classes and two concentrations, which at this time haven't been named but are working with the titles of Human Performance and Sport and Fitness Management/Health Promotions. It is felt that the area of the Sport and Fitness Management/Health Promotions shows the largest area of potential growth for the KINS Program.

Some of the desire to revise the KINS Curriculum came from the discovery driven by future accreditation mandates by a variety of professional organizations. The American College of Sports Medicine (ACSM) is requiring that individuals who wish to sit for their certification must graduate from a Commission on Accreditation of Allied Health Education Programs (CAAHEP) starting 2027.

Another accreditation mandate is looming from the National Strength and Conditioning Association (NSCA) where they are mandating that individuals who wish to sit for the Certified Strength and Conditioning Specialist (CSCS) must graduate from an accredited institution. These two accreditation mandates have required the KINS Program to examine which accreditation they would like to pursue, if any, and to consider monies, facilities, personnel, and responsibilities at the Department, School, College and University level. The accreditation discussion has also led to discussion of accrediting the Sport and Fitness Management area through the Commission on Sport Management Accreditation (COSMA).

The KINS faculty decided it advantageous to join the American Kinesiology Association (AKA) as a model to help guide the direction of the KINS Program. Resources were made available to help with curriculum development and direction. The KINS Program was able to identify an AKA Scholar and present. This award comes with a certificate, a medal and the student selected is then placed in consideration for national recognition through the AKA.

Another benefit of the joining the AKA was an opportunity to not only to attend professional meetings, but to apply for their Leadership Institute. One of the KINS faculty applied for this year-long training and was selected. This training is for individuals in leadership positions at universities where they are assigned a mentor and regular webinar meetings and presentations are held to educate the mentees.

Long-range future goals or plans for the program

The curriculum has already been discussed in the previous section. The creation and implementation of a revised curriculum is vital to keep current with trends in KINS. The need/desire for accreditation through different agencies has also been discussed and will be considered in the curricular discussion.

Enrollment is always a concern and a goal for the KINS program and the University in general. Numbers for the program have been in the 80's previously, but the COVID Pandemic limited our enrollment and a trend in decreasing enrollment was seen. Some of the drop was due to the limited opportunities to enroll Canadian students. As of the writing of this report program numbers are trending upwards. The KINS faculty is actively engaged in recruiting efforts in association with the LSSU Admissions Office with open houses, orientations, student tours, specialty tours and other recruitment efforts. The program currently stands at approximately 64 students. The program would like to reach the 80 number and eventually increase student enrollment to 100 or more students.

Facilities are another area of mention for long range and future goals. In the 2021-2022 academic year, the University received monies for a Title III Grant. The KINS program was a recipient of some of this funding making their classroom a "Zoom" room. This grant enabled the installation of screens, computers, i-pads, and other A-V equipment into NOR 213.

The KINS Program needs to better utilize the KINS Lab and equipment within the lab for student education and professional activities. Currently, there is an inept new treadmill that was purchased, that is not running at capacity. The lab is used for recruitment purposes, for classes and contains both small and large equipment to consist of wingate bikes, treadmills, FMS screening, BESS testing, Bio-electrical Impedance body composition testing, Y-balance testing among others.

Finally, the KINS Faculty receive \$1,400 per Academic Year for professional development as per the FA Contract. Funds carry over from Academic Year to Academic Year but are not to exceed \$4500. Balances in excess of \$4500 in an individual's account shall revert to the Primary Academic Unit's fund for faculty development. Faculty are encouraged to utilize their PD Funds.

Quality, Resources, and Support for the program

Summarize Strengths and Weaknesses in each area.

Student Learning: LSSU has established a number of academic support services to assist students in their academic journey at LSSU. There is a counseling center, academic support services where students can get tutoring and supplemental instruction, a conditional admit program where there is one on one advising with a conditional admit advisor. All students are assigned an academic advisor to assist in course selection, professional guidance and matriculation through the University and the KINS program.

Student Accommodations assist students who legally require accommodations to succeed in school. This may be extended test time, a quiet room, a note taker or anything needed to meet their accommodation requirement.

The University also houses a Career Center, where students can go for assistance in resume and cover letter writing, graduate school and employment information and for job interviews.

Many courses offer laboratory sections to assist students in understanding the theoretical information presented in their courses. This is both through general education and through discipline specific courses.

As described on pages two and three of this report, the KINS Program utilizes High Impact Practices which enhance and solidify student learning.

Graduate Success: Students graduating from the LSSU KINS Program are finding success applying to and being admitted into graduate and professional schools (as noted on pages one and two of this document) with a number of them securing graduate assistantship positions. Students who elect not to immediately continue their academic career are finding jobs in a variety of areas such as: working within chiropractor's offices, physician offices, local rehabilitation centers, educators, equipment managers, personal trainers, hospitals, professional athletics, athletic performance centers and entrepreneurship. Of particular note is Mr. Isaac Lennox (LSSU 2020) who while completing his Master's Degree in Integrative Physiology was recognized by the American Kinesiology Association (AKA) as the National Master's Scholar Award Recipient.

The LSSU KINS Program takes great pride in recognizing their students and traditionally has presented student awards. The KINS Program has also instituted a "Senior Send-Off Program.

Academic Programming and Rigor: As described throughout this document, the KINS Program consists of a "core" set of classes. One of these courses is a University Seminar class where 1st year students are introduced into the intricacies of matriculating through college. This course is identified as a HIP and is integral to the students that attend LSSU as 60 – 62 percent of the students that attend are "First Generation." As students are completing the "core" requirements, they select a concentration of their interest in Human Performance, Rehabilitation Sciences or Sports and Fitness Management.

The students within the KINS Program represent themselves and the rigor of the program by serving on the Distinguished Teacher (DT) Selection Committee. The selection process entails identifying the top student in each school by GPA, and asking if they would like to serve on the committee. The representatives for the School of Kinesiology and Behavioral Sciences for 2021-2022 and 2022-2023 academic years were members of the KINS program.

Faculty Qualifications, Staffing, and Effectiveness of Instruction: Faculty are hired as per University hiring standards and protocols. A resignation of a KINS faculty member in summer of 2019 created a void. This position was filled with a temporary appointment for the 2019-2020 & 2020-2021 academic years. During this time this position was discussed within departmental meetings and a proposal was submitted to create a full-time tenure track position. Which was filled for the 2021-2022 academic year. Currently the KINS Program has five (5) faculty with varied experiences.

Un-tenured faculty are required by Faculty Association Contract (current contract ratified July 15, 2022 through June 30, 2027) to be evaluated by two (2) peers, one selected by the faculty member and one assigned by the Dean, each semester. The Dean also performs a classroom evaluation each semester. The un-tenured faculty member then completes and submits a summative report and meets with the Dean who then completes a summative evaluation on the un-tenured faculty member. The peer teaching evaluations, summative evaluation and summative report are then reviewed by the Retention, Promotion, and Tenure Committee (RPT) and reviews are provided to the Dean. Tenured faculty go through the same process but only once every five (5) years. This process is spelled out in detail in the current LSSU Faculty Association Agreement.

Students are asked to complete and submit an electronic evaluation at the end of the semester for each course they are enrolled. Students complete this evaluation online, the results are tabulated and then shared with the faculty member for each of the courses they teach in each respective semester.

Students are also asked to complete and submit an electronic evaluation on the academic advising they received from their academic advisor (the faculty at LSSU are the academic advisors). Again, these results are tabulated and then shared with the faculty member.

Assessment Practices: As mentioned earlier in this report, the assessment process has been streamlined which has led to a more focused and interactive approach. Each semester SLO's are entered into the "Nuventive" database. Data from the courses that have been identified to assess the PLO's are entered and each fall the KINS faculty review this data and discuss the utilization of the data to improve the KINS program.

Students are asked to complete and submit an electronic evaluation at the end of the semester for each course they are enrolled. Students complete this evaluation online, the results are tabulated and then shared with the faculty member for each of the courses they teach in each respective semester.

Students are also asked to complete and submit an electronic evaluation on the academic advising they received from their academic advisor (the faculty at LSSU are the academic advisors). Again, these results are tabulated and then shared with the faculty member.

Senior Exit Interviews were initiated for the 2020-2021 graduating class. An email was sent to all students graduating in Kinesiology for the 2020-2021 academic year. Two individuals made arrangements to provide feedback and input.

The following year 2021-2022 the process was repeated and an e-mail invite was sent to all 24 seniors with 13 responding.

Unfortunately, this practice was not completed during the 2022-2023 academic year, but is planned to be re-instituted for the 2023-2024 academic year.

Resources / Facilities: One of the biggest issues concerning the facilities for the KINS Program is the location of the KINS classroom and laboratory as it sits adjacent to the shooting range that the Criminal Justice program uses. Gun shots can be heard during lecture and exams startling both students and faculty.

The resources available to students and faculty are varied and have been addressed in the body of this document.

SENIOR EXIT INTERVIEWS SPRING 2021 (N=2)

An email was sent to all students graduating in Kinesiology for the 2020-2021 academic year. Two individuals made arrangements to provide feedback and input. Here are the results.

1. What are three things you liked about LSSU/Kinesiology
 - Family feel with the program and professors
 - Small class sizes within the KINS program to gain more practical experience
 - Flexibility with the selection of classes to those that would best benefit me and flexibility during road trips
 - Class size – Love being able to actually talk to the professors
 - Professors – the understanding of the professors and willingness to accommodate and help. They originally care about the students
2. What are three things you disliked about LSSU/Kinesiology
 - Internship during senior year
 - Research methods should be taken earlier than senior year
 - Housing – neglect and maintenance doesn't get done. The higher ups in student life are doing too many things at once
 - Small class sizes cause courses to be cancelled
3. What 2 things would you change about the Kinesiology program and why
 - Include all concentrations in the program
 - Get more students involved with the sports teams in general
 - Making sure Freshmen know about KINS. More advertising and working with sports teams should be mentioned
4. What was your most favorite class and why?
 - KINS 275 – very beneficial for overall well being
 - KINS 428 – Beneficial on the mental side
 - KINS 346 – Hands on. Learned most from these classes
 - KINS 349 – Hands on. Learned most from these classes
 - KINS 346 – Based on hands on learning and doing labs helps make connections with learning
 - KINS 450 – Timely topics. Professor led some great conversations
5. What was your least favorite class and why?
 - KINS 262 – Didn't understand and didn't understand why things worked
 - KINS 358 – I'm really bad at writing. The professor did help me. Class was hard in general and thus I really didn't like it.
 - KINS 101 – Boring. Need more opportunities to talk to those in the field, positions available with pro teams.
6. On a scale of 1-10 what would be your evaluation of the Kinesiology program
 - 8
 - 9

7. Open comments

- Really enjoyed KINS. Wish I knew about it sooner.
- The KINS program kept me at LSSU
- Felt prepared when applying to graduate school
- Open to an Alumni survey
- KINS students could be doing more with the University – working with the sports teams.
- Great job – I like the professors here, they care. Friends at home don't even know their professors.
- KINS prepared me for my next step in life with the broad knowledge provided, however I don't know what I want to do yet.
- Wish I knew more about KINS before I came to school

SENIOR EXIT INTERVIEWS SPRING 2022 (N=13/24)

An email was sent to all students graduating in Kinesiology for the 2021-2022 academic year. Thirteen individuals made arrangements to provide feedback and input out of 24 potential graduates. Here are the results.

8. What are three things you liked about LSSU/Kinesiology

- Hands on type of learning
- Coming from General Education classes, booksmart, lecture class, all powerpoint. KINS is a big change with the smaller class sizes. More 1 on 1 with the professors
- Wasn't just lecture. In bigger sized classes and my previous major, don't get that
- I think in bigger universities you don't get to know your professors
- Classes followed lecture with powerpoint and then activity
- Professors really professional and understanding. Due to that professionalism as seniors we have to sacrifice class time for our own professional development which was respectful as there are professional development things going on in our lives that have been supported
- Everything felt like a community. Faculty made you feel like part of the group and got you to interact and be part of the classes.
- Opportunities – always this to get involved in
- Faculty – The faculty supported me throughout my 4 years. The faculty advised me and I wasn't scared to seek help. Very grateful that the faculty genuinely care about us.
- Loved my Rehab classes and practicing in class. KINS 141, 344 and 346. Liked how the classes were set up
- Liked how the material was delivered in class by the faculty, it was not boring
- Like the faculty – the faculty do a good job working together. Easy to walk in the office and have a conversation with the faculty
- Small class sizes allowed form more interactions with professors. Not a large lecture hall. Helped my learning as you can ask questions in class

- All the professors have different backgrounds, leading to different opportunities/options for students. Different perspectives are brought into the classroom
 - Opportunities to get involved (KINS Club, Special Olympics, volunteering, etc...) Forced me to get involved. Students can't say they have no opportunities
 - Faculty – How faculty help each student one on one. I cherish that while in classes and getting through what to do after graduation process
 - Curriculum – what we learn. Feel like the knowledge obtained through the three concentrations has helped. We have it really good here. Some students at other schools don't understand basic knowledges
 - Opportunities we get – working with athletic teams. Opportunities to get experience within the fields we want to pursue.
 - Program was always trying to grow. Getting new equipment and class and program development ideas.
 - Size of programs – good relationship with the professors
 - Outside resources faculty were able to bring in (Special Olympics, local internship experiences)
 - All the professors have a good rapport with the students. I feel like I can come talk about anything going on in my academic or personal life
 - Liked the whole program. Liked the classes where we did "hands on" things. But the classes that are strictly lecture were hard for me to focus on
 - How close knit it (KINS) is between students and faculty. Comfortable to interact with
 - Close with faculty. Faculty know students on a personal and professional level. Other friends and other schools don't have this
 - Faculty want us to succeed. Support students in all areas (school, academics, health, personal...)
 - Small class sizes and getting to know the professors and classmates. At a big university, you don't get to know your professors well. Lots of interaction with other students.
 - Wide range of field expertise that the faculty bring
 - Small class Sizes – All prof's knew you on a personal level and could relate your interests with class. Here they know your name. Professors know you personally
 - Loved that we were required to take an internship class. Made us go out and find something that interests us and if we don't like it, we knew not to pursue it
-
- Hands on aspect – classes were applying principles learned in class and utilizing them in lab work. KINS 268, 348, 346 and 140 allowed us to gain comfort in dealing with patients compared to other programs on campus
 - Applying principles to apply to life and future career. Practical knowledge- can use knowledge for my own fitness program
 - Interpersonal interactions – ability to collaborate with professors and students. Have noted that other programs on campus don't have this.
 - Cohesiveness of the group and dynamic within the faculty and students
 - Tight knit groups and good relationships we have with each other and the professors
 - Opportunities for volunteering and interning due to the small group (concussion clinic, club provided community service)

9. What are three things you disliked about LSSU/Kinesiology

- While I liked the internship, why do we have so much busy work and paperwork with our internships. As seniors we shouldn't need this, final project and journals are busy work. Internship should be P/F
- LSSU needs to advertise ALL programs and not just focus on 3. KINS is a "Hidden Gem."
- I didn't really dislike things, however I didn't really do many sports growing up and felt a bit out of place, especially at the 100 level courses when asked about what we played in high school
- Didn't feel like I needed to take some of the lower level classes (i.e. KINS 101 and KINS 105)
- COVID – COVID affected my learning, especially the practical aspects
- Not enough time/equipment in the lab – only a baseline experience with VO2 max and Wingate. More time to practice within the lab. Equipment not operable (time a factor because of equipment issues)
- Stricter policies on leniency for individuals who fail to meet timelines. Doesn't help us as students
- This has gotten better recently, but provide better job and job exploration opportunities at the freshmen and sophomore level. Got more information as a junior or senior (ECG, Cardiac Rehab)
- Due to the program being small, you know when there are issues between professors. Keep professional problems – professional
- I felt like I had to work in the summer to meet program and minor requirements
- Internships and connections weren't fitting to my professional goals
- Lack of preparation of students for application cycles for graduate school. Provide a plug or two in class to help out. But, didn't take KINS 481 until the Spring of Senior year
- COVID – Not being able to get in lab due to COVID
- Internship – no opportunities due to COVID (WMH, Canada)

10. What 2 things would you change about the Kinesiology program and why

- No Response
- The Rehab Science Concentration – there really weren't that many rehabilitation courses. Could have added a few more or switched a few things around
- I like to practice skills – add mandatory practice hours and supervised open lab times supervised by faculty or senior level student
- More anatomy- every year have an anatomy type class to refresh
- Having an opportunity to switch out a class for an internship opportunity during the junior year. Opportunities for 4 semesters of internship/practical experience
- Some of the classes could have been more hands on. Hands on opportunities could be amped up in classes. We don't want to just sit there and be lectured to.
- More opportunities to work with different populations. Maybe actually talk with these groups. Happened during COVID unfortunately

- Stricter policies
- Make sure lab equipment works
- Sequencing of courses could be better
- Add more classes, especially in Cardiac Rehab
- In some classes, incorporating outdoor activities, instead of just indoor lab based activities
- Less emphasis on the athletic populations and more attention to general public and special populations
- To know all other options that individuals can go into. Increase information on jobs within the KINS field. Don't focus so much on PT and AT
- Survey of times that students would like classes (prior to submitting schedules) I had class conflicts that required me to sub classes (262, 428)
- Continue to put students "on the spot" in class
- Concentrations – Each concentration explained more with the class requirements in advisement meetings. Better communication with advisees regarding concentrations and career paths
- More hands on classes instead of lecture. More lab requirements. KINS 275 – Food plans and evaluation. KINS 358 – Lecture day to write
- If some classes could have double counted
- More hands on learning – change up the setting to labs. 444 could be more hands on, overlaps with 348
- Courses should be sequenced

11. What was your most favorite class and why?

- KINS 141 – I liked all my anatomy classes, they were about the body and injuries
- KINS 141 – Learning the bony landmarks, origins and insertions
- KINS 141 – It was hard, but I liked learning about the muscles
- KINS 141 – Liked the format and the subject
- KINS 234 – Most hands on class I have ever had. I want to be a versatile as I can be
- KINS 234 – Because I'm interested in it
- KINS 265 – Was able to use a lot of this information in my training and the training of others
- KINS 265 – Most interested in this class. Easy to pay attention to
- KINS 268 – Favorite – Hands on, entire degree and workfield will be hands on
- KINS 268 – Hands on components of testing (Flexibility and balance testing)
- KINS 268 – Liked the hands on stuff. Talked about it and then did it (COVID spring 2020)
- KINS 344 – I liked all my anatomy classes, they were about the body and injuries
- KINS 344 – Application portion acts as a prep for grad school
- KINS 346 – I liked all my anatomy classes, they were about the body and injuries
- KINS 346 – Always doing something. Class was easy to have conversations in. Information in this class needed to be taught
- KINS 346 – Like how we went over many different things and was able to see things utilized during my internship
- KINS 346 – Useful for individuals going into the rehab field
- KINS 346 – Correlates with my interests and labs and clinical tests

- KINS 346 – Mostly because it corresponded with what I want to do and there was a lab component. Good balance of information and application. Good group of students
- KINS 348 – Hard to explain, due to COVID
- KINS 348 – Hands on components of testing
- KINS 401/402 – Course was set up and outlined in advance so I know what's due when
- KINS 434 – Didn't really have background knowledge and things didn't really overlap from previous classes. Was able to walk away from the class having learned a lot
- KINS 442 – Liked the material and the application. Hands on prep. This felt like we were doing a job
- KINS 444 – Being able to use this information
- KINS 444 – Application, Prescription and exercise progressions CR to resistance training
- KINS 481 – Was extremely beneficial. It prepares you for Professional Development. My friends in college do not know how to write a resume
- BIOL 121 – I liked all my anatomy classes, they were about the body and injuries
- BIOL 121 – Liked that material. Dr. Ranson is great. Grading Fair
- BIOL 122 – I liked all my anatomy classes, they were about the body and injuries
- BIOL 122 – Liked that material. Dr. Ranson is great. Grading Fair

12. What was your least favorite class and why?

- KINS 101 – He expected too much from me in the class. I wasn't prepared (academically) for some of the assignments
- KINS 105 - Too premature to have as a freshman. Should be for juniors and seniors to be more beneficial. More emphasis on Leadership.
- KINS 105 – Didn't see the point in this class
- KINS 105 – Not the class itself, but I don't enjoy the Program Development aspect
- KINS 105 – Didn't correlate with my interests. Don't feel like I had the requisite background knowledge to spark my interests
- KINS 105 – Too much on the Sport management side
- KINS 140 – Took this right when I switched to KINS from another major at LSSU. Did not understand it. Asked other students for help, but that didn't help. I didn't understand the material
- KINS 141 – Wasn't my least favorite, but origins, insertions and actions were difficult.
- KINS 262 – Hard to understand and follow the material. Very broad. Feel like I won't utilize the information
- KINS 262 – Didn't pique my interest. Stuff went over my head
- KINS 265 – When I took it, I really didn't really know what I wanted to do. It seemed repetitive in a sense
- KINS 268 – Took during Spring 2020 during COVID outbreak. Class was ½ in person and ½ was remote. Felt like learning opportunities were missed (some of the testing procedures were missed)
- KINS 295 – Couldn't do the stuff I wanted to due to COVID
- KINS 332 – Not applicable to what "I want to do." Big project on Health Promotion, but not specific to my professional interests, so just doing a project on something I don't really care about

- KINS 344 – Biased due to COVID. ½ was online. Feel I didn't learn as much as I could
- KINS 358 – Don't like writing papers
- KINS 481 – It's taken too late. Should be a 300 level junior class
- ENGL 111 – Didn't get along with the professor
- HUMN 251 – It was a 6- week class during Winter Break, I didn't really like the topic
- HUMN 251 – I didn't learn anything
- PHYSICS – Couldn't relate to the topics. I did not enjoy studying thermodynamics
- PHYSICS – Hard material to grasp
- PHYSICS – Did well. Needed for Pre-requisites. Not taught in a way I could grasp. Very sporadic. Low grades on tests, but then a large curve
- PHYSICS – Don't think it really had any application to what I want to do

13. On a scale of 1-10 what would be your evaluation of the Kinesiology program (8.61)

- 8
- 9
- 9
- 8.5
- 9
- 8.5
- 8
- 8
- 9
- 9
- 9
- 9
- 8

14. Open comments

- The KINS Program is like a "Hidden Gem." When I was in my previous major, I wasn't happy with LSSU as a whole. Advising was difficult and it was hard to understand the professors. Came to KINS and that all changed.
- I would definitely recommend this program to anybody
- I want to say thank you to all the faculty who believed in me more than I believed in myself. Hopefully one day, I'll be as knowledgeable as all of you
- As I started to study more, I saw the need to keep up with my classes and the importance of the information as it prepared me for my future
- Like how helpful all the professors are. The professors put the students first. I could have done stuff on my own, but the professors helped me, especially applying to graduate school
- Enjoyed the small class sizes
- Liked how the concentrations were structured. Liked the flexibility to work and earn more than one concentration. Liked the professor's flexibility and understanding (athletics, personal and COVID quarantine)

- I appreciate everything you guys have done for me. In my previous program (at LSSU), I didn't get the feeling I have here and I appreciate that a lot
- Really liked the program, coming from a different major (at LSSU). Enjoyed the program and coming to class. Nothing bad to say.
- Can a Master's Program be developed? Anything small in KINS (EX Science, AT, SC, Sport Management)
- Make adjustments for more labs
- Getting more lab equipment (updating – BP, etc...) Make equipment known to the students
- Utilize the lab more
- COVID had an effect

15. Classes or Topics to Add

- A class strictly in Biomechanics
- Make modalities a required course for the Rehabilitation Sciences Concentration
- Professional Development – Graduate School prep. Grad School opportunities and procedures and terminology. More specific guidance and direction with grad school
- Strength and Conditioning Course
- More focus on Athletic Population
- Health and Wellness, 332 is the only class on this topic
- Add an Advanced Nutrition Class focusing on Performance Athletes and Supplementation
- Strength and Conditioning Class – we have a personal training class which maybe should be a student option, but need a Strength and Conditioning Class and make it required for Human Performance Concentration
- In the SFM Concentration have a class specific to insurance and business operations
- Cardiac Rehabilitation – KINS 442 is just the technical component. Class on stress testing, glucose levels, exercise testing protocols on patients
- Complimentary and Alternative Medicine, Meditation and Breathing Exercises
- KINS 234 Taping – should be required for Rehabilitation Sciences Concentration
- Medical Terminology for those looking to go into PA, PT, AT, OT
- Class on careers at the Freshman level and then again at the Junior Level
- Medical Terminology – only for Human Performance and Rehabilitation Sciences Concentrations
- A Sport Psychology Class – KINS 428 is very broad. Would like to see a PSYC class for athletes and sports performance

16. Did the KINS Program prepare you for your future? Why or Why Not?

- Yes – Provided knowledge in how the body functions and experience during exercise. Allows you to use “in class knowledge” to understand what is going on with your body. The internship helped explain everything in a real world model
- I believe so because it was a smaller program and that allowed me to get involved. Had broad based internship opportunities. The curriculum demonstrates a broad array of job possibilities. Everyone was really supportive in skill development opportunities.
- Yes – I got really good advising and direction on what to do at the right time. I feel like I have all the knowledge I'm supposed to have. I feel prepared, but kinda scared too.

- Yes – Picked up some good habits here (work ethic and started to take school more seriously). The things I have picked up have put me in a good spot to further my education
- Absolutely – Having different conversations with the professors. When I didn't feel like I was ready, the faculty helped me to gain confidence that I am ready. The classes I have taken have led to this too.
- Yes – The classes have provided baseline and advanced knowledge for what I want to do. The networking with professors due to small class sizes and setting us up for opportunities
- Yes – Because I didn't know any of the things I know now regarding the professions. Don't think I could have jumped right into an area of study. KINS 444 has helped me a lot. It has prepared me to work with certain populations.
- It did as much as it could – Going into a different area, but the background knowledge I gained here was important
- Yes – Wide variety of classes to prepare me for graduate school. Liked the options the program provided
- I don't know what I want to do. Master's program being suggested, but when you're not sure what you want to do, why do something that I may not like
- Yes – Chose a rough pathway but gained more practical skill than I would have in any other discipline. The program provided a Holistic View.
- In some aspects Yes – In my own personal experiences, I got more involved and became more independent. Sculpted me not only as a person but a future practitioner. But NO as I'm worried about keeping up in graduate school compared to other students at a big school, coming from a smaller school

5-Year Academic Program Review 2023

Due to the Dean's Office by October 27, 2023

This reporting form was introduced in FY2020; numerical data prior to FY2020 may be excluded.

PSYCHOLOGY

Submitted by: H. Russell Searight, Ph.D., MPH (reviewed and edited by Dr. Olson-Pupek and Professor Spray)

Date: 10/21/2023 _____

School: Kinesiology and Behavioral Sciences

Academic Program(s): Psychology

Annual Program Data Reporting

The following table summarizes data from the Annual Update Reports conducted for this program:

	2019-2020	2020-2021	2021-2022	2022-2023
Enrollments	Freshmen: <i>Fall #</i> Sophomores: <i>Fall #</i> Juniors: <i>Fall #</i> Seniors: <i>Fall #</i> Not Available	Freshmen: 11 Sophomores: 13 Juniors: 13 Seniors: 17	Freshmen: 14 Sophomores: 17 Juniors: 21 Seniors: 13	Freshmen: 14 Sophomores: 17 Juniors: 21 Seniors: 13
Retention as of fall 2023	Fr to So: # <i>Retained</i> So to Jun: # <i>Retained</i> Jun to Sen: # <i>Retained</i> <i>Not Available</i>	Fr to So: 11 So to Jun: 12 Jun to Sen: 13	1 st to 2 nd yr 9 2 nd to 3 rd 14 3 rd to 4 th 23 2 nd Year Students If applicable, 4 th Year Students returned for 5 th Year: 1 (?) <i>Retained to 5th Year</i>	Freshmen: 9 Sophomores: 14 Juniors: 23
Degrees Conferred	Not Available	13	8	18

Graduate Placement Data:

National Undergraduate Placement Data

According to the APA Center for Workforce Studies (2021), a substantial proportion of psychology majors enter the workforce upon completion of their bachelor's degree without pursuing graduate studies. The most frequent career outcomes for these individuals encompass roles in social work (11%) and counseling (7%), as well as in administrative (9%), management (7%), service (6%), personnel (4%), sales and marketing (3%), and preschool or elementary education (5%) sectors (APA, 2021b). Collectively, these occupations represent only 52% of the career paths chosen by psychology majors holding an undergraduate degree.

Lake Superior State Psychology Graduates Placements

Compared with national data, our graduates appear to be more likely to be working in the field or pursuing a graduate degree than the reported U.S. “norm.” Nationally, it is estimated that 45% of those receiving an undergraduate degree in Psychology enter graduate school/.

Among those who earn a Psychology Bachelor’s degree from Lake State and directly enter the workforce, it is estimated that 20-30% will enter a graduate program within 2-3 years of graduation.

Available Placement Information:

2020-21 Graduates

Graduate School—Psychology—5 (Wayne State, St. Andrews; U of Michigan—Dearborn)

Working in Field—3

Unknown—5

(At least 62% going to graduate school or working in the field upon graduation)

2021-22 Graduates

Graduate School: 4 (MSW-Eastern Michigan; U of Denver; Michigan State; School Psych)

Working in Field: 1

Unknown: 3

(At least 63% going to graduate school or working in the field upon graduation)

2022-23 Graduates

Graduate School: 7 (School Psych—GVSU; Behavioral Data Science—U of WI; Forensic Psych—Chicago SPP; MSW—MSU and NMU)

Working in Field: 4

Taking a Year Off (intend to apply to graduate school): 2

Unknown: 5

(At least 61% going to graduate school or working in the field)

High Impact Practices:

These have been described in more detail in the yearly reports. Some examples include:

Poster Presentations in Library Learning Commons--PSYC 456 and 459 (Brain Awareness Week Event);
In-class Research Poster Presentations—PSYC 457

Laboratory Projects for PSYC 212, 311, 457, and 459

Senior Research Projects (see example posters in “Documents” section of Nuventive Improve)—

- Presented at the 40th Annual Mid-America Undergraduate Psychology Research Conference—April 2021
- Presented at Annual Lake State Research Conference—April 2022, 2023

Senior Seminar in Psychological Science (PSYC 499); Senior Research Practicum I and II (PSYC 494 and 495)

Senior Independent Research Papers (PSYC 490)

First Year—University Seminar in Behavioral Sciences (PSYC 199)

Junior Seminar in Psychological Science (PSYC 399)

Applied Psychology Practicum (PSYC 306)

Psychology Research Practicum (PSYC 305)

Counseling Practicum/Internship (SOWK 250)

Summary of Annual Assessment Updates

The following table summarizes assessment data from the Annual Update Reports conducted for this program.

The Major Field Test in Psychology (MFT; ETS) is one of our principal outcome measures. It is administered to students at the end of their 4th year. The MFT assesses a wide range of content knowledge and covers the subfields typically reflecting required courses for the Psychology major. It compares our students with a large national reference sample of Psychology majors from multiple colleges and universities.

Because of COVID-19 related issues, the MFT was not administered in spring 2020 or 2021. (Due to the limited number of data points, charts below include the 2018-19 results for comparison purposes)

	2019-2020	2020-2021	2021-2022	2021-2023
Program Learning Outcome Findings	Not Administered—see chart below for 2018-19(Average percentile = 50%)	Not Administered – see chart below for 2018-19	Average Percentile: 29%	Average percentile: 53%

		(Average percentile=50%)	Major Field Test results indicate a wide distribution of scores. (See charts below—under “Student Learning”)	Major Field Test results indicate a wide distribution of scores. (See charts below—under “Student Learning”)
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Summary of decisions, recommendations, and/or improvements concerning the future of the program

Decisions and recommendations should include budgets, additions of new courses or concentrations, discontinuation or suspension of the program, etc.

Program Revisions, Modifications and Related Issues During the Review Period

Budget

To the best of my (HRS) understanding, the faculty within the Department of Psychology lack comprehensive access to the program's budgetary information. Previous endeavors to secure funding have been channeled through various mechanisms, including program reviews and the "Budget Request" section of the learning outcomes template in Nuventive Improve. These applications have encompassed a variety of needs, ranging from the solicitation of an additional faculty position to external program assessments, as advised by the Higher Learning Commission. Additionally, requisitions for a specialized computer lab for psychology, educational resources (e.g., laboratory equipment, software, video subscriptions), and financial support for online data collection in student research have been submitted.

Despite these efforts and the incorporation of supplemental course fees, the existing funding structure has proven insufficient in addressing these recommendations comprehensively.

Program Changes and Revisions During the Review Period

In the academic year 2019-2020, Dr. Olson-Pupek developed a new program structure for the Psychology major. This revised program necessitated the introduction of several new courses, such as PSYC 199, PSYC 399, PSYC 305, PSYC 306, and PSYC 494. The program was subjected to a rigorous review process and received approval from both the psychology faculty and the School of Kinesiology/Behavioral Sciences. Additionally, these courses secured endorsement from the LSSU Curriculum Committee. Further details regarding this approval are elucidated below.

