Assessment Report: Baccalaureate of Science in Nursing  
Brief Summary of the Assessment Plan for the pre licensure BSN 2008

Introduction:
The Assessment Plan for the Baccalaureate of Science in Nursing is somewhat complex. This summary provides an abbreviated overview of the assessment plan, and also attempts to focus the reader on aspects of the plan that will be addressed in this report. Data are routinely gathered for each BSN cohort. This report serves both the Assessment Council and the Evaluation Committee, and therefore may contain elements that one or another group will not find useful.

The 2008 graduates are the third group to use the new evaluation measures, and so the findings from this year are trended. Furthermore, we gather data one year post graduation, and this information is not available for the 2008 graduates until next year. The 2007 graduates’ reports are included in that section (and this has been indicated on the report). Where measures are different from one year to the next or are changing, an explanation is given. The RN BSN student results are reported separately.

The Assessment Plan for the BSN Overview:
In the profession of nursing, guidelines for program goals and core competencies have been published by the American Association of Colleges of Nursing (The Essentials of Baccalaureate Education for Professional Nursing Practice, 1998). The accrediting agency for the IU Kokomo School of Nursing BSN, the CCNE, requires use of a guiding framework, such as the Essentials. Use of such a framework ensures that entry level nurses are capable and prepared. Our curriculum ties to the Essentials in the following ways: 1. recognizes the need for liberal education; 2. teaches and reinforces the professional values of Altruism, Autonomy, Human Dignity, Integrity, and Social Justice; 3. addresses the professional core competencies of critical thinking, communication, assessment, and technical skills; 4. incorporates core knowledge in the areas of health promotion, risk reduction, disease prevention, illness and disease management, information and health care technologies, ethics, human diversity, global health care, and health care systems and policy; and 5. considers role development in the areas of provider of care, manager of care, and member of a profession. By using such a framework, we prepare professional nurses to practice at an entry level (BSN), to practice in a variety of settings, and to address the professional development of nurses in North Central Indiana. One important way that professional development in our region is achieved is through the RN-BSN program.

Furthermore, in order to gain entry to practice the profession of nursing, the National Council of State Boards of Nursing tests graduates of approved programs for licensure. The testing plan for this examination is based on studies of practicing nurses, and is intended to be directly relevant to the capability of nurses to practice nursing in a variety of settings. This test plan also serves as a means to check relevance of core knowledge and competency (as listed in the Essentials).

If desired, the reader may refer to the complete Assessment Plan, which includes the full plan. When reading the program goals, student learning outcomes, and components, please note that there is a matrix available that ties these items to the Essentials (AACN, 1998) –see Appendix 1 of the Assessment Plan. Furthermore, there is a matrix that ties the NCLEX blueprint to the curriculum—see Appendix 2 of the Assessment Plan.

Although there are leveled competencies for the Sophomore, Junior, and Graduate, this report will focus only on End of Program Outcomes for the 2008 graduating group of regular BSNs.
Program Goals and Student Learning Outcomes for the Graduating Senior

Program Goal 1 A member of the profession of nursing who promotes a positive image of nursing, is an effective communicator of accurate information, and participates in the profession and practice of nursing with a broad perspective (IU Outcomes 4, 6, 8).

Student Learning Outcome 1A: The student will become a member of the profession of nursing who promotes a positive image of nursing.

Components: Senior
1A.a.sen: Compares and contrasts the public image of nursing.
1A.b.sen: Develops a broad perspective of nursing practice that contributes to the health and well-being of people.

Student Learning Outcome 1B: The student will become a member of the profession of nursing who is an effective communicator of accurate information

Components: Senior
1B.a.sen: Consistently produces written work that demonstrates clarity of thoughts, coherency of arguments, organization of ideas, grammatical accuracy, and APA format when applicable.
1B.b.sen: Communicates respectfully and clearly with individuals, families, communities and other health care providers.
1B.c.sen: Uses information technology in managing information, data sets, and problem-solving activities.
1B.d.sen: Incorporates therapeutic communication techniques with clients across all settings.

Student Learning Outcome 1C: The student will become a member of the profession of nursing who participates in the profession and practice of nursing with a broad perspective.

Components: Senior
1C.a.sen: Identifies actual and potential strategies to influence healthcare policies.
1C.b.sen: Relates the impact of broad-based trends to national and international healthcare issues.
1C.c.sen: Examines the political processes that shape health care policies at the agency, community, and national level.
1C.d.sen: Advocates for individuals, families or communities to positively impact healthcare.
Program Goal 2: A competent provider of care in structured and semi-structured healthcare settings who demonstrates critical thinking abilities, and provides holistic, culturally competent nursing care to a variety of individuals, families, and communities within the ethical/legal framework of the profession (IU Outcomes 1, 2, 5, 7).

