

Saint Francis Medical Center College of Nursing  
Academic Quality Improvement Program



# Systems Portfolio

*Submitted to the Higher Learning Commission*

*June 2012*



A Tradition of Excellence  
in Nursing Education

Peoria, Illinois | [sfmccn.edu](http://sfmccn.edu)

### Institutional Overview

Saint Francis Medical Center College of Nursing is owned by The Sisters of the Third Order of St. Francis and located on the campus of OSF Saint Francis Medical Center (OSF SFMC). The College is a private, non-profit, specialized nursing college offering upper division baccalaureate and graduate nursing programs. In keeping with the Mission of the Sisters, the College of Nursing (CON) continues a tradition of over 100 years of excellence in nursing education. In 2007 the College received the Spalding School Award from the Catholic Diocese of Peoria in recognition of its long history of providing quality nursing education in the Peoria Diocese. The College is the only Catholic college of nursing in the Peoria Catholic Diocese. OSF SFMC is one of the largest Catholic health care facilities in the United States and the second largest employer in Peoria. The tri-county area, including Peoria, has a population of approximately 365,000 and is readily accessible. Peoria is known for its leading downstate health care facilities.

St. Francis Hospital School of Nursing was organized in 1905, for Sisters only. The School's diploma program was approved by the State of Illinois in 1915, and opened to lay students in 1918. The School maintained continuous State approval of the diploma program. The College of Nursing was established in November 1985, with approval of the baccalaureate program by the Illinois Department of Professional Regulations. The College enrolled its first students as juniors in August 1986. The first class graduated in May 1988. In 2000, the approvals were obtained to enroll the first MSN class in 2001. The first MSN class graduated in 2004. The first students enrolled in the Doctor of Nursing Practice (DNP) program in fall 2009 and graduated in May 2012.

The College faculty and administration are committed to quality education as demonstrated by institutional and program accreditation. The College was granted candidacy with the North Central Association (NCA) in 1987, continued candidacy in 1989, initial accreditation in 1991, and continued accreditation in 1996 with the next visit in 2005. The College voted to become an AQIP institution in 2004 and completed its first AQIP cycle with reaffirmation of accreditation by the Higher Learning Commission until 2017-2018. In 1992, the College received initial accreditation of the baccalaureate program from the National League for Nursing Accrediting Commission (NLNAC) and continued accreditation was received in fall 2004 with the next visit scheduled for fall 2012. In February 2004, the Graduate program was accredited by the HLC and in fall 2004, the Graduate Program received initial accreditation by NLNAC. In 2009, the MSN program was granted continuing accreditation by NLNAC and the DNP program was approved by the Higher Learning Commission. The College hosted an initial NLNAC accreditation visit in 2012 with a recommendation of initial accreditation for five years.

Saint Francis Medical Center College of Nursing continues the history of nursing education started by The Sisters of the Third Order of St. Francis, Peoria, Illinois whose mission is to provide health care to the sick, injured, and poor and education for health care providers to the community of Peoria and surrounding areas. The Mission of the College flows from the Sisters Mission and is *“to provide nursing education programs at the undergraduate and graduate level.... The College encourages participation of faculty and students in scholarly activities that contribute to learning, nursing, and health care. The College serves the community by providing competent entry level and advanced practitioners responsive to the changing health needs of society and the health care system...”*

Flowing from the Mission Statement, the College adopted the Vision statement:

*“While representing a standard of excellence, Saint Francis Medical Center College of Nursing will obtain local, regional, and national recognition by providing the highest quality undergraduate and graduate nursing education programs, as well as the best clinical experiences. This will in turn produce the most prepared nurses and nurse educators capable of administering the highest quality education and/or care.”*

The Core Values of the College are:

- Personal and Professional Development (Includes learning, caring, leadership, and personal worth and dignity)
- Service (Includes integrity, responsibility, and accountability)
- Quality (Includes excellence)
- Agility (Includes being future focused and forward thinking).