During the 2020-2021 academic year, the newly devised program was implemented. It should be noted that there were existing students—specifically juniors and seniors—who continued to follow the previous curriculum, which had been in place when they initially enrolled in the university. All incoming first-year students, along with transfer students and sophomores, transitioned to the new curriculum. Significant modifications were made to the laboratory components of several courses, including PSYC 311, 457, and 459. For example, Dr. Olson-Pupek established an animal research laboratory. The experience gained in this laboratory became an integral component of the newly revised PSYC 311 Learning and Motivation course. Further information concerning these updates is provided under the section titled "Program Resources."

In the 2021-2022 academic year, a course focusing on Applied Behavioral Analysis was introduced. This development emerged in response to the growth of this specialized field and its increasing relevance for employability among psychology bachelor's degree recipients. Additionally, the laboratory component was introduced for PSYC 457 Cognition by Dr. Olson-Pupek, which included physiological experiments with the BIOPAC units and participating in classic cognitive psychology experiments using CogLab.

For the 2022-2023 academic year, Dr. Searight was on sabbatical and Dr. Hu's contract was not renewed. Consequently, the bulk of advising responsibilities and a considerable amount of additional teaching duties were assumed by Dr. Olson-Pupek.

As of Fall 2023, Professor Stephanie Spray was hired as a full-time, tenure-track faculty member in the department.

Rationale or Justification for Decisions Made for the Future of the Program

In the Fall semester of 2020, a newly designed curricular structure was implemented for the psychology program. Led by Dr. Olson-Pupek, the revision process spanned over a year and aimed to achieve multiple objectives:

1. **Credit Load Management:** The first goal was to maintain the credit requirements for the psychology major at a manageable level for students.
2. **Student Engagement:** The second objective focused on engaging students in their first year of entering the university, helping them identify more closely with the psychology major.
3. **Research Opportunities:** The third aim provided an option for students to undertake a year-long quantitative research project to enhance their academic experience.
4. **Career-Oriented Track:** The fourth objective sought to offer a specialized track for students who do not immediately intend to attend graduate school but are interested in finding employment in fields related to psychology.
5. **Alignment with APA Guidelines:** The fifth goal was to ensure that the program met the guidelines for undergraduate education set forth by the American Psychological Association (American Psychological Association, 2023).
6. **Incorporation of Laboratory Components:** In line with contemporary best practices in undergraduate psychology education, the final objective included the addition of laboratory experiences to relevant courses.
7. **Psychology Practicum Experiences:** Offer students opportunities to extend their knowledge of psychology to real-world applied and research settings.

This comprehensive revision was designed to ensure the psychology program meets recommended educational standards within the field while recognizing the different educational-vocational pathways of our students.

Recommendations

1. **External Review:** Consistent with best practices and the recommendations of the Higher Learning Commission, it is advised that the Psychology program undergo an external review by experts in the field of undergraduate psychology education. Such services are available through Division 2 of the American Psychological Association, which focuses on the teaching of psychology.

2. **Faculty Expansion:** To further develop the program and introduce new courses and concentrations, the addition of at least one more faculty member would be essential.
3. **Advising as a Credit-Bearing Activity:** Given that a significant number of our graduates proceed to graduate school, academic advising becomes particularly critical. Faculty members commonly write a minimum of 30 letters of recommendation annually. Therefore, it is recommended that the Faculty Association, in conjunction with the administration, explore the possibility of making advising a credit-bearing activity.
4. **Development of Additional Laboratory Space and Technology:** As indicated above, the psychology program has implemented a laboratory component for several of its upper-level courses. In keeping with the growing emphasis on Psychology as a STEM discipline, the introductory psychology course would benefit from a laboratory component (Hill, 2015). See discussion of laboratory science recommendations below.

This set of recommendations aims to strengthen the Psychology program's academic quality and structural integrity, ensuring it meets both current demands and future opportunities for growth.

Long-range future goals or plans for the program

It would be advantageous for the psychology program to formulate a 5-year strategic plan, analogous to the overarching plan established by the university. However, for the past decade, the primary focus has been on maintaining the current program, a task that necessitates the full utilization of both full-time and adjunct faculty resources.

Potential avenues for expansion include the development of specialized concentrations in neuroscience and/or forensic psychology. Additionally, there is preliminary exploration underway regarding the introduction of a certification program or minor in Applied Behavioral Analysis.

The primary author of this report (HRS) expresses a strong reluctance to embark on these ambitious projects unless adequate resources are secured to accomplish these objectives. Therefore, it is imperative to evaluate the availability of both financial and human resources before considering any programmatic expansions.

Quality, Resources, and Support for the program

The strengths of the Psychology Program encompass a rigorous, science-based education, augmented by opportunities for students to conduct research. This research may either be collaborative efforts with faculty or supervised, student-led projects. A distinctive advantage of our program lies in the individualized attention and support we offer to our majors, with particular emphasis on academic advising.

The resources and program support outlined previously also contribute to the robustness of the program. A significant development has been the establishment of a small animal laboratory in Crawford Hall. Over the past three+ years, this facility has been an integral part of the Psychology Program. The laboratory enables students to undertake projects focused on the fundamental principles of learning, using live animal subjects. Moreover, the revised curriculum has incorporated laboratory components in several courses, specifically PSYC 457 Cognition, 311 Learning and Motivation, and 459 Behavioral Neuroscience.

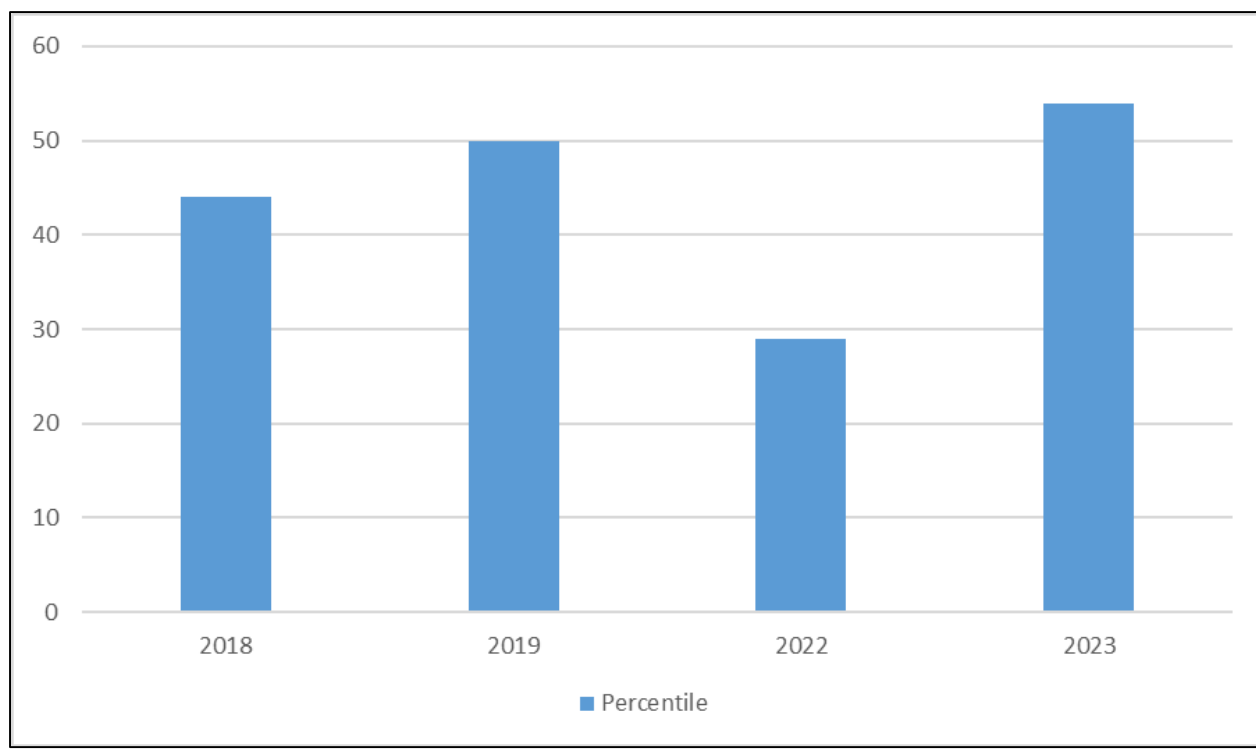
Concerns related to resources have been addressed in the sections detailing Future Planning and Program

Recommendations.

Student Learning:

The data from the Major Field Test in Psychology are presented below.

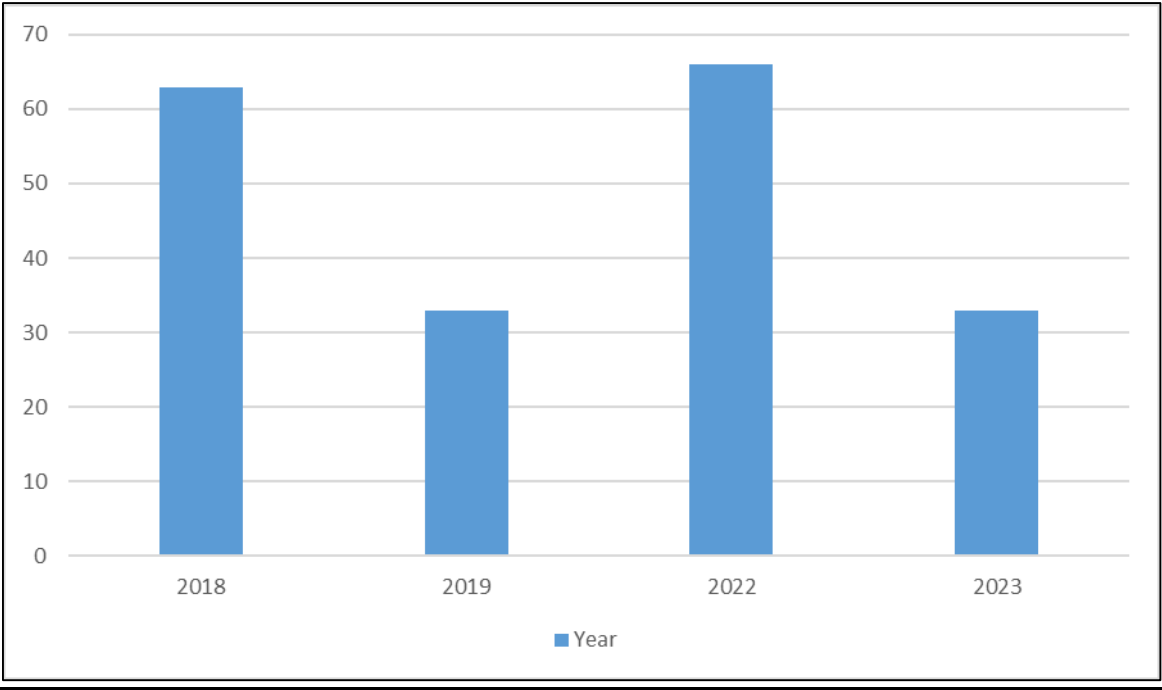
Summary of Mean Major Field Test Total Percentile Scores Across Years
(Not administered in 2020 and 2021)



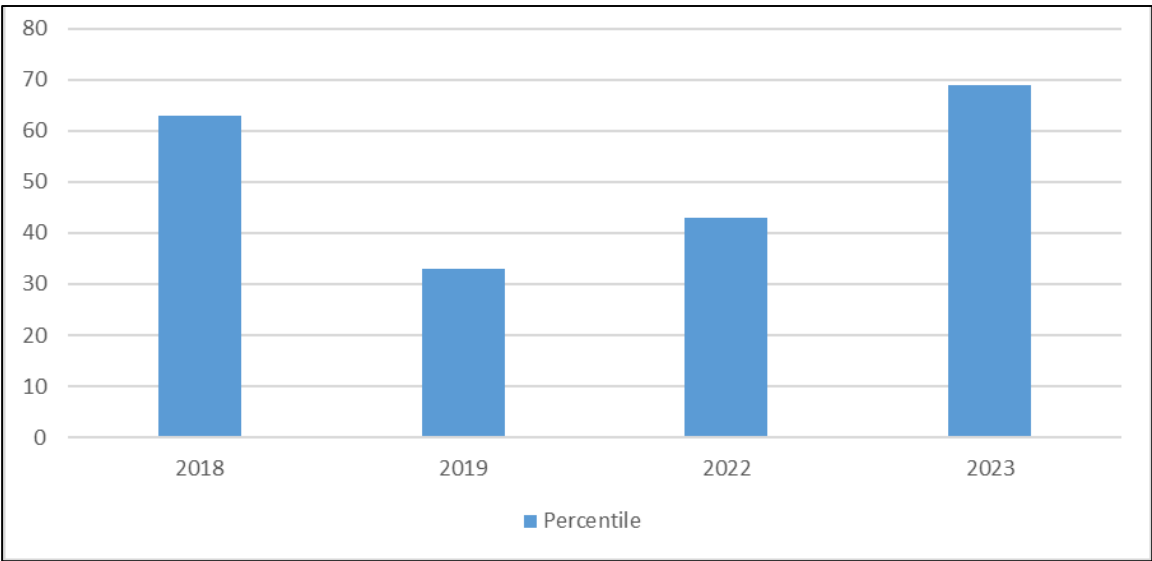
Note: The “dip” in scores for 2022 is not readily explainable. Possibilities include a small sample.

Summary of Mean Subtest Scores in Percentile Across Years:

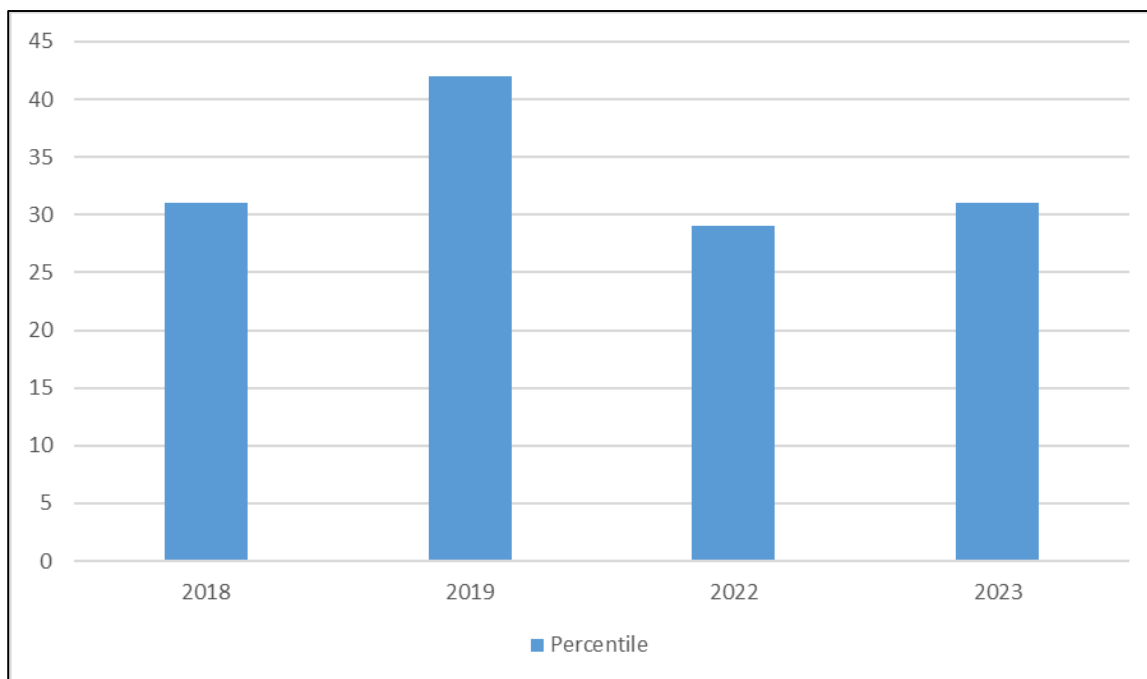
Learning, Memory, Cognition



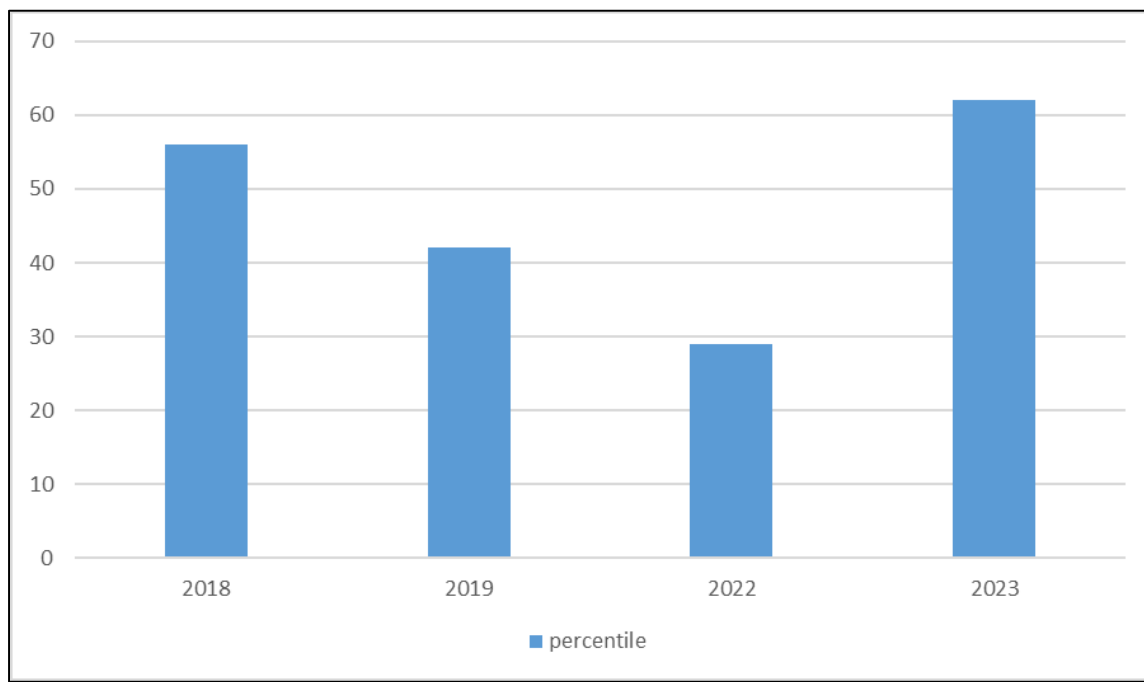
Sensation, Perception, Neuroscience



Clinical/Abnormal Psychology



Developmental-Social Psychology



The variability in the range of students' scores on the MFT (typically from below the 5th percentile to the 90th percentile) is a concern. The Program requires a minimum of a "C" grade in all required Psychology courses. In addition, the senior research sequence and the capstone paper (PSYC 490) for the General

Psychology concentration also requires a “C” average grade for students to register. It has been noted in research that high school quality has strong, long-range predictive value for college academic performance (Banai & Perin, 2016). This issue poses a genuine dilemma. LSSU is generally seen as an open access institution. The pattern of 40% or more of incoming students requiring developmental education (particularly in mathematics) is noted along with the emphasis on student retention. Other than having more demanding admission requirements for the University, an expansion of the programs for incoming “at risk” students may be beneficial, along with additional financial aid which would reduce the employment burden on our students.

Graduate Success

Due to the lack of a centralized database on LSSU graduates, the achievements of our Psychology graduates are likely underrepresented. Alumni from our program are currently providing clinical services at various institutions, including Great Lakes Recovery (Substance Abuse Treatment), Hiawatha Behavioral Health, Sault Tribe Health Center, Bay Mills Health Center, Diane Peppler Center (Domestic Violence), and Michigan's Child Protective Services Division. Several of our graduates have pursued a Master of Social Work (MSW) degree or Education Specialist degree in School Psychology following their undergraduate education at LSSU, while others have secured employment in mental health and human services based solely on their Bachelor's degree from our program. Additionally, a number of graduates have specialized in Applied Behavioral Analysis, offering clinical services to adults and children with developmental disabilities and autism spectrum disorder.

Concerning the 30-50% of psychology graduates who do not immediately enroll in graduate programs, it is estimated that at least 90% secure employment in mental health or human services. Although tracking such outcomes presents difficulties, it is not uncommon for recent Bachelor's degree recipients to gain experience in the field for two to three years prior to pursuing further academic qualifications. For example, a 2020 graduate of our psychology program recently spent three years working as a case manager in a mental health agency before being applying to, and being accepted into, Grand Valley University's Master of Social Work Program

Academic Programming and Rigor

Under the leadership of Dr. Olson-Pupek, significant modifications to the program structure have enhanced the educational experience by engaging students early in their academic journey within the discipline. The novel strategy of having upper-level students serve as mentors for their less advanced peers has proven to be advantageous.

The faculty in the Psychology Department concur with the Higher Learning Commission that the objective of a program review should be to formulate mutually agreed-upon action plans for the continued advancement of the academic program. The Higher Learning Commission also recommends an external program review, a suggestion that would likely be constructive in this context.

Concerning curricular enhancements, the addition of laboratory components to upper-level courses has been a noteworthy development. There is, however, a growing consensus within the discipline advocating for a laboratory component in introductory psychology courses. Such an addition would align these courses with introductory offerings in other sciences, such as biology and chemistry. A few years ago, a decision was made to reduce the number of credit hours for the introductory psychology course from 4 to 3. This change was swiftly implemented, but it subsequently raised questions regarding the sufficiency of coverage in terms of both breadth and depth within the reduced-credit format. There is ongoing debate as to whether this modification serves the educational best interests of the students. Again, as noted above, the view of Psychology as a STEM discipline would argue for a laboratory experience for the introductory survey

course.

Faculty Qualifications, Staffing, and Effectiveness of Instruction

The full-time faculty in the Psychology Department are highly qualified and experienced. Two out of the three psychology faculty members have been recognized as LSSU Distinguished Teachers—the highest honor awarded by the University. Professor Spray holds the requisite terminal degree in her specialty, which is School Psychology.

As of the most recent tally, at least 40 current or former undergraduate students have served as co-authors on journal articles or chapters in edited volumes. Dr. Olson-Pupek has pioneered an innovative mentoring model in which more advanced students serve as mentors to their less advanced counterparts. This approach was presented at a national conference on psychology education, with four students as co-authors. Owing to her extensive background in neuroscience, Dr. Olson-Pupek has also mentored multiple biology majors.

Given the current faculty size and their range of responsibilities, formulating a strategic plan for the introduction of new concentrations or courses within the Psychology Department has posed challenges. Dr. Searight, collaborating with other faculty in the School of Kinesiology and Behavioral Sciences, has developed a minor in Public Health and is responsible for teaching the introductory survey course (HLTH 150).

In 2019, the Honors Program instituted a new 4-course General Education Program, which incorporated Psychology 107 (Positive Psychology) into its curriculum.

Assessment Practices:

Dr. Olson-Pupek has been particularly attentive to the American Psychological Association's evolving standards for undergraduate psychology majors. The current psychology faculty demonstrate conscientiousness in documenting course and program learning outcomes within the Nuventive Improve system. It is noteworthy that Professor Spray, who was most recently hired, consistently entered these data during her tenure as both an adjunct and part-time faculty member. Her professional background in School Psychology further enhances her expertise in advanced assessment techniques.

The faculty in the Psychology Department have also developed alternative approaches to assessment that offer valuable insights into students' subjective experiences with their coursework. For instance, Dr. Olson-Pupek routinely requires her junior seminar students to maintain a journal recording their responses to the class. Additionally, she has introduced an assessment activity wherein students evaluate the extent to which they believe they have achieved the course outcomes. Prof. Spray is also utilizing journaling with the freshman seminar students (PSYC 199).

With the recent availability of funding, Dr. Searight has been able to reinstitute a formative course assessment model conducted by a student instructor. This approach has been disseminated at regional, national, and international conferences. A recent chapter in an edited volume (Searight et al., 2023) focused on the value of student journals in assessing the impact of the Positive Psychology course (PSYC 107).

Resources / Facilities

Since the previous 5-year review, Dr. Olson-Pupek has successfully established and maintained an animal laboratory in Crawford Hall. This addition has enriched the quality of laboratory experiences in courses such as PSYC 311 (Learning and Motivation). Furthermore, Dr. Olson-Pupek has collaborated with the

Kinesiology Department to utilize BIOPAC technology in the Behavioral Neuroscience course (Psych 459) and Cognition (PSYC 457).

The availability of a high-quality device for creating research posters through the Center for Engaged Teaching and Learning has also proven advantageous. Although there is a cost associated with poster production, the availability of standard-sized scientific posters is both more economical and efficient than our previous practice of outsourcing the printing to a private company.

To further advance the department, it would be beneficial for the University to establish additional psychology laboratory spaces equipped with multiple computer terminals and the necessary amenities for human subjects' research.

References

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- Olson-Pupek, K. et al. (2023). Peer-Mentorship for Undergraduate Research in Psychology: Development of a Pilot Program. Paper presented at the National Institute for the Teaching of psychology.
- Searight, H. R. et al. (2023). The Impact of a Positive Psychology Course on Students' Lives: Results from a Collaborative Assessment. In *Phenomenological Studies in Education* (pp. 207-228). IGI Global.

5-Year Academic Program Review 2023

Due to the Dean's Office by October 27, 2023

This reporting form was introduced in FY2020; numerical data prior to FY2020 may be excluded.

SOCIAL SCIENCE

Submitted by: *James J. Schaefer*

Date: *10/24/2023* _____

School: *Kinesiology and Behavioral Sciences*

Academic Program(s): *Social Science*

Annual Program Data Reporting

The following table summarizes data from the Annual Update Reports conducted for this program:

	2019-2020	2020-2021	2021-2022	2022-2023
Enrollments	Freshmen: <i>Fall 0</i> Sophomores: <i>Fall 0</i> Juniors: <i>Fall 0</i> Seniors: <i>Fall 1</i>	Freshmen: <i>Fall 0</i> Sophomores: <i>Fall 6</i> Juniors: <i>Fall 6</i> Seniors: <i>Fall 3</i>	Freshmen: <i>Fall 1</i> Sophomores: <i>Fall 6</i> Juniors: <i>Fall 4</i> Seniors: <i>Fall 7</i>	Freshmen: <i>Fall 1</i> Sophomores: <i>Fall 4</i> Juniors: <i>Fall 4</i> Seniors: <i>Fall 8</i>
Retention as of fall 2023	Fr to So: <i>0 Retained</i> So to Jun: <i>0 Retained</i> Jun to Sen: <i>0 Retained</i>	Fr to So: <i>0 Retained</i> So to Jun: <i>6 Retained</i> Jun to Sen: <i>6 Retained</i>	Fr to So: <i>3 Retained</i> So to Jun: <i>5 Retained</i> Jun to Sen: <i>1 Retained</i>	Fr to So: <i>1 Retained</i> So to Jun: <i>2 Retained</i> Jun to Sen: <i>4 Retained</i>
Degrees Conferred	1 degrees conferred	2 degrees conferred	4 degrees conferred	

Graduate Placement Data:

Unknown.

High Impact Practices:

Capstone research project, HIST497. Writing intensive in 300/400 level courses.

Summary of Annual Assessment Updates

The following table summarizes assessment data from the Annual Update Reports conducted for this

program:

	2019-2020	2020-2021	2021-2022
Program Learning Outcome Findings	Date was unclear	Date was unclear	Date was unclear

Summary of decisions, recommendations, and/or improvements concerning the future of the program

Decisions and recommendations should include budgets, additions of new courses or concentrations, discontinuation or suspension of the program, etc.

2019-2020

This was the last school year in which there was a History program. The program was deleted in favor of a Social Science program.

2020-2021

The student numbers indicate History majors from previous terms.

2021-2022

The student numbers indicate the remaining History majors from previous terms matriculating, while showing low Social Science growth.

2022-2023

Consistent numbers, though low, show that the program could possibly grow with University support and promotion.

Rationale or justification for decisions made for the future of the program

Decisions made for the program were made without current faculty input.

Long-range future goals or plans for the program

There are no long-term future plans from the University that I am aware of to increase the enrollment of this program.

Quality, Resources, and Support for the program

There is no support from neither the Provost office nor from Admissions for the program. It is interesting to note, however, that the program numbers have remained constant and show that an increase from one year to another is a strong possibility.

Student Learning:

Data incomplete.

Graduate Success:

Data incomplete.

Academic Programming and Rigor:

Data incomplete.

Faculty Qualifications, Staffing, and Effectiveness of Instruction:

There are two main faculty who teach Social Science classes, but there are no professors designated for Social Science.

Assessment Practices:

Data incomplete.

Resources / Facilities:

N/A

Five-Year Academic Program Review, 2023

This reporting form was introduced in FY2020; numerical data prior to FY2020 may be excluded.

SOCIAL WORK / SUBSTANCE ABUSE

Submitted by: *R. Kirk Mauldin*

Date: *10/9/2023*

College: *Health and Behavioral Science*

Annual Program Data

The following table summarizes data from the Annual Assessment Update Reports of individual programs within the College:

	2019-2020	2020-2021	2021-2022	2022-2023
Enrollments	Freshmen: <i>0</i> Sophomores: <i>1</i> Juniors: <i>0</i> Seniors: <i>0</i>	Freshmen: <i>1</i> Sophomores: <i>3</i> Juniors: <i>0</i> Seniors: <i>2</i>	Freshmen: <i>5</i> Sophomores: <i>1</i> Juniors: <i>2</i> Seniors: <i>0</i>	Freshmen: <i>2</i> Sophomores: <i>2</i> Juniors: <i>4</i> Seniors: <i>0</i>
Retention as of fall 2023	Fr to So: <i>1/1 (100%)</i> So to Jun: <i>0/0</i> Jun to Sen: <i>0/0</i>	Fr to So: <i>0/0</i> So to Jun: <i>0/0</i> Jun to Sen: <i>0/0</i>	Fr to So: <i>0/0</i> So to Jun: <i>1/3 (33%)</i> Jun to Sen: <i>0/0</i>	Fr to So: <i>2/5 (40%)</i> So to Jun: <i>1/1 (100%)</i> Jun to Sen: <i>1/2 (50%)</i>
Degrees Conferred	5	6	3	8

Analysis:

Associates degree programs do not lend themselves to the above analysis as they are often value-added programs taken in conjunction with other 4-year programs which require a minor or associate degree. Thus, the programs are often listed as secondary or are added after the first or second year. **The total number of people in the social work and substance abuse associate degree programs was as follows in the fall semester: 2019-2020 (8), 2020-2021 (15), 2021-2022 (21), 2022-2023 (19).**

List of Academic Programs Reviewed

Social Work, A.A.

Substance Abuse Prevention/Treatment, A.A.

Attach Individual or Grouped Program Reviews, in the order listed above.

Academic Program Review 2023

Submitted by: *R. Kirk Mauldin*

Date: *10/9/2023*

School: *Kinesiology and Behavioral Science*

Academic Program(s): *Social Work and Substance Abuse Prevention/Treatment*

Annual Program Data Reporting

The following table summarizes data from the Annual Update Reports conducted for this program:

	2019-2020	2020-2021	2021-2022	2022-2023
Enrollments	Freshmen: <i>0</i> Sophomores: <i>1</i> Juniors: <i>0</i> Seniors: <i>0</i>	Freshmen: <i>1</i> Sophomores: <i>3</i> Juniors: <i>0</i> Seniors: <i>2</i>	Freshmen: <i>5</i> Sophomores: <i>1</i> Juniors: <i>2</i> Seniors: <i>0</i>	Freshmen: <i>2</i> Sophomores: <i>2</i> Juniors: <i>4</i> Seniors: <i>0</i>
Retention as of fall 2023	Fr to So: <i>1/1 (100%)</i> So to Jun: <i>0/0</i> Jun to Sen: <i>0/0</i>	Fr to So: <i>0/0</i> So to Jun: <i>0/0</i> Jun to Sen: <i>0/0</i>	Fr to So: <i>0/0</i> So to Jun: <i>1/3 (33%)</i> Jun to Sen: <i>0/0</i>	Fr to So: <i>2/5 (40%)</i> So to Jun: <i>1/1 (100%)</i> Jun to Sen: <i>1/2 (50%)</i>
Degrees Conferred	5	6	3	8

Graduate Placement Data: N/A

High Impact Practices: Community-based learning/Internship

Students gain work skills and practical experience through placement in a community agency related to their field of study.

Summary of Annual Assessment Updates

The following table summarizes assessment data from the Annual Update Reports conducted for this program:

	2019-2020	2020-2021	2021-2022
Program Learning Outcome Findings	100% of students were able to successfully complete their capstone fieldwork experience, gaining work skills and practical experience in counseling and evaluative services.	100% of students were able to successfully complete their capstone fieldwork experience, gaining work skills and practical experience in counseling and evaluative services.	100% of students were able to successfully complete their capstone fieldwork experience, gaining work skills and practical experience in counseling and evaluative services.

Summary of decisions, recommendations, and/or improvements concerning the future of the programs

No changes have been made to the budget or course offerings in either substance abuse counseling or social work have occurred in the last five years.