Student Learning Outcome 2A: The student will become a member of the profession of nursing who is a competent provider of care in structured and semi-structured healthcare settings who demonstrates critical thinking abilities.

Components: Senior
2A.a.sen: Completes an accurate assessment; gathers subjective and objective data from a variety of sources in client aggregates across multiple settings.
2A.b.sen: Intervenes with multiple clients in various settings to reduce health risk behaviors.
2A.c.sen: Analyzes, within a theoretical framework, assessment data to develop nursing diagnoses/problem statements for aggregate and specialized populations.
2A.d.sen: Prioritizes nursing care for multiple patients, aggregates and specialized populations.
2A.e.sen: Individualizes plan of care to meet client needs in aggregates and specialized populations.
2A.f.sen: Provides safe and effective care for multiple clients across various settings.
2A.g.sen: Constructs and implements teaching plans to meet aggregate learning needs in various settings.
2A.h.sen: Evaluates outcomes and proposes revisions to plan of care.
2A.i.sen: Critiques and applies research findings that affect overall nursing practice.

Student Learning Outcome 2B: The student will become a member of the profession of nursing who provides holistic, culturally competent nursing care to a variety of individuals, families, and communities.

Components: Senior
2B.a.sen: Incorporates the cultural beliefs of the client in provision of care across various settings.
2B.b.sen: Applies holistic concepts in nursing practice across multiple settings and client populations.

Student Learning Outcome 2C: The student will become a member of the profession of nursing who within the ethical/legal framework of the profession.

Components: Senior
2C.a.sen: Uses appropriate decision models to resolve ethical dilemmas in various health care situations.
2C.b.sen: Articulates personal beliefs and values and their effect on nursing and health care across multiple settings.
2C.c.sen: Incorporates ANA standards and legal regulations as a basis for nursing practice across multiple settings.
2C.d.sen: Evaluates and recommends the need for changes in policies and procedures applicable to each clinical setting.
2C.e.sen: Demonstrates responsibility and accountability for nursing care across multiple settings.
Program Goal 3 A knowledgeable coordinator of community resources and a responsible manager who balances human, fiscal and material resources to achieve quality health care outcomes for individuals, families, and communities, based on nursing knowledge (Outcomes 3, 9).

Student Learning Outcome 3A: The student will become a member of the profession of nursing who is a knowledgeable coordinator of community resources and a responsible manager who balances human, fiscal and material resources to achieve quality health care outcomes for individuals, families, and communities, based on nursing knowledge.

Components: Senior
3A.a.sen: Plans care for groups of people utilizing knowledge of available human, fiscal and material resources.
3A.b.sen: Assesses and utilizes community resources that maximize the health of individuals and groups.
3A.c.sen: Incorporates knowledge of cost-benefit issues in planning nursing care.

Parts B, C, and D. Performance Characteristics, Benchmarks, Point of Measurement, and Numeric Assessment Results

Part B contains several Tables that have columns for the Performance Characteristics, Benchmarks, Points of Measurement, and Numeric Assessment results on an Outcome by Outcome basis. Since our assessment plan is complex, a brief discussion of the measurement process is provided here. After the numeric data, there is a narrative summary of the meaning or interpretation of the results. In the School of Nursing, we believe that data from a variety of sources/stakeholders is important in evaluating program success. A brief summary of the types of assessments currently in use follows here.

I. ATI assessments: In the School of Nursing each one of our students purchases the ATI program every semester in Nursing School. With this program, students get a myriad of study resources and individualized, Nationally normed test results in all of the major content areas for nursing, as well as critical thinking. Students take proctored, online content exams toward the close of most nursing courses. In terms of program assessment, we have access to overall performance ratings in every one of the areas tested. The performance ratings are reported in a detailed manner that ties nicely to our program outcomes, and includes objective scoring (% scores by topic), National Group Percentile Rankings, and now criterion referenced Competency Levels. These are the definitions: Proficiency Level 3—indicates student is likely to exceed NCLEX-RN® in this content area. Students are performing at a high level. Proficiency Level 2—indicates a student is fairly certain to meet NCLEX-RN® standards in this content area. This is a good level of performance and represents our new benchmark for individual students. Proficiency Level 1—indicate a student is likely to just meet NCLEX-RN® standards in this content area. Students are encouraged to develop and complete a rigorous plan of focused review in order to achieve a firmer grasp of this content. Below Proficiency Level 1—this is inadequate performance and indicates a need for thorough review of this content area. Students are strongly encouraged to develop and complete an intensive plan for focused review.