As a component of its AQIP journey, the College developed the following Quality Statement:

*“Quality is our commitment to excellence in nursing education, being the very best of the best. It is achieved by applying Quality Improvement initiatives to reach beyond expectations in teaching, learning, and services to students and stakeholders.”*

**1. Goals for student learning and educational programs.** The College philosophy, values, goals and program objectives flow from the Mission. All programs are designed to accomplish the College Goals which are:

- 1) Prepare the graduate to practice professional nursing in a variety of health care settings.
- 2) Provide the essential foundation for graduate study in nursing.
- 3) Foster the commitment to personal and professional growth and accountability.

Program objectives for the BSN, MSN, and DNP programs flow from the Mission, Philosophy, and College Goals. Table 1-1 presents the program objectives.

**Table 1-1 Program Objectives**

<b>BSN Program</b>	<b>MSN Program</b>	<b>DNP Program</b>
Synthesize theoretical and empirical knowledge from the liberal arts and sciences with nursing as a basis for the practice of professional nursing.	Integrate theory, research, and practice using critical thinking, for the improvement of client care in a variety of settings and the advancement of the nursing profession.	Apply advanced levels of clinical judgment and scholarship in practice.
Express caring in professional interactions.	Practice autonomously in a variety of professional roles to respond to the social, economic, ethical, political, and legal issues impacting the needs of clients and the nursing profession.	Utilize scientific knowledge to evaluate new and current approaches in nursing practice to promote optimal outcomes.
Implement the nursing process to assist clients throughout the life cycle in reaching optimal health by facilitating adaptation within their social system.	Express caring in professional interactions which supports the values and promotes the growth and self-actualization of individuals, groups, and communities.	Provide leadership in organizations and systems to assure, quality care delivery models and education programs.
Evaluate effectiveness of own nursing practice and accept responsibility and accountability for its outcome.	Provide collaborative leadership within the complex healthcare system in a culturally diverse society.	Design, deliver, direct, and disseminate evidence-based practices.
Apply appropriate research findings in the practice of nursing.	Synthesize the principles of education to develop interventions that promote, maintain and restore health.	Use information systems to design, select, use and evaluate programs, outcomes of care and care systems.

Utilize leadership skills and principles of management with clients and health professionals to coordinate, facilitate, and improve the delivery of health care in a variety of settings.		Advocate for healthcare practice change through policy development and evaluation.
Synthesize legal, ethical, and professional standards with values into nursing practice decisions.		Assume leadership roles for effective transdisciplinary collaboration to achieve optimal outcomes.
Accept responsibility for continued personal and professional role development.		Employ ethical principles to decision making in healthcare practices and systems.
		Apply advance clinical reasoning and judgment in the management of complex clinical situations and systems.

The Systematic Program Evaluation and Assessment of Outcomes Plan (SPEAOP) identifies critical thinking, communication, and therapeutic nursing interventions as common learning outcomes for the programs. The College defines critical thinking as the process of exercising or involving careful judgment or judicious evaluation and analysis, which is in the examination of interrelated ideas or parts that form a whole. Communication is the ability to express and exchange ideas or information in speech, writing, or through technology and has both verbal and nonverbal aspects. Inherent in communication abilities are interaction and caring. Therapeutic nursing interventions are components of the nursing process. They are based on the body of nursing knowledge, scientific principles, and nursing research. In addition to the above three outcomes, the graduate program students are expected to achieve the outcomes of leadership and scholarly inquiry. Leadership is defined as the ability to guide and influence for the achievement of goals in the advanced practice setting, demonstrate initiative in identification and analysis of issues or problems, and identify a potential solution in order to improve care in the advanced practice setting. Scholarly inquiry includes application of theoretical knowledge from nursing and other disciplines in critique of research, analysis and application of research findings in practice, identification of a relevant problem for research, and in design and implementation of a research proposal or graduate project. The SPEAOP identifies the levels of achievement for each objective for both programs.