Rationale or justification for decisions made for the future of the programs

No decisions have been made concerning the future of either the substance abuse counseling or social work programs.

Long-range future goals or plans for the programs

- 1) Follow-up with student graduates for three who continue on to complete a 4-year degree.
- 2) Extend professional development opportunities to adjuncts.
- 3) Invite site-supervisors to the LSSU campus to tour instructional facilities on an annual basis.
- 4) Expand instructor publicity of the available instructional support services in the Learning Center.
- 5) Make instructors aware of student concerns of material costs and encourage e-texts or reserve material.
- 6) Expand recruiting efforts by visiting vocational or charter schools associated with LSSU.

Quality, Resources, and Support for the programs

Student Learning:

Student learning is evaluated both within individual courses, through general education and institutional goals and outcomes, and through hundreds of hours of supervised fieldwork placement. Student reflection on learning, collected after every internship placement, consistently reveals the value of the program and the experiential learning placement.

Graduate Success:

The majority of internship placements (over 80%) are offered employment with the fieldwork agencies before they finish their degrees due to a critical shortage of social service workers in our area.

Academic Programming and Rigor:

To help students meet the standards of these programs, they are provided with conceptual understanding in courses such as Fundamentals of Drug Abuse, procedural skills in courses such as Substance Abuse Prevention and Treatment, and the application of those skills in various internship settings such as Michigan Health, the Department of Health and Human Services, and Great Lakes Recovery Centers. Overwhelmingly, reviews of our students by site supervisors show our interns to score at least 4 on a 5-point scale on skills such as communication, teamwork, client assessment and intervention skills (90%).

Faculty Qualifications, Staffing, and Effectiveness of Instruction:

Faculty teaching social work and substance abuse courses all have MSW degrees with limited or full

licensure. Depending on the course, adjuncts also have Michigan state licensure in substance abuse counseling.

Assessment Practices:

Diagnostic and summative assessments occur at the course-level through, quizzes, discussions, student interviews with formative assessment occurring in practice counseling sessions and group projects. Finally, criterion-level assessment takes place during internships through task evaluation by site supervisors with students reflecting on their performance and learning in a final reflection paper.

Resources / Facilities:

As the program does not need specialized equipment and all of the classrooms at LSSU are enhanced with computers, sound systems, document cameras and projectors, internet connectivity, etc., no additional resources or facilities are needed. State Perkins Grants have provided additional funding to build library and department resources of books, instructional videos and computer tablets to further facilitate instruction and student learning.

NURSING

Lake Superior State University School of Nursing**Five-Year Academic Program Review, 2023**

Due to the Provost's Office by October 27, 2023

Submitted by: *Charlotte Kostelyk and Nursing Faculty*

Date: *11/28/2023*

College: College of Health and Behavior - School of Nursing

Annual Program Data

The following table summarizes data from the Annual Assessment Update Reports of individual programs within the School of Nursing:

	2019-2020	2020-2021	2021-2022	2022-2023
Enrollments	Freshmen: 45 Sophomores: 41 Juniors: 40 Seniors: 85	Freshmen: 40 Sophomores: 30 Juniors: 45 Seniors: 82	Freshmen: 40 Sophomores: 32 Juniors: 40 Seniors: 81	Freshmen: 32 Sophomores: 27 Juniors: 41 Seniors: 75
Retention as of fall 2023	Fr to So: 30 So to Jun: 35 Jun to Sen: 33	Fr to So: 37 So to Jun: 28 Jun to Sen: 45	Fr to So: 25 So to Jun: 40 Jun to Sen: 75	Fr to So: 22 So to Jun: 24 Jun to Sen: 37
Degrees Conferred	45 Pre-licensure BSN	34 Pre-licensure BSN	38 Pre-licensure BSN + 2 RN BSN Completion=40	

Analysis of Enrollment:

Enrollment and Retention Data is from the Argos database for each annual program report. The data in this grid provides leveling from Freshman, Sophomore, Junior, and Senior status. Although the reports are consistent, the data could be more helpful. The School of Nursing instead tracks student enrollment and retention annually within cohorts. Suppose a student needs to sign up for classes. The process begins with the Student Affairs and Laker Success Departments. The Chairs of the schools monitor student enrollment and reasons for not returning by reaching out to advisors in their respective colleges.

Fall cohorts typically have more cohort numbers than spring cohorts. Enrollment strategies in recent years include the creation of pathways for Bay Mills Community College (BMCC) students to quickly transfer prerequisite courses to begin in the LSSU BSN program. Early College programs worked with the School of Nursing to develop a smooth curriculum pathway that accomplishes obtaining prerequisites and achievement of an associate's degree.

A recent withdrawal survey published by the University reports that some of the top reasons for students withdrawing from LSSU include academic issues, cost or a lack of financial aid, family and personal issues, and health as the top reasons for withdrawing from the university. Trends within the school of Nursing reflect similar issues.

Nationwide, there has been a decrease in the number of students enrolling in nursing programs indicating the enrollment issue is systemic. Locally, students report they have difficulty finding employment that is compatible with school and that it is expensive to live in the local community.

<https://www.aacnnursing.org/news-data/all-news/article/new-data-show-enrollment-declines-in-schools-of-nursing-raising-concerns-about-the-nations-nursing-workforce>

List of Academic Programs Reviewed

The program reviewed is the BSN Nursing Program in the College of Health and Behavioral Sciences (COHB). The Center on Collegiate Nursing Education (CCNE), the school of nursing accrediting body report for the last program accreditation review in 2020 is included in this report. It includes the review of the BSN completion program, which is a component of the BSN program.

Graduate Placement Data:

According to annual graduate surveys conducted by the COHB, the nursing program has a 100% job placement rate. Graduate employment data is reviewed annually and guides program improvement. Specifically, the nursing program job placement is listed below.

2019-2020: COHB graduate survey response rate of 46 percent. Employment locations were identified at Anne Arundel Medical Center in Annapolis MD, Munson Medical Center, McLaren Northern Michigan Hospital, McLaren Bay Region, Hurley Medical Center, University Health. Two respondents continued Graduate work at Bowling Green University and the University of Wisconsin Milwaukee.

Spring 2022: Graduate Survey response rate of 84 percent. Employers: Ascension Genesys, Corewell Health, Covenant Healthcare, Howard Young Medical Center, Hurley Medical Center, McLaren Northern Michigan, Michigan Department of Corrections, Michigan Medicine, Munson Healthcare, Munson Medical Center, MyMichigan Medical Center Alpena, MyMichigan Sault Ste. Marie, Spectrum Health Butterworth Hospital, State of Michigan, Trinity Health, Trinity Health Grand Haven, Trinity Health Grand Rapids, Vista Spring. From this survey 100% of respondents had employment and positions in their field including: Emergency Department Registered Nurse, Critical Care Registered Nurse, Intensive Care Registered Nurse, Medical Surgical Registered Nurse, Medication and Treatment Specialist, Registered Nurse, Registered Nurse PN11, Registered Nurse Resident, Rehabilitation Registered Nurse. One respondent was enrolled in graduate work with the University of Phoenix.

High Impact Practices:

Lake Superior State University Nursing students' success goes above and beyond academics. Students have been active in projects impacting our local community. Nursing students participate in change projects where students, in a team based learning environment, manage

themselves to design a health care nursing improvement plan based on evidence-based practices within our local hospital, MyMichigan Sault. Additionally, the nursing students conduct their own research projects that correlate with healthcare. The research projects are then presented to the community. Students are also engaged in a community based windshield survey.

Lake Superior State University has a student nurses association called LSSNA. LSSNA is a nationally organized group of nursing students by the National Student Nurses Association (NSNA). LSSNA does fundraisers for the community and other funds by bake sales, bottle and can drives and holiday parties. LSSNA group hosts blood drives twice a year with student assistance. The blood drives are open to the community and are one of the most impactful blood drives in the Upper Peninsula.

The School of Nursing has signed an articulation agreement with Bay Mills Community College for students in their Health Science Associate degree program to transition to LSSU's Bachelor of Science in Nursing program. This agreement is the beginning of building a partnership between the two programs to remove barriers for Native American students to become part of the nursing profession, aligning with LSSU's Strategic Plan.

In 2023, School of Nursing Professor Andrea Donmyer was appointed to the OBI (Obstetrics Initiative) Committee on Data, Publications and Measures. The Obstetrics Initiative (OBI) is a data-driven quality improvement project working to support vaginal delivery and safely reduce the use of cesarean delivery among low risk births, with improved or stable rates of maternal and neonatal morbidity. She is the only Upper Peninsula representative.

In 2023, nursing students presented posters at the EUP AWHONN (Association of Womens' Health and Neonatal Nurses) Chapter Nurses Night Out. The students presented evidence- based posters on topics ranging from implicit bias in the maternal health care setting, maternal morbidity and mortality in the Upper Peninsula and maternity care deserts in Michigan. Students presented to registered nurses, nurse leaders, nurse practitioners and pharmacists.

In October of 2022, nursing students co-hosted the Annual Community Baby Shower. In these events, nursing students present community education on topics like car seat safety to pre-eclampsia to gestational diabetes.

Professor Jaimee Gerrie has been appointed to the American Nurses Association - Michigan Nursing Practice Committee. One of the primary charges of this committee is to research and publish on nurse practice issues and topics.

The LSSU nursing program is accredited by the CCNE. During the last accreditation program review in 2020, the program was granted a 10 year approval. The Nursing program is attaching its CCNE program review report to fulfill the LSSU requirement for the HLC 5-year program review. From this point forward in this document, we will provide updates to our assessments following the CCNE format.

Appendix A: School of Nursing: Bachelor of Nursing Program Self-Study for CCNE – March 9-11, 2020

2020-2023 Program Review in alignment with the CCNE Accreditation Requirements

STANDARD I - Program Quality: Mission and Governance

Key Element 1-A: The mission, goals, and expected program outcomes are congruent with those of the parent institution; and reviewed periodically and revised as appropriate

The mission of the University and School of Nursing remains unchanged from the 2020 CCNE report. The LSSU SON continues to “graduate competent students who are prepared to safely provide compassionate health care utilizing theory and evidence-based practice.”

Lake Superior State University continues to “equip our graduates with the knowledge, practical skills, and inner strength to craft a life of meaningful employment, personal fulfillment, and generosity of self within an inclusive atmosphere, all while enhancing the quality of life of the Great Lakes region and the world.”

The LSSU vision statement has changed since 2020.

“We believe in an innovation-driven, transformative education for all. We identify potential, enable success, drive social mobility, and develop students into professionally prepared graduates who excel locally, nationally and globally.”

The SON continues to support the vision of the University as we educate future nurses to become excellent clinicians and leaders in the field. This can be seen in the SON pre-licensure BSN program outcomes which remain accessible to all constituents through the [LSSU catalog](#) and the [SON resources information page](#).

The SON continues to refine and improve on processes for periodic review of mission, goals, and program outcomes. This process includes an annual assessment process defined by the University of Student Enrollment, review of benchmarked student learning outcomes, benchmarked program learning outcomes, graduate employment rates and other measurements.

The SON also conducts annual assessments of benchmarked criteria including program effectiveness through NCLEX first-attempt pass rates, appropriateness of facilities for learning, graduate employment rates, graduate satisfaction, stakeholder feedback and other measurements. These processes are clearly defined in a systematic evaluation plan that identifies assessment metrics, roles responsible for conducting assessment and disseminating information, benchmarks, and use of assessment data.

Key Element-B: The mission, goals, and expected program outcomes are consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.

The program response to this standard is unchanged from the 2020 report. The mission, goals, and expected outcomes of the BSN pre-licensure program remains consistent with relevant professional nursing standards, specifically the AACN Baccalaureate Program Standards, 2008.

Key Element I-C: The mission, goals, and expected program outcomes reflect the needs and expectations of the community of interest.

The program response to this standard is unchanged from the 2020 report. The School of Nursing defines communities of Interest as prospective and current students, clinical agencies, employers are graduates, the university, the community and the Upper Peninsula region. This is not an inclusive list, but represents our partnerships to support student learning.

The School of Nursing periodically receives feedback on the mission, goals and outcomes of the BSN program from these communities of interest. There is ongoing review of the best way to receive stakeholder feedback, including considering the design of our advisory council, and other plans to improve stakeholder outreach.

Key Element I-D: The nursing unit's expectations for faculty are written and communicated to the faculty and are congruent with institutional expectations.

The program response to this standard is updated to reflect a new Faculty Association contract. Expected faculty outcomes in the school of nursing are defined by the agreement between LSSU and the LSSU Faculty Association MEA-NEA. This agreement was updated to a new contract in effect from 2022 to 2027. This new contract redefines evaluation categories for faculty as: teaching, professional development / scholarly activities, service activities, and supplemental assignments. Faculty roles and responsibilities are further defined by School of Nursing bylaws and the LSSU faculty handbook.

The current Faculty Association Agreement, and faculty handbook are available on the [LSSU human resources website](#). Expectations are clearly communicated to faculty on a regular basis as part of the annual evaluation process which is defined by the Faculty Association Agreement.

Key Element I-E: Faculty and students participate in program governance.

Faculty and students participate in program governance. The structure and practice of faculty and student governance has not changed since the 2020 CCNE report. Students remain active, serving on all SON program committees.

The 2020 CCNE report describes student governance outreach and approaches for the BSN completion students through a cooperative program with Bay College in Escanaba, Michigan. The program response to this standard is updated to reflect the change of the LSSU RN to BSN hybrid program to a fully online RN to BSN program. The process of outreach and governance is inclusive of all students who enter into the online program

Key Element I-F: Academic policies of the parent institution and the nursing program are congruent and support achievement of the mission, goals, and expected program outcomes. These policies are fair and equitable; published and accessible; and reviewed and revised as necessary to foster program improvement.

The program response to this standard is unchanged from the 2020 report.

Academic policies of LSSU and the nursing program are congruent, and support program outcomes and learning outcomes. Academic policies are applied equitably inconsistently to all students. Academic policies including grade scale, academic performance requirements, admission policies, retention and progression are applied consistently.

The School of Nursing has several specific and unique admission retention and progression policies that are designed to support and reinforce the mission of the school of nursing. These include dress codes for clinical experiences, drug, alcohol and tobacco use, code of conduct, attendance, and grievance procedures.

These policies are communicated to relevant constituencies through the LSSU BSN student handbook. University policies are communicated to students through University student handbook, the University catalog, and other typical avenues.

The BSN handbook, including academic policies, are reviewed annually by a standing SON Student Affairs Committee in the school of nursing. Any changes to SON academic policies are then vetted through the SON faculty for approval and then communicated to students.

Key Element I-G: The program defines and reviews formal complaints according to established policies.

The program response to this standard is unchanged from the 2020 report.

The LSSU SON has an established process for collecting, reviewing, and addressing formal complaints. This process is [detailed on the SON](#) website and is in line with the university grievance process. Nursing students are encouraged to follow the SON complaint process, and if the student is not satisfied after completion of this process, they are directed to follow the [University process](#). Ongoing tracking of student and program complaints is the responsibility of the Chief Nursing Administrator.

Key Element I-H: Documents and publications are accurate. A process is used to notify constituents about changes in documents and publications.

The program response to this standard has been updated to correct deficiencies originally identified by CCNE. These deficiencies included calculation and posting of NCLEX first-attempt pass rates and notification of CCNE accreditation on the LSSU SON website.

SON documents and publications are accurate and up-to-date. Program documents can be found on the LSSU SON website. When changes to documents or publications occur, those changes are communicated to relevant constituents. For instance, when there are changes to the BSN student handbook, the handbook is updated on the website and students are notified of the change.

In the 2020 review, CCNE requested further response and details for standard I-H. Specifically, the SON needed to provide an accurate CCNE accreditation disclosure statement (correct address), and display accurate NCLEX first-attempt pass rates on the SON website.

First-attempt NCLEX pass-rates are a key metric for the LSSU SON and various accrediting agencies. After the 2020 accreditation cycle, we recognized that our calculation and display of

first-attempt pass-rates on the website was not consistent with the processes required by CCNE. Upon notification, the SON made changes to how pass rates are calculated and displayed.

Also, the notification of CCNE accreditation on the SON website did not contain the accurate contact information for CCNE. Upon notification of this deficiency, the SON made prompt corrections.

These deficiencies with standard I-H were addressed, and on December 19, 2022 CCNE notified the SON that we are in compliance with this standard.

STANDARD II - Program Quality: Institutional commitment and Resources

Key Element II-A: Fiscal resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of fiscal resources is reviewed periodically, and resources are modified as needed.

The process for budgeting continues to be reviewed annually with the SON Chief Nurse Administrator, the SON Chair and the faculty. The request and approval process remains the same.

The Learning Resource Committee (LRC) has continued its survey process and the results are shared at the end of the semester with the faculty. Equipment upgrades and new purchases are routinely made based on survey results. Students can voice their concerns about lab equipment through a reporting slip that is given to the Lab Manager. Availability of lab time is carefully managed by the Lab Manager and posted to both student and faculty.

Currently there is one faculty position open in the SON with another anticipated at the end of December 2023. These openings are the result of retirement and the SON is actively working to fill these positions.

There has been no change in the distribution of professional development funds and faculty continue to use this compensation to enhance their knowledge and support the student learning.

Key Element II-B: Physical resources and clinical sites enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of physical resources and clinical sites is reviewed periodically, and resources are modified as needed.

The SON at Lake Superior State University has a large and well-equipped nursing skills lab and active simulation center.

The lab space has not significantly changed since the last program review in 2020. The office spaces for all full and part time faculty continue to be available with IT support and sufficient space. The Simulation Center continues to grow their program and update their equipment. The Inter-professional simulation occurs during each spring semester. Demonstrating the adequacy of physical resources, the event continues to be a very successful collaboration between LSSU involved programs and the communities of interest.

Key Element II-C: Academic support services are sufficient to meet program and student needs and are evaluated on a regular basis.

Academic support services include hardware and software that continues to be available to support the BSN Program objectives. In 2022, the School of Nursing began using American Testing Institute (ATI) as its electronic support platform for nursing. Some courses also utilize other educational materials and platforms to augment ATI learning. Such as Sherpath, DocuCare, safeMedicate, and Lippincott V-Sim.

The LSSU library continues to be a valuable asset for faculty and students providing access and support for acquiring electronic and printed resources. The SON Learning Resources Committee assesses the library resources annually to assure that up-to-date materials are available.

The Library staff and Help Desk have been extremely supportive of faculty and students, providing access to laptop computers for personal use, as well as overall access to computers within the library setting. They also assist students with private study rooms and copy services. Library staff are very helpful in finding requested resources for faculty and staff. For example, students are able to request interlibrary loan materials. The Library offers a student-led instructor (SI) program that supports students in structured study opportunities.

ADVISING

The faculty continue to receive updates that enhance student advising. Faculty members collaborate with the General Education Committee and Curriculum Committee, at the university level, to monitor changes in curriculum. As faculty retire, advisees are shifted to new appropriate advisors in order to continue adequate and uninterrupted support. Students are also supported by faculty when the student chooses to make a change in their advisor to better meet their needs. Faculty have also maintained communication processes to support student advising when an advisor is not available. Both virtual and in-person advising options are provided to students. The program specific USEM course required by the university includes an assignment for students to locate and reach out to their advisor.

ADMISSIONS

School of Nursing Admissions Policy continues to be monitored and updated as needed by SON Chief Nurse Administrator, faculty, and pertinent school committees. Changes to the BSN application process are reviewed and approved by the faculty before being implemented. Application requirements are detailed in the BSN Student Handbook which is reviewed and updated annually.

RESEARCH SUPPORT

School of nursing faculty continue to serve on University-level research-based committees, including the LSSU Undergraduate Research and Sabbatical committees, as well as the Institutional Review Board (IRB). Among various course assignments that include research and use of scholarly sources, students complete a scholarly inquiry identifying one disparity in nursing management and leadership that is relevant to real world practice at the entry level of nursing. It is supported by a literature review. Students continue to present their research to constituents (communities) of interest. Faculty members presented anecdotal research at the UP Teaching and Learning conference.

Research is also a process for providing evidence based support in decision making at the School and program level. This can be seen in the gathering of data to make curriculum changes and in the decision to develop a transition to practice graduate certificate. Faculty have presented on this transition program at several professional events such as the Annual Nursing Summit and the ANA-Michigan Annual Conference.

Key Element II-D: The chief nurse administrator of the nursing unit:

From the 2020 CCNE Self Study report, the Chief Administrator of the School of Nursing administrator demonstrated preparedness in degrees and background for their role. This administrator consults and makes recommendations with faculty and community that align with the mission, goals, and expected program outcomes.

In the summer of 2020 Kathy Berchem DNP, MSN, RN, APRN became the new Chief Administrator. The academic credentials of the Chief Administrator include a Doctorate of Nursing Practice in Systems Leadership from Rush University and a Master of Science in Nursing in Family Nurse Practitioner from Michigan State University.

In addition, in 2017 she completed her CHSE certification which stands for Certified Healthcare Simulation Educator. Even in the role of Chief administrator, the wealth of knowledge of the program and high level of teaching is evidenced by being awarded the 2007-2008 Distinguished Teacher of the Year, which has aided in the program's vision and rigor.

The role of the Dean is to facilitate the School's action plan for the vision and strategic direction of the School of Nursing and the University. As a faculty leader, the Dean supports, encourages, and promotes excellence in teaching, research, scholarship, and service.

Key Element II-E: Faculty are: sufficient in number to accomplish the mission, goals, and expected program outcomes; academically prepared for the areas in which they teach; and experientially prepared for the areas in which they teach.

In 2021, the SON clarified full and part-time faculty and their graduate degrees as presented in a document with Nursing and adjunct faculty, responding to the requests from CCNE's 2020 self-study. The annual process for maintaining and reviewing adjunct and faculty qualifications mirrors 2015-2020.

Further explanation of this process in the 2023 report outlining the functions of roles with an emphasis on the use of adjunct instructors without graduate degrees following the below clause: a) only as clinical instructors, b) by experience, and MBON rules and c) assessing student learning is ultimately the responsibility of course coordinators, who all have graduate degrees.

The university classifies faculty per the 2022-2027 FA contract. All full-time and part-time regular faculty in the LSSU School of Nursing hold graduate degrees and current RN licenses in Michigan. Additionally, two full-time faculty have doctoral degrees, and several hold advanced practice certificates. Faculty teach in areas consistent with their clinical practice and expertise.

Clinical or simulation courses coincide with the relevant didactic course, with integrated learning objectives. Faculty instructors of these didactic courses are course coordinators for the appropriate clinical or simulation courses; they are responsible for designing and guiding the courses. While adjunct clinical instructors conduct clinical learning, the ultimate responsibility of assessing student learning outcomes falls to the faculty course coordinators.

The program annually reviews the approved adjunct clinical instructor list to verify continuing RN practice and the appropriateness of clinical teaching assignments based on clinical practice and expertise.

II-F: Preceptors (e.g., mentors, guides, coaches), if used by the program as an extension of faculty, are academically and experientially qualified for their role. This key element is not applicable to a degree or certificate program that does not use preceptors.

The SON does not utilize a preceptor model for clinical education of nursing students. Designated preceptors are agency specific, and employed by that agency for specific courses such as NURS 432 Nursing of Populations and in other courses where students are working alongside a working nurse to obtain their clinical experience. All adjunct faculty who are employed by LSSU and work with the SON and students, are evaluated for program and clinical qualifications annually. Those who are no longer qualified are removed from the approved adjunct faculty list. Goals and expectations are clearly provided, including expected student, course, clinical, and program outcomes. Faculty course coordinators work closely with adjunct clinical faculty to assure they are comfortable and competent in their role.

II-G: The parent institution and program provide and support an environment that encourages faculty teaching, scholarship, service, and practice in keeping with the mission, goals, and expected faculty outcomes.

Faculty continue to utilize the Boyer's Model for professional development and scholarship. This process documentation occurs at the program and university level via the electronic program Nuventive Improve and in the faculty's annual self-reflection reports.

University resources include using Professional Development funds to attend conferences or workshops, Community practice groups, lunch in lectures, faculty presentations, CETAL, and community events.

The 2022-2027 Faculty Association contract outlines Professional Development and Service. As stated, the nursing faculty must maintain professional licensure and Continuing education credits per the MBON and LARA.

Teaching qualifications are annually reviewed by the Chief Administrator in collaboration with each faculty member and supported by the institution to maintain currency in clinical practice.

STANDARD III - Program Quality: Curriculum and Teaching-Learning Practices

Key Element III-A: The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that:

- are congruent with the program's mission and goals;
- are congruent with the roles for which the program is preparing its graduates;
- consider the needs of the program-identified community of interest.

The School of Nursing (SON) continues to develop curriculum and student outcomes that are congruent with both the University and program's mission and goals. The SON Curriculum and Outcomes committee maintains responsibility for the development, implementation and revision of courses within the BSN program. This is then vetted through the SON for approval. Each course faculty coordinator submits their course syllabi to the Administrative Secretary who then posts it on the SON N Drive as well as the P Drive (Provost) where it is permanently housed each academic semester.

The SON continues to offer two curricular tracks in the Bachelors of Science Degree in Nursing. There is a four-year pre-licensure program and a full-time 2 semester plan or a part-time 4 semester plan offered for post-licensure program for registered nurses. Students in both these tracks are provided learning opportunities to develop their knowledge and acquire the necessary skills for application in the practice of professional nursing. The baccalaureate graduate is prepared as a generalist nurse to provide care in a variety of settings at the primary, secondary and tertiary levels.

Course leveling is an ongoing process for the SON. As noted in our 2020 CCNE Self-Study, This process begins with the Curriculum and Outcomes committee and culminates in discussion and information dissemination in the SON meetings and annual retreats. The goal includes direct linkage of content and learning to the nine essential program outcomes and University student learning outcomes. The SON Curriculum and Outcomes Committee is currently drafting a calendar cycle for the review of each course and level. The process of this review has started again in the fall of 2023.

The SON faculty have been active in curriculum development for nursing and health care. During the academic year of 2021 and 2022 a Cannabis Health Associate Degree and a Certificate were developed. These opportunities focus on the public health aspects of cannabis use in health care offering an expanded view of care for the health care provider.

During the spring 2021 semester, with university curriculum approval and notification to the Michigan Board of Nursing (MBON) and The Commission on Collegiate Nursing Education (CCN), the Post Bachelor of Science in nursing program was also changed from a hybrid format to completely 100 percent online.

In the fall of 2022 a new program in the SON was vetted through the SON curriculum and outcomes committee, the SON, the University wide Curriculum Committee and finally HLC. This program is a Post-Baccalaureate Rural Nurse Residency Certificate Program. It received unanimous support from all committee levels. From the fall of 2022 to current this program has been in development. An advisory board has been formed. This advisory board has held three meetings, one in April of 2023, one in May of 2023 and one in October of 2023. The agendas and minutes for these meetings are maintained in the SON google docs' folder. The mission of this program is to graduate registered nurses equipped to address issues in retention, equity, access, and diversity in rural healthcare settings.

Since the SON CCNE self-study in 2020, the SON continues to actively collaborate with its program-identified communities of interest in relationship to decision making to support program and curriculum design. This is done through each clinical coordinator maintaining open communication and evaluation with clinical sites, surveys, and student responses. Communities of interest have also been engaged through the development of the above programming to create interdisciplinary department relationships and form advisory boards.

Key Element III-B: Baccalaureate curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate). Baccalaureate program curricula incorporate The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008). This key element is not applicable if the baccalaureate degree program is not under review for accreditation.

The LSSU Nursing program is currently not under review for accreditation through the CCNE, however the following elaboration is submitted.

The SON faculty maintains its commitment to a culture of review, assessment, evaluation with a curriculum focus on evidence-based practice. The standards for accreditation of baccalaureate and graduate programs (amended 2018) is kept at the forefront of all SON reviews and curriculum development and changes. BSN curriculum demonstrates success in the facilitation of achievement of student outcomes and preparation of the graduate for entry level practice through identified student assignments and increased success on the NCLEX pass rates. Data for student outcome measurement and assessment is collected and entered into the University Nuventive program. In 2022 the SON voted to utilize the ATI program assessment tool to allow for curriculum mapping and outcome alignment to take place automatically as data is entered. This tool's efficiency for providing real time feedback for assessment has yet to be demonstrated. Changes in the BSN program that have been driven by this assessment process was the addition of a Pathopharmacology course in the senior year of the BSN program and the

change of informatics from a required course to an elective HLTH course. Beginning in the fall of 2023 informatics is threaded through courses in the program as it relates to nursing.

As noted in the 2020 CCNE Self-study report program aggregate data including student feedback, decreasing overall NCLEX pass rates and a trending decline in the pharmacology portion of the NCLEX test plan prompted an identified curricular change. In spring 2019, the SON created and implemented a Pathopharmacology elective course. Assessment of this decision has resulted in an increase in NCLEX pass rates and an increase in pharmacology understanding as it relates to disease process. As a result, in the fall of 2022 faculty voted to add Pathopharmacology to the required list of courses for the SON BSN Program.

Cohort	Number of Students	ATI Comprehensive Predictor Adjusted Group Score	NCLEX-RN First Time Pass Rate for the Cohort
Fall 2019	21	67.0%	76.19%
Spring 2020	24	*	91.66%
Fall 2020	12	*	75.0%
Spring 2021	22	*	68.0%
Fall 2021	15	*	80.0%
Spring 2022	23	*	95.45%
Fall 2022	17	70%	100%
Spring 2023	23	76.4%	To date = 100%

*During this time frame, the SON made a decision to use a different product (Hurst Review), therefore the ATI Comprehensive Predictor test was not administered to the students in these cohorts.

As previously noted in the CCNE 2020 self-study the inclusion of a Hurst NCLEX Review course was implemented in fall 2019 in response to falling NCLEX pass rates for the SON. The ATI Predictor test was given one week after the Hurst Review. Although the outcome data demonstrated positive trending when assessed against previous years data, the SON was not satisfied with the NCLEX pass rates and therefore implemented the ATI complete partnership package. The SON continues to track and evaluate these results prior to implementing any further curriculum changes.

The SON faculty assesses our pass rate data as a critical metric, on an ongoing basis as a component of our program evaluation and assessment plan. This data is a foundational step towards process improvement and formulation of a plan to address this downward trend in pass rates. It can be noted that the spring 2022 results show a 100% NCLEX first time pass rate by students.

Key Element III-C: Master's curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within

This key element is not applicable to our program as we do not have a Master's degree program.

Key Element III-D: DNP curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the program.

This key element is not applicable to our program as we do not offer a DNP degree.

Key Element III-E: Post-graduate APRN certificate program curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate). Post-graduate APRN certificate programs that prepare nurse practitioners incorporate Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2016).

This key element is not applicable to our program as we do not offer an APRN certification.

Key Element III-F: The curriculum is logically structured to achieve expected student outcomes.

- Baccalaureate curricula build on a foundation of the arts, sciences, and humanities.
- Master's curricula build on a foundation comparable to baccalaureate-level nursing knowledge.
- DNP curricula build on a baccalaureate and/or master's foundation, depending on the level of entry of the student.
- Post-graduate APRN certificate programs build on graduate-level nursing competencies and knowledge base.

The BSN Nursing Program curriculum incorporates the arts, sciences and humanities to logically structure and provide a suggested course pattern that integrates required general education courses. These courses are integrated throughout the entire curriculum and include such courses as Statistics, Humanities, Diversity courses, and others. Though students are required to take specific courses from the General Education requirements for completion of the BSN program, they are able to choose from multiple disciplines to complete their Humanities General Education requirements for a bachelor's degree from LSSU. [See LSSU General Education requirements.](#)

Key Element III-G Teaching-learning practices:

- support the achievement of expected student outcomes;
- consider the needs and expectations of the identified community of interest; and
- expose students to individuals with diverse life experiences, perspectives, and backgrounds.

In both the generic BSN and post BSN-completion programs, the SON continues to provide supportive environments for students that promote learning opportunities. A variety of teaching and learning strategies are incorporated in alignment with both program and course outcomes. For the generic BSN program, didactic courses teach pathophysiology, pharmacology, nursing concepts and research through classroom lectures. Activities may include classroom discussions, case studies, flipped classrooms, group work, videos, team based learning assignments, simulation and student presentations that allow the student to apply evidenced- based concepts to nursing practice.

Students receive additional learning opportunities for courses with clinical components in the nursing campus lab, on site clinical rotations, and at the Simulation Center that allows students the opportunity to apply knowledge learned in the classroom setting in real and simulated environments. Online and blended learning course work in both concentrations may include simple word documentation, threaded discussions, evidenced-based practice websites, and streaming videos. Since the submission of our 2020 CCNE accreditation self-study, students in the Post RN BSN completion program experience a combination of didactic learning through an asynchronous online learning environment. Covid-19 afforded the SON an opportunity to examine the effectiveness of this Post RN BSN completion program and based on this assessment the decision to continue the program in an asynchronous online format that supported the working student was made by the nursing faculty as noted in Key Element III A.