We amended benchmarks for ATI performance: on the critical thinking test, **we set the benchmark at 90% of graduating students meet the 50th National Percentile Rank on the critical thinking exit exam.** For the content exams, we reset the benchmarks: 95% of the students achieve at a level 1 or better; 45% achieve at a level 2 or better.
II. Graduate Survey: Near the close of the senior year, students complete a self report instrument in which they rate their own abilities in each of the student learning outcome areas. This scale includes several items per program goal, and is available on request. This is scaled a four point Likert scale, with 1=strongly agree, 2=agree, 3=disagree, and 4=strongly disagree. Since an important part of professional development is identifying one’s own strengths and weaknesses and since our students engage in self rating across the curriculum, this is an appropriate measure. However, being self report, there is an issue of validity. Therefore, when possible, this measure is considered with other measures. Currently our benchmarks are set at achievement of a Mean of 2.0 or less in all areas.

III. Alumni Survey: One year post graduation, BSN alumni are mailed a survey similar to the graduate survey though somewhat shorter, that includes self report items for every program goal. A similar Likert rating scale is used. Currently our benchmarks are set at achievement of a Mean of 2.0 or less in all areas.

IV. Employer Survey: On a regular basis, managers, administrators, and supervisors from area health care agencies are surveyed regarding the performance of the new IU Kokomo graduates that they have hired. The questions on the survey incorporate all of the program goals, and many of the student learning outcomes. A similar Likert rating scale is used. Currently our benchmarks are set at achievement of a Mean of 2.0 or less in all areas. With a new Dean in the School of Nursing, we are moving to a new plan for evaluation of this: we will have an Advisory Board, which consists of representatives from many of our constituencies, and this will be a group we turn to for regular feedback. We may still complete surveys from time to time, as well. However, this year we did not collect data from this group specifically, as we were in transition.

V. Writing Score: Each year a selected senior assignment from a class is used as data for assessment of the writing ability of the group (Student Learning Outcome 1B.a). All of the papers for this assignment are collected. A neutral faculty member reads each paper and completes the “writing scoring rubric” regarding each. Then the scores are averaged, and a note is made re how many students met the competency level and how many did not. Our Benchmark is set at a score of 95% of students meeting a score of 18.

VI. NCLEX Pass Rate: Our students take a national licensure exam designed to measure important aspects of practice. We receive data about their performance, both a pass rate and later detailed information about performance. The detailed analytic data arrives over a year late, so we have just received the 2005 grad data (which is folded into this report where applicable). However, we actively track the current pass rate, since the data is publicly available online. All of our 2006 graduates have tested so we have a final percent pass rate that is reported. Comparative pass rate data will be published by NCLEX much later. Our benchmark is to meet the national average pass rate on a year by year basis.

VII. Clinical Study: This year we have included an additional report of the relative clinical practice opportunities and satisfaction. This ties to a few of our program outcomes, and offers us a way to work on offering quality clinical learning opportunities.
Characteristics of the BSN Class of 2008

This report summarizes the program outcome performance of our regular BSN students for the class of 2008, (not the RN-BSN group). This group began with 80 sophomores in the fall semester 2005. Of this group, 22 (27.5%) are still in the School of Nursing actively pursuing a degree (though they did not graduate in 3 years). Fifteen students (18.75%) are no longer in the School of Nursing (some just left, others did not succeed) and 45 seniors from the regular BSN program graduated in 2008. This graduation group is mostly female), and the mean age is 30.82 years. Prior to beginning this degree program, 35.5% had no prior healthcare background; 51.1% had CNA experience (nursing assistant), and 13.3% had other experience in healthcare, such as social work, medical unit secretary, etc. The work status at the time this group was surveyed indicated that 13.3% were working full time, 40% were working part time, 20% were working on call, 8.8% were looking for a job, and 13.3% chose not to work. Of those working approximately 58.2% were employed at a community hospital and 20% in a specialty hospital. The others were employed in a diverse variety of settings. Most of those employed were involved as student nurse externs/direct care.

Data from the 2007 BSN graduates one year after graduation have also been included in this report. Approximately 45 surveys were sent out to basic BSN graduates and 13 were returned for a return rate of 28.8% for this group. When reviewing this part of the results, it is important to realize that data for this group was gathered during the fall of 2007, but the graduates surveyed were not the same class as those featured throughout most of the report.
## INDIANA UNIVERSITY KOKOMO SCHOOL OF NURSING

**Baccalaureate in Nursing: 2008 Assessment Results**

*(2006/2007 results in italics for comparison, with some graphic data that follows)*