**Key Instructional Programs.** The College offers undergraduate and graduate nursing programs. The undergraduate nursing program is 124 credit hours and leads to a Bachelor’s of Science Degree in Nursing (BSN). These hours are divided into 62 semester hours of required pre-nursing courses and 62 hours of courses in the nursing major. The required pre-nursing hours are taken at a regionally accredited college or university of the student’s choice. These liberal arts and science courses enhance the student’s ability to think logically, reason, analyze data, formulate ideas, explore value systems, understand human behavior, and communicate effectively. They also enhance the student’s natural abilities, stimulate creativity, and encourage a willingness to explore new ideas. Courses required in the pre-nursing sequence prepare the student for study in the nursing major. Upon completion of the BSN program, students are eligible to write the National Council Licensure Examination for Registered Nurses (NCLEX-RN).

The College offers an accelerated option in the baccalaureate program for registered nurses. The RN to BSN Accelerated option is 123 semester credits. The students take the required 62 credits of liberal arts and sciences along with 61 nursing credits at the College. Graduates of state approved diploma or

associate degree nursing programs may receive 31 semester hours of credit in the nursing major without examination upon satisfactory completion of the specified courses according to College policy. Registered nurse students have the opportunity to obtain credit for two clinical courses through the completion of a portfolio. The portfolio demonstrates achievement of course objectives through prior education and work experience.

The Master of Science in Nursing (MSN) program is designed to provide the baccalaureate professional nurse with current advanced knowledge and skills through completion of a variety of program options. The programs prepare graduates in scientific inquiry, which includes validating and applying research findings to nursing practice, and evaluating nursing theory appropriate for advanced practice. Graduates choosing to use the title Advanced Practice Nurse, will have to take the national certification examination and apply to the Illinois Department of Financial and Professional Regulation (IDFPR) for licensure to practice in Illinois. Graduates may also apply to practice in other states. The graduate program offers work leading to the following degree options:

- Medical-Surgical Nursing – Educator or Clinician option (45 credits)
- Child and Family Nursing – Educator or Clinician option (45 credits)
- Accelerated Pathway to the MSN for RN's with a Non-Nursing Baccalaureate Degree (The above degree options apply.) (45 credits)
- Clinical Nurse Leader (CNL) (36 credits)
- Neonatal Nurse Practitioner (43 credits)
- Family Nurse Practitioner (44 credits)
- Nursing Management Leadership (33 credits)
- Family Psychiatric/Mental Health Nursing Nurse Practitioner (46 credits)

The College offers post-graduate certificate programs for nurses with Master's Degrees in Nursing who wish to acquire additional knowledge and skills in a particular discipline. Students can earn a post graduate certificate as Nurse Educator, Clinician (CNS), or Family Nurse Practitioner (FNP). The certificate programs are 9 to 15 credits for the CNS and 26 credits for the FNP.

The College offers a Doctor of Nursing Practice (DNP) degree. The DNP program is a 39 credit post masters doctorate, a practiced-focused program designed to prepare advanced practiced nurses at the highest level of nursing practice. The DNP is a terminal degree for those individuals who are masters prepared and nationally certified and licensed as an advanced practice registered nurse (APRN).

**Academic Climate.** The College is committed to student learning and accepts the responsibility to create an environment that facilitates learning and meets the educational needs of its students. The statement on academic freedom formulated by the American Association of University Professors is used as the College policy on academic freedom and is printed in the *Faculty Academic Handbook*. Monthly Communication Forums are held by the President and allow for open discussion and communication among faculty and staff. In addition, open discussions related to College issues are held at College Senate and at times online via eCollege. This promotion of open discussion of topics frequently carries over into the classroom. Students are encouraged to present divergent ideas and participate in open dialog. Another strategy to promote communication includes graduate students attending forums each semester. This promotion of dialog is reflected by several statements on the course evaluations completed by students. The College policy on Intellectual Property is found in the *Faculty Academic Handbook*. The policy delineates the ownership between the College and faculty of any intellectual property.