The SON continues to collaborate with the program-identified communities of interest in decision-making for the program and curriculum design. As described in Section III-A, students evaluate each clinical site in order to ascertain whether best learning practices and both student and organizational needs are being met. The SON at LSSU shares the results of these evaluations at the Advisory Council meetings hosted once a year. Representatives from all clinical sites and collaborating agencies attend the Advisory meeting. Placement needs, evaluation results, curriculum planning, and unique needs of diverse student populations are discussed with the communities of interest. During 2020, 2021, and part of 2022 the SON continued this collaboration in the virtual environment.

In addition to the diverse life-experiences, perspectives, and backgrounds of the faculty, students gain exposure to individuals with diverse life-experiences, perspectives, and backgrounds through clinical rotations in community and inpatient settings. Such exposure is gained from participating in sub-acute and acute care environments, making home visits, and attending culturally rich community events, as well as from a study abroad program. The opportunity to participate in this type of educational exchange increases self-awareness along with recognizing the unique needs of others. Challenges faced as a result of COVID-19 restrictions was the closure of our international borders. This prevented students from access to Canadian clinical sites. Creative strategies were employed by SON faculty to keep our student learning in the live clinical environment safely. Although the Boards of Nursing did approve 100% simulation for clinical replacement, here at LSSU, our faculty were able to engage students in live clinical activities for the majority of the time. These experiences included: Mass vaccination clinics, home visits, developing a COVID-testing protocol in alignment with federal requirements so students could continue to provide care in a long term care setting, and care of

live patients in acute care settings with the appropriate protocols and protections for student safety. Students also learned about the application of technology to making patient care visits through video assessment experiences with live standardized patients.

Key Element III-H: The curriculum includes planned clinical practice experiences that:

- **enable students to integrate new knowledge and demonstrate attainment of program outcomes;**
- **foster inter-professional collaborative practice; and**
- **are evaluated by faculty.**

Students continue to have planned clinical, laboratory, and simulation experiences that consistently include inter-professional teamwork and collaboration. Currently the program has 38 clinical practice sites in the United States. These sites are listed in the BSN handbook. All contracts with these agencies are currently up to date and on file in the School of Nursing office. BSN completion students collaborate with their instructor and the Chief Nurse Administrator to arrange clinical experiences that are tailored to assure program outcomes achievement.

The number of direct hours of clinical practice at each level is outlined on the Program Theory & Practice hour's document, for a total of 960 hours in the campus lab, low, medium, and high fidelity simulation, and direct patient care.

Course	Theory Hours	Clinical Laboratory Hours	Clinical Hours	Total Practice Hours
NURS 212	30	90	0	90
NURS 213	45	75	60	150
NURS 327	60	30	150	180
NURS 325	45	15	75	90
NURS 326	45	15	75	90
NURS 431	60	21	144	165
NURS 433	45	15	75	90
NURS 432	45	15	90	105
			TOTAL	960

The Curriculum and Outcomes committee, course coordinators, and the Chief Nurse Administrator assess clinical sites for effectiveness and feasibility in meeting student learning outcomes on a yearly basis. Clinical site evaluation is criterion-based and is measured by the following: direct observation of student learning opportunities by the instructor, end of course student surveys of the clinical agency, and review of course objectives by the course coordinator. The clinical site evaluation data is shared with the Communities of Interest each year during the Nursing Advisory meeting. During this meeting, the Communities of Interest also have the opportunity to inform the SON of community needs to help shape the curriculum and clinical planning. With recent faculty turnover, this review discovered that adjunct faculty teaching the clinical components of courses in the second semester of the third year had not received evaluation by assigned course coordinators for the past two years. This may be a result of courses remaining online with distance learning post COVID-19. To rectify this issue the evaluation process for adjunct faculty in a clinical core course has been added to the next SON meeting where we will also include identification of where to find the evaluation input forms.

Key Element III-I: Individual student performance is evaluated by the faculty and reflects achievement of expected student outcomes. Evaluation policies and procedures for individual student performance are defined and consistently applied.

As noted in our CCNE self-study for 2020, both the generic BSN and BSN- completion program, grading criteria for courses are identified in the individual course syllabi and in section five of the BSN program [Handbook](#). As determined by the LSSU School of Nursing faculty, final grades for clinical nursing courses cannot be determined for the course until after both the exam and clinical components have been evaluated separately. These two key components must meet the following criteria for all core clinical courses: i.e. minimum of 72% non-rounded exam average for the theory component ii “Satisfactory” for the clinical component.

The individual course syllabi are distributed to students on the first day of class and/or posted on Moodle, the learning management system utilized by LSSU. All course syllabi are submitted to the Academic Assistant for the School of Nursing, and are posted to the Provost Network P drive.

As noted in the SON CCNE 2020 report, grading rubrics for course assignments that are tracked and trended can be located in Nuventive Improve. Faculty at LSSU are encouraged to keep students apprised of their performance and to submit midterm and final grades. Faculty’s evaluation of student performance on exams and/or paperwork is reported to individual students either on the Moodle platform or one-on-one with the individual students by their faculty. Evaluation of clinical performance is based on clinical paperwork, performance in simulation lab and performance in the clinical setting.

The BSN Program utilizes a standardized clinical evaluation tool (along with evaluation tool guidelines) that consistently measures student performance allowing for feedback from the student and to the student about their performance in each clinical nursing course. This tool is utilized both as a mid-term formative evaluation and a final summative evaluation for each

clinical course. See document: Clinical Evaluation Template in the CCNE Resource Room folder. Competency-based performance evaluation (Satisfactory/Unsatisfactory) is utilized in courses with on-campus laboratory components

Key Element III-J: The curriculum and teaching-learning practices are evaluated at regularly scheduled intervals, and evaluation data are used to foster ongoing improvement.

Faculty at LSSU utilize several means to evaluate their teaching-learning practices. Faculty are to evaluate and report current teaching learning practices and students' ability to achieve course objectives each semester and document this assessment in the Nuventive assessment tool. Faculty utilize this assessment information to guide improvement and track changes of teaching learning practices.

Non-tenured faculty have a classroom visit each academic year by the Chief Nurse Administrator, an assigned tenured faculty member and a faculty member of their choosing in accordance with the LSSU faculty association collective bargaining unit. Whereas tenured faculty are formally evaluated every 5 years in alignment with the same format utilized by non-tenure faculty. However, tenured faculty complete a summative evaluation, which is titled Professional Activities Report (PAR), as outlined in the LSSU faculty association collective bargaining unit handbook.

The faculty evaluation process includes evaluation narratives, the Faculty Self-Evaluation and Reflection Report, peer reviews, classroom evaluations, summative of student advising and course comments, a departmental agreed upon professional activities weighing form and yearly activities report.

In 2017 the University converted to a fully electronic course survey evaluation results system referred to as the Class Climate Survey. Each semester faculty receive student evaluation data regarding the classroom, laboratory and clinical settings. Faculty utilize this data to help guide teaching-learning practices.

The SON is engaged in on-going evaluation of the curriculum and students' achievement of outcomes throughout the program and success in National Council Licensure Examination (NCLEX). For example, student evaluations prompted the SON Curriculum Committee to engage in discussions regarding Pharmacology scores on the NCLEX-RN exam. The threading of Pharmacology concepts was evaluated within all courses in the BSN Curriculum. A program called SafeMedicate was integrated throughout all Nursing clinical courses beginning fall 2018.

An identified area of opportunity to support student learning in this area was to integrate an elective Pathopharmacology course for students who have already taken the Pathophysiology and Pharmacology courses. This course was implemented beginning in spring 2019 and is case study, application-based and simulation learning. Please see Section III-B for ATI Predictor Test Group Performance Data chart. With notable rising NCLEX success results in the area of pharmacology and pathophysiology the SON faculty voted to make changes to the program

curriculum and require this course for all nursing students entering the program starting the fall of 2023. However, since only one cohort of students (n=18) has tested after the integration of the elective Pathopharmacology course and the SafeMedicate program, the SON faculty will continue to gather this data prior to making any correlations or further changes in the curriculum.

STANDARD IV - Program Effectiveness: Assessment and Achievement of Program Outcomes

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

Key Element IV-A: A systematic process is used to determine program effectiveness.

In 2020, the School of Nursing answered a concern presented by the CCNE regarding the need to demonstrate that a systematic process is used to determine program effectiveness.

Specifically, the systematic process must be comprehensive (i.e., includes completion, licensure, certification, and employment rates, as required by the U.S. Department of Education; faculty outcomes; and other program outcomes); identify which quantitative and/or qualitative data are collected to assess achievement of the program outcomes; and include timelines for data collection. In response to this request:

Lake Superior State University (SON) is committed to systematic program assessments in compliance with both CCNE and the Higher Learning Commission (HLC). The SON faculty has primary responsibility for designing and updating the program assessment plan, which is reviewed yearly.

The SON acknowledges the concerns from the 2020 site visit, and the subsequent correspondence from CCNE about the adequacy of a systematic evaluation plan. We routinely perform program evaluation and are constantly focused on gathering information to improve services to students and stakeholders; this process has prompted us to turn our attention to formulating and communicating a systematic and comprehensive plan. The systematic program evaluation is comprehensive and details collection, distribution, and use of data required by CCNE, Department of Education (DOE), and MBON such as program completion rates, licensing rates, and employment rates. The systematic program evaluation also collects data on student learning experience, achievement, and learning effectiveness; adequacy of learning facilities; and feedback from communities of interest. The systematic program evaluation is re-evaluated and updated yearly. Appendix II a details key instruments, benchmarks and use of data from the systematic evaluation process. Appendix II b details yearly responsibilities for SON committees and roles that support the systematic evaluation process.

A. Program completion rates: data on program completion rates are compiled by the Chief Nursing Administrator yearly and distributed for faculty review. This data is reviewed by

SON faculty to identify trends and to develop courses of action for areas of needed program improvement.

B. Licensing rates are compiled by the Chief Nurse Administrator and distributed for faculty review twice a year when released by NCSBN Pearson VUE; SON faculty review this data to identify trends and to develop courses of action for areas of needed program Improvement.

C. Employment rates of recent graduates are gathered twice-yearly through 6 month post-graduation surveys. This data is compiled and distributed by the Chief Nursing Administrator to SON faculty to develop courses of action for areas of needed program improvement.

Faculty evaluation is conducted annually as per the faculty contract. This includes peer and supervisor evaluation, retention and renewal criteria, and promotion and tenure criteria. These evaluations include quantitative and qualitative measures of faculty performance. Course-level evaluation is conducted each semester by various avenues. Student feedback is collected by university-directed surveys; this data is reviewed by individual faculty and the Chief Nurse Administrator. The SON conducts various internal surveys to measure effectiveness and appropriateness of clinical agencies and experiences, campus labs, and simulation.

Student achievement of course learning objectives and program learning objectives are tracked through a database called Nuventive Improve; this data is reviewed by individual faculty, the Provost's office, the Chief Nurse Administrator, and SON faculty. These various avenues of assessment gather data in the form of Likert response scales, completion percentages and other quantitative measures; qualitative data is gathered in the form of student feedback comments, peer-reviewer comments, and other descriptive instruments. Data and benchmarks from the systematic evaluation plan described above (detailed in Appendix II) are reported to target audiences at various times throughout the academic year. Through the process of writing these CCNE response reports, we have recognized gaps in this reporting process - times when we do not have a specific plan to "close the loop" between data collection and data usage - and also at times lack a plan to document that process. Because of this recognition, the SON has adopted a plan to have an "Outcomes Review" standing agenda item at the last SON faculty meeting of each semester. In this process, the SON faculty chair will guide reporting out and documentation of the benchmarked outcomes. This process will bring outcomes data back to faculty and can drive ongoing program improvement. This will improve the visibility, sustainability, and use of data from the systematic evaluation plan.

Key Element IV-B: Program completion rates demonstrate program effectiveness.

The School of Nursing defines completion rate as the number of students who complete the program within 150% of the time of the stated program length.

Completion rates remain at 70% or higher over the three most recent calendar years when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change majors or to transfer to another institution of higher education.

Program Completion Rates

A.	B.	C.	D.	E.
<i>Cohort admission year and expected graduation year</i>	<i>Number of students admitted into cohort (including any accelerated students admitted mid-program)</i>	<i>Number of students who graduated within expected program length</i>	<i>Number of students who graduated within 150% of expected program length</i>	<i>Completion Rate: Percent of students who completed within 100-150% of expected program length</i>
2016-2019	52	35	6	78.8%
2019-2022				88%

<i>Admitted</i>	<i>Graduated</i>	<i>Number of cohort completers</i>	<i>Percentage completion rate</i>	<i>Percentage of students who withdrew/failed/ chose a different major</i>
<i>S 2018 - 15</i>	<i>F20 Grads</i>	<i>/ 12</i>	<i>80%</i>	
<i>F 2018</i>	<i>S21 Grads</i>	<i>/ 22</i>		
<i>S 2019</i>	<i>F21 Grads</i>	<i>/ 15</i>		
<i>F 2019</i>	<i>S22 Grads</i>	<i>/ 23</i>		
<i>S 2020</i>	<i>F22 Grads</i>	<i>/ 17</i>		
<i>F 2020</i>	<i>S23 Grads</i>	<i>/ 21</i>		

Number of graduates for student withdrawals and failures from the program are to be tracked each semester in conjunction with the reasons for these withdrawals and failures.

Through this particular program review process, it has become evident that the monitoring of these numbers has fallen behind. In past years, the administrative assistant for the SON assisted with this information input. With turnover and the university change to assign administrative assistants with multiple schools/units this issue has developed and is now discovered. It is identified that the SON needs a clearly established process for calculating these numbers. To immediately begin this process the SON chair has been notified of the delinquency and this issue has been placed as a priority for discussion during the next SON meeting.

Key Element IV-C: Licensure pass rates demonstrate program effectiveness.

Our BSN program has demonstrated for the first time NCLEX-RN licensure pass rates of less than 80% in 2021 for first-time takers. Action was required to increase this rate. ATI complete Partnership was brought in to bolster the pass rate and current analysis of the pass rate demonstrates that improvements are significant.

Table: Licensure NCLEX-RN Pass Rates for BSN graduates*

Year	Exam	First Time Testers (n)	First Time Pass Rate
2019	NCLEX-RN	39	76.9%
2020	NCLEX-RN	44	86.3%
2021	NCLEX-RN	36	69.4%
2022	NCLEX-RN	69	89.7%
2023	NCLEX-RN	TBD	TBD

*Data gathered from NCSBN NCLEX reports.

Key Element IV-D: Certification pass rates demonstrate program effectiveness.

This key element is not applicable because the program does not prepare students for certificates.

Key Element IV-E: Employment rates demonstrate program effectiveness.

Nursing boasts 100% employment of the program graduates according to surveys conducted by the university.

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

The SON noted low first-time NCLEX pass scores in 2019 and 2021 and conducted a comprehensive review of the BSN curriculum. Based on the program evaluation conducted in the spring of 2022 by the Curriculum and Outcomes Committee, the SON faculty, the Dean, the School of Nursing developed an improvement plan. It was decided to adopt a comprehensive textbook and resource replacement program using ATI products. Additionally, Pathopharmacology was adopted as a required course in the BSN curriculum, to be taken in the senior year. This course serves as a standardized synthesis point for student mastery of pharmacology, pathophysiology, and the nursing process. These changes have significantly

improved the NCLEX-RN first time pass rates. Our improvement plan includes continued monitoring for long-term stable success in first-time pass rates.

Key Element IV-G: Aggregate faculty outcomes demonstrate program effectiveness.

Through assessment of yearly evaluations, the Chief Nursing Administrator reports that 100% of Faculty has achieved program effectiveness outcomes.

Updates in the LSSU Faculty Agreement in 2022-2027 include more autonomy in the faculty evaluation process. The purpose of evaluation is to recognize, sustain, and develop faculty excellence. The faculty are evaluated in 4 areas, Teaching, Professional Development and Scholarship, Service and Release Time and Non Load Bearing Supplemental/ Special Assignments (if applicable). There is a self-evaluation process that is faculty-led and other faculty are included in the evaluation process as well as the immediate supervisor (or School of Nursing Dean). The frequency of evaluation is done according to contract and is based on status (probationary, term, mid probationary, and tenure). There is no longer a percentage or weighted criteria. Qualitative evaluations are utilized, for example a “exceeds expectations” or “meets expectations”.

According to the Chief Nursing Administrator 100% of Faculty that underwent Summative Evaluation in 2022 either Met or Exceeded Expectations.

Key Element IV-H: Aggregate faculty outcome data are analyzed and used, as appropriate, to foster ongoing program improvement.

Through faculty scholarship (see IV-G), the SON fosters ongoing program improvement related to areas identified by analysis of faculty outcome data. Faculty use their personal professional development to foster improvements in the classroom. This professional development may be very specific to instructional topics.

The SON Curriculum & Outcomes committee systematically reviews each nursing course within the program to review course content and make recommendations for improvement. Results of this review are shared with the faculty to enable changes to be made for ongoing process improvement. This includes additional faculty education, certification, and training; enabling the SON to foster ongoing program improvement. Areas of identified student learning needs are discussed by the SON faculty and staff and guide ongoing faculty development needs for program improvement.

Faculty ongoing development initiatives are documented in Nuventive annually as they occur and are linked to their appropriate course.

Key Element IV-I Program outcomes demonstrate program effectiveness.

Overall BSN program outcomes are aligned directly with the nine Baccalaureate Essentials from the American Association of Colleges of Nursing (AACN). Each core senior level nursing course has program outcomes written and agreed upon by the SON that align with the nine Essentials

and are evaluated yearly in the beginning of the spring semester. Additionally, the Institutional Learning Outcomes were updated, therefore the SON outcomes were updated at all levels of nursing coursework.

Key Element IV-J: Program outcome data are used, as appropriate, to foster ongoing program improvement.

In alignment with a newly implemented LSSU Program Assessment process (see CCNE 2020 report) for all LSSU, the SON engages in Program assessment each semester. The first meeting in January the SON evaluates all Program level outcomes with each Faculty reviewing their course specific Program Level Outcomes that were entered into Nuventive with the SON. Beginning in 2023 this program specific information will be tracked and linked through the ATI program manager and information transferred to Nuventive Improve accordingly.

Dear Chief Nurse Administrator:

The self-study process is an opportunity for the nursing unit to engage in an in-depth evaluative process leading to the continuous quality improvement of the nursing program(s) under review for accreditation by the Commission on Collegiate Nursing Education (CCNE). This programmatic analysis should result in a self-study document that clearly articulates the program's compliance with CCNE's accreditation standards. The self-study document is the product of the self-study process and addresses program compliance with each of the four standards and the associated key elements and elaborations.

Whether an institution is hosting an on-site evaluation for one or multiple degree/post-graduate APRN certificate programs, a single self-study document addressing all programs under review is developed. An institution submits only one self-study document per on-site evaluation. To facilitate the review process, the self-study document is organized by standard and key element. The narrative under each key element and elaboration statement should provide an analysis of areas of program strength as well as areas for program improvement. The narrative should also include a detailed plan of action addressing any areas that the program has identified as needing improvement. Where appropriate, the narrative should include individualized information for each degree/certificate program under review. The CCNE accreditation standards include a Glossary and provide a list of supporting documentation for each standard to assist program representatives in developing self-study materials and in preparing for the on-site evaluation.

It is particularly helpful to the on-site evaluation team and other CCNE reviewers (e.g., at the committee and Board levels) if the self-study document:

- includes a table of contents (including page numbers) for both the main document and the appendices;
- begins with a concise introduction of the nursing program(s) and the institutional setting;
- uses a minimum font size of 10;
- is single spaced; and
- includes tables, where appropriate. For instance, tables are particularly helpful when presenting faculty qualifications and teaching responsibilities; student headcount enrollment data, program completion data, licensure/certification pass rate data, and other outcome data; and information linking the curricula to the required professional nursing standards and guidelines.

The self-study document is to be no longer than 90 pages of narrative for one or two degree/certificate programs and no longer than 100 pages of narrative for three or more degree/certificate programs.

While the introduction and appendices are excluded from this page limit, the appendices should be judiciously selected and pertinent to the program's demonstration of compliance with the standards and key elements. It is appropriate for the program to reference and provide web links to documents, such as catalogs and handbooks, within the self-study document. While the following documents may be referenced in the self-study document, it is not necessary to include them in the appendices; instead, consider making them available to evaluators in the on-site resource room:

- current faculty curricula vitae;
- university reports;
- meeting minutes;
- examples of student work;

- student, alumni, employer, or other constituent survey instruments; and
- summaries/analyses of survey responses.

At least six weeks prior to the on-site evaluation, the program must submit an electronic copy of the self-study document (including appendices), the Program Information Form (PIF), and the agenda via the CCNE Online Community (www.ccnecommunity.org). CCNE and the evaluators who have been assigned to the team have access to the electronic version of the self-study document, the PIF, and the agenda via the CCNE Online Community as soon as the documents have been uploaded by the institution. CCNE requests that the institution contact each member of the team in advance of the due date to determine if any member of the team would like to receive a hard copy of the self-study document (including appendices) and PIF, and to provide these documents, if requested, by the due date. Please do not send hard copies of these documents to the CCNE office. The PIF, which provides an overview of the institutional setting and the nursing program(s), is available both on the CCNE Online Community at www.ccnecommunity.org and on the CCNE website at <http://www.aacnnursing.org/CCNE-Accreditation/Resource-Documents/Program-Resources>.

Thank you for your participation in the CCNE accreditation process. Please contact the CCNE staff at 202-887-6791 for assistance or if you have any questions.

Checklist for Writing the Self-Study Document

Before finalizing and uploading the self-study document to the CCNE Online Community (www.ccnecommunity.org), please verify that:

the font size is a minimum of 10; the

document is single spaced;

the document is no longer than 90 pages if the self-study document is addressing one or two degree/certificate programs and no longer than 100 pages if the self-study document is addressing three or more degree/certificate programs (the introduction and appendices are excluded from the page limit);

the institution has provided a response for each key element/elaboration statement;

the response to each key element/elaboration statement adequately addresses all nursing degree programs and post-graduate APRN certificate programs that are under review;

the document includes the standard, key element, and elaboration statements as provided in the self-study template; these statements are not to be altered or deleted by the institution.



School of Nursing: Bachelor of Nursing Program Self-Study for CCNE – March 9-11, 2020

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Lake Superior State University - Introduction

Lake Superior State University (LSSU), located in Sault Ste. Marie, is in Michigan's Eastern Upper Peninsula and is an innovative, forward-thinking higher education institution that provides a superior blend of liberal and technical studies in a unique campus setting. LSSU was founded in 1946 on a 73-acre site, once the site of historic Fort Brady. In 1965, the Michigan State Board of Education approved on a temporary basis, three year programs in Biological Sciences, Business Administration and Medical Technology. In 1966, the Board of Education recommended four-year status and a community college role. In July, 1969 a legislative bill was signed making Lake Superior State College, Michigan's twelfth state- supported, four-year institution of higher learning, effective January 1, 1970. In 1987, University status was granted establishing the institution as Lake Superior State University.

Lake Superior State School of Nursing

The Lake Superior State School of Nursing (SON) presently resides under the umbrella of the College of Health and Behavior. Currently, the SON provides an accredited Bachelor of Science in Nursing (BSN) – pre-licensure track and an RN to BSN completion track. Total nursing student enrollment for 2019-2020 is 128 students in the four-year BSN pre-licensure track and 3 part-time students in the RN to BSN completion track for a total of 131 nursing students. The average age of our nursing students is 23, with only about 16 percent representing minority students. Enrollment of male students remains at 11 percent.

The LSSU SON is unique with its international nursing and healthcare system experience as some of our clinical sites are located in Canada. Student clinical learning occurs at hospitals and community agencies within the surrounding areas of Sault Ste. Marie, St.

Ignace, and Escanaba, Michigan. Students also have the additional opportunity to practice and apply learned skills in the nursing campus labs and the Superior Simulation Center on campus. A combination of these experiences provides students with the opportunity to acquire knowledge, values, and skills necessary for the practice of professional nursing.

History of the LSSU School of Nursing

The first nursing education program at Lake Superior State College (LSSC) was a Practical Nursing Program in 1968. In September 1970 the College initiated a two-year Associate Degree in Nursing (ADN) program and ended the Practical Nursing Program. In 1975 the length of the ADN Program was increased to three years in length; a pre-clinical year was added, with nursing course expanded to include more theory and clinical experience. The National League for Nursing accredited the ADN Program from January 1983 until its closure.

LSSC recognized the trend of entry into professional practice at the baccalaureate level and added the BSN Program in September 1974. This program was designed as a completion program for registered nurses seeking a baccalaureate degree. In September 1985, a four-year BSN pre-licensure track replaced the ADN Program.

The BSN at Lake Superior State University was initially granted accreditation by the National League for Nursing in 1984. The re-accreditation in 1992 included the four-year BSN pre-licensure track as well as the original RN-BSN completion track. The BSN programs were also reaccredited in 2000 and 2008 by the National League for Nursing and by the Michigan Board of Nursing within the Health Professions Licensing Division of the Department of

Licensing and Regulatory Affairs. In 2015 accreditation was obtained by the Commission on Collegiate Nursing Education (CCNE).

Standard I

Program Quality: Mission and Governance

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

I-A. The mission, goals, and expected program outcomes are:

- congruent with those of the parent institution; and
- reviewed periodically and revised as appropriate.

Elaboration: The program's mission, goals, and expected program outcomes are written and accessible to current and prospective students, faculty, and other constituents. Program outcomes include student outcomes, faculty outcomes, and other outcomes identified by the program. The mission may relate to all nursing programs offered by the nursing unit, or specific programs may have separate missions. Program goals are clearly differentiated by level when multiple degree/certificate programs exist. Expected program outcomes may be expressed as competencies, objectives, benchmarks, or other terminology congruent with institutional and program norms.

There is a defined process for periodic review and revision of program mission, goals, and expected program outcomes that has been implemented, as appropriate.

Program Response:

Our mission at the SON is to graduate competent students who are prepared to safely provide compassionate nursing care utilizing theory and evidence-based practice. This aligns with [LSSU's mission](#) of equipping graduates with the knowledge, practical skills and inner strength to craft a life of meaningful employment, personal fulfillment, and generosity of self, all while enhancing the quality of life of the Upper Great Lakes region. In addition to the significant number of LSSU nurses who remain in the Upper Great Lakes region to practice, many also report success in a wide variety of nursing roles throughout the United States, Canada, and in the Armed Forces. LSSU nurses continue to excel in graduate education and nursing leadership reporting careers as faculty in higher education, advanced nursing practitioners, and leaders within major health care institutions.

The SON is in alignment with our University [Vision Statement](#) "We capitalize on our unique location and mission as a regional state university to be a model for educational innovation and a preferred partner for U.S. and Canadian community and tribal colleges". The SON will be viewed by our constituents as:

- The preferred regional choice for students who seek a quality education, which provides a competitive edge in an evolving job market.
- A program where relevant concepts are taught by quality faculty, and are paired with high fidelity simulation learning and practical real-world experience to provide a well-rounded education in the United States and Canada.

- A program which capitalizes on its location to instill graduates with an understanding of environmental issues and an overarching responsibility to be stewards of the community and the environment.
- A program that is student centered and empowers all students to realize their highest individual potential.
- A program that is committed to acceptance of students from diverse educational backgrounds including Community Colleges and Tribal Colleges, and is supportive of an international experience.

As noted through the SON assessment process and demonstrated in individual course syllabi, LSSU's Institutional Learning Outcomes (ILO's) are linked as applicable to course and program outcomes. Each semester, the SON reviews data from Program Learning Outcomes (PLO's) assessment and revises as appropriate. Students in the program provide input into this process through representation on SON committees. This standardized process ensures continuous program quality improvement.

I-B. The mission, goals, and expected program outcomes are consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.

Elaboration: The program identifies the professional nursing standards and guidelines it uses. CCNE requires, as appropriate, the following professional nursing standards and guidelines:

- The Essentials of Baccalaureate Education for Professional Nursing Practice [American Association of Colleges of Nursing (AACN), 2008];
- The Essentials of Master's Education in Nursing (AACN, 2011);
- The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006); and
- Criteria for Evaluation of Nurse Practitioner Programs [National Task Force on Quality Nurse Practitioner Education (NTF), 2016].

A program may select additional standards and guidelines that are current and relevant to program offerings.

A program preparing students for certification incorporates professional standards and guidelines appropriate to the role/area of education.

An APRN education program (degree or certificate) prepares students for one of the four APRN roles and in at least one population focus, in accordance with the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education (July 2008).

Program Response:

Under the guidance of the SON Curriculum & Outcomes committee, the SON annually reviews and revises the mission, goals, and expected PLO's, in conjunction with the SON Student Affairs Committee (SAC). Faculty schedule a minimum of two annual retreats to address issues of mission, goals and student learning. There are four standing committees within the SON: Student Affairs, Curriculum & Outcomes, and Learning Resources. These committees meet a minimum of two times each per semester.

The faculty use accepted standards for program outcomes as evidenced by the inclusion of AACN Baccalaureate Program standards, Quality & Safety Education for Nurses (QSEN), American Nurses Association (ANA) – Standards and Scopes of Practice, Ontario Compendium

of Care Standards, International Nursing Association for Clinical Simulation and Learning (INACSL) – Standards of Best Practice: Simulation, and other practice focus standards.

The mission statement, goals, and expected program outcomes are available on the SON [website](#) and also in the SON [Handbook](#). The SON program outcomes were developed from The Essentials of Baccalaureate Nursing Education for Professional Nursing Practice (AACN, 2008). The comparison chart below demonstrates the alignment between the AACN Baccalaureate Essentials and the SON PLO's.

AACN Baccalaureate Essentials	SON Program Learning Outcomes
Essential I: Liberal Education for Baccalaureate Generalist Nursing Practice A solid base in liberal education provides the cornerstone for the practice and education of nurses.	I. Liberal Education for Baccalaureate Generalist Nursing Practice Appraises a solid base in liberal education for nursing practice
Essential II: Basic Organizational and Systems Leadership for Quality Care and Patient Safety Knowledge and skills in leadership, quality improvement, and patient safety are necessary to provide high quality health care.	II. Basic Organizational and System Leadership for Quality Care and Patient Safety Synthesizes knowledge and skills in leadership, quality Improvement, and patient safety to provide quality health care
Essential III: Scholarship for Evidence Based Practice Professional nursing practice is grounded in the translation of current evidence into one's practice.	III. Scholarship for Evidence-Based Practice Evaluates research for potential application for evidence-based practice
Essential IV: Information Management and Application of Patient Care Technology Knowledge and skills in information management and patient care technology are critical in the delivery of quality patient care	IV. Information Management and Application of Patient Care Technology Designs knowledge and skills in information management and patient care technology in the delivery of quality patient care
Essential V: Health Care Policy, Finance, and Regulatory Environments Healthcare policies, including financial and regulatory, directly and indirectly influence the nature and functioning of the healthcare system and thereby are important considerations in professional nursing practice.	V. Health Care Policy, Finance, and Regulatory Environments Analyzes health care policies, including financial and regulatory, directly and indirectly influencing the nature and functioning of the healthcare system

<p>Essential VI: Interprofessional Communication and Collaboration for Improving Patient Health Outcomes</p> <p>Communication and collaboration among healthcare professionals are critical to delivering high quality and safe patient care.</p>	<p>VI. Inter-professional Communication and Collaboration for Improving Patient Health Outcomes</p> <p>Appraises communication and collaboration among health care professionals and patients to deliver high quality and safe patient care</p>
<p>Essential VII: Clinical Prevention and Population Health</p> <p>Health promotion and disease prevention at the individual and population level are necessary to improve population health and are important components of baccalaureate generalist nursing practice.</p>	<p>VII. Clinical Prevention and Population Health</p> <p>Determines health promotion and disease prevention at the individual and population health levels</p>
<p>Essential VIII: Professionalism and Professional Values</p> <p>Professionalism and the inherent values of altruism, autonomy, human dignity, integrity, and social justice are fundamental to the discipline of nursing.</p>	<p>VIII. Professionalism and Professional Values</p> <p>Emulates professionalism and inherent values of altruism, autonomy, human dignity, integrity, and social justice</p>
<p>Essential IX: Baccalaureate Generalist Nursing Practice</p> <p>The baccalaureate graduate nurse is prepared to practice with patients, including individuals, families, groups, communities, and populations across the lifespan and across the continuum of healthcare environments.</p> <p>The baccalaureate graduate understands and respects the variations of care, the increased complexity, and the increased use of healthcare resources inherent in caring for patients.</p>	<p>IX. Baccalaureate Generalist Nursing Practice</p> <p>Synthesizes nursing practice with patients, individuals, families, groups, communities, and populations across the lifespan and across the continuum of healthcare environments and the variations of care, the increased complexity, and the increased use of health care resources inherent in caring for patients</p>

I-C. The mission, goals, and expected program outcomes reflect the needs and expectations of the community of interest.

Elaboration: The community of interest is defined by the nursing unit. The needs and expectations of the community of interest are considered in the periodic review of the mission, goals, and expected program outcomes.

Program Response:

The SON defines our communities of interest as not only our healthcare partners within our community, but also the students, the University, and the community at large. This is not an inclusive list, but a representation of our partnerships that support our students' learning.