<table>
<thead>
<tr>
<th>OUTCOME ASSESSMENT AREA (ORGANIZED BY STUDENT LEARNING OUTCOME)</th>
<th>PRIMARY TOOLS FOR PROGRAM EVALUATION*</th>
<th>WHEN IS THE MEASURE TAKEN?</th>
<th>BENCHMARKS AND MEASUREMENT COMMENTS FOR EACH TOOL IN PROGRAM EVALUATION:</th>
<th>DATA FROM GRADUATING CLASS</th>
</tr>
</thead>
</table>
| **1A: promotes a positive image of nursing** | ATI Fundamentals sub section on Professional Responsibilities (P) | End of Sophomore year | Nationally normed measure of knowledge in this area. Benchmark: 95% of the students achieve at a level 1 or better; 45% achieve at a level 2 or better. Each of these three rating sheets has a “1” as highest rating, and “4” as the lowest, with scores of 2.00 or less rated as good. Benchmark: means at 2.00 or less on all three measures. | When this group took the ATI Fundamentals test there were no proficiency levels reported out. Our National Percentile Rank was 77 and our group mean score was 71.9%. 2007 Grad Survey: 
1A.a.sen: Compares and contrasts the public image of nursing. Mean: 1.47 (2007 Mean 1.49; 2006 Mean: 1.77) 
1A.b.sen: Develops a broad perspective of nursing practice that contributes to the health and well-being of people. Mean 1.49 (2007 Mean 1.54; 2006 Mean: 1.67) 2007 “one year” Alumni Findings: Promotes a positive image of nursing Mean 1.77 (2006 Mean 1.92; 2005 Mean 1.38) |
| | Grad Survey (SR) | | | |
| | Alum Survey: 1 year (SR) | | | |
| 1B: Effective Communicator | Writing Score (P) | Paper from class in senior year. | Writing score uses one senior paper and objective faculty raters score the paper on our writing rubric. Benchmark: score of 18 meets standard—benchmark is that 95% meet standard. ATI Comprehensive Predictor test is a nationally normed test given to seniors in capstone class. Benchmark is currently set at attaining a mean score at 60% (for sub topics on this test, competency levels are not identified). Each of these last three rating sheets has a “1” as highest rating, and “4” as the lowest, with scores of 2.00 or less rated as “good.” Benchmark: means of 2.00 or less on all three measures. | Writing Score Average: 2008 Mean 20.8 and 100% sampled met standard (2007 Mean 20.05 and 87% met the benchmark score; 2006 mean 21.11) 
ATI Comprehensive Predictor Communication Sub Topic: NOTE: with the new test plan, this is no longer a sub topic! (2007 mean: 71.9% 2006 mean 70.1%)  
Grad Survey: 
1B.a.sen: Consistently produces written work that demonstrates clarity of thoughts, coherency of arguments, organization of ideas, grammatical accuracy, and APA format when applicable. Mean: 1.78 (2007 Mean 1.64; 2006 Mean 1.70) 
1B.b.sen: Communicates respectfully and clearly with individuals, families, communities and other health care providers. Mean 1.67 (2007 Mean 1.41; 2006 Mean 1.37) 
1B.c.sen: Uses information technology in managing information, data sets, and problem-solving activities. Mean 1.51 (2007 Mean 1.49; 2006 Mean 1.60) 
1B.d.sen: Incorporates therapeutic communication techniques with clients across all settings. Mean 1.60 (2007 Mean 1.51; 2006 Mean 1.53) 2007 “one year” Alumni Findings: communicates accurately
<table>
<thead>
<tr>
<th>OUTCOME ASSESSMENT AREA (ORGANIZED BY STUDENT LEARNING OUTCOME)</th>
<th>PRIMARY TOOLS FOR PROGRAM EVALUATION*</th>
<th>WHEN IS THE MEASURE TAKEN?</th>
<th>BENCHMARKS AND MEASUREMENT COMMENTS FOR EACH TOOL IN PROGRAM EVALUATION:</th>
<th>DATA FROM GRADUATING CLASS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1C: Broad Perspective</td>
<td>Grad Survey (SR)</td>
<td>Month prior to grad</td>
<td>Each of these three rating sheets has a “1” as highest rating, and “4” as the lowest, with scores of 2.00 or less rated as good.</td>
<td>Grad Survey:</td>
</tr>
<tr>
<td></td>
<td>Alum Survey (SR)</td>
<td>Mailed at 1 year post grad. Every August</td>
<td>Benchmark: means at 2.00 or less on all three measures.</td>