The College offers courses using traditional, hybrid and online delivery methods during a 16-week semester. Traditional courses are delivered primarily in a classroom setting. Hybrid courses are courses that are predominantly a traditional delivery method with some online activities imbedded within the course. Courses in the BSN program are typically delivered using traditional classroom or hybrid

methods. The MSN and DNP programs are predominately online. MSN and DNP courses may meet on campus the first week of classes. Technologies such as Skype and Cisco Meeting Place are used for students who are out of state. Depending on the course, students can meet on campus up to three additional times. The College uses eCollege as the online course delivery platform.

**Supporting Student Learning.** The College of Nursing is committed to providing technology which facilitates teaching and learning for students, faculty and staff. Desktop computers are present in all faculty and staff offices. There are network printers for faculty and the administrative offices have individual printers as well as network printer access. All classrooms are equipped with computers with sound, CD/DVD, video capability; LCD projector and internet access. Other equipment such as video cameras, laptop computers, portable LCD projector, and printers are available. The newly designed skills laboratories in the Nursing Resource Center have classrooms with the technology listed above. In addition, all beds or patient stations have a computer at the bedside which is networked with access to the Medical Center electronic medical record. Computerized medication dispensing machines and handheld medication scanners help students to learn safe medication administration. Wireless access is available in limited areas in the Learning Resource Center and College building. Computer rooms are available for student use.

2. **Key organizations services.** In keeping with the Mission of the College, the following key non-instructional student and/or external stakeholder support service are listed in table 2-1.

**Table 2-1 Key Support Services**

Key Programs	Key Organizational Services Provided
<b>Library</b>	Supports the education programs. Provides books, online and print journals, online databases, research assistance, and instruction to enhance information literacy of students.
<b>Academic Development Center</b>	Academic assistance services provided to increase student success in the nursing program. Services included one-on-one tutoring/remediation and programs or one-on-one work on time management, test taking strategies, reduction of test anxiety, and study skills. Services based on faculty referral or student request.
<b>Peer Teaching Program</b>	Program through the Academic Development Center which arranges peer teachers for students based on faculty referral or student request.
<b>Student Tutoring</b>	Illinois Central College HELP lab provides math and writing assistance.
<b>Language Partners Program</b>	Program through the Academic Development Center that pairs English as a Second Language (ESL) student with an English speaking partner. Regular social meetings and activities are set to improve communication skills for ESL students.
<b>Academic Advisement</b>	Provides individual faculty advisor to each student. Assists the student in developing a program of study. Provides one-on-one assistance as needed.
<b>Services for Students with Disabilities</b>	Provides assistance and services to students requesting accommodations. Documentation of disabilities is provided to the Dean who arranges the accommodations.
<b>Counseling</b>	Full-time counselor provides individual counseling for personal and school related issues. Additional assistance provided related to reduction in test anxiety, test taking skills, time management. Works with personnel in Academic Development Center.
<b>Student Health/Wellness</b>	Provides health and wellness information and programs for students. Refers students to health services as needed. Monitors student compliance with regulatory health requirements.

<b>Technology Specialist</b>	Provides technology support for students, faculty, and staff. Additional 24/7 support is provided by OSF Saint Francis Help Desk. Programs provided for students and faculty to improve technology use abilities.
<b>Student Organizations</b>	Student Senate, Student Nurse Association and Multicultural Student Association provide opportunities for students to participate in leadership positions. Student Senate representatives participate in committees in the College governance structure and relay information from students to committee and from committee to students.

**3. Requirements of stakeholders.** The Mission of the College states that “the College provides nursing education programs at the undergraduate and graduate level” making students our primary stakeholders. Table 3-1 summarizes key stakeholders and their requirements and expectations.