Based on input from the communities of interest, the SON faculty conducts periodic review of the mission, goals, and expected program outcomes as documented in materials and minutes of the faculty meetings, as well as in Standard IA and IB. Input is obtained through the Nursing Advisory Board, which meets annually to discuss relevant nursing program outcomes, make recommendations and provide feedback on current and graduate students. The membership of the Nursing Advisory Board is primarily composed of representatives from our communities of interest. Students actively participate in their roles as members of the SON committees, and as invited guests at the Nursing Advisory Board meetings.

Our program outcomes are written to allow for flexibility in addressing specific community needs as they are identified. For example, at the Spring 2019 Nursing Advisory Board meeting (see minutes 3-13-2019), our communities of interest identified a need for students to begin to gain competency in caring for patients with Mental Health Issues *earlier* than the Senior year in the BSN program. In response, as of Fall 2019 all admitted nursing students obtain Mental Health First Aid certification during their first semester. These changes and their impact will be evaluated at future Nursing Advisory Board meetings with our communities of interest.

I-D. The nursing unit's expectations for faculty are written and communicated to the faculty and are congruent with institutional expectations.

Elaboration: Expectations for faculty are congruent with those of the parent institution. The nursing unit's expectations for faculty, whether in teaching, scholarship, service, practice, or other areas, may vary for different groups of faculty (full-time, part-time, adjunct, tenured, non-tenured, or other).

Program Response:

The SON expected faculty outcomes are defined by the [Agreement](#) between LSSU AND LSSU Faculty Association MEA-NEA. In addition to this, the SON expected faculty outcomes are aligned with the LSSU faculty [handbook](#).

The Faculty Contract identifies four outcome categories; student learning, advising/student support, scholarly activities, and service activities. Each school is expected to determine the percentage of weight given to each category for assessment and formal evaluation purposes.

The School of Nursing reviewed and revised the following model in August of 2019:

Faculty Status	Tenure track 0-2 years and Non-tenure track/PT faculty	Tenure track-3 years to tenure	Tenured faculty
Student Learning	75%	70%	65%
Advising/student support	10%	10%	10%
Scholarly activities (as defined by Boyer)	10%	10%	10%
Service activities	5%	10%	15%

I-E. Faculty and students participate in program governance.

Elaboration: Roles of the faculty and students in the governance of the program, including those involved in distance education, are clearly defined and promote participation. Nursing faculty are involved in the development, review, and revision of academic program policies.

Program Response:

Participation by faculty and students in program governance is consistent and pervasive through our program, as documented in the minutes and attendance records of the SON committees. The SON faculty created and are governed by the SON Bylaws (APPENDIX I). These bylaws provide a unified approach to the development, planning, and implementation of the nursing program. The bylaws are consistent with University policies, practices, and agreements in order to provide a systematic and consistent process for overall program governance.

One student representative from the generic BSN program is elected to each committee and faculty participate in regular SON committee meetings. Student representatives are chosen by SON faculty from recommendations from members of the Lake State Student Nursing Association (LSSNA) and faculty. The SON committees are comprised of the Student Affairs Committee (SAC), Curriculum & Outcomes, and Learning Resources committees. Under the oversight of the Chief Nurse Administrator, committee members discuss items and make program recommendations related to the mission of the SON. Under the Chief Nurse Administrator's oversight, the Chair of the SON leads monthly SON program meetings where recommended changes are discussed, approved and a plan for implementation is made. SAC is then responsible for updating the appropriate policies and disseminating this information to the students and communities of interest.

Revision of the formal process for obtaining student representation and program governance participation on SON committees from the BSN completion track students is ongoing due to enrollment fluctuations and challenges. Completion student concerns are routinely addressed by the regional center director in Escanaba, Michigan and forwarded to the student's advisor and Chief Nurse Administrator. In past years, participation in committee work has been offered to BSN completion students, with little to no response. The Chief Nurse Administrator will conduct at least one annual regional site formal meeting with completion students. LSSU employs a Regional Coordinator that acts as a liaison between the Completion students and the SON. A SON faculty member is assigned as the Academic liaison for the BSN Completion students and their Academic Advisor on-site.

I-F. Academic policies of the parent institution and the nursing program are congruent and support achievement of the mission, goals, and expected program outcomes. These policies are:

- fair and equitable;
- published and accessible; and
- reviewed and revised as necessary to foster program improvement.

Elaboration: Academic policies include, but are not limited to, those related to student recruitment, admission, retention, and progression. Policies are written and communicated to

relevant constituencies. Policies are implemented consistently. Differences between the nursing program policies and those of the parent institution are identified and support achievement of the program's mission, goals, and expected outcomes. A defined process exists by which policies are regularly reviewed. Policy review occurs, and revisions are made as needed.

Program Response:

LSSU Academic policies related to student recruitment, admission, retention, and progression, support achievement of the program's mission, goals, and expected student outcomes and are available on the LSSU [website](#). Nursing faculty are representative members on University committees, including: Curriculum, General Education, Institutional Review Board (IRB), Center for Teaching and Learning (CETAL), University Seminar (USEM), and Scholastic Standards. The SON Student Affairs Committee (SAC) is responsible for identifying congruence between the SON program policies and procedures defined in the BSN Handbook and the University, LSSU BSN [student handbook](#), as well as other official documents such as the LSSU Student Consumer [Policies](#) [required to be disclosed to students by the Higher Education Opportunity Act of 2008 (HEOA)]. This committee annually reviews LSSU SON policies for congruence with university policies. Both LSSU and SON policies are in alignment with the Higher Learning Commission (HLC) [policy](#) FDCR.A.10.070 Student Achievement.

Policy	LSSU	SON Policies
Grading	C grade is a 70%	C grade is 72%
	Course failure is F	Course failure is C-
Dress Code	No dress code	Specific requirements regarding clinical uniform, physical appearance, and personal hygiene and odor outlined in student BSN handbook.
Tobacco	Smoking or use of tobacco prohibited within any public building on campus and within 20 feet of a university facility except for public sidewalks and public roadways that border the campus.	In addition to LSSU policy, SON prohibits the use of tobacco products in any public health care or clinical setting. This is congruent with State law.
Drug & Alcohol	The use of drugs and alcohol are prohibited on campus in accordance with alcohol policy.	In addition to LSSU's drug and alcohol policy, the SON has additional language to support mandatory drug and alcohol screening when appropriate. This is outlined in the student BSN handbook.
Code of Conduct	Student Code of Conduct	In addition to LSSU's student code of conduct, the SON requires compliance with the 'Student Nurse's Code of Conduct' located in the BSN Nursing handbook.

Attendance	Students expected to attend classes regularly and are responsible for completion of course requirements.	In addition to LSSU's policy, the SON adds language that clinical laboratory and other experiences are required components of course achievement. Components of this policy are found in the BSN student handbook .
Grievance	Student concerns are addressed through a university-wide grievance procedure managed by the human resources department. An ombudsman is also in place for students.	Student concerns are addressed under the Student Appeals procedure located in the BSN student handbook . Prior to engaging in LSSU's grievance process, students with concerns are required to follow the internal student appeals procedure in the SON.

Additional University policies are defined in LSSU faculty handbook and the collective bargaining [agreement](#). The LSSU [Faculty Handbook](#) is prepared and maintained by the office of the Provost, in consultation with the Faculty Association Executive Board. Changes are communicated via email from the Provost's office. Faculty in the SON are directed to the SON Faculty Bylaws (Nursing Department Bylaws in Appendix I), the BSN Program [Student Handbook](#).

The SON holds New Faculty/Adjunct Orientation programs at the onset of each semester as warranted by the hiring process (see New Faculty/Adjunct Orientation agenda in onsite resource room)

I-G. The program defines and reviews formal complaints according to established policies.

Elaboration: The program defines what constitutes a formal complaint and maintains a record of formal complaints received. The program's definition of formal complaints includes, at a minimum, student complaints. The program's definition of formal complaints and the procedures for filing a complaint are communicated to relevant constituencies.

Program Response:

The [BSN Student handbook](#) outlines in detail the definition of a formal student complaint, as well as the step-by-step procedure for filing a complaint. This process, as well as the entire student handbook, is evaluated and updated yearly by the SAC of the SON. Any changes are communicated to all constituents. If the student is not satisfied after completion of this process, they are directed to follow the [University process](#). Please refer to chart under Standard I-F for comparison of grievance procedures of LSSU and the SON. The Program Complaint Process is located on the [SON website](#). Ongoing tracking of student and program complaints is the responsibility of the Chief Nursing Administrator

I-H. Documents and publications are accurate. A process is used to notify constituents about changes in documents and publications.

Elaboration: References to the program's offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, grading policies, degree/certificate completion requirements, tuition, and fees are accurate. Information regarding licensure and/or certification examinations for which graduates will be eligible is accurate. For APRN education programs, transcripts or other official documentation specify the APRN role and population focus of the graduate.^{1,2}

If a program chooses to publicly disclose its CCNE accreditation status, the program uses either of the following statements:

"The (baccalaureate degree program in nursing/master's degree program in nursing/Doctor of Nursing Practice program and/or post-graduate APRN certificate program) at (institution) is accredited by the Commission on Collegiate Nursing Education (<http://www.ccneaccreditation.org>)."

"The (baccalaureate degree program in nursing/master's degree program in nursing/Doctor of Nursing Practice program and/or post-graduate APRN certificate program) at (institution) is accredited by the Commission on Collegiate Nursing Education, 655 K Street NW, Suite 750, Washington, DC 20001, 202-887-6791."

Program Response:

Information found in documents and publications are reviewed for accuracy by the SON on an annual basis with the input of a student representative on each committee. As part of their committee's bylaws, the SAC reviews the BSN handbook and website links annually and updates them as needed.

Our primary method of communicating information regarding the BSN and BSN completion offerings, outcomes and accreditation/approval status, nursing school admission policies, and degree requirements are on the SON [Website](#). Communication to students also occurs through a centralized email from the SON, generated through the University, as well as a faculty-monitored Facebook page. Additional means of communication with our constituents includes Jump Start Nursing (orientation for newly admitted nursing students), the University Seminar course, and the Nursing Advisory Board annual meetings. Communication to constituents regarding tuition and fees, and other LSSU related student issues is done by email, and/or website notifications from Student Government and Administration.

Standard II

Program Quality: Institutional Commitment and Resources

The parent institution demonstrates ongoing commitment to and support for the nursing program. The institution makes resources available to enable the program to achieve its mission, goals, and expected

¹ *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education* (July 2008).

² *Criteria for Evaluation of Nurse Practitioner Programs* (National Task Force on Quality Nurse Practitioner Education, 2016).

outcomes. The faculty and staff, as resources of the program, enable the achievement of the mission, goals, and expected program outcomes.

II-A. Fiscal resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of fiscal resources is reviewed periodically, and resources are modified as needed.

Elaboration: The budget enables achievement of the program's mission, goals, and expected outcomes. The budget supports the development, implementation, and evaluation of the program. Compensation of nursing unit personnel supports recruitment and retention of faculty and staff.

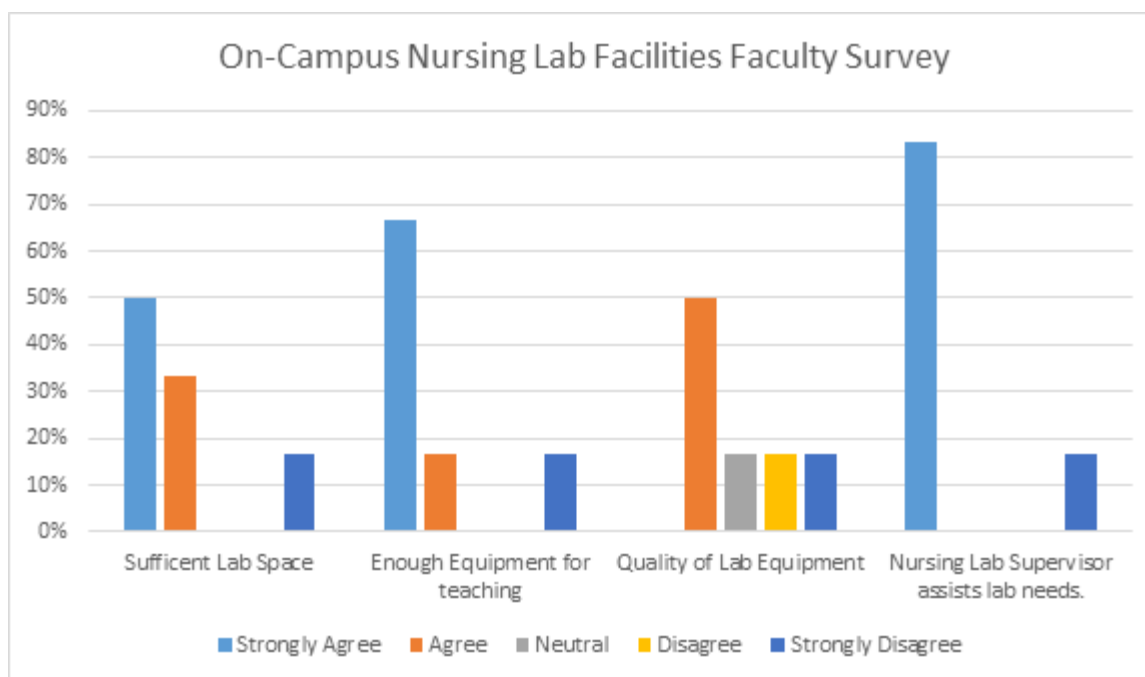
A defined process is used for regular review of the adequacy of the program's fiscal resources. Review of fiscal resources occurs, and modifications are made as appropriate.

Program Response:

The SON Chief Nurse Administrator develops and manages the SON budget annually in consultation with the SON Chair and faculty. This budget is reviewed with faculty and staff on an annual basis. Faculty impact budget planning and development through discussion of needs based upon evaluation and linkage to course and program outcomes. Requests and recommendations are processed through the Chief Nurse Administrator for review and then presented to the Provost and the Finance Department of LSSU for approval and final recommendations to the Board of Trustees.

The Learning Resource Committee (LRC) sends out an on-campus nursing lab facilities survey at the end of each semester to all faculty and students in the sophomore through senior levels. The data obtained from the surveys is used to tailor the learning needs of the students utilizing the nursing skills lab. Survey results are shared during the end of semester school of nursing meeting.

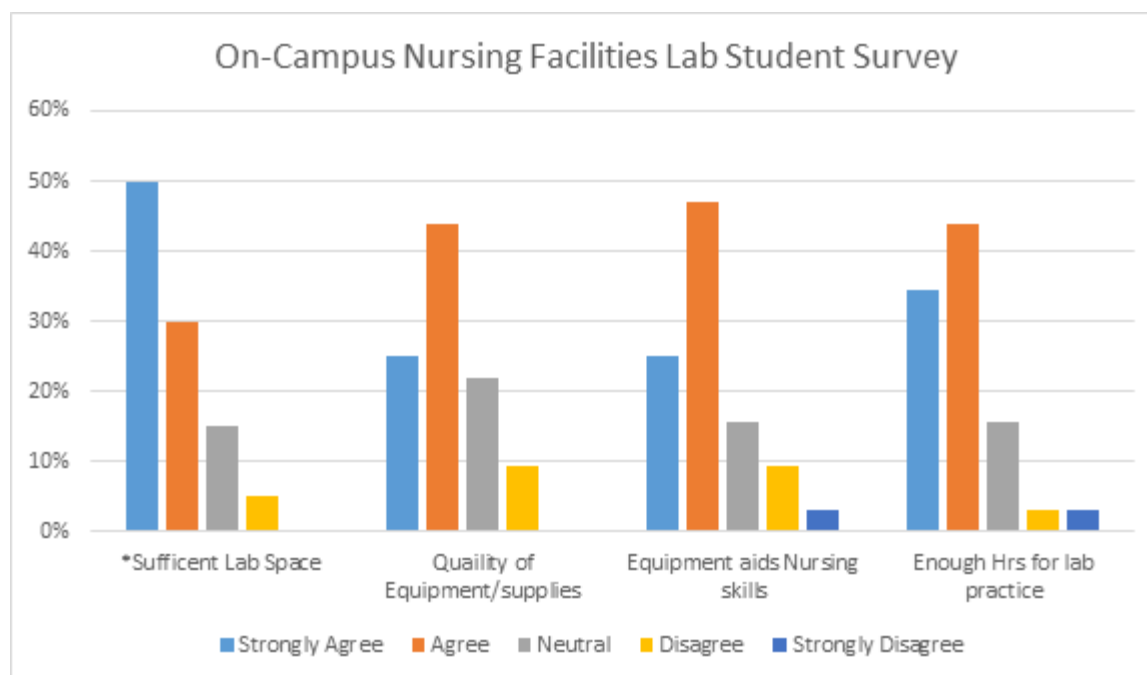
The SON LRC completes faculty surveys regarding the availability of tools and equipment available for meeting course and program outcomes. Questions include: "The nursing lab has enough equipment for me to teach/demonstrate the skills required within the nursing program", "The nursing lab has enough equipment for students to demonstrate/practice the skills required within the Nursing program", and "I always find the Nursing lab equipment to be in good, working condition (models, videos, etc...)". Also, questions related to environment, are posed. Feedback by faculty is obtained regarding "The Nursing lab is clean and organized", and half of faculty with a positive response to "I feel that the spaces provided in the on-campus Nursing labs are sufficient for student learning". The majority of responses are positive.



Six faculty responded to the F18 survey and among the respondents 66% strongly agreed, 16% agreed, and 16% strongly disagreed the lab has enough equipment for students to practice required skills. Faculty responding to the survey stated “more IV pumps” and “I would like to see the pumps working more effectively. It seems every semester there is some kind of issue with the pumps.” As a result of the data and comments, new intravenous pump channels were purchased.

Students are also surveyed by this same committee, with questions that include

- “The nursing lab has enough equipment for me to teach/demonstrate the skills required within the nursing program”,
- “The nursing lab has enough equipment for students to demonstrate/practice the skills required within the Nursing program”,
- “I always find the Nursing lab equipment to be in good, working condition (models, videos, etc...)”,
- “The ‘lab kits’ I received/purchased for some courses (Fundamentals, Adult I, ec) are/were valuable in assisting me to practice my skills outside of the Nursing lab (or during open lab time)”
- “The Nursing lab is clean and organized”.



Sufficient Lab Space: This was a new question added to the survey after the original survey sent out to the students. The * represents six students that were surveyed Fall of 2018 after the initial.

Based on the Fall 2018 data, specific areas were addressed to accommodate student-learning needs. For example, there were 32 respondents completing the F18 survey. Among those responding, 34% strongly agreed, 43% agreed, 15% remained neutral, 3% disagreed, and 3% strongly disagreed there is enough open lab hours to practice. Based on the data open lab hours were expanded to include Saturdays.

The LSSU Provost and Human Resources Department report that compensation has not been identified as an issue for the Recruitment and Retention of faculty. Over the past 3 years, a total of 4 full time faculty positions became available through retirement, termination, or resignation. None of these faculty indicated that compensation was a reason for retirement or resignation on exit surveys. All four positions were filled and no applicants indicated that compensation was an issue.

Compensation of nursing unit personnel supports recruitment and retention of faculty and staff. Faculty compensation benefits, as outlined in the agreement between the LSSU administration and the LSSU faculty includes the provision of professional development funding as follows: \$1000 in year 1 of the agreement, \$1200 2nd year of agreement & \$1400 thereafter for full-time faculty, with part-time faculty receiving a prorated amount in professional development. These funds may be carried over to the subsequent year if unused.

II-B. Physical resources and clinical sites enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of physical resources and clinical sites is reviewed periodically, and resources are modified as needed.

Elaboration: Physical space and facilities (e.g., faculty and staff work space, classrooms, meeting areas) are sufficient and configured in ways that enable the program to achieve its mission, goals, and expected outcomes. Equipment and supplies (e.g., computing, laboratory, and teaching-learning materials) are sufficient to achieve the program's mission, goals, and expected outcomes. The program is responsible for ensuring adequate physical resources and clinical sites. Clinical sites are sufficient, appropriate, and available to achieve the program's mission, goals, and expected outcomes.

A defined process is used to determine currency, availability, accessibility, and adequacy of resources (e.g., clinical simulation, laboratory, computing, supplies, and clinical sites), and modifications are made as appropriate.

Program Response:

The SON at Lake Superior State University has a large and well-equipped nursing skills lab. The lab contains a variety of practice trainers, low/high fidelity simulators, clinical supplies, 17 hospital beds, a computer lab (8 desktop/6 laptops) with workspace for student activities and study. The lab floor plan includes: three large practice labs and simulation room, storage areas, supervisor's office and computer lab. A total of 4,980 square feet of working and storage space is available. Resources for student and nurse educators include streaming videos, books, DVD's, and online databases with various media. Additional physical facilities include classrooms located primarily in Crawford Hall and R.W. Considine Hall. Multimedia tools are available in all of the classrooms used by the nursing faculty. Crawford hall has a conference room that is utilized for faculty meetings.

The Learning Resource Committee annually reviews the physical resources of the program which includes the laboratory and Simulation Center. Prior to each semester, each clinical course coordinator reviews the availability and adequacy of the clinical sites with the Department Chair. Clinical site resources are modified as needed. For example, a clinical site was added in 2018 at Sault Area Hospital for pediatrics as their population census was high enough to allow for an inpatient pediatric rotation. Previously, the course objectives were being met only through Simulation and their community experiences.

All full-time nursing faculty have a fully equipped office (desk, bookcase, filing cabinet, chairs, and phone with voice-mail, computer, and printer). Part-time adjunct faculty share two fully equipped separate offices. At clinical facilities, available space is at a premium. Every effort is made by the clinical agencies to provide students with physical space to hold pre and post clinical conferences, meetings, and store student belongings. Instructional aides, technology, software and hardware, and technical support are available in sufficient quantity and quality to be consistent with meeting program objectives and teaching methods. Resources are available to assist students and faculty experiencing difficulty with technology. Our learning resources (library, skills laboratory, computer laboratory and learning/Testing Center) are current and comprehensive. These learning resources are adequate and accessible to all students and nurse educators.

The SON had a 2,000 square foot Nursing Simulation Center housed off-campus in the SSMartzone business acceleration building approximately 1 mile from the University. This center housed state of the art simulators, as well as their accompanying software and

equipment. In addition to donations and grant funding sources, the simulation program is primarily funded through the university's general fund. Revenue through student tuition and program fees of \$45 per credit for nursing, health, and emergency med courses are collected to address costs of sim and nursing/EMED laboratory operations.

In the fall of 2018, through a collaboration with a member of our community of interest, the Lake Superior State University/War Memorial Hospital (LSSU/WMH) Simulation Center was created as a partnership and allowed the Simulation Center to be moved to an on-campus location. This Center is housed in a newly renovated space in the Arts Center. With a little more than 4,000 sq. feet, the simulation center provides a wide range of simulated experiences for students using high-fidelity male, female, pediatric, and infant simulators. There are three designated patient care areas each with their own control and debriefing rooms. Each patient room consists of working infusion pumps, headwall units, patient monitors, and simulated electronic health records. There is a spacious medication/supply area with a simulated medication-dispensing unit. Because the simulation center provides learning experiences as part of the paramedic program, a simulated ambulance was purchased during the fall 2018 semester, which provides for an increased ability to coordinate and run Interprofessional simulation experiences. In Spring 2019 the SON collaborated with Criminal Justice, Fire Science, and EMS/Paramedic students to engage in LSSU's first Interprofessional simulation event; an event that is conducted every semester now. This event was highly successful and demonstrated adequate space and resources for student learning and faculty teaching.

II-C. Academic support services are sufficient to meet program and student needs and are evaluated on a regular basis.

Elaboration: Academic support services, which may include library, technology, distance education support, research support, and admission and advising services, foster achievement of program outcomes. A defined process is used for regular review of academic support services, and improvements are made as appropriate.

Program Response:

Instructional aids, hardware and software, other technology, and technical support are available to students and faculty campus-wide in sufficient quantity to meet BSN Program objectives. The SON Learning Resources Committee evaluates learning resources annually. Recommendations are brought to the SON faculty for discussion and approval.

The SON integrate various Lippincott electronic learning support products. Among the learning resources are Lippincott NCLEX-RN PassPoint, which has been replaced by Hurst NCLEX live review. The SON Curriculum & Outcomes Committee analyzed NCLEX pass rates over a 12 month period and identified student learning needs (see C & O minutes 1-31-2018), with further discussion and implementation plan in Spring 2019 (see C & O minutes 1-23-2019). In spring 2019, this recommendation was brought forward to the SON for a final plan for implementation (see SON meeting minutes 3-6-2019). Other electronic resources are used in student learning, including Lippincott DocuCare for learning entry and navigation of electronic health records, Lippincott Clinical Experiences, which provides virtual patient experiences in the community, Sherpath in the Mental Health course, and Safe Medicate, a drugs and dosages software program.

LSSU Nursing students and faculty have access to hard copy and online journals, reference books, online research databases, newspapers, government documents (in print, online, and microform), and textbooks at the [Kenneth J. Shouldice Library](#). The library's holdings include 316,754 physical volumes and 220,000 E-books. Since more resources are now electronic rather than print, there has been a shift in the age of the printed resources: 3.2% of the collection have a publication date of less than 5 years; 8.9% are 5 – 10 years of age; and 16.3% were printed 10 – 20 years ago. The library also has historical holdings with far-removed print dates.

There has also been an associated shift in the budget for print and electronic purchases. Currently, the library has an annual budget of \$17,000 to add or replace items needed in a hard copy/printed format. A total of \$3,472.91 is spent annually on print nursing periodicals, and \$15,700 for online nursing/health periodicals. The annual cost of the nursing/health research databases is \$21,279. Each Academic year, the Director of Library Services provides the SON with an overall inventory of resources and student and faculty usage of these resources. The SON faculty and staff discuss and evaluate cost and usage of resources and make recommendations for changes (see SON meeting minutes 4-24-2019). The Director of Library Services reports that an annual survey of all students is completed each year that evaluates library support services, testing services, and resources available from the Academic Success Center.

The students also have access to up-to-date standards and practice references such as *The Canadian Compendium of Standards for Nursing* and The American Nurses Association (ANA) Practice Books. The Circulation Desk at the library is the service point for a number of activities, including checking out library materials and class reserves, picking up Interlibrary Loan orders, and obtaining printing requests sent from library computers. Communities of interest and other constituencies are able to access nursing educational materials from the library as well. The library offers an Interlibrary Loan (ILL) service for learners who need resources not in the library collection; these materials are borrowed from other learning institutions. All of the e-books, e-journals, and research databases (including thousands of full-text journals) are accessible on and off campus.

The library's collections are primarily in the English language as this is the dominant language of the student and faculty population. However, there are also holdings in Spanish, Ojibway, and Chinese. There are additional resources available through the library and Accessibility Services for students with hearing or visual impairments.

The Technical Services Department offers a large variety of services: equipment reservations for faculty and staff members, Help Desk/technological support for students and faculty, video recording and editing, ITV classes, video conferencing, audio editing, converting videos, sale of student usables such as headphones, jump drives, and other small electronics, color copies, scanning, support for evaluation surveys, library room reservations, and lamination. This department also provides extensive support to faculty and students for Moodle, the Learning Management System used on campus.

The video conferencing and interactive television systems allow the University to provide instruction, seminars, conferences, meetings, and many other interactive options. The University is Sprint-Certified, which allows our faculty, students, and staff to connect not only to other Michigan locations such as campuses in the Escanaba and Petoskey areas, but with guest lecturers worldwide to enhance our student learning opportunities. The University has additional world-connection capabilities. In addition to the digital system, which operates over a VPN, the University is a partner in an Eastern Upper Peninsula H.323 Standard Over an Internet Backbone. This dedicated Internet Backbone links all the schools in the Eastern Upper Peninsula School District. The H.323 Standard allows conferencing over the Internet to compatible sites worldwide. LSSU has three interactive television rooms; one is located in a small conference room and two are in classrooms. With this technology, it is possible to host three simultaneous interactive conferences. The newest building on campus, the Considine Building, is often used for nursing classes and boasts state-of-the-art worldwide connectivity throughout the entire building. Distance-learning students at other campuses or in diverse statewide locations are able to electronically either join courses being taught in-seat on campus or be part of a course designed to meet exclusively online.

ADVISING

The University provides face-to-face student advising by faculty members teaching in the student's academic program. The Faculty Advisor and student advisees meet on a routine basis at least once per semester. For students who plan to apply to the program, the Faculty Advisor guides their advisees regarding meeting the program entrance requirements. The student and Faculty Advisor collaboratively review the student's application for acceptance to the Nursing Program; the [application](#) is then signed by the Faculty Advisor when deemed complete and submitted by the student for evaluation for the admission process.

Full time tenure track faculty members are assigned advisees in their second year of employment. In the SON no more than 20 students are assigned to new advisers, a faculty mentor is assigned to help with learning the advisor role, and key academic reviews that need to occur as part of the student orientation sessions. After one academic year of advising, a maximum of 50 advisees may be assigned to each faculty unless supplemental payment per Faculty Association contract is provided.

The School of Nursing is in alignment with University Advising policies. LSSU's Center for Engaged Teaching and Learning ([CETAL](#)) is a faculty resource for academic advising. An Advising Toolkit is accessible to faculty members via Anchor Access under the Faculty Services main menu.

ADMISSIONS

The SON faculty, SON Student Affairs Committee, and the Chief Nurse Administrator annually review the SON Admissions Policy. Students may be admitted to the University at any point, but may not be admitted to the BSN program until they have fulfilled all pre-nursing course requirements. Two cohorts are admitted each year – one in the Spring Semester and one in the Fall. Cohorts are limited to 28 students. The Chief Nurse Administrator and subcommittee of the nursing faculty review applications. Successful candidates are notified by mail and email.

In the event students are not selected the first time they apply, an alternate academic plan will be developed in conjunction with their academic faculty advisor identifying the coursework for the subsequent semester.

The SON complies with the LSSU policy of equal opportunity. Qualified applicants are admitted without discrimination with regard to race, color, national origin or ancestry, gender, age, religion, height, weight, marital status, sexual preference, veteran status or disability. Reasonable accommodations will be made within the Americans with Disabilities Act guidelines. Application requirements are detailed in the [BSN Student Handbook](#)

RESEARCH SUPPORT

In addition to the resources outlined previously as part of the Shouldice Library, the University also supports undergraduate student research in a variety of ways. Nursing students present their research posters each semester during an LSSU Research Symposium, which is open to all Communities of Interest. The students may also present their posters to nursing organizations within the community such as Sigma Theta Tau International-Chi Omega Chapter, or at conferences. The focus of each student's research is highlighted in a compendium available for distribution to interested parties, funding agencies, and donors. Students also prepare a complete literature review in support of an evidence-based nursing management and leadership capstone project. Additional demonstration of research support would be through the development of evidence-based care plans, change projects, and teaching plans.

LSSU confers baccalaureate level professional degrees. The primary focus of the School of Nursing is teaching. Faculty research is supported, but not required. Throughout the program nursing students are encouraged to identify, analyze, and apply evidence-based research. Recent nursing faculty research includes: Use of simulation for mental health nursing clinical replacement (King); formal adjunct nursing orientation program (Perez); quality and safety improvement in a hospital setting (Hering), BSN student academic recovery following clinical course failure (Hutchins), and Undergraduate Nursing Students' Perspectives on Relevance of Debriefing Elements Post Graduation (Berchem & Hering)

II-D. The chief nurse administrator of the nursing unit:

- is a registered nurse (RN);
- holds a graduate degree in nursing;
- holds a doctoral degree if the nursing unit offers a graduate program in nursing;
- is vested with the administrative authority to accomplish the mission, goals, and expected program outcomes; and
- provides effective leadership to the nursing unit in achieving its mission, goals, and expected program outcomes.

Elaboration: The administrative authority of the chief nurse administrator is comparable to that of chief administrators of similar units in the institution. He or she consults, as appropriate, with faculty and other communities of interest to make decisions to accomplish the mission, goals, and expected program outcomes. The chief nurse administrator is an effective leader of the nursing unit.

Program Response:

Ronald S. Hutchins PhD, MSN, RN, CNE, is the Chief Nurse Administrator. The academic credentials of the School of Nursing's Chief nurse administrator include a PhD in Educational Leadership, and a Masters degree with a major in nursing. He has a master's degree in nursing administration and a generalist bachelor's degree in nursing (see curriculum vitae in the CCNE Resource room). In addition, in 2005-06 he completed coursework in nursing education and is certified as a Nurse Educator (CNE) through the National League of Nursing. The authority and administrative responsibilities of the nurse administrator at LSSU is documented within the academic dean's job description, and congruent with the all deans' positions at LSSU. The role of the Dean is to facilitate the School's action plan for the vision and strategic direction of the School of Nursing and the University. As a leader of the faculty, the Dean supports, encourages, and promotes excellence in teaching, research, scholarship, and service.