<td>1C.a.sen: Identifies actual and potential strategies to influence healthcare policies. Mean: 1.76 (2007 Mean 1.74; 2006 Mean: 1.90)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1C.b.sen: Relates the impact of broad-based trends to national and international healthcare issues. Mean 1.98 (2007 Mean 1.79; 2006 Mean 2.00)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1C.c.sen: Examines the political processes that shape health care policies at the agency, community, and national level. Mean 1.93 (2007 Mean 2.02; 2006 Mean 2.13)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1C.d.sen: Advocates for individuals, families or communities to positively impact healthcare. Mean 1.38 (2007 Mean 1.46; 2006 Mean 1.60)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2007 “one year” Alumni Findings: Practices with a broad perspective Mean 2.54 (2006 Mean 2.5; 2005 Mean 1.92)</td>
</tr>
<tr>
<td>OUTCOME ASSESSMENT AREA</td>
<td>PRIMARY TOOLS FOR PROGRAM EVALUATION*</td>
<td>WHEN IS THE MEASURE TAKEN?</td>
<td>BENCHMARKS AND MEASUREMENT COMMENTS FOR EACH TOOL IN PROGRAM EVALUATION:</td>
<td>DATA FROM GRADUATING CLASS</td>
</tr>
<tr>
<td>-------------------------</td>
<td>----------------------------------------</td>
<td>-----------------------------</td>
<td>------------------------------------------------------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>2ACompetent Provider/Critical Thinker</td>
<td>ATI Test Comp Predictor (P)overall performance</td>
<td>Spring Semester the year of graduation</td>
<td>ATI Comprehensive Predictor test is a nationally normed test given to seniors in capstone class. <strong>Benchmark:</strong> National Percentile Rank of 60 overall (06 Benchmark was National Percentile Rank of 60 overall)</td>
<td>Comprehensive Predictor (overall performance): 2007 group mean 64.7 National Percentile Rank 66 (2006 Group mean 64.9; National Percentile Rank: 70)</td>
</tr>
<tr>
<td></td>
<td>ATI Critical Thinking (P)</td>
<td>During soph yr and Spring Semester Year of graduation</td>
<td>ATI Critical thinking test is a nationally normed critical thinking test given in the last semester. <strong>Benchmark:</strong> 90% of graduating students meet the 50th National Percentile Rank on the critical thinking exit exam. See Appendix 3 for this information, since it is detailed and extensive.</td>
<td>NCLEX Pass Rate: 2008 Current first time pass rate is 92.11% with 38 of 43 reports in. Current overall pass rate is 97.37%. The current National pass rate for 2007 first time BSN takers is 86.9 with the last quarter data not in. (2007 First time pass rate at the time of report was 90% with 27/30 in state taken and passed. For 2007 at the time of the report the National Pass rate was 86.9; 2006 was 87% National pass rate for first time BSN takers was 88.3%).</td>
</tr>
<tr>
<td></td>
<td>ATI Test Specific (see other table for results)(P)</td>
<td>(multiple exams used throughout the curriculum)</td>
<td></td>
<td>ATI Critical Thinking Exit Exam : 2008 Group Mean was 70.3% and National Percentile Rank was 95. Of 43 testers, 76.74% met the 50th National Percentile Rank. (2007 Group score was 74.4% and NPR 79; 2006 Group score was 73.5% National Percentile Rank: 73)</td>
</tr>
<tr>
<td></td>
<td>Grad Survey (SR)</td>
<td></td>
<td>Benchmark: means of 2.00 or less on all three measures</td>
<td>2007 “one year” Alumni Findings “Critical thinking” Mean 2.46 (2006 Mean 2.58; 2005 Mean “demonstrates critical thinking” 2.00)</td>
</tr>
<tr>
<td></td>
<td>Alumni Survey (SR)</td>
<td>Month prior to graduation 1 year after graduation Every August</td>
<td></td>
<td>Graduate Survey: 2A.a.sen: Completes an accurate assessment; gathers subjective and objective data from a variety of sources in client aggregates across multiple settings. 2008 Mean 1.38 (2007 Mean 1.56; 2006 Mean: 1.53) 2A.b.sen: Intervenes with multiple clients in various settings to reduce health risk behaviors.2008 Mean was 1.56 (2007 Mean 1.56; 2006 Mean: 1.70) 2A.c.sen: Analyzes, within a theoretical framework, assessment</td>
</tr>
</tbody>
</table>
data to develop nursing diagnoses/problem statements for aggregate and specialized populations. 2008 Mean 1.51 (2007 Mean 1.64; 2006 Mean: 1.67)