**Table 3-1 Key Stakeholders Requirements and Expectations**

Key Stakeholder Groups	Key Requirements and Expectations
<b>Current students</b>	Quality programs and faculty; affordable education; success on licensure exam and certification exams; employment following graduation; caring environment; safe, secure environment; learning resources and technology; online graduate program offerings; responsive student services; choice of classes
<b>Prospective students</b>	Clear and timely program and financial aid information; affordable education; accredited programs with excellent reputation and successful graduates; personal attention
<b>Parents, spouses, families</b>	Clear and timely program and financial aid information; quality educational programs; affordable education; safe, secure environment
<b>College Board</b>	Relationship with College; timely, accurate information for Board-level decisions; ethical, fiscally sound management; accredited quality programs and institution reputation; accountability; maintenance of accreditation and enrollment; success in student learning
<b>Alumni/Friends</b>	Maintain relationship with College; networking opportunities; support the College; participate in College and other activities; utilization of gifts; acknowledgement of gifts; positive image
<b>Area high schools</b>	Program and financial aid information; information on nursing as a career
<b>Feeder colleges, universities, hospitals</b>	Program and financial aid information; communication related to programs; transfer ease
<b>Employers</b>	Competent graduates with appropriate job skills; good communication skills; appropriate decision making and priority setting skills; ability to work as a healthcare team member
<b>Accrediting agencies</b>	Compliance with accreditation criteria; quality programs; ethical, fiscally sound institution
<b>Government</b>	Compliance with state and federal regulations; ethical, fiscally sound audits
<b>Catholic Church/Diocese</b>	Relationship with College; students and graduates who represent Judeo Christian values
<b>Community</b>	Quality programs; successful graduates; competent nurses; involvement with community activities

**Competitors.** Our primary competitors are other colleges and universities that offer nursing programs in Central Illinois. Within a 50-mile radius there are 3 community colleges (Illinois Central College,

Heartland Community College, Spoon River College), one diploma program (Graham Hospital School of Nursing), four baccalaureate programs (Methodist College of Nursing, Bradley University, Mennonite College of Nursing at Illinois State University, Illinois Wesleyan University), and three graduate programs that offer masters and/or DNP programs (Bradley University, Mennonite College of Nursing, and University of Illinois, Peoria campus). Other competitors are colleges and universities who offer fully online programs such as University of Phoenix, Walden University and Kaplan University. Due to the College’s excellent reputation, the College continues to get applications from qualified applicants that exceed the capacity of the class. The College’s tuition is comparable or less than the other college programs which also allows us to remain competitive for quality students.

**4. Human Resources.** The College of Nursing organizes its work activities into academic and support services with job classifications that support each service area and create an environment conducive to student learning. Faculty has primary responsibility for student learning. The support services are admissions, registration, student finance, financial aid, library, technology support, health, counseling, clerical, housing, and administrative. All work together to ensure student learning and professional success (Table 4-1).

The workload for full time faculty is 21-25 credits per academic year. Full time faculty have 10-month agreements and have the opportunity to teach summer courses. The College does not have a tenure system. Following hiring and a 90-day appraisal, faculty appointments are continuous. Contracts are renewed annually. In cases of termination, faculty is entitled to due process. The promotion policy delineates criteria for faculty promotion. Part-time faculty teach clinical sections as needed which enables the College to accommodate the increased enrollment. The College hires students to work as assistants in the library and graduate assistants for the Nursing Resource Center. Administrative and support services staff have 12-month contracts.

**Table 4-1 Faculty and Staff 2011-2012**

<b>Classification</b>	<b>Full-time</b>	<b>Part-time</b>	<b>Total</b>	<b>Male</b>	<b>Female</b>
Administration	4	0	4	1	3
Faculty	34	19	53	2	51
Staff	17	3	20	1	19
Graduate Assistants	0	2	2	0	2
Contractual	0	5	5	2	3
<b>Total</b>	<b>55</b>	<b>29</b>	<b>84</b>	<b>6</b>	<b>78</b>

The College’s strategic planning process includes the gathering and analyzing of demographic and professional trends to determine workforce capabilities and educational needs for the present and future.

**5. Strategy Alignment.** The College’s 2010-2015 Strategic Plan provides the strategic direction and vision for the college. The Strategic Plan was developed by members of the College Board, administration, faculty, staff, and other stakeholders and revised in 2010 with input from the College Board, all college employees and invited external and internal stakeholders. The College Board Long-range Strategic Planning Committee aligns the future direction of the College with the Strategic Plan. Beginning in 2007, the College’s Strategic Plan was integrated with AQIP activities and Six Sigma methodology to create a more effective and efficient planning process. The President and Deans serving as ex-officio members of the College Board provide another mechanism to ensure that leadership is in alignment with the views of the Board. This also promotes communication between the College Board and the faculty, staff, and students. The plan is organized under five Strategic Directions which include tactics, goals and levels of measurement: Quality Education, Community of Caregivers, Service, Growth, and Financial Stewardship.