The Dean is responsible for the leadership, management and administration of the nursing program, including faculty recruitment and retention, budget development and management, and for facilitating student success. He tends to have a participatory style of management and encourages faculty involvement in most all aspects of the nursing program. He provides faculty with leadership in planning and coordinating the nursing program, which includes assessment, evaluation, development, and revision of nursing courses and curriculum.

Further, he represents the School of Nursing and Health and its faculty at the administrative level and in the community with reverence and astute understanding of his and the faculty's vision for the School of Nursing. The Chief nursing administrator of the School of Nursing has knowledge of the BSN program curriculum and has been employed full time teaching in nursing education at LSSU since 1997. The Chief nursing administrator is experienced in nursing curriculum, serving as a member or chair of the School of Nursing curriculum committee and on the university level curriculum and general education committees. He is the author of the School of Nursing's mission statement, which was approved and adopted by nursing faculty fall of 2009. Prior to his appointment as Dean, his responsibilities were primarily teaching in the baccalaureate nursing education program, including the BSN post-licensure track. The Chief nursing administrator has taught coursework in the areas of community nursing of populations, nursing management, nursing research, informatics, cultural care and family care, introductory course on professional nursing, and nursing leadership.

Although the Chief nursing administrator no longer retains routine teaching responsibilities, he continues to lead the effort on behalf of the LSSU administration to orient and mentor new faculty members into their role; guest lecturers in courses, and participates in the School of Nursing's meetings. By contract, he may teach up to 6 credits. The Chief nursing administrator has a history of working in management prior to coming to the university. With the Sault Tribe of Chippewa Indians, he was program director for 4 years with the Special Health Projects and 3 years as program director of the Tribe's Community Health Nursing division. After his hire at the University, Dean Hutchins taught full time and was also the director of Lake Superior State University Health Center for 9 years. Dean Hutchins has also led the School of Nursing on two other occasions when the then Dean of Nursing had a dual role of Acting Provost. Please see the Chief nursing administrator's Curriculum Vitae (CV) available in the CCNE Resource room.

II-E. Faculty are:

- sufficient in number to accomplish the mission, goals, and expected program outcomes;
- academically prepared for the areas in which they teach; and
- experientially prepared for the areas in which they teach.

Elaboration: The faculty (full-time, part-time, adjunct, tenured, non-tenured, or other) for each degree and post-graduate APRN certificate program are sufficient in number and qualifications to achieve the mission, goals, and expected program outcomes. The program defines faculty workloads. Faculty-to-student ratios provide adequate supervision and evaluation and meet or exceed the requirements of regulatory agencies and professional nursing standards and guidelines.

Faculty are academically prepared for the areas in which they teach. Academic preparation of faculty includes degree specialization, specialty coursework, or other preparation sufficient to address the major concepts included in courses they teach. Faculty teaching in the nursing program have a graduate degree. The program provides a justification for the use of any faculty who do not have a graduate degree.

Faculty who are nurses hold current RN licensure. Faculty teaching in clinical/practicum courses are experienced in the clinical area of the course and maintain clinical expertise. Clinical expertise may be maintained through clinical practice or other avenues. Faculty teaching in advanced practice clinical courses meet certification and practice requirements as specified by the relevant regulatory and specialty bodies. Advanced practice nursing tracks are directly overseen by faculty who are nationally certified in that same population-focused area of practice in roles for which national certification is available.

Program Response:

At LSSU, the standards and procedures for awarding a new hire's initial appointment (tenure track, probationary, temporary) and rank (instructor, assistant professor, associate professor or professor) are described and defined in section seven of the [Faculty Association Contract](#). Further, the Faculty Association Contract, defines faculty as "full-time and regular part-time members of the schools, including librarians..." Full-time regular faculties are appointed to teach a minimum of 24 contract hours per academic year using a nine-month academic calendar year.

The Chief nursing administrator calculates the needed FTE's for the SON based on the attached faculty profile form (located in CCNE Resource Room) and workload forms for adjunct time. Each permanent employee is 1.0 FTE with the exception of those hired specifically as part-time. The SON currently employees 11 full-time, one part-time, and 5 FTE adjunct faculty members. The following formula is used to determine Adjunct FTE: Total contact hours per semester / 12. The total faculty FTE for the SON is 16.6. (part-time + actual load for adjuncts = total FTE)

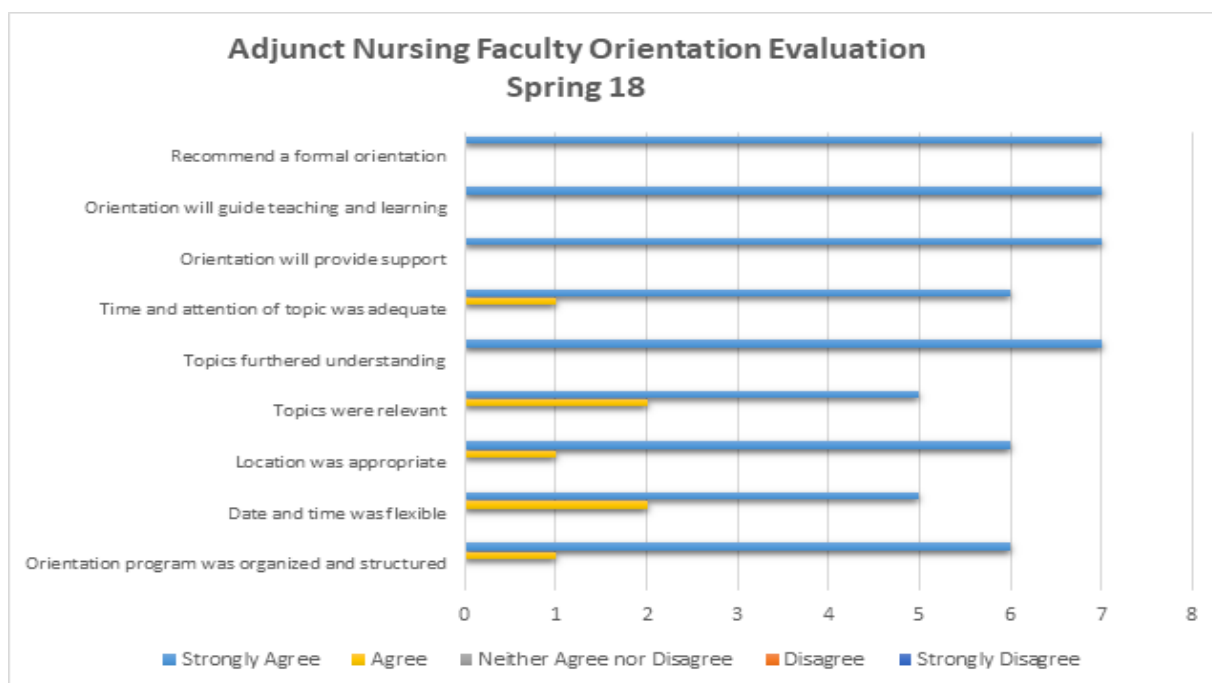
Nursing faculty course loads are prepared by the Chair of Nursing; with the assignments approved by the Chief Nursing Administrator. The required course load assigned to full-time regular nursing faculty is a minimum of 24 contract hours per academic year, although faculty may choose to work up to 18 contract hours in a single semester, but no more than 36 contract hours in a given academic year. In addition, the Faculty Association Contract defines one lecture credit as equal to one hour and is equivalent to one contract hour.

Review of appropriate course/faculty assignment is the responsibility of the Chief Nursing Administrator. Faculty are required by contract to submit a Teaching Qualifications form (TQF) which includes a list of courses the faculty is qualified to teach, with support either through education or experience for each listed course. The Chief Nursing Administrator is responsible to review and approve these forms for faculty. The Chief Nursing Administrator will discuss any potential denials of Teaching Qualification forms with the SON Chair. The SON faculty approve adjunct faculty on an annual basis after review of CV's and transcripts of potential adjuncts (see CCNE Resource Room - Approved Adjunct list).

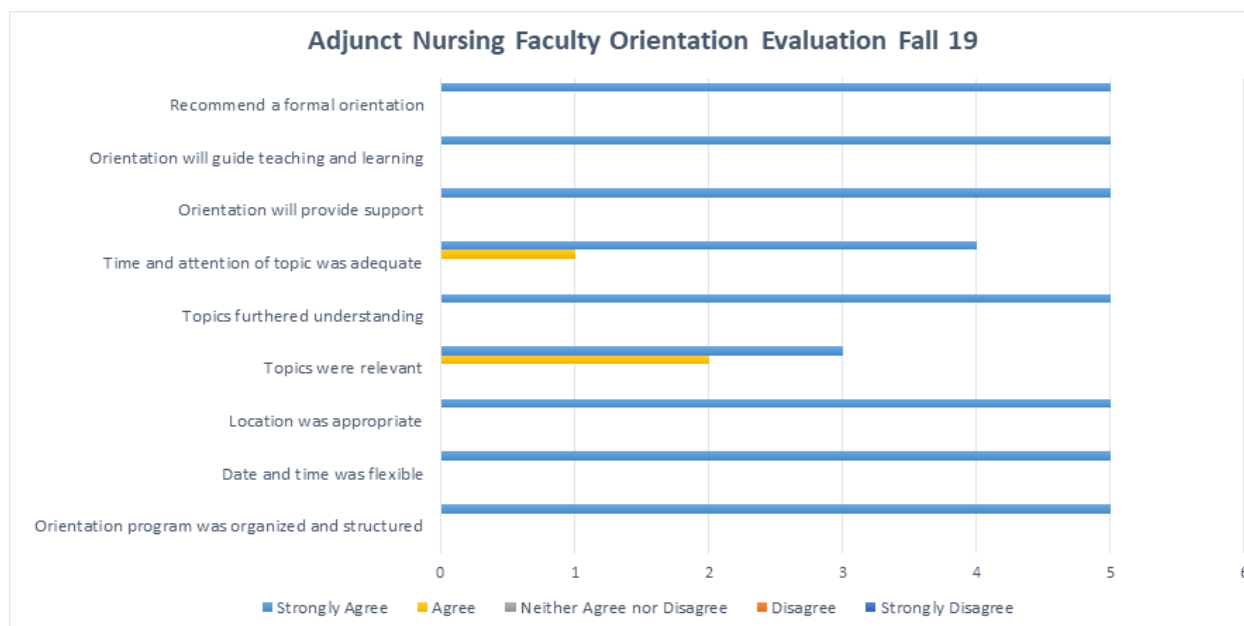
Clinical adjuncts demonstrate clinical competency in their current practice area. In addition, the SON prefers 4 years or more of experience in the practice area with a minimum of a BSN (MSN preferred). In cases where individuals have demonstrated expertise, but lack 4 years of experience, they are assigned to team teach with an experienced faculty member.

All nursing faculty continue to meet institutional standards as demonstrated through satisfactory completion of the University Evaluation process, which includes a direct evaluation, by the Chief Nursing Administrator on an annual basis. Tenured faculty are evaluated at least once every five years. Per the contract an annual report of activities that encompasses the areas of student learning, advising, scholarly activities and service activities must be submitted. This document is called the Professional Activities Report (PAR) and Yearly Activities Report (YAR). Activities regarding scholarly and service-learning are historically viewed as critical factors when faculty seek promotion and tenure. See Section IV-G for Aggregated Expected Outcome Attainment.

An adjunct clinical instructor orientation curriculum was piloted in the Spring 18 semester and was formally adopted in April 2018 for all new faculty and adjuncts. Results from the S18 orientation evaluation indicated a formal orientation program would be beneficial for adjunct nursing faculty. This information is used to tailor the orientation program to improve the process for newly hired faculty and adjunct instructors. The data obtained from the faculty evaluations following the orientation programs for Spring 2018 and Fall 2019 are represented in the following graphs.



The data shows seven (100%) strongly agreed the orientation program would provide support for adjunct instructors, in addition to helping guide teaching and learning. Additional data revealed six (85%) of the participants strongly agreed the program was well structured and organized, five (71%) felt topics were relevant and covered with clarity, and five (71%) felt the orientation was flexible with their schedule. Most importantly, seven (100%) of the participants strongly agreed they would recommend a formal orientation program for all adjunct nursing faculty.



The data shows five (100%) strongly agreed the orientation program would provide support for adjunct instructors, as well as, help guide teaching and learning. Additional data revealed five

(100%) of the participants strongly agreed the program was well structured and organized and 4 (80%) felt the topics were relevant and covered with clarity. All five (100%) felt the orientation was flexible with their schedule. Most importantly, five (100%) of the participants strongly agreed they would recommend a formal orientation program for all adjunct nursing faculty. Results from the S19 orientation evaluation indicate a formal orientation program continues to be beneficial.

II-F. Preceptors (e.g., mentors, guides, coaches), if used by the program as an extension of faculty, are academically and experientially qualified for their role.

This key element is not applicable to a degree or certificate program that does not use preceptors.

Elaboration: The roles and performance expectations for preceptors with respect to teaching, supervision, and student evaluation are:

- *clearly defined and communicated to preceptors;*
- *congruent with the mission, goals, and expected student outcomes;*
- *congruent with relevant professional nursing standards and guidelines; and*
- *reviewed periodically and revised as appropriate.*

Program response:

Currently, in our program, oversight of students during their clinical rotations is provided by faculty and adjunct faculty for the program. To enhance learning – particularly regarding a specialty within nursing practice or a unique patient care technique - students may be paired or collaboratively work with various clinicians who are employees of non-University facilities. Course coordinators have ongoing communication with these agency clinicians to ensure that the SON mission, expectations, and student course learning outcomes are being met. The University does not regard these mentors as functioning in a preceptor role as they do not have an employee/employer relationship with the University and thus do not have a contractual obligation to provide services to the University or its students. However, these health care community experts add to the knowledge and experiential bases of our students and thus provide important additions to programmatic learning.

II-G. The parent institution and program provide and support an environment that encourages faculty teaching, scholarship, service, and practice in keeping with the mission, goals, and expected faculty outcomes.

Elaboration: Institutional support is available to promote faculty outcomes congruent with defined expectations of the faculty role (full-time, part-time, adjunct, tenured, non-tenured, or other) and in support of the mission, goals, and expected faculty outcomes.

- *Faculty have opportunities for ongoing development in teaching.*
- *If scholarship is an expected faculty outcome, the institution provides resources to support faculty scholarship.*
- *If service is an expected faculty outcome, expected service is clearly defined and supported.*
- *If practice is an expected faculty outcome, opportunities are provided for faculty to maintain practice competence.*
- *Institutional support ensures that currency in clinical practice is maintained for faculty in roles that require it.*

Program Response:

Faculty members maintain a strong record of scholarship with a focus on linear and end-based models of learning that focus on process-based and experiential student learning. The SON works from the [Boyer Model](#) that includes discovery, integration, application, and teaching as forms of scholarship. Professional Development Funds as outlined in the current faculty association collective bargaining agreement are allocated to all SON faculty members to enhance the scholarship of teaching and evidenced based nursing practice. This process is tracked at both the program and university level via the electronic program Nuventive Improve.

In order to facilitate faculty participation in professional development activities, a team approach is implemented. This entails faculty collaboration for ensuring student outcomes continue to be met with the instructors absence. To enhance faculty educational endeavors at the doctoral level for maximum professional development and ultimate student benefit, the SON and LSSU encourages sabbatical leaves. Faculty are also encouraged to sit on Community/Facility Advisory Boards as ambassadors from LSSU, which can ultimately provide clinical placement avenues and foster a stronger community based commitment. Service is an expected faculty outcome and is emphasized in the evaluation process as defined by the Faculty Association Collective Agreement.

The SON supports faculty development through activities such as, active participation on University wide committees, workshops, encouraging conference attendance, achieving advanced certifications, and support for doctorate achievement. It is also expected that faculty submit plans for continued professional development as part of their annual review process.

Service is an expected faculty outcome and is emphasized in the evaluation process as defined by the Faculty Association Collective Agreement. For example, faculty leadership with Relay for Life activities, Sigma Theta Tau board membership, coordination of Teddy Bear clinic, Community Baby Shower, Veterans Resource fair and more. Not only are the faculty engaged and active in this service experience but students as well.

Standard III

Program Quality: Curriculum and Teaching-Learning Practices

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

III-A. The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that:

- are congruent with the program's mission and goals;
- are congruent with the roles for which the program is preparing its graduates; and
- consider the needs of the program-identified community of interest.

Elaboration: Curricular objectives (e.g., course, unit, and/or level objectives or competencies as identified by the program) provide clear statements of expected learning that relate to student outcomes. Expected outcomes relate to the roles for which students are being prepared.

Program Response:

The School of Nursing develops curriculum and student outcomes that are congruent with both the University and program's mission and goals. The SON Curriculum and Outcomes committee is responsible for the development, implementation and revision of courses within the BSN program. Interpretation of the nursing paradigm as outlined in the Student handbook is incorporated within the curriculum for both the generic BSN and BSN completion program. Student outcomes are outlined within the respective course syllabi and program outcomes can be located in the Student handbook. Examples of course syllabi can be located in the CCNE Resource room.

The SON continues to offer two curricular tracks in the Bachelors of Science Degree in Nursing. There is a four-year pre-licensure program and two-year post licensure program for registered nurses. Students in both these tracks are provided learning opportunities to develop their knowledge and acquire the necessary skills for application in the practice of professional nursing. The baccalaureate graduate is prepared as a generalist nurse to provide care in a variety of settings at the primary, secondary and tertiary levels.

Course leveling occurs annually as part of curriculum and outcome review. Please see BSN Program Outcomes (Appendix III). This process begins with the Curriculum and Outcomes committee and culminates in discussion and information dissemination in the SON meetings and annual retreats. The goal includes direct linkage of content and learning to the nine essential program outcomes and University student learning outcomes.

The SON actively collaborates with its program-identified communities of interest in relationship to decision making to support program and curriculum design. Historically, each semester students would evaluate their clinical sites to determine whether student and organizational needs are met in alignment with best learning practices. The results from these evaluations are shared with the communities of interest annually at an Advisory council meeting that is hosted by the SON. Topics discussed include but are not limited to evaluation results, curriculum design, placement needs and unique needs of diverse populations. (See examples of clinical placement survey). This process is currently being reviewed for effectiveness. In addition, course coordinators work with their assigned communities of interest to ensure that specific orientation needs, accreditation requirements, skills training and technology requirements are met each semester.

III-B. Baccalaureate curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).

Baccalaureate program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008).

This key element is not applicable if the baccalaureate degree program is not under review for accreditation.

Elaboration: The baccalaureate degree program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curriculum.

Program Response:

The SON faculty is committed to a culture of review, assessment, evaluation with a curriculum focus on evidence-based practice. The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN 2008) are reviewed regularly by the SON Curriculum and Outcomes committee to ensure that the BSN curriculum facilitates achievement of student outcomes and preparation of the graduate for entry level practice through identified student assignments. This is reflective in course assessment data which is collected, analyzed, trended and may identify needs of change by faculty members each semester.

The SON Curriculum & Outcomes committee reviews, evaluates and makes recommendations to the SON faculty related to course revisions as needed. Student outcomes are linked to both course and program objectives in alignment with program assessment measures that are tracked each semester in a computer software program called Nuventive Improve. Please see document: Program (COHB) Nursing BSN Fall 2019 in CCNE Resource room for an example of the SON program assessment. All syllabi clearly outline the course and program objectives and are linked appropriately to Institutional Learning Outcomes (ILO's). To ensure the meeting of expected learning outcomes, both the course instructor and the SON Curriculum and Outcomes committee then analyze these results from this process. This process provides the SON with opportunities to identify and address lower scoring NCLEX content areas. In particular, the areas of pharmaceutical prevention strategies that also link to harm and risk reduction were identified as such.

Aggregate data including student feedback, decreasing overall NCLEX pass rates and a trending decline in the pharmacology portion of the NCLEX test plan prompted an identified curricular change. In Spring 2019, the SON created and implemented a Pathopharmacology elective course. Faculty members have also emphasized a more concentrated focus to include medication administration application within their classroom lectures, labs and simulation experiences. Additionally, the SON unanimously approved the incorporation of a live in-seat NCLEX review program starting in the Fall of 2019 for the senior graduate class. Data collected in the chart below identifies positive upwards trends in alignment with these curricular changes.

ATI Predictor Test Group Performance data

Sub-scale	Cohort group score Spring 19	Cohort group score Fall 18	Cohort group score Spring 18	Cohort group score Fall 17	Cohort Group Score Spring 17	Cohort group score Fall 16	Cohort group score Spring 16
Management of Care	78.3	70.5	68.4	70.4	67.4	58.5	73.5
Safety and Infection Control	62.3	61.4	62.2	54.6	63.4	59.6	57.8
Health Promotion and Maint	67.5	58.5	58.8	54.4	72.6	59.1	56.1
Psychosocial Integrity	67.5	58.2	67.0	70.5	61.2	67.4	66.9
Basic Care and Comfort	50.0	64.1	60.4	64.1	74.4	53.8	56.2
Pharm and Parenteral Therapy	66.9	53.2	57.1	53.6	67.9	50.3	57.0
Reduction of Risk Potential	60.5	57.4	58.7	50.0	70.4	52.4	58.6
Physiological Adaptation	63.5	57.8	57.1	59.8	69.6	56.2	56.9

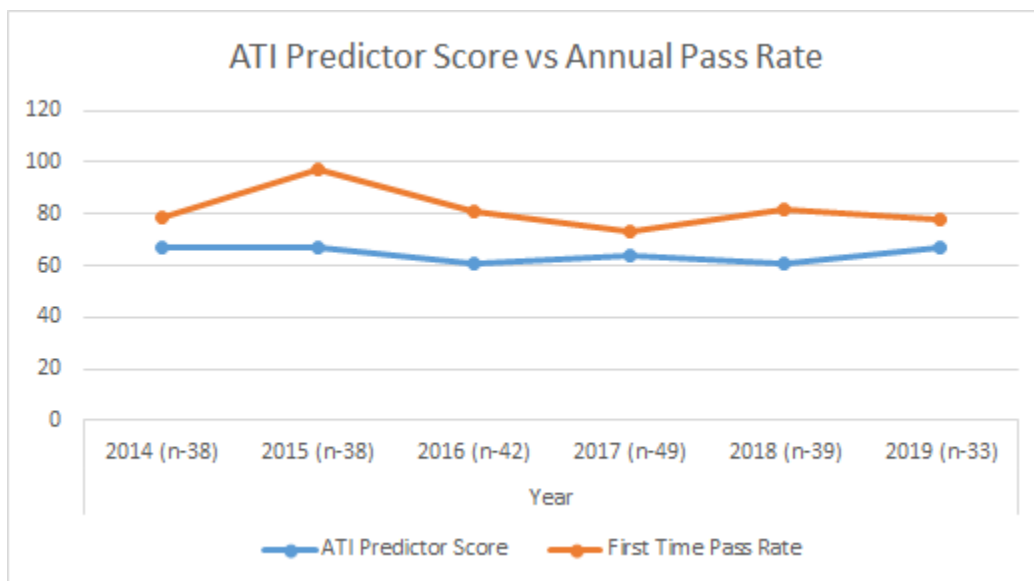
Xxx = Highlight shows the lowest scoring content areas for each cohort.

Of note for the Spring 2019 cohort – only one student scored below a 50% probability of passing NCLEX on the first ATI Predictor attempt. Previous cohorts have had several in each class. The overall group score for the Spring 2019 cohort is 67.0 % which is higher than it has been since Spring 2017. In contrast to the trend, Pharmacology was not a low scoring area, and actually demonstrated some improvement. While we saw an improvement in ATI predictor results and the pharmacology and parenteral therapy client need category, we did not have enough data to have a clear demonstration that the Pathopharmacology course has had an impact on the passing of the NCLEX.

As part of our NCLEX Improvement plan, a Hurst NCLEX Review course was implemented in fall 2019. The ATI Predictor test was given one week after the Hurst Review, with the majority of students scoring at a greater than 50% passing probability. Only 3 students scored in the 50% for passing probability, and no student scored below 50% probability. This outcome data demonstrates positive trending when assessed against previous years data. The SON will

continue to track and evaluate these results prior to implementing any further curriculum changes.

The SON faculty assesses our pass rate data as a critical metric, on an ongoing basis as a component of our program evaluation and assessment plan. This data is a foundational step towards process improvement and formulation of a plan to address this downward trend in pass rates.



Please refer to Section IV-C for LSSU SON NCLEX Pass Rate History.

III-C. Master's curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).

- Master's program curricula incorporate professional standards and guidelines as appropriate.
 - a. All master's degree programs incorporate *The Essentials of Master's Education in Nursing* (AACN, 2011) and additional relevant professional standards and guidelines as identified by the program.
 - b. All master's degree programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016).
- Graduate-entry master's program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and appropriate graduate program standards and guidelines.

This key element is not applicable if the master's degree program is not under review for accreditation.

Elaboration: The master's degree program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curricula.

Master's degree APRN education programs (i.e., clinical nurse specialist, nurse anesthesia, nurse midwife, and nurse practitioner) incorporate separate comprehensive graduate-level courses to address the APRN core, defined as follows:

- *Advanced physiology/pathophysiology, including general principles that apply across the lifespan;*
- *Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and*
- *Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.*

Additional APRN core content specific to the role and population is integrated throughout the other role and population-focused didactic and clinical courses.

Master's degree programs that have a direct care focus but are not APRN education programs (e.g., nurse educator and clinical nurse leader) incorporate graduate-level content addressing the APRN core. These programs are not required to offer this content as three separate courses.

Program Response:

This key element is not applicable to this program

III-D. DNP curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).

- **DNP program curricula incorporate professional standards and guidelines as appropriate.**
 - a. **All DNP programs incorporate *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006) and additional relevant professional standards and guidelines if identified by the program.**
 - b. **All DNP programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016).**
- **Graduate-entry DNP program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and appropriate graduate program standards and guidelines.**

This key element is not applicable if the DNP program is not under review for accreditation.

Elaboration: The DNP program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curricula.

DNP APRN education programs (i.e., clinical nurse specialist, nurse anesthesia, nurse midwife, and nurse practitioner) incorporate separate comprehensive graduate-level courses to address the APRN core, defined as follows:

- *Advanced physiology/pathophysiology, including general principles that apply across the lifespan;*
- *Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and*
- *Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.*

Additional APRN core content specific to the role and population is integrated throughout the other role and population-focused didactic and clinical courses.

Separate courses in advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology are not required for students enrolled in post-master's DNP programs who hold current national certification as advanced practice nurses, unless the program deems this necessary.

Program Response:

This key element is not applicable to this program

III-E. Post-graduate APRN certificate program curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate). Post-graduate APRN certificate programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016).

This key element is not applicable if the post-graduate APRN certificate program is not under review for accreditation.

Elaboration: The post-graduate APRN certificate program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curricula.

APRN education programs (i.e., clinical nurse specialist, nurse anesthesia, nurse midwife, and nurse practitioner) incorporate separate comprehensive graduate-level courses to address the APRN core, defined as follows:

- *Advanced physiology/pathophysiology, including general principles that apply across the lifespan;*
- *Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and*
- *Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.*

Additional APRN core content specific to the role and population is integrated throughout the other role- and population-focused didactic and clinical courses.

Separate courses in advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology are not required for certificate students who have already completed such courses, unless the program deems this necessary.

Program Response:

This key element is not applicable this program

III-F. The curriculum is logically structured to achieve expected student outcomes.

- **Baccalaureate curricula build on a foundation of the arts, sciences, and humanities.**
- **Master's curricula build on a foundation comparable to baccalaureate-level nursing knowledge.**
- **DNP curricula build on a baccalaureate and/or master's foundation, depending on the level of entry of the student.**
- **Post-graduate APRN certificate programs build on graduate-level nursing competencies and knowledge base.**

Elaboration: Baccalaureate degree programs demonstrate that knowledge from courses in the arts, sciences, and humanities is incorporated into nursing practice. Graduate-entry programs in nursing incorporate the generalist knowledge common to baccalaureate nursing education as delineated in The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008) as well as advanced nursing knowledge.

Graduate programs are clearly based on a foundation comparable to a baccalaureate degree in nursing. Graduate programs delineate how students who do not have a baccalaureate degree in nursing acquire the knowledge and competencies comparable to baccalaureate education in nursing as a foundation for advanced nursing education. Programs that move students from basic nursing preparation (e.g., associate degree or diploma education) to a graduate degree demonstrate how these students acquire the baccalaureate-level knowledge and competencies delineated in The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008), even if they do not award a baccalaureate degree in nursing in addition to the graduate degree.

DNP programs, whether post-baccalaureate or post-master's, demonstrate how students acquire the doctoral-level knowledge and competencies delineated in The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006). If the program awards the master's degree as part of the DNP program, the program demonstrates how students acquire the master's-level knowledge and competencies delineated in The Essentials of Master's Education in Nursing (AACN, 2011) and, if applicable, Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2016).

The program provides a rationale for the sequence of the curriculum for each program.

Program Response:

The BSN Nursing Program curriculum incorporates the arts, sciences and humanities to logically structure and provide a suggested course pattern that integrates required general education courses. These courses are integrated throughout the entire curriculum and include such courses as Statistics, Humanities, Diversity courses, and others. Though students are required to take specific courses from the General Education requirements for completion of the BSN program, they are able to choose from multiple disciplines to complete their Humanities General Education requirements for a bachelor's degree from LSSU. [See LSSU General Education requirements.](#)

III-G. Teaching-learning practices:

- support the achievement of expected student outcomes;
- consider the needs and expectations of the identified community of interest; and
- expose students to individuals with diverse life experiences, perspectives, and backgrounds.

Elaboration: Teaching-learning practices (e.g., simulation, lecture, flipped classroom, case studies) in all environments (e.g., virtual, classroom, clinical experiences, distance education, laboratory) support achievement of expected student outcomes identified in course, unit, and/or level objectives.

Teaching-learning practices are appropriate to the student population (e.g., adult learners, second-language students, students in a post-graduate APRN certificate program), consider the needs of the program-identified community of interest, and broaden student perspectives.

Program Response:

In both the generic BSN and post BSN-completion programs, there are supportive environments that provide students with learning opportunities that incorporate a variety of teaching and learning strategies in alignment with both program and course outcomes. For the generic BSN program, didactic courses teach pathophysiology, pharmacology, nursing concepts and research through classroom lecture. Activities may include classroom discussions, case studies, flipped classrooms, group work, videos, and student presentations that allow the student to apply evidenced-based concepts to nursing practice. Students receive additional learning opportunities for courses with clinical components in the nursing campus lab, on site clinical rotations, and at the Simulation Center that allows students the opportunity to apply knowledge learned in the classroom setting in real and simulated environments. Online and blended learning course work in both concentrations may include simple word documentation, threaded discussions, evidenced-based practice websites, and streaming videos. Students in the Post RN BSN completion program experience a combination of didactic learning through distance education in the form of face-to-face lecture at regional sites, hands on labs, seminar, and an online format, Zoom or “Big Blue Button” via Moodle.

The SON collaborates with the program-identified communities of interest in decision-making for the program and curriculum design. As described in Section III-A, students evaluate each clinical site in order to ascertain whether best learning practices and both student and organizational needs are being met. The SON at LSSU shares the results of these evaluations at the Advisory Council meetings hosted once a year. Representatives from all clinical sites and collaborating agencies attend the Advisory meeting. Placement needs, evaluation results, curriculum planning, and unique needs of diverse student populations are discussed with the communities of interest.

In addition to the diverse life-experiences, perspectives, and backgrounds of the faculty, students gain exposure to individuals with diverse life-experiences, perspectives, and backgrounds through clinical rotations in community and inpatient settings. Such exposure is gained from participating in home visits, attending culturally rich community events, caring for patients from the Sault Tribe of Chippewa Indians and at Canadian Healthcare facilities, as well as from a study abroad program. The opportunity to participate in this type of educational exchange increases self-awareness along with recognizing the unique needs of others.

In addition, the course coordinators in the SON maintain a working relationship with their specific communities of interest to assure that their needs and expectations are met. This may include specific orientation needs, accreditation requirements, training for specific skills, and overall technology requirements.

III-H. The curriculum includes planned clinical practice experiences that:

- enable students to integrate new knowledge and demonstrate attainment of program outcomes;
- foster interprofessional collaborative practice; and
- are evaluated by faculty.

Elaboration: To prepare students for a practice profession, each track in each degree program and each track in the post-graduate APRN certificate program affords students the opportunity to develop professional competencies and to integrate new knowledge in practice settings aligned to the educational preparation. Clinical practice experiences include opportunities for interprofessional collaboration. Clinical practice experiences are provided for students in all programs, including those with distance education offerings. Clinical practice experiences align with student and program outcomes. These experiences are planned, implemented, and evaluated to ensure students are competent to function as members of interprofessional teams at the level for which they are being prepared.

Programs that have a direct care focus (including, but not limited to, post-licensure baccalaureate and nurse educator tracks) provide direct care experiences designed to advance the knowledge and expertise of students in a clinical area of practice.