2A.d.sen: Prioritizes nursing care for multiple patients, aggregates and specialized populations. 2008 Mean was 1.56 (2007 Mean 1.51; 2006 Mean: 1.63)

2A.e.sen: Individualizes plan of care to meet client needs in aggregates and specialized populations. 2008 Mean 1.58 (2007 Mean was 1.64; 2006 Mean: 1.63)

2A.f.sen: Provides safe and effective care for multiple clients across various settings. 2008 Mean was 1.47 (2007 Mean 1.64; 2006 Mean: 1.50)

2A.g.sen: Constructs and implements teaching plans to meet aggregate learning needs in various settings. 2008 Mean was 2.00 (2007 Mean was 1.59; 2006 Mean: 1.60)

2A.h.sen: Evaluates outcomes and proposes revisions to plan of care. 2008 Mean was 1.49 (2007 Mean was 1.59; 2006 Mean: 1.63)

2A.i.sen: Critiques and applies research findings that affect overall nursing practice. 2008 Mean was 1.69 (2007 Mean was 1.77; 2006 Mean: 1.97)

2007 “one year” Alumni Findings “provides competent care” Mean 2.54 (2006 Mean 2.4; 2005 Mean 2.00)
## INDIANA UNIVERSITY KOKOMO SCHOOL OF NURSING

### Baccalaureate in Nursing: 2008 Assessment Results

(2006/2007 results in italics for comparison, with some graphic data that follows)

<table>
<thead>
<tr>
<th>OUTCOME ASSESSMENT AREA</th>
<th>PRIMARY TOOLS FOR PROGRAM EVALUATION*</th>
<th>WHEN IS THE MEASURE TAKEN?</th>
<th>BENCHMARKS AND MEASUREMENT COMMENTS FOR EACH TOOL IN PROGRAM EVALUATION:</th>
<th>DATA FROM GRADUATING CLASS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2B Holistic, Culturally Competent</strong></td>
<td>ATI Fundamentals Test Sub Section on Transcultural Care</td>
<td><strong>End of Sophomore Year</strong></td>
<td>ATI Fundamentals Test is a Nationally Normed test that measures knowledge in this area. <strong>Benchmark:</strong> 95% of the students achieve at a level 1 or better; 45% achieve at a level 2 or better. Each of these three rating sheets has a “1” as highest rating, and “4” as the lowest, with scores of 2.00 or less rated as good. <strong>Benchmark:</strong> means at 2.00 or less on all three measures.</td>
<td>This group did not take the ATI Fundamentals Test, as ATI is being phased in and this test is early in program.</td>
</tr>
</tbody>
</table>
| | Grad Survey (SR) | | | **Grad Survey:**
| | Alum Survey: 1 year (SR) | | | **2B.a.sen:** Incorporates the cultural beliefs of the client in provision of care across various settings. 2008 Mean is 1.51 (2007 Mean 1.59; 2006 Mean: 1.70)
| | Employer Survey (OR) | | | **2B.b.sen:** Applies holistic concepts in nursing practice across multiple settings and client populations. 2008 Mean is 1.47 (2007 Mean is 1.54; 2006 Mean: 1.63)
| | Grad Survey (SR) | | | **2007 “one year” Alumni Findings:** “care is holistic and specific to cultural needs” **Mean 2.15** (2006 Mean 1.83; 2005 Mean: 1.69) |
| **2C: Ethical/Legal Framework** | Grad Survey (SR) | Month prior to grad | Each of these three rating sheets has a “1” as highest rating, and “4” as the lowest, with scores of 2.00 or less rated as good. **Benchmark:** means at 2.00 or less on all three measures. | **Grad Survey:**
| | Alum Survey: 1 year (SR) | Mailed at 1 year post grad. Every August | | **2C.a.sen:** Uses appropriate decision models to resolve ethical dilemmas in various health care situations. 2008 Mean is 1.58 (2007 Mean 1.74; 2006 Mean: 1.83)
| | Employer Survey (OR) | | | **2C.b.sen:** Articulates personal beliefs and values and their effect on nursing and health care across multiple settings. 2008 Mean is 1.44 (2007 Mean 1.61; 2006 Mean: 1.67)
| | Grad Survey (SR) | | | **2C.c.sen:** Incorporates ANA standards and legal regulations as a basis for nursing practice across multiple settings. 2008 Mean is 1.51 (2007 Mean 1.59; 2006 Mean: 1.70)
| | | Mailed at 1 year post grad. Every August | | **2C.d.sen:** Evaluates and recommends the need for changes in policies and procedures applicable to each clinical setting. 2008 Mean is 1.73 (2007 Mean 1.79; 2006 Mean: 1.93)
| | | | | **2C.e.sen:** Demonstrates responsibility and accountability for nursing care across multiple settings. 2008 Mean is 1.91 (2007 Mean 1.56; 2006 Mean: 1.47)
| | | | | **2007 “one year” Alumni Findings:** “work within legal/ethical framework of the profession” **Mean 2.08** (2006 Mean 1.92; 2005 mean was 1.69) |
## Baccalaureate in Nursing: 2008 Assessment Results

*(2006/2007 results in italics for comparison, with some graphic data that follows)*