The Board of Directors of OSF Healthcare System owns and operates OSF Saint Francis Medical Center (OSF SFMC) of which the College of Nursing is an integral part. The College is operated through OSF SFMC. Under the auspices of OSF SFMC, the College has rights to serve as the parent institution in the area of governance. The Board of Directors authorized the establishment of the College Board of the College of Nursing. According to the Bylaws, the College Board has as its primary concern the general well-being of the College and is responsible for policies necessary to accomplish the College’s Mission and Goals. The Board has the authority and responsibilities with respect to the day-to-day business and affairs of the College as set forth in the Bylaws. The College has the overall responsibility and authority for the nursing education unit.

The College Board is composed of 15 members who represent the community at large, OSF Healthcare System, and OSF SFMC. Community members have expertise in business, law, finance, higher education, and nursing. An alumnus and a student represent the College. The Bylaws for the College Board delineate its specific functions and responsibilities. There is a standing committee structured outlined with the Bylaws. The Standing Committees are: Finance, Educational Affairs, Long-Range Planning, Marketing and Development, and Nominating. The College Board meets five times per year.

The College has four full-time administrators, the President, Dean of the Graduate Program, Dean of the Undergraduate Program, and Assistant Dean of Support Services. The College functions organizationally under the direction of the President, who is both the Chief Executive Officer and the Chairperson of the College Senate. The Deans of the Graduate and Undergraduate Programs function as the Chief Academic Officers. All faculty report to the President through the respective Dean.

The administrators, faculty, professional staff, and students participate in the governance of the College. The College Senate, which meets two to three times per semester, provides the structure that allows faculty, staff, and students to participate in a shared governance environment. The College Senate operates under a set of Bylaws that are published on the shared drive and in the *Faculty Academic Handbook*, with an online version at <http://www.sfmcon.edu/pdfs/faculty-academichandbook.pdf>.

**6. Administrative Support Goals.** The College’s Mission and Strategic Plan provide direction for the key administrative and student support services offered (Table 6-1). Support processes sustain institutional operations from the standpoint of academic, non-academic and administrative departments and offices with a focus of ensuring that the services extend to the students enrolled in online courses. The student support services provide support to students by using student survey data to improve services. Student satisfaction with services is monitored by the Noel Levitz Student Satisfaction Inventory.

**Table 6-1 Key Student and Administrative Support Services and Processes**

Key Process Area	Support Services
Learning Support	Academic Development Center, Language Partners Program, computer labs, academic advising, simulation labs, technology, ATI modules, HESI testing, institutional research, online learning, at risk student assistance, Peer Teaching program, test anxiety help, study skill tutorial; NCLEX-RN Review course
Admissions/Registrar	Registration, transcripts, deferment forms, inquiry; application processing; grades and grade report distribution, Dean’s list; graduation application/process; maintenance of academic files and student records; SONISWEB (Scholastic Online Information System, web-based)
Student Finance Office	Financial aid (Pell, MAP, loans) processing/awarding; institutional and private scholarship; Veteran’s Affairs; billing; tuition waiver processing; satisfactory academic progress; maintenance of student records; SONISWEB; business and cashiering servicing