Program Response:

Students have planned clinical, laboratory, and simulation experiences that consistently include interprofessional teamwork and collaboration. Currently the program has agreements with 20 clinical practice sites in the United States and Canada, listed in the BSN handbook. All contracts with these agencies are currently up to date and on file in the School of Nursing office. BSN-completion students collaborate with their instructor and the Chief Nurse Administrator to arrange clinical experiences that are tailored to assure program outcomes achievement.

The number of direct hours of clinical practice at each level is outlined on the Program Theory & Clinical hours document (CCNE resource room), for a total of 930 hours in the campus lab, high fidelity simulation, and direct patient care. The Curriculum and Outcomes committee, course coordinators, and the Chief Nurse Administrator assess clinical sites for effectiveness and feasibility in meeting student learning outcomes on a yearly basis. Clinical site evaluation is criterion-based and is measured by the following: direct observation of student learning opportunities by the instructor, end of course student surveys of the clinical agency, and review of course objectives by the course coordinator. The clinical site evaluation data is shared with the Communities of Interest each year during the Nursing Advisory meeting. During this meeting, the Communities of Interest also have the opportunity to inform the SON of community needs to help shape the curriculum and clinical planning.

III-I. Individual student performance is evaluated by the faculty and reflects achievement of expected student outcomes. Evaluation policies and procedures for individual student performance are defined and consistently applied.

Elaboration: Evaluation of student performance is consistent with expected student outcomes. Grading criteria are clearly defined for each course, communicated to students, and applied consistently. Processes exist by which the evaluation of individual student performance is communicated to students. In instances where preceptors facilitate students' clinical learning experiences, faculty may seek input from preceptors regarding student performance, but ultimately faculty are responsible for evaluation of individual student outcomes. The requirement for evaluation of student clinical performance by qualified faculty applies to all students in all programs. Faculty evaluation of student clinical performance may be accomplished through a variety of mechanisms.

Program Response:

In both the generic BSN and BSN- completion program, grading criteria for courses are identified in the individual course syllabi and in section five of the BSN program [Handbook](#). As determined by the LSSU School of Nursing faculty, final grades for clinical nursing courses cannot be determined for the course until after both the exam and clinical components have been evaluated separately. These two key components must meet the following criteria for all core clinical courses: i.e. minimum of 72% non-rounded exam average for the theory component ii “Satisfactory” for the clinical component.

The individual course syllabi are distributed to students on the first day of class and/or posted on Moodle, the learning management system utilized by LSSU. All course syllabi are submitted to the Academic Assistant for the School of Nursing, and are posted to the Provost network O drive.

Grading rubrics for course assignments that are tracked and trended can be located in Nuventive Improve. Faculty at LSSU are encouraged to keep students apprised of their performance and to submit midterm and final grades. Faculty’s evaluation of student performance on exams and/or paperwork is reported to individual students either on the Moodle platform or one-on-one with the individual students by their faculty. Evaluation of clinical performance is based on clinical paperwork, performance in simulation lab and performance in the clinical setting.

The BSN Program utilizes a standardized clinical evaluation tool (along with evaluation tool guidelines) that consistently measures student performance allowing for feedback from the student and to the student about their performance in each clinical nursing course. This tool is utilized both as a mid-term formative evaluation and a final summative evaluation for each clinical course. See document: Clinical Evaluation Template in the CCNE Resource Room folder. Competency-based performance evaluation (Satisfactory/Unsatisfactory) is utilized in courses with on-campus laboratory components.

III-J. The curriculum and teaching-learning practices are evaluated at regularly scheduled intervals, and evaluation data are used to foster ongoing improvement.

Elaboration: Faculty use data from faculty and student evaluation of teaching-learning practices to inform decisions that facilitate the achievement of student outcomes. Such evaluation activities may be formal or informal, formative or summative. The curriculum is regularly evaluated by faculty and revised as appropriate.

Program Response:

Faculty at LSSU utilize several means to evaluate their teaching-learning practices. Faculty are to evaluate and report current teaching learning practices and students’ ability to achieve course objectives each semester and document this assessment in the Nuventive assessment tool. Faculty utilize this assessment information to guide improvement and track changes of teaching-learning practices.

Non-tenured faculty have a classroom visit each academic year by the Chief Nurse Administrator, an assigned tenured faculty member and a faculty member of their choosing in

accordance with the LSSU faculty association collective bargaining unit. Whereas tenured faculty are formally evaluated every 5 years in alignment with the same format utilized by non-tenure faculty. However, tenured faculty complete a summative evaluation, which is titled Professional Activities Report (PAR), as outlined in the LSSU faculty association collective bargaining unit handbook.

The faculty evaluation process includes evaluation narratives, PAR's, peer reviews, classroom evaluations, summative of student advising and course comments, a departmental agreed upon professional activities weighing form and yearly activities report.

In 2017 the University converted to a fully electronic course survey evaluation results system referred to as the *Class Climate Survey*. Each semester faculty receive student evaluation data regarding the classroom, laboratory and clinical settings. Faculty utilize this data to help guide teaching-learning practices.

The SON is engaged in on-going evaluation of the curriculum and students achievement of outcomes throughout the program and success in National Council Licensure Examination (NCLEX). For example, student evaluations prompted the SON Curriculum Committee to engage in discussions regarding Pharmacology scores on the NCLEX-RN exam. The threading of Pharmacology concepts was evaluated within all courses in the BSN Curriculum. A program called SafeMedicate was integrated throughout all Nursing clinical courses beginning Fall 2018.

An identified area of opportunity to support student learning in this area was to integrate an elective Pathopharmacology course for students who have already taken the Pathophysiology and Pharmacology courses. This course was implemented beginning in Spring 2019 and is case-study, application-based and simulation learning. Please see Section III-B for ATI Predictor Test Group Performance Data chart. However, since only one cohort of students (n=18) has tested after the integration of the elective Pathopharmacology course and the SafeMedicate program, the SON faculty will continue to gather this data prior to making any correlations or further changes in the curriculum.

Standard IV

Program Effectiveness: Assessment and Achievement of Program Outcomes

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

IV-A. A systematic process is used to determine program effectiveness.

Elaboration: The program (baccalaureate, master's, DNP, and/or post-graduate APRN certificate) uses a systematic process to obtain relevant data to determine program effectiveness. The process:

- *is written, is ongoing, and exists to determine achievement of program outcomes;*
- *is comprehensive (i.e., includes completion, licensure, certification, and employment rates, as required by the U.S. Department of Education; faculty outcomes; and other program outcomes);*
- *identifies which quantitative and/or qualitative data are collected to assess achievement of the program outcomes;*
- *includes timelines for data collection, review of expected and actual outcomes, and analysis; and*
- *is periodically reviewed and revised as appropriate.*

Program Response:

To determine program effectiveness, the SON utilizes a systematic process. The following timeline relates to evaluation of faculty, students, clinical sites, and employers:

Title of Evaluation	March	April	May	November	December
End of Program Evaluation for Graduates 1 yr out	Electronic			electronic	
Clinical Site Evaluations to current students		Week 13			Week 13
Classroom/Lab Evaluations to current students		Week 14			Week 14
Employer Evaluations To graduate's employer			paper or electronic	paper or electronic	
Simulation Evaluation to Students		Week 13/14			Week 13/14

Links to these evaluations are emailed out by the SON Administrative Assistant with evaluation data collected via Survey Monkey™. This accompanies our Evaluation Plan Process (included in Appendix IV) which outlines the schedule for implementation of our Evaluation Plan. The SON Administrative Assistant emails out links to these evaluations; evaluation data is collected via Survey Monkey™. The Curriculum & Outcomes committee annually evaluates this data and presents it for discussion to the entire Nursing faculty group, as well as to the Advisory Board.

Each semester, the SON obtains licensure rates from the NCSBN Semi-Annual NCLEX-RN program reports. The SON Curriculum & Outcomes committee tabulates this information and shares it with the SON faculty and staff for discussion and decision-making. The following is an example of how the SON utilizes aggregate outcome data in a systematic manner to inform decision-making for program improvement. Although the NCLEX Improvement plan is ongoing, this example is a representation of our process.

Program Outcome: Improved NCLEX Pass Rates

Expected Level of Achievement: December 2017 graduates will achieve minimum 80% pass rate

Actual Outcome: final results pending (90%) pass rate as of May 1, 2018

Explanation: 2016 pass rates: 80.9%, 2017 pass rates 73% for first time test-takers.

Action Plan: NCSBN NCLEX review program purchased for Spring 2017 graduates, individual NCLEX Success Plans created with students, tracking and trending of ATI Predictor scores, adjustment of ATI Predictor testing time frame, NCLEX test-taking strategies threaded throughout program, development of Pathopharmacology course.

Faculty Participation: Multiple faculty meeting discussions took place regarding low pass rate trends and influencing factors. Faculty mentoring of NCSBN study sessions took place, each faculty integrated test-taking strategies into courses. All decisions for this issue were done as a faculty group after discussion

In a University process beginning Spring 2020, the SON Chair now reviews the BSN Program outcome assessment data with the faculty group within the first 2 weeks of each semester. Through assessment of Student Learning Outcomes data that has been specifically linked to Program Learning Outcomes, the SON engages in discussion and decision-making for program improvement.

Measures of student achievement include trending of program completion, withdrawal and attrition rates. This information is compiled in compliance with an annual report that is submitted to the Michigan Board of Nursing. Data regarding graduate employment rates are obtained through sources such as social media and e-mails from graduates as well as personal conversation with staff and faculty.

IV-B. Program completion rates demonstrate program effectiveness.

This key element is not applicable to a degree or certificate program that does not yet have individuals who have completed the program.

Elaboration: The program (baccalaureate, master's, DNP, and/or post-graduate APRN certificate) demonstrates achievement of required program outcomes regarding completion in any one of the following ways:

- *the completion rate for the most recent calendar year (January 1 through December 31) is 70% or higher;*
- *the completion rate is 70% or higher over the three most recent calendar years;*
- *the completion rate is 70% or higher for the most recent calendar year when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education; or*
- *the completion rate is 70% or higher over the three most recent calendar years when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education.*

The program identifies the cohort(s), specifies the entry point, and defines the time period to completion, each of which may vary by track; however, the program provides the completion rate for the overall degree/certificate program. The program describes the formula it uses to calculate the completion rate. The program identifies the factors used and the number of students excluded if some students are excluded from the calculation.

Program Response:

Program completion rates are defined as the number of students who complete the program within 150% of the time of the stated program length. The program is four years in length consisting of two semesters each academic year, fall and spring. Semesters one and two of the first year are considered pre-nursing where the student is required to complete prerequisite and supporting nursing courses. The length of the program is adjusted to begin with the first required nursing course in the first semester of year two. To calculate the completion rates, the number of students who complete the program within 150% of the three years (adjust program length) is divided by the total number of graduates (May and December) for the academic year.

Program Completion Rates

Admitted	Graduated	Number of cohort completers	Percentage completion rate
Fall 2014	S17 Grads	23 / 24	95.8%
Spring 2015	F17 Grads	20 / 21	95.2%
Fall 2015	S18 Grads	22 / 23	95.6%
Spring 2016	F18 Grads	18 / 19	94.7%
Fall 2016	S19 Grads	TBD	TBD

Number of graduates for student withdrawals and failures from the program are tracked each semester in conjunction with the reasons for these withdrawals and failures.

IV-C. Licensure pass rates demonstrate program effectiveness.

This key element is not applicable to a program that does not prepare individuals for licensure examinations or does not yet have individuals who have taken licensure examinations.

Elaboration: Programs with a pre-licensure track demonstrate achievement of required program outcomes regarding licensure. The program demonstrates that it meets the licensure pass rate of 80% in any one of the following ways:

- *the NCLEX-RN® pass rate for each campus/site and track is 80% or higher for first-time takers for the most recent calendar year (January 1 through December 31);*
- *the pass rate for each campus/site and track is 80% or higher for all takers (first-time and repeaters who pass) for the most recent calendar year;*
- *the pass rate for each campus/site and track is 80% or higher for all first-time takers over the three most recent calendar years; or*
- *the pass rate for each campus/site and track is 80% or higher for all takers (first-time and repeaters who pass) over the three most recent calendar years.*

For each campus/site and track, identify which of the above options was used to calculate the pass rate.

Program Response:

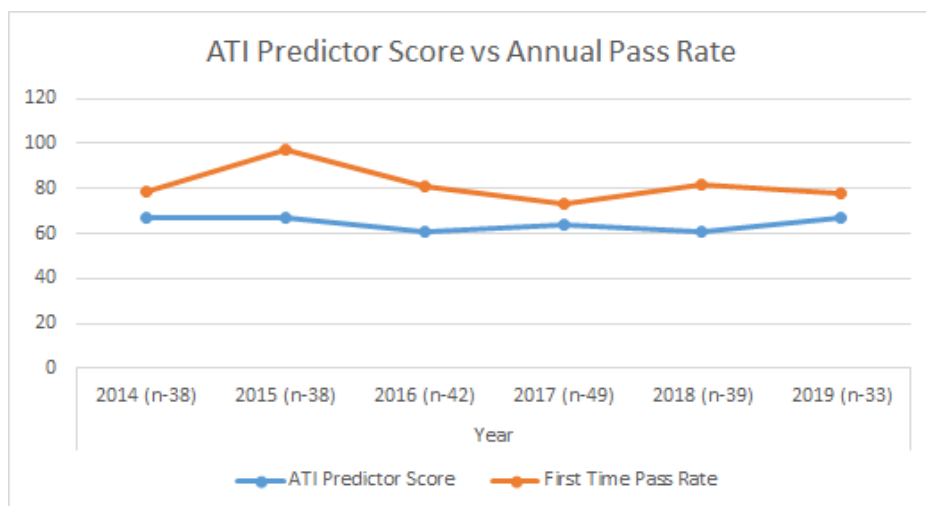
Our BSN program has demonstrated NCLEX-RN licensure pass rates of > 80% for first-time takers for the past 2 years as shown in the below table. The LSSU BSN program has demonstrated 82.5% pass rate for first time NCLEX RN test takes for the most recent calendar year January 1 - December 31, 2018. The table below shows the history of pass rates at this school. It is noted that in 2017, there was a dip below the 80% target.

Table Licensure NCLEX-RN Pass Rates for BSN graduates.

Year	Exam	First Time Testers (n)	First Time Pass Rate	Final Pass rate: 2 or more attempts
2014	NCLEX-RN	38	78.94%	100%
2015	NCLEX-RN	38	97.37%	100%
2016	NCLEX-RN	42	80.95%	100%
2017	NCLEX-RN	49	73%	100%
2018*	NCLEX-RN	39	82.05%	97.43%
2019	NCLEX-RN	39	76.9%	pending

***1 person needs to retest.**

The SON constantly analyzes ATI predictor test scores for comparison to NCLEX pass rate. The following table represents the trends over the last 6 years for comparison.



In 2016, the pass rate for first time test takers fell to 80.95%. With issues from the 2014 drop to 78.8% already addressed, the school began an extensive investigation regarding the causes of the drop and crafted a plan for improvement. Areas of focus included program, students, faculty and institutional support. Of note for the ATI Predictor testing for the Spring 2019 cohort – only one person scored below 50% probability of passing NCLEX on the first attempt. Previous cohorts have had several students score below 50% probability of passing NCLEX on the first attempt. Also of note, the overall group score on the ATI Predictor testing was 67.0 % which is higher than it has been since Spring 2017.

The faculty and staff of the SON discussed these NCLEX pass rates and analyzed the NCLEX test plan in order to identify opportunities for improvement. These discussions resulted in implementation of the following measures to assist with our:

NCLEX Improvement Plan

1. Students in the NURS436 capstone class take the ATI predictor test. To encourage study in preparation for the NCLEX, the ATI predictor test score became 10% of their grade for NURS436. Students are counseled one-on-one by faculty advisors about their test results and for an NCLEX Success plan.
2. Students continue to create an NCLEX Success Plan as part of their grade in NURS436. The success plan uses information garnered from the ATI tests, along with information from assignments in the Lippincott PassPoint NCLEX preparation product, and as of Fall 2019, the HURST NCLEX Preparation product. The Success Plan is individualized to the student after the student analyzes the testing results, which identify weaknesses in the client needs categories.
3. In Fall 2018, the nursing faculty agreed that the ATI testing product was not completely meeting the needs of the student. It was voted to re-investigate the need for a live NCLEX review program. A survey of the students who graduated in Spring of 2017 and Fall of 18 showed that about 75% of graduates use some type of live or webinar based review program of their choice. They supplement this with an online test question bank of their choice. By implementing the live review program as part of the NURS436 capstone course, all students will now have a review program. This plan was implemented in Fall 2019.
4. Pharmacology is an area the SON continuously monitors. Please see Section III-J for the narrative describing the Pathopharmacology course developed in Spring 2019 to address an opportunity for student learning. Additionally, the curriculum plan was shifted

to allow students to take the Pathopharmacology course in their Junior year to reinforce information learned in the pharmacology course taken in their Sophomore year.

5. In Spring of 2018, faculty assignments shifted to better align faculty qualifications with course content.
6. Several students were educated on options available to use testing accommodations due to their disabilities. These students worked closely with the Accessibility Services office on campus when scheduling their NCLEX exam.

As the Fall 2019 cohort NCLEX results become available in Spring 2020, the SON faculty will begin the process of ongoing evaluation of the NCLEX Improvement Plan (as noted above) for completion of required program outcomes related to licensure.

IV-D. Certification pass rates demonstrate program effectiveness.

This key element is not applicable to a degree or certificate program that does not prepare individuals for certification examinations or does not yet have individuals who have taken certification examinations.

Elaboration: The master's, DNP, and post-graduate APRN certificate programs demonstrate achievement of required program outcomes regarding certification. For programs that prepare students for certification, certification pass rates are obtained and reported for those completers taking each examination, even when national certification is not required to practice in a particular state.

For programs that prepare students for certification, data are provided regarding the number of completers taking each certification examination and the number that passed. A program is required to provide these data regardless of the number of test takers.

A program that prepares students for certification demonstrates that it meets the certification pass rate of 80%, for each examination, in any one of the following ways:

- *the pass rate for each certification examination is 80% or higher for first-time takers for the most recent calendar year (January 1 through December 31);*
- *the pass rate for each certification examination is 80% or higher for all takers (first-time and repeaters who pass) for the most recent calendar year;*
- *the pass rate for each certification examination is 80% or higher for all first-time takers over the three most recent calendar years; or*
- *the pass rate for each certification examination is 80% or higher for all takers (first-time and repeaters who pass) over the three most recent calendar years.*

The program identifies which of the above options was used to calculate the pass rate. The program provides certification pass rate data for each examination but, when calculating the pass rate described above, may combine certification pass rate data for multiple examinations relating to the same role and population.

Program Response:

Not applicable to this program.

IV-E. Employment rates demonstrate program effectiveness.

This key element is not applicable to a degree or certificate program that does not yet have individuals who have completed the program.

Elaboration: The program demonstrates achievement of required outcomes regarding employment rates.

- *The employment rate is provided separately for each degree program (baccalaureate, master's, and DNP) and the post-graduate APRN certificate program.*
- *Data are collected within 12 months of program completion. Specifically, employment data are collected at the time of program completion or at any time within 12 months of program completion.*
- *The employment rate is 70% or higher. However, if the employment rate is less than 70%, the employment rate is 70% or higher when excluding graduates who have elected not to be employed.*

Program Response:

Since 2009, the SON routinely tracks Employment rates in a document titled 'Attrition Licensure Employment Tracker BSN'. This document contains confidential student information protected by the Family Educational Rights and Privacy Act (FERPA), and thus is not publicly accessible. However, it is available for accreditation review purposes if required. LSSU's formal process in obtaining employment data includes post-graduation email graduate surveys. Response rate for these surveys is historically not high enough to provide meaningful data. Therefore, SON faculty approach students directly (through social media and email) to obtain information about employment. Data from the previous 12 months includes those graduates testing in 2018. From a total of 42 graduates that responded, 100% are employed.

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

This key element is applicable if one or more of the following key elements is applicable: Key Element IV-B (completion), Key Element IV-C (licensure), Key Element IV-D (certification), and Key Element IV-E (employment).

Elaboration: The program uses outcome data (completion, licensure, certification, and employment) for improvement.

- *Discrepancies between actual and CCNE expected outcomes (program completion rates 70%, licensure pass rates 80%, certification pass rates 80%, employment rates 70%) inform areas for improvement.*
- *Changes to the program to foster improvement and achievement of program outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.*
- *Faculty are engaged in the program improvement process.*

Program Response:

The Curriculum and Outcomes Committee assess completion rates, licensure pass rates, and employment rates annually. Areas of concern are often identified through the faculty committee process, reviewing the area of concern, bringing this discussion and concern to the SON for a deliberate evaluation of reasons why this concern may be occurring and formulating an action plan for correction.

The SON program completion rate (see IV-B) for the most recent year (2018) is 95%, which meets the CCNE expected outcomes as defined. This is also true of the SON graduate employment rate of 93% (see IV-E).

The most recent area for improvement is noted in regards to the licensure portion of this section (see IV-C). Plans for improvement are made using input from faculty, students, stakeholders, and collected data. For example, most recently the faculty reviewed NCLEX pass rates for 2017, diagnosed the problem, and identified opportunities for improvement in Pharmacology and Parenteral Therapies. A plan of action was developed, and included an elective course in Pathopharmacology and contracting with HURST Review for NCLEX preparation prior to graduation. The SON will be monitoring ongoing pass rates in order to continually foster program improvement.

IV-G. Aggregate faculty outcomes demonstrate program effectiveness.

Elaboration: The program demonstrates achievement of expected faculty outcomes. In order to demonstrate program effectiveness, outcomes are consistent with and contribute to achievement of the program's mission and goals and are congruent with institution and program expectations. Expected faculty outcomes:

- are identified for the faculty as a group;
- specify expected levels of achievement for the faculty as a group; and
- reflect expectations of faculty in their roles.

Actual faculty outcomes are compared to expected levels of achievement. Actual faculty outcomes are presented in the aggregate. If expected faculty outcomes vary for different groups of faculty (full-time, part-time, adjunct, tenured, non-tenured, or other), actual faculty outcomes may be presented separately for each different group of faculty.

Program Response:

The SON has set expected levels of achievement for Faculty Effectiveness at a level of 3.9 out of 5, which is in alignment with LSSU's Standard for Faculty Effectiveness on aggregate. The LSSU nursing faculty follows a structured plan for annual evaluations that utilizes a contractual tool titled Professional Assessment Weighting (PAW). Included in the annual evaluation is an assessment of teaching effectiveness, scholarly activities, service to the university, department, community and the profession. The LSSU nursing faculty outcomes are consistent with both the University and program Mission, goals and expected outcomes.

Annual summative faculty reports are submitted to the Chief Nursing Administrator for review and a plan for continued success is discussed regarding tenure, promotion and maintenance of current rank. The annual faculty evaluation, promotion and tenure process (as described in the Faculty Association Collective Bargaining Agreement) are utilized to align faculty outcomes to program outcomes. At the beginning of each academic year, the SON faculty determines the weighting of the expected faculty evaluation outcomes. Aggregate faculty outcomes are evaluated in the areas of Student Learning, Advising, Scholarship and Service. The table below is representative of the 2018-2019 academic year expected faculty outcomes determined at the SON meeting 08-22-2018.

Expected Faculty Outcome	0-2 years	3 years-tenure	Tenure

Student Learning	75%	70%	65%
Advising (including giving advice)	10%	10%	10%
Scholarly Activities	10%	10%	10%
Service Activities	5%	10%	15%

Through assessment of yearly evaluations, the Chief Nursing Administrator reports that 100% of Faculty has achieved these outcomes.

The following represents evaluation data results compiled at the time of writing the initial report:

- 1) Student Learning Activities:
 - a) Instructional Design: All courses have syllabi that include faculty contact information, office hours, course description, course objectives, activities, assignments, grading scale, student learning objectives, and accommodation statements and services. The School of Nursing Curriculum and Outcomes committee routinely review all nursing courses. Course material is leveled and threaded to meet the BSN program plan. The plan to incorporate high fidelity simulation into all BSN clinical classes has been met. This integration continues to be refined and expanded.
 - b) Instructional Delivery: Instructional delivery is assessed annually through peer visits (minimum of 2 per academic year for any non-tenured faculty) and a classroom visit by the Academic Dean. In addition, course evaluation surveys are distributed in all courses with 5 or more students. Classroom evaluations have been positive within the School of Nursing. Concerted efforts have been made over the past two years to increase student ownership of learning.

Composite Student Survey Results for BSN Nursing Courses Fall 14 through Spring 16 and Fall 17 through Spring 19 (Scale 1 to 5: 5 = <i>strongly agree</i> and 1 = <i>strongly disagree</i>)						
	Average 2014-16	Average 2017-19	Median 2014-16	Median 2017-19	Mode 2014-16	Mode 2017-19
Design: Regular class attendance was necessary for understanding course material	3.6	3.83	4	4	4	5
Design: The course was well organized, and objectives were realistic and appropriate	3.8	3.85	4	4	4	5

Design: The lectures and activities were effective in helping me learn	3.6	3.78	4	4	4	5
Design: There was ample opportunity to ask questions during class	4.3	4.4	4	5	4	5
Delivery: The instructor was enthusiastic about the course material	4.5	4.5	5	5	5	5
Delivery: The instructor clarified complex concepts	3.8	4.1	4	4	4	5
Delivery: I was encouraged to express my own opinions	3.93	4.2	4	4	4	5
Delivery: The instructor used student questions to discover points of confusion	3.8	4.1	4	4	4	5
Assessment: The instructor offered specific suggestions for improving my weaknesses	3.63	3.9	4	4	4	5
Assessment: The exams concentrated on important aspects of the course	3.66	4.0	4	4	4	5
Assessment: The instructor adequately explained the grading system	4.1	4.2	4	4	4	4
Assessment: The instructor was readily available for consultation with students	4.1	4.3	4	4	4	5
Miscellaneous: This course has increased my capacity for analytical and critical thinking	4	4.0	4	4	4.7	5
Miscellaneous: I learned a lot from this course	3.9	4.0	4	4	5	5
Miscellaneous: I participated actively in this class	4.33	4.2	4	4	4.3	4

Course survey results shown above from Fall 2014 to Spring 2019 support that students are generally very satisfied with instruction with median and mode survey results at either 4 or 5 using a 5-point scale. The average rating over the 15 elements of the evaluation is 3.93 during the years 2014 through 2016. There was an increase to 4.09 for the average rating of the 15 elements of evaluation for 2017 through 2019, which meets the SON Expected Level of Achievement and the LSSU Standard. All areas have demonstrated improvement over the past 5 years, with the exception of the last question “I participated actively in this class demonstrated some level of improvement over the past 5 years”, which is still above the acceptable achievement threshold. There has been a concerted effort by the institution to increase teaching excellence through ongoing workshops offered through the university office of Center for Excellence in Teaching and Learning (CETAL), increased adherence to faculty/staff evaluation, targeted educational workshop attendance, and increased departmental mentoring activities.

This aggregate data for the composite report of School of Nursing faculty members was obtained through annually submitted activity reports, student submitted course evaluations, dean and peer classroom evaluation reports, department meeting documentation, and contract required summative performance evaluations. At the time of our initial CCNE visit, there was discussion regarding the implementation of the new contractual tool “Professional Assessment Weighting” (PAW) to use as a summary instrument to assess composite faculty performance. In the 2017 academic year a new online student evaluation process and data collection tool was implemented that demonstrated validity while evaluating faculty effective teaching (see document titled School of Nursing Compilation F17 in CCNE Resource room). Within this 5 point Likert scale are the following overall indicators of instructional design, instructional delivery, instructional assessment and miscellaneous. This faculty performance evaluation tool is in alignment with both the University and LSSU SON's program mission, goals and expected student outcomes.

Faculty Scholarship and Publication

The SON faculty maintains expertise in their areas of responsibility by engaging in ongoing self-development. The SON embraces Boyer's Model (1990) and definition of scholarship as the discovery or research including:

- researching and maintaining competency in their fields
- dissemination of knowledge through publication
- reading literature and keeping well-informed about trends
- scholarship of integration or interpretation
- fitting into large intellectual patterns through nursing theory
- scholarship of application
- scholarship of teaching

From Boyers (1990) Model, the Nursing faculty use discovery, integration, application, and teaching as scholarship. Faculty outcomes for scholarship include the doctoral prepared faculty in the SON, publications, national certifications and continuing education. The SON of LSSU has gradually increased the number of doctoral prepared faculty. Applicants for tenure-track positions are preferred and supported by the university. One current faculty member is enrolled in a doctoral program and a new hire tenure-track with a PhD is a recent addition to the LSSU

nursing faculty in 2016-2017 academic year. Noted below is a chart depicting the LSSU SON's faculty aggregated percentage outcome for the academic years of 2015 through to the current year.

Year	Expected Outcome	Percentage of Nursing Faculty Doctorally Prepared
2015	25 %	18 %
2016	25 %	27 %
2017	25 %	40 %
2018	25 %	40 %
2019	25%	33.5%

This definition of faculty scholarship and publication is also reflective of Lake Superior State University's faculty collective bargaining contractual language that denotes the extent to which an activity contributes to the faculty member's performance. Scholarly and Creative activities are clearly defined within the faculty [contract](#)

LSSU nursing faculty have presented at local and national conferences over the past three years on a variety of topics including Faculty Development, Simulation and Information Management. Additional faculty members have accomplished the following:

- Certification as a Medical-Surgical Nurse Specialist
- Graduated from NEA Emerging Leaders Academy 2015-16.
- Credentialing as a Certified Simulation Healthcare Educator (CHSE)
- Ongoing Certification as a Certified Nurse Educator (CNE)
- Certification in Professional in Patient Safety (CPPSS)
- Mental Health First Aid Trainer Certification
- Board Certified Family Nurse Practitioner
- Pediatric Advanced Life Support (PALS) Instructor Certification
- Advanced Cardiac Life Support (ACLS)
- Stop-the-Bleed Instructor Certification
- Pediatric Advanced Life Support (PALS)
- Emergency Nurse Pediatric Certified (ENPC)
- Advanced Burn Life Support (ABLS)
- Advanced Trauma Care for Nurses (ATCN)
- NIH Stroke Scale Certification (NIHSS)
- Neonatal Resuscitation Provider (NRP)
- BLS Instructor Certification
- Certified Nurse Midwife
- Women's Health Nurse Practitioner
- Mental Health First Aid

- Preceptor Training
- National Certified Hemodialysis Technologist
- Treatment Specialist for Nicotine Dependence & Instructor
- Case Management Certificate
- Motivational Interviewing Certificate
- Wellness Coach

The following table represents the percentage of faculty who are engaged in Scholarship to achieve faculty outcomes to demonstrate program effectiveness.

Year	Expected Outcome	Percentage of LSSU Nursing Faculty Engaging in Scholarship
2015	100 %	100%
2016	100 %	100%
2017	100 %	100%
2018	100 %	100%
2019	100%	100%

Continuing Education

The LSSU nursing faculty are required to complete a minimum of [25 contact hours](#) every two years in order to meet the RN nursing license renewal in alignment with the Michigan State Board of Nursing and to support our Teaching Qualification requirements for the Higher Learning Commission (HLC) accreditation for LSSU. This is an absolute expectation of nursing faculty, and most faculty will exceed the minimum 25 contact hours required.

Student Mentoring

Students routinely report that faculty members have made themselves available outside of office and class hours to review and discuss course material, and in some cases provide emotional support and referral for those students experiencing stress. Discussion has occurred at SON level as to how students may become better prepared for expectations within the learning environment and post-graduation. In 2017, the SON and the LSSU Student Nurses Association (LSSNA) developed a pre-semester learning workshop titled “JumpStart Nursing” for students that focused on maximizing learning, identification of learning resources in an evidence-based learning environment, and stress reduction self-care methods. There is an ongoing discussion as to needed content and format of this activity, with concepts being threaded throughout other activities and courses in addition to the activity.

Student Support

A SON faculty member provides guidance as faculty advisor for the Lake Superior Student Nurses Association. This student group provides support for nursing students, and actively

participates in community activities such as the Red Cross Blood Drive and Cancer Walk. The LSSNA is a component of role modeling for evolving into the role of Professional Nurse, which aligns with the *AACN Baccalaureate Essential Program Standard VIII: Professionalism*

Service Activities by SON faculty members

- a. *To the Institution:* Representation and active membership on all university committees including but not limited to Curriculum, General education, faculty development, recruitment and retention, diversity, and the arts
- b. *To the Profession:* Active membership with Michigan Nursing Association, National League of Nursing, full range of specialty nursing groups (Midwifery, Med Surg, Public Health, Nurse Educators, Administrators, Simulation, etc.), Michigan Volunteer Registry for Emergencies, and membership in the local STTI chapter (Chi Omega). At the junior level in the BSN program, the top 35% GPA students are invited to become members of our STTI chapter, which supports the *AACN Baccalaureate Essential Program Standard VI: Interprofessional Communication and Collaboration*
- c. *To the General Community:* Volunteers for: American Cancer Association. Community festivals, Community health and sustainability projects, Service Group memberships, and K-12 presentations, Health Fair education and screening projects.