<table>
<thead>
<tr>
<th>OUTCOME ASSESSMENT AREA</th>
<th>PRIMARY TOOLS FOR PROGRAM EVALUATION*</th>
<th>WHEN IS THE MEASURE TAKEN?</th>
<th>BENCHMARKS AND MEASUREMENT COMMENTS FOR EACH TOOL IN PROGRAM EVALUATION:</th>
<th>DATA FROM GRADUATING CLASS</th>
</tr>
</thead>
<tbody>
<tr>
<td>3A: Manager who Balances resources</td>
<td>ATI Test: sub category on Comprehensive Predictor</td>
<td>Spring Semester Year of grad</td>
<td>The Comprehensive Predictor does not offer proficiency levels, so the benchmark is a group National Percentile Rank of 60%. ATI leadership test: Benchmark for 2006 set at attaining a Group Percentile Rank (National) of 60%. <strong>Benchmark: 95% of the students achieve at a level 1 or better; 45% achieve at a level 2 or better.</strong></td>
<td><strong>Comprehensive Predictor: Leadership</strong> subset: 2008 National Percentile Rank: 99 (2007 National Percentile Rank: 55; 2006 National Percentile Rank: 80) <strong>ATI Leadership Test:</strong> 2008 65.2% of students achieved at proficiency level 2 or better and 100% achieved at a proficiency level of 1 or better! (2007 52.8% of students achieved at proficiency level 2 or better; 97.22% achieved at a proficiency level of 1 or better, the National Percentile Rank was 70.6% (2006 National Percentile Rank: 77 -this does include human and fiscal resource management, delegation, decision-making, change, and advocacy) <strong>Grad Survey:</strong> 3A.a.sen: Plans care for groups of people utilizing knowledge of available human, fiscal and material resources. No specific item on survey. 3A.b.sen: Assesses and utilizes community resources that maximize the health of individuals and groups. 2008 Mean is 1.64 (2007 Mean is 1.60; 2006 Mean: 1.63) 3A.c.sen: Incorporates knowledge of cost-benefit issues in planning nursing care. Mean: No specific item on survey. <strong>2007 “one year” Alumni Findings:</strong> Mean coordinate resources 2.46; Mean “Manage” 2.31 (2006 “coordinate resources” 2.5; 2006 “manage” 2.25; 2005 “coordinate community resources” Mean 1.84; “manage resources” Mean 2.00)</td>
</tr>
<tr>
<td></td>
<td>ATI Leadership Test (P)</td>
<td>Spring Semester Year of Grad</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Grad Survey (SR)</td>
<td>Month prior to grad Mailed at 1 year post grad Every August</td>
<td>Each of these three rating sheets has a “1” as highest rating, and “4” as the lowest, with scores of 2.00 or less rated as good. <strong>Benchmark: means at 2.00 or less on all three measures.</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Alum Survey: 1 year (SR)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Selected ATI Test Results by Exam/Results for 2006-2008 Graduates

2008 Comprehensive Predictor: Our Grads And the National Mean

ATI Comprehensive Predictor Performance 2006-2008
ATI Performance on Pharmacology

Critical Thinking Entrance and Exit Exam Scores
Indiana University Kokomo School of Nursing
Baccalaureate in Nursing: Assessment Plan Appendices
Charts Re Selected Program Outcomes 2006-2008: Results of the Survey of Graduates

**Outcome 1A: Promotes a Positive Image of Nursing**

![Bar chart showing comparison of public image and broad perspective of nursing between 2006, 2007, and 2008 graduates.]

**Outcome 1B: Is an Effective Communicator**

![Bar chart showing comparison of communication skills between 2006, 2007, and 2008 graduates.]

- **Written Work**
- **Communicates**
- **Information**
- **Therapeutic**
Outcome 1C: Practices Nursing with a Broad Perspective

Outcome 2A: Competent Provider of Care/Critical Thinker
This report is a limited snapshot of the research regarding the first year of this project: **The number of times essential skills are performed in the clinical experience.** The output files are available to the evaluation committee, what is included here are some charts of the initial results: The results of all the ANOVAs comparing the essential skills by group were statistically significant, except for **Number of care plans**, which showed no differences across groups. The bar graphs show generally where the biggest differences lie. If desired, information will be provided re which of the individual comparisons (post hoc) are statistically significant. Overall, the findings suggest that the students in the preceptored clinical group and the capstone clinical group had more opportunities to perform essential clinical skills.
**Part E: Executive Summary of Student Performance for Each Outcome with Faculty Interpretation**