Faculty Development

The University and the School of Nursing encourages and supports faculty development through such activities as active participation on University and School committees or activities; (including Faculty Association); student organizations; other work such as student recruitment, service to outside agencies as a representative of the University; workshops achieving advanced certifications; and support for doctorate achievement. Other methods of demonstrating scholarship include professional consulting, creative activity, providing educational experiences (course work, seminars, workshops, etc.) outside of teaching responsibilities, grant proposals, licensing and professional certification, participating in professional organizations, presentations, publications, unpublished manuscripts. It is expected that faculty submit plans for continued professional development and scholarship as part of their annual review process. Professionally related activities are evaluated based on the extent to which an activity contributes to the faculty's effectiveness in facilitating student success in meeting program outcomes.

The University provides opportunities for faculty development and scholarship through internal resources such as the Center for Engaged Teaching and Learning (CETAL), who sponsors developmental workshops for faculty members on topics such as academic advising, course evaluation, teaching techniques, learning styles, and general faculty support when needed. All new faculty attend "New Faculty Community of Practice" every other Wednesday morning led by the Co-coordinator for CETAL. This is congruent with LSSU's core value of "excellence in teaching and learning." This orientation program benefits new faculty in learning technology such as course management systems and discussions of broad topics within teaching and learning, aligning with the overarching goal of student success in meeting program outcomes.

LSSU SON has identified planned activities to address identified faculty development needs for the 2017-2018 Academic Year, further support student success in meeting program outcomes. These include:

- Attendance at national education & simulation conferences

- Participation in faculty development workshops developed and presented through university
- Maintenance of professional development required for specialty certifications and required licensure
- Targeted education related to course design, online/distance education, program assessment, and inclusion of simulation to facilitate learning

In preparing this report, the LSSU SON identified an opportunity to create linkages between individual and aggregate faculty outcomes demonstrating program effectiveness. Utilizing the Nuventive (TM) Improve Assessment tool provided by LSSU, the Curriculum/Outcomes committee has created a shared repository for Nursing faculty to collect continuing education documentation, demonstrating ongoing achievement that is congruent with institutional and program outcomes.

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

Elaboration: The program uses faculty outcome data for improvement.

- Faculty outcome data are used to promote ongoing program improvement.
- Discrepancies between actual and expected outcomes inform areas for improvement.
- Changes to foster achievement of faculty outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.
- Faculty are engaged in the program improvement process.

Program Response:

Through faculty scholarship (see IV-G), the SON fosters ongoing program improvement related to areas identified by analysis of faculty outcome data. Faculty utilize a data assessment-tracking tool called Nuventive Improve. This computerized software is a shared repository where each semester, faculty input course assessment data, track student learning outcomes in relationship to the BSN program outcomes, and devise appropriate follow up if student-learning outcomes are not met.

The SON Curriculum & Outcomes committee systematically reviews each nursing course within the program to review course content and make recommendations for improvement. Results of this review are shared with the faculty to enable changes to be made for ongoing process improvement. This includes additional faculty education, certification, and training; enabling the SON to foster ongoing program improvement. Areas of identified student learning needs are discussed by the SON faculty and staff and guide ongoing faculty development needs for program improvement. The following examples demonstrate this process.

- When it was identified that additional simulation learning activities would enhance achievement of student learning outcomes, a SON faculty member obtained Certified Healthcare Simulation Educator (CHSE) certification. The SON was then able to effectively integrate the International Nursing Association for Clinical Simulation in Learning (INACSL) Standards of Best Practice into our simulation program, impacting our program improvement process.
- During the Nursing Advisory meeting in Spring 2019, our parties of interest identified a need for our nursing students to engage in learning regarding caring for patients with

Mental Health Issues earlier in our program (see Advisory minutes S19). This prompted an assessment of the threading of Mental Health issues throughout our program curriculum, prior to the senior level, when students take the course NURS 433 Mental Health Nursing. As a result, the SON faculty decided to integrate a Mental Health First Aid certificate training into the sophomore level course NURS 212 Health Appraisal (SON minutes S19). During the Fall 2019 semester, an outside agency provided this training for the students. During this same semester, a SON faculty member completed training, and is now a Certified Mental Health First Aid Trainer, conducting all further training for the students.

IV-I. Program outcomes demonstrate program effectiveness.

Elaboration: The program demonstrates achievement of outcomes other than those related to completion rates (Key Element IV-B), licensure pass rates (Key Element IV-C), certification pass rates (Key Element IV-D), employment rates (Key Element IV-E), and faculty (Key Element IV-G).

Program outcomes are defined by the program and incorporate expected levels of achievement. The program describes how outcomes are measured. Actual levels of achievement, when compared to expected levels of achievement, demonstrate that the program, overall, is achieving its outcomes. Program outcomes are appropriate and relevant to the degree and certificate programs offered.

Program Response:

Overall BSN program outcomes are aligned directly with the nine Baccalaureate Essentials from the American Association of Colleges of Nursing (AACN).

The Baccalaureate Nurse Essentials Program Standards and Expected Program Outcomes for the LSSU BSN Program

1. Liberal Education for Baccalaureate Generalist Nursing Practice Appraises a solid base in liberal education for nursing practice
2. Basic Organizational and System Leadership for Quality Care and Patient Safety Synthesizes knowledge and skills in leadership, quality Improvement, and patient safety to provide quality health care
3. Scholarship for Evidence-Based Practice Evaluates research for potential application for evidence-based practice
4. Information Management and Application of Patient Care Technology Designs knowledge and skills in information management and patient care technology in the delivery of quality patient care
5. Health Care Policy, Finance, and Regulatory Environments Analyzes health care policies, including financial and regulatory, directly and indirectly influencing the nature and functioning of the healthcare system

6. Inter-professional Communication and Collaboration for Improving Patient Health Outcomes Appraises communication and collaboration among health care professionals and patients to deliver high quality and safe patient care
7. Clinical Prevention and Population Health Determines health promotion and disease prevention at the individual and population health levels
8. Professionalism and Professional Values Emulates professionalism and inherent values of altruism, autonomy, human dignity, integrity, and social justice
9. Baccalaureate Generalist Nursing Practice Synthesizes nursing practice with patients, individuals, families, groups, communities, and populations across the lifespan and across the continuum of health care environments and the variations of care, the increased complexity, and the increased use of health care resources inherent in caring for patients

These nine Essentials are guideposts for the LSSU SON and are therefore included in our BSN student [handbook](#), and are accessible on our LSSU SON webpage. Newly admitted students are presented with the expected program outcomes as a part of their initial coursework in NURS 211 Introduction to Professional Nursing. Subsequently, course outcomes created based on the nine essentials, are evaluated in each nursing course, with findings inputted into our campus wide tracking system Nuventive Improve (TM). Using the Nuventive Improve (TM) data system, faculty members track results of assignments, test questions, written papers, clinical performances to measure student-learning outcomes *in relationship to program outcomes*.

The Nuventive Improve (TM) tracking system assists all faculty members to target the beginning tracking date, the assessment method used, the threshold to be met, the findings, a determination of outcome achievement, and any action to be taken in subsequent analysis in the event the threshold target for each course outcome measured is not met. The SON is now in the process of using the Nuventive Improve (TM) assessment data in the aggregate and for decision-making purposes in a more structured way program wide on an ongoing basis. Beginning Spring 2020, the SON follows a new University process, which includes consistent program evaluation each semester, based upon previous semester's program outcome attainment. See example Program (CoHB) – Nursing BSN Fall 2019. The curriculum evaluation process that the SON undergoes each year entails evaluation of program outcomes with subsequent discussion and curriculum improvement.

In addition to this process, the SON also reviews and evaluates aggregate data from Employer surveys regarding program outcomes related to LSSU graduates. From this data, the SON has now developed expected outcomes for employer ratings of new graduates (outlined in the following chart):

Year	LSSU SON Expected Outcome for Employer New Graduate Rating (as compared to other BSN graduates)	Actual Employer New Graduate Rating
2014	100% at 'Average' or above	100%
2015	100% at 'Average' or above	100%
2016	100% at 'Average' or above	no responses

2017	100% at 'Average' or above	100%
2018	100% at 'Average' or above	no responses
2019	100% at 'Average' or above	data pending

An analysis of aggregated data was completed; results demonstrated that employers' rated the performance of our graduates in the range of 'Average' to 'Superior'. In response to limited survey returns, changes were implemented to have students sign permission for employer information to be returned to us. This data is routinely shared and discussed with Nursing faculty and the Community of Interest at annual Nursing Advisory Council meetings.

Personal communication by faculty with the graduates of the program indicate they are gaining employment in emergency departments, intensive care units, neonatal intensive care, rehabilitation centers, and distinguished organizations such as the Cleveland Clinic, Mayo Clinic, Vanderbilt University, University of Pennsylvania, the US Air Force, and the US Navy, as an example. Locally, LSSU nursing graduates work at a variety of facilities in a wide range of positions, often self-reporting employment within three months of graduation. Nursing students in their final year of schooling are also being recruited for positions prior to their graduation.

IV-J. Program outcome data are used, as appropriate, to foster ongoing program improvement.

Elaboration: For program outcomes defined by the program:

- *Actual program outcomes are used to promote program improvement.*
- *Discrepancies between actual and expected outcomes inform areas for improvement.*
- *Changes to the program to foster improvement and achievement of program outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.*
- *Faculty are engaged in the program improvement process.*

Program Response:

In alignment with a newly implemented LSSU Program Assessment process (see CCNE resource room) for all LSSU programs, the SON engages in Program assessment each semester. Prior to this in 2018 (see meeting minutes S18_SON_Retreat Meeting minutes 4-30-

18. See resource room), the SON faculty engaged in discussion to identify senior-level activities/assignments/rubrics to measure each program outcome utilizing the BSN Program Outcomes document (see BSN Outcomes document-Appendix III). Each semester, this process entails the SON faculty/staff validating the appropriateness of which senior-level activities/assignments/rubrics measure each program outcome, with a subsequent discussion of outcome data for decision-making (see 10-23-2019 SON Meeting Minutes in resource room). Linking of Student Learning Outcomes (SLO's) and Program Learning Outcomes (PLO's) to Institutional Learning Outcomes (ILO's) also took place in Fall of 2019 (see 11-13-19 SON Meeting Minutes. See resource room)

In 2018, the SON also engaged in a campus-wide program assessment for the Higher Learning Commission (HLC) (see ProgramReviewForm - SON FINAL 10-15-2018. See resource room). Program assessment is a significant component of our campus culture and guides our decision making for program improvement in the SON for student success.

APPENDIX I: SON Bylaws



Lake Superior State University

**650 W. Easterday Ave., Sault Ste. Marie, MI 49783 School of
Nursing**

BYLAWS

Article I. Name:

This organization shall be known as the School of Nursing, College of Health and Behavior

Article II. Purpose:

The purpose of this organization is to provide a unified approach to the development, planning, and implementation of the nursing programs in the School of Nursing.

Article III. Objectives and Function:

Section I. Objectives:

Consistent with University policies, practices, and agreements, this organization shall act as a recommending body in:

- A. providing a systematic process for curriculum design and evaluation,
- B. providing opportunities for faculty professional development,
- C. developing and implementing criteria for student admission, readmission, promotion and evaluation,
- D. providing a systematic process for total program evaluation,
- E. providing a mechanism for student input into program development and evaluation, and
- F. providing a systematic process for obtainment, utilization and evaluation of resources and facilities.

Section II. Functions:

- A. Periodically review the philosophy, conceptual framework, goals, and outcomes of the nursing programs.
- B. Formulate, interpret, and implement policies of the School of Nursing
- C. Systematically assess and evaluate all program tracks in the School of Nursing.
- D. Improve the educational program by continuous evaluation and revision based on outcome achievement, current nursing trends and needs, consistent with the criteria of nursing education as established by the Commission on Collegiate Nursing Education (CCNE) and the Michigan Board of Nursing.
- E. Promote communication and collaboration between personnel in clinical facilities and the faculty/administration.
- F. Approve and implement recommendations submitted by School of Nursing committees, appropriate groups and individuals.
- G. Evaluate student services.
- H. Promote the professional growth of faculty members.
- I. Provide students and faculty with adequate library and laboratory resources essential to the maintenance of a progressive nursing program.
- J. Make decisions regarding admission, progression, and graduation of students.

Article IV. Membership:

- A. Dean of the School of Nursing.
- B. Chair of the School of Nursing
- C. Tenured and tenure track School of Nursing faculty members
- D. School of Nursing staff members

Article V. Responsibilities of Chairperson:

- A. Role is assumed by Dean of the School of Nursing or their designee (Chair)
- B. Duties:
 - a. Preside at all meetings.
 - b. Review all minutes submitted by School of Nursing secretary prior to each meeting, noting corrections on the original copy. Direct School of Nursing secretary to distribute copies of approved minutes as follows:
 - i. Original copy for permanent filing in School of Nursing office.
 - ii. Full and part time nursing faculty and staff.
 - c. Review all minutes at the end of each semester to determine unfinished business.

Article VI. Meetings:

Section I. School of Nursing Meetings:

- A. Shall meet at least four times each semester. The time and dates shall be decided during the first week of each semester.
- B. The first meeting of the academic year shall be for the purpose of organization and for setting goals for the upcoming year.
- C. Up to two days prior to each regularly scheduled faculty meeting, additional items may be added to the agenda. Any faculty member or student may submit to the Dean or Chair items to be placed on the agenda.

Section II. Special Meetings:

- A. Called at discretion of Dean.
- B. Any member of the School of Nursing may submit to the Dean or Chair a request for a special meeting.

Article VII. Voting:

- A. All tenured or tenure track faculty members of the School of Nursing shall have one vote.
- B. The quorum shall consist of 2/3 of the total membership.
- C. Unless otherwise specified, a majority of the quorum is required for a motion to carry.

Article VIII. Committees:

Section I. Standing Committees:

Membership on committees shall be appointed by Dean of the School of Nursing. There shall be a student representative on all standing committees. Committees meet each semester or more frequently as necessary.

- A. Curriculum and Outcomes
- B. Student Affairs
- C. Learning Resources

Section II. Task Forces

Shall be appointed by the Dean of the School of Nursing to fulfill specific needs.

Section III. Minutes:

Minutes of all committee meetings and task forces shall be recorded, and copies shall be distributed to all nursing faculty; original signed copy shall be filed appropriately in the School of Nursing office.

Section IV. Functions of Committees:

A. Curriculum and Outcomes Committee

1. Recommend curriculum policies and procedures of the nursing program consistent with School of Nursing and University policies, procedures and practices.
2. Recommend revisions of the nursing philosophy, conceptual framework, goals, outcomes and course content based on evaluation data and current trends in practice, education and research.

The Committee may appoint subcommittees as needed to carry out the functions of the committee

1. Coordinates review of courses relative to content and selected learning experiences to ensure that courses are congruent with the conceptual framework and program/level outcomes.
2. Review recommendations made by faculty and/or students regarding proposed curriculum changes.
3. Submit curriculum revisions at School of Nursing meetings for faculty consideration.
4. Evaluate nursing curriculum systematically according to specified program evaluation schedule.
5. Assure that annual clinical facility evaluations are completed by faculty and students.
 - a. Tabulated results reviewed by Dean of Nursing and course coordinators and recommendations made.

- b. Major changes in clinical experiences are brought to faculty for approval.
- 6. Review for overall Evaluation Plan for the pre and post-licensure nursing programs and make recommendations to nursing faculty
- 7. Review and monitor reliability and validity of evaluation tools
- 8. Collate and evaluate data to identify trends
- 9. Conduct and share with the appropriate committee(s) and School of Nursing graduate alumni (1y-3y-5y) and employer surveys for the BSN program
- 10. Conduct and review student surveys of services and facilities
- 11. Collate and share with the appropriate committee(s) and School of Nursing the attrition rate of BSN students

B. Student Affairs Committee

- 1. Recommend admission, readmission, progression and graduation policies for Nursing Programs consistent with university policies.
 - a. Assure admission policies reflect non-discrimination according to the equal opportunity guidelines and in compliance with the Americans with Disabilities Act and any other applicable laws.
 - b. Implement the School of Nursing student grievance policy when necessary.
 - c. Only faculty members will review student grievances and review records for determining student admission, progression and reinstatement.
- 2. Formulate policies and procedures unique to nursing students.
- 3. Review and revise pre and post licensure student handbooks annually.
- 4. Coordinate the selection of recipients of nursing scholarships and awards, making recommendations to the nursing faculty for approval.
- 5. Provides for representation on the Pinning Ceremony Task Force.

C. Learning Resources Committee

- 1. Appraise the adequacy of learning resources and services used by nursing students.
- 2. Make recommendations related to library, other learning resources and university services to faculty.
 - a. Evaluate the use of library, nursing skills lab and computer lab.
 - b. Collaborate with the Academic Success Center in selection of learning resources relevant to nursing students.
 - c. Referral and follow-up for any reported safety related concerns in nursing lab.

APPENDIX II: Faculty/Adjunct Profile Form

LSSU Nursing Faculty/Adjunct Profile Form BSN Program

Name of School Lake Superior State University					Type of Program: BSN		Academic or Calendar Year 2019-2020			
Name and Position Held* * date of termination indicated when applicable	Michigan License # and Expiration Date	FT / PT	Appt Year	Highest Degree Major Year	Highest Nursing Degree Major /Clinical Specialty	Clinical Specialty Teaching (include # of years teaching experience)	Administrati ve Responsibili ties	Courses Taught (within last 3 years)		
								Theory Only	Combination	Clinical Only
Baker, Christopher Adjunct Clinical Instructor	4704288251 10/17/2020	PT	2017	BSN, LSSU	BSN, LSSU	Medical Surgical Nursing	None			NURS 431 NURS 327
Berchem, Katherin Associate Professor Regular Full time	4704213509 06/25/2020	FT	2005	DNP, RUSH University 2014	DNP Rush University; FNP Michigan State University	Family Practice 15 years teaching	School of Nursing Chair	HLTH232 NURS 211 NURS 360 HLTH 329 HLTH 209	NURS212 INTD 200	
Butcher, Cynthia Assistant Professor Regular Full time	4704106073 09/24/2021	FT	2013	MSN, Michigan State University MA in Admin &Nsg Education, Michigan State University, 1995	MSN Family Nurse Practitioner	Family Practice since 1995; 3 year at LSSU teaching; previous teaching experience at various universities	None	HLTH 209 HLTH 328 NURS 363	NURS212 NURS432	
Cairns, Kelli Adjunct Clinical Instructor	4704291039 04/09/2021	PT	2019	BSN, LSSU 2016	BSN, LSSU	Med/Surg Acute Care Nurse	None			NURS 327
Donmyer, Andrea Assistant Professor Regular part time F13	4704231068 07/30/2020	PT	2013	MSN, Nurse Practitioner: Women's health 2009	MSN; Nurse Mid- wife	Nurse Mid-wife Obstetrics 3 year at LSSU teaching	None	HLTH 329	NURS325	
Evans, B. Chantelle Adjunct Clinical Instructor	4704255816 No longer employed at LSSU	PT	2010	MSN, Athabasca University, 2007 BSN LSSU, 2004	MSN					NURS212
Felix, Joy Adj. instructor Sp19 Assistant Professor Regular Full-time	4704347047 11/19/2021	FT	2019	MSN, Nursing Education Towson Univ. 2017	MSN, Nursing Education Towson Univ. 2017	Neonatal / Pediatrics, Emergency Medicine Community Health	None	HLTH 209		NURS 432 NURS 326
Gerrie, Jaimee Assistant Professor Regular Full-time	4704196461 07/08/2021	FT	2010	MSN, Walden University, Baltimore, MD	MSN May 2011	Adult Acute Care 9 years teaching	None	NURS435	NURS213	

Greengtski, Gina Skills Lab Supervisor	4704294075 07/25/2021	PT	Spring 2015	BSN, Lake Superior State University 2012	BSN	Medical-Surgical	None			NURS 213
Halvorsen, Katie Adjunct Clinical Instructor	4704247009 02/23/2021	PT	Fall 2017	BSN, Northern Michigan University, 2004	BSN					NURS 325
Hemming, Linda Adjunct Clinical Instructor	4704311952 03/16/2021	PT	2016	BSN, Lake Superior State University 2014	BSN	Mental Health	None			NURS433
Hering, Judith MSN, RN Adjunct Clinical Instructor	4704269045 10/24/2021	PT	2012	MSN, Ferris State University, 2019	MSN, Ferris State University, 2019	Adult Acute Care	None		NURS 363	
Hoffrichter, Chelsea Adjunct Clinical Instructor	4704283526 03/11/2021	PT	2018	BSN, Lake Superior State University	BSN					NURS327
Hutchins, Ronald PhD, MSN, RN Academic Dean, Associate Professor	4704118846 08/02/2021	FT	1997	MSN, Northern Michigan University 2005	MSN, Nursing Management May 2005	Community Health. Management/leadership/ Research/ Theory 20 years	Academic Dean	HLTH 210		
Kellan, Patricia Assistant Professor RETIRED	4704123156 03/31/2019 RETIRED	FT	2014	MSN, Northern Michigan University 1996	MSN		NONE	HLTH329	NURS 326	
King, Sandra Assistant Professor Regular Full time	4704222644 08/20/2020	FT	2010	DNP, Regis University- 2017 MSN, Regis University- 2010 BSN, Lake Superior State University 1999	DNP Leadership in Nursing MSN Health Care Education	Mental Health, Adult Health & LTC, Prof. Nursing Leadership, Family Health Nursing 9 years teaching	None	HLTH101 HLTH328	NURS432 NURS437 NURS433 NURS437 NURS365 BIOL389	NURS213
Kostelyk, Charlotte Assistant Professor Regular Full-time	4704274255 0 9/14/2020	FT	2016	MSN, Indiana Wesleyan 2016	MSN, Indiana Wesleyan 2016	Medical/surgical 7years 4 years teaching	None	NURS 211 USEM 101 HLTH 235	NURS 212	NURS 431
Lewandowski, Linda Adjunct Instructor	4704143063 03/18/2021	PT	2019	MSN, Northern Michigan University	MSN, Northern Michigan University	Med-Surg/Home care / Hospice / 19 years teaching and academic leadership	None	NURS328 NURS435		
Lundy, Kayleigh Adjunct Clinical Instructor	4704307501 07/03/2021	PT	2020	BSN Lake Superior State University 2014	BSN	Med-Surg – 4 years experience	None			NURS 213
Luzier, Cheyenne Adjunct Clinical Instructor	4704334969 09/20/2020	PT	2019	BSN Lake Superior State University 2014	BSN		None			NURS433

Moreau, Emily Adjunct Clinical Instructor	4704261706 08/24/2020	PT	Fall 2017	BSN, Lake Superior State University, 2010	BSN		None				NURS325
Murphy, April Adjunct Clinical Instructor	No longer employed at LSSU	PT	Fall 2017	BSN, Lake Superior State University, 1993	BSN						NURS327
Oliver, Lori, RN Adjunct Instructor F09 FT temp F11 Assistant Professor FT Reg F12	4704225818 07/07/2021	PT FT	F09 F11	BSN, 2009; MSNSpring Arbor University 2011	MSN Nurse Education	Geriatric- LTC human resources, infection control; 10 years teaching;	None	NURS436 NURS	NURS327 NURS 437		
Parker, Abigail Adjunct Clinical Instructor	4704279432 07/22/2021	PT	Sprin g 2018	BSN, Lake Superior State University, 2010	BSN		None				NURS213
Perez, Carrie Assistant Professor Director of Simulation Education	4704240736 07/31/2020	PT FT	Adj. F14 F18	MSN, Ferris State University	MSN, Ferris State University	Medical-Surgical; Hospital administration; simulation	Release time: Simulation Center Coordinator	HLTH 209	HLTH 310		NURS431
Peters, Gabrielle Adjunct Clinical Instructor	4704318858 02/16/2022	PT	2017	BSN, Lake Superior State University	BSN	Emergency Care Nurse	None				NURS 213
Phillips, Elizabeth Assistant Professor Regular Full time	4704143479 04/11/2020	FT	2017	PhD. Nursing University of Michigan	PhD Nursing University of Michigan	Experience: Pediatric Nursing 10 years teaching Adult Med-Surg Nursing 5 years teaching	None	HLTH 232 NURS 434	NURS 326		NURS 327
Reynolds Keegan, Mary Assistant Professor RETIRED	4704120886 03/21/2021 RETIRED	FT	2010	DNP, Oakland University, Rochester, MI, 2010	DNP		None	HLTH325 NURS434			
Romatz, Mary	Registered Dietitian	PT	2017	BS Wayne State Univ., 2012	19 graduate crd- Wayne State University	Clinical Nutrition	None	HLTH 208 HLTH 104			
Sayer, Jill Adjunct Clinical Instructor	4704315354 07/29/2020	PT	Fall 2016	BSN, Iowa			None				NURS433
Sikorski, Katherine Adjunct Clinical Instructor	No longer employed at LSSU	PT	Fall 2018	BScN, Sault College of Applied Art and Technology (Laurentian University)	BScN		None				NURS325 NURS326
Sommers, Jonathan Adjunct Clinical Instructor	4704305723 05/14/2021	PT	2017	DNP, East Tennessee State University 2014	DNP, FNP	Nurse Practitioner, emergency, primary care.	None	NURS 328 NURS 352	NURS 363		NURS 212

Sumbera, Holly Adjunct Clinical Instructor	4704329647 06/07/2020	PT	2019	BSN, Lake Superior State University, 2017	BSN	Med/Surg Clinical Nurse	None			NURS327
Theodossiou, Sarah Adjunct Clinical Instructor	4704319092 02/23/2022	PT	Fall 2017	BSN, Lake Superior State University, 2015	BSN		None			NURS212
Verdecchia, Kelli Assistant Professor	4704194341 03/28/2022	FT	2012	MSN, Regis University 2011	MSN / Management	Medical- Surgical, Renal Dialysis & Critical Care/ Mgt. 3 years teaching	None	HLTH 101	NURS431	NURS327
Warner, Shannon Adjunct Clinical Instructor	4704274927 10/21/2020	PT	2015	BSN, Lake Superior State University	BSN	OB Clinical				NURS 325
Wilson, Amy L. Adjunct Instructor	4704133333 09/10/2021	PT	2019	BSN, Lake Superior State University		Home Health Nursing Director – 10+ years			NURS432	
Wyckoff, Danyalle Adjunct Clinical Instructor	4704304100 02/18/2022	PT	2018	BSN, Lake Superior State University	BSN					NURS 212 NURS 213

APPENDIX III: BSN Program Outcomes

PROGRAM OUTCOMES	SOPHOMORE	JUNIOR	SENIOR
Liberal Education for Baccalaureate Generalist Nursing Practice	Develops a solid base in liberal education for nursing practice as evidenced by completion of NURS 211 Personal Philosophy Paper	Demonstrates a solid base in liberal education for nursing practice as evidenced by completion of HLTH/NURS 328 assignment	Appraises a solid base in liberal education for nursing practice as evidenced by presentation of NURS 436 Critical Analysis paper
Basic Organizational and System Leadership for Quality Care and Patient Safety	Identifies knowledge and skills in leadership, quality improvement, and patient safety to provide quality health care as evidenced by Completion of NURS 213 Medication Administration Skill Check Off	Examines knowledge and skills in leadership, quality improvement, and patient safety to provide quality health care as evidenced by completion of NURS 326 test questions	Synthesizes knowledge and skills in leadership, quality improvement, and patient safety to provide quality health care as evidenced by completion of NURS 435 Nursing Management and Leadership capstone project and paper. NURS 431 Change Project
Scholarship for Evidence-Based Practice	Identifies and describes research for potential application for evidence-based practice as evidenced by completion of NURS 213 Comprehensive Care Plan and HLTH 235 Library Search and Definitions & Compare and Contrast of Research Articles Paper	Applies research for potential application for evidence-based practice as evidenced by completion of NURS 327 Comprehensive Care Plan. NURS 434 Research Critiques	Evaluates research for potential application for evidence-based practice as evidenced by completion of NURS 436 Critical Analysis Paper and NURS 434 Nursing Research Poster Presentation.
Information Management and Application of Patient Care Technology	Shows knowledge and skills in information management and patient care technology in the delivery of quality patient care as evidenced by completion of HLTH 235 Technology Presentations and Paper	Applies knowledge and skills in information management and patient care technology in the delivery of quality patient care as evidenced by completion of NURS 325 Simulation Experience	Designs knowledge and skills in information management and patient care technology in the delivery of quality patient care as evidenced by completion of NURS 431 Cardiogenic Shock and Sepsis Simulation, VSIM (Virtual Simulation), DocuCare Electronic Health Record
Health Care Policy, Finance, and Regulatory Environments	Demonstrates or understands health care policies, including financial and regulatory, directly and indirectly influencing the nature and functioning of the health care system as evidenced by completion of NURS 211 Test Questions and Assignment	Identifies health care policies, including financial and regulatory, directly and indirectly influencing the nature and functioning of the health care system as evidenced by completion of NURS 325 National Healthcare Program Comparison	Analyzes health care policies, including financial and regulatory, directly and indirectly influencing the nature and functioning of the health care system as evidenced by completion of NURS 435 Financial Projection and Feasibility Study Paper

PROGRAM OUTCOMES	SOPHOMORE	JUNIOR	SENIOR
Inter-professional Communication and Collaboration for Improving Patient Health Outcomes	Illustrates communication and collaboration among health care professionals and patients to deliver high quality and safe patient care as evidenced by completion of NURS 212 Health History and NURS 213 Transitional Simulation	Models communication and collaboration among health care professionals and patients to deliver high quality and safe patient care as evidenced by completion of NURS 328 Cultural Origin Paper	Appraises communication and collaboration among health care professionals and patients to deliver high quality and safe patient care as evidenced by completion of NURS 431 Clinical SBAR Tool and Evaluation Tool and NURS 433 test questions.
Clinical Prevention and Population Health	Defines health promotion and disease prevention at the individual and population health levels as evidenced by completion of HLTH 208 SMART Project	Applies health promotion and disease prevention at the individual and population health levels as evidenced by completion of NURS 326 Teaching Project	Determines health promotion and disease prevention at the individual and population health levels as evidenced by completion of NURS 432 Ongoing Veterans Health Project and NURS 433 Family Assessment and Teaching Plan
Professionalism and Professional Values	Defines professionalism and inherent values of altruism, autonomy, human dignity, integrity, and social justice as evidenced by completion of NURS 213 Clinical Evaluation Tool	Models professionalism and inherent values of altruism, autonomy, human dignity, integrity, and social justice as evidenced by completion of NURS 327 Clinical Evaluation Tool	Emulates professionalism and inherent values of altruism, autonomy, human dignity, integrity, and social justice as evidenced by completion of NURS 431 Clinical Evaluation Tool
Baccalaureate Generalist Nursing Practice	Recognizes nursing practice with patients, individuals, families, groups, communities, and populations across the lifespan and across the continuum of health care environments and the variations of care, the increased complexity, and the increased use of health care resources inherent in caring for patients as evidenced by NURS 212 Clinical Evaluation Tool	Applies nursing practice with patients, individuals, families, groups, communities, and populations across the lifespan and across the continuum of health care environments and the variations of care, the increased complexity, and the increased use of health care resources inherent in caring for patients as evidenced by completion of NURS 325/326 Clinical Evaluation Tool	Synthesizes nursing practice with patients, individuals, families, groups, communities, and populations across the lifespan and across the continuum of health care environments and the variations of care, the increased complexity, and the increased use of health care resources inherent in caring for patients as evidenced by completion of NURS 432 Clinical Evaluation Tool

APPENDIX IV: Evaluation Plan Process

School of Nursing

Evaluation Plan Process

1. Outcomes Chairperson responsible for oversight of this process
2. Please see the Evaluation Timeline document
3. The implementation of the SON Evaluations will proceed as follows:
 - a. **End of Program Evaluation for Graduates (1year out):** SON Academic Assistant will send out electronic Survey Monkey evaluations to graduating class from one year ago in March and December of each year.
 - b. **Clinical Site Evaluations to Current Students:** SON Academic Assistant will send out electronic Survey Monkey evaluations to the main clinical cohort at each level on Week 13 of each semester.
 - i. NURS 213, NURS 327, NURS 325, NURS 431, NURS 432, NURS 433
 - c. **Classroom/Lab Evaluations:** SON Academic Assistant to give evaluations to each instructor for their class/lab at week 13-14 of each semester.
 - d. **Employer Evaluations of Graduate:** Outcomes Chairperson (or designee) and Academic Assistant will aggregate graduate places of employment from End of Program Survey Monkey evaluation, Alumni Association, Social media, and self- reported employment spreadsheet. In May and November of each year, an electronic employer letter with embedded Survey Monkey link, and a PDF of graduate permission letter will be emailed to the Human Resources department/Nurse Recruiter of the graduate from 1 year ago.
 - e. **Simulation:** SON Academic Assistant will send out electronic Survey Monkey evaluations to the main clinical cohort at each level on Week 13/14 of each semester.
 - i. NURS 212, NURS 213, NURS 325, NURS 326, NURS 327, NURS 431, NURS 433