<table>
<thead>
<tr>
<th>OUTCOMES</th>
<th>OVERALL COMPARISON WITH BENCHMARK: MET, SIGNIFICANTLY EXCEEDED, OR AREA FOR IMPROVEMENT</th>
<th>POTENTIAL AREAS FOR ACTION* THESE WILL BE DISCUSSED IN OUR EVALUATION MEETING 11-07.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Student Learning Outcome 1A:</strong> The student will become a member of the profession of nursing who promotes a positive image of nursing.</td>
<td>Met</td>
<td>Comparative scores from last year on actual measures of performance are stable and fairly good; alumni evaluations are not quite at the benchmark (they fall between average and good, however).</td>
</tr>
<tr>
<td><strong>Student Learning Outcome 1B:</strong> The student will become a member of the profession of nursing who is an effective communicator of accurate information</td>
<td>Mostly Met</td>
<td>The self rating of the competency “Examines the political processes that shape health care policies at the agency, community, and national level” has improved somewhat from last year, when it had fallen below the benchmark x2.</td>
</tr>
<tr>
<td><strong>Student Learning Outcome 1C:</strong> The student will become a member of the profession of nursing who participates in the profession and practice of nursing with a broad perspective.</td>
<td>Showing Improvement, Mostly Met</td>
<td></td>
</tr>
<tr>
<td><strong>Student Learning Outcome 2A:</strong> The student will become a member of the profession of nursing who is a competent provider of care in structured and semi-structured healthcare settings who demonstrates critical thinking abilities</td>
<td>Mostly Met, with a few areas for improvement</td>
<td>We had good results, overall, in this area in terms of actual student performance, and graduate self ratings of performance. Alumni ratings are less positive, though they do reflect previous year’s students. We performed well on the State Board Licensing Exam and on the Comprehensive Predictor. We did not technically meet the benchmark we set for the Critical Thinking Exam, however, we scored at the 95th Percentile Rank Nationally overall (we just had a few too many students who did not meet the benchmark).</td>
</tr>
<tr>
<td><strong>Student Learning Outcome 2B</strong> The student will become a member of the profession of nursing who provides holistic, culturally competent nursing care to a variety of individuals,</td>
<td>Mostly Met</td>
<td>The only measure that was not at benchmark was the alumni responses, which were in the average to good range.</td>
</tr>
</tbody>
</table>
families, and communities.

<table>
<thead>
<tr>
<th>Student Learning Outcome 2C: The student will become a member of the profession of nursing who within the ethical/legal framework of the profession</th>
<th>Mostly Met</th>
<th>The only measure that was not at benchmark was the alumni responses, which were in the average to good range.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Learning Outcome 3A: The student will become a member of the profession of nursing who is a knowledgeable coordinator of community resources and a responsible manager who balances human, fiscal and material resources to achieve quality health care outcomes for individuals, families, and communities, based on nursing knowledge</td>
<td>Mostly Met</td>
<td>Performance on the Leadership ATI fully met our benchmark, and our performance on the Comprehensive Predictor subtest re this topic met our expectations. Student and Alumni ratings were not quite as positive/did not always meet the benchmark.</td>
</tr>
</tbody>
</table>

**Section IV: Using Assessment for Program Improvement For 2008-2009:** This will be our third full year with the ATI program, with fairly good benchmarks in place at this time. We will continue to use the program. We have already changed the RN to BSN plan to a portfolio model and we will continue to improve this process in the next year (refer to the RN BSN Plan). We will continue in a study of our clinical education opportunities and effectiveness, which will fit in with our main measures, but will also address the concerns employers and alumni have about transitioning to professional practice. We will present continuing data in 2009. Last year, we passed some changes to the curriculum related to our assessment findings, including altering the credit hours allotted to several courses in the major. These changes will take effect in the fall of 2009. Our NCLEX results have improved dramatically and have not faltered the last few years, therefore significant change beyond what we have already noted is not needed based on assessment findings. We attribute this to two factors: increased rigor in several courses, especially sophomore and medical surgical nursing, and ATI, which provides an intervention for finding and diminishing deficiencies early. The approach uses competency testing coupled with remediation at the end of every course. Faculty can see areas where their instruction is more or less in line with standards in the profession, and can continually improve their courses with their own data.

The AACN has completed a revision of the BSN Essentials of Baccalaureate Education for Professional Nursing Practice (2008), and we are engaged in revising our program outcomes, leveled competencies, and program evaluation measures to meet these new Essentials. This will necessitate some curricular change to allow us to meet changing expectations in the profession. This change was not driven by our evaluation results, but by advances in the profession and the health care environment. Nonetheless, next year’s assessment plan will reflect change.
Section V: Dissemination of Results:

This report will be distributed to all regular faculty members prior to our meeting to discuss findings (the meeting for this is March 2009). Since we are initiating an Advisory group consisting of many of our community stakeholders, these results will be shared with that group at the first or possibly second meeting that is convened (in 2009). We put a short version of this report on the website for Nursing. The report will need to be a brief synopsis of our performance, since this long version is burdensome to read.