Student Life (Housing, Counseling, Student Health, Security)	Provision of housing; support with dorm life; individual counseling; Students Offering Support (SOS); voter registration information; substance abuse prevention; referral services; undergraduate orientation; Resident Assistant program; access to health and wellness information and health services; consistent, fair enforcement of policies in residence hall; programs on wellness, safety, and security; publication of campus crime statistics
Library	Call Number Responsibility Report – results in suggestions to develop library collection; information literacy tutorials emphasizing the Cumulative Index to Nursing and Allied Health Literature (CINAHL); online searching for research; APA writing style workshops; I-Share online public access catalog; distribution of textbook lists and ensuring availability of textbooks at external bookstores
Recruitment/Outreach	Open House; website; recruiting; individual/group tours; professional staff (recruit RN's); Counselors Luncheon (high schools and colleges); Hospital Fairs/Outreach; SONISWEB; Preceptor Appreciation Day
Administrative Support	Facilities; simulation labs, renovation of classrooms; living areas; maintenance; housekeeping; new/universal signage; student information management system; emergency notification system
Student Leadership	Student Senate, Multicultural Student Association, Resident Assistant, College of Nursing Lab Assistant, Student Nurse Association of Illinois; SOS; membership on College standing committees; Graduate Assistant positions

**7. Data collection and distribution.** The College is focused on making data driven decisions. The Institutional Effectiveness and Assessment Specialist (IEAS) has the primary responsibility for data collection and management. This position allows for improved management of data collection, analysis and distribution of data. Data is collected for semi-annual or annual regulatory and accreditation reports required by the Illinois Department of Financial and Professional Regulation, Integrated Postsecondary Education Data System (IPEDS), Higher Learning Commission, National League for Nursing, American Association of University Professors, and American Association of Colleges of Nursing. Internal data is also collected in the form of student faculty and course evaluations, student and employee climate assessments, and faculty course reports. The Noel Levitz Student Satisfaction Inventory and Educational Benchmarking Inc. (EBI) End of Program Assessment provide student data as well as external benchmark data for the College.

The College has a comprehensive Systematic Program Evaluation and Assessment of Outcomes Plan (SPEAOP) and an extensive *Annual Report* which includes the report of assessment of the graduate and undergraduate curricula and outcomes of the programs. Data reports are distributed at meetings such as undergraduate Admission and Progression, Graduate, and College Senate Committees. Data from the College's Integrated Scorecard is reviewed quarterly and presented to the College Board and College Senate.

The College uses SONISWEB (Scholastic Online Information System) which is an internet system for admissions, recruitment, finance, and academic data collection. This is a centralized system which allows for collection and storage of data, but also is decentralized as it allows for select access to data for prospective students, applicants, students, and alumni. The SONISWEB system is comprehensive and most useful and relevant to student learning outcomes. The collection of data begins at different transaction points. It usually starts with the application process and payment. This data is entered into SONISWEB. Then information using EdExpress, software sponsored by the United States Department of Education is used for financial aid processing. Files from FAFSA (Free Application for Federal Student

Aid) transmission product from EDconnect are downloaded. The faculty academic information access on SONISWEB is for advisee data and course rosters. The faculty enters grades for courses taught. Data on the academic side includes a student biography, academic status, course enrollment data, and academic success from admission to graduation. It also provides a data base related to potential applicants with the option to generating timed letters. Grade reports and transcripts are able to be generated. On the Finance side, the SONISWEB system contains student financial records which include billing, payments, awards, and financial aid data. All financial information is stored in SONISWEB electronically for five years.

**8. Commitments, constraints, and challenges.** The College is committed to a “continuing tradition of excellence in nursing education.” The College of Nursing Vision is found in the introductory section of the Overview. The vision flows from the Mission of the College which is to provide nursing education programs at the undergraduate and graduate level. The Values flow from the Mission. The strategic direction for the next five years is to continue to build on current successes; to implement a quality nursing program which includes newly added graduate programs and a revised baccalaureate curriculum; to develop a comprehensive enrollment management plan for controlled and planned growth; to have successful professional continuing accreditation for the BSN program; to maintain a highly qualified faculty and staff; and to have an established fund raising campaign to support increased scholarship funding for students.

The College does compete with other area nursing programs for clinical sites for nursing students. With each program increasing enrollment, there is a need for additional learning experiences and clinical sites for all. Through the Peoria Educators in Nursing (PENS) group, all the nursing programs meet to equitably use the facilities in the Peoria area.

Competition for qualified nursing faculty continues. With five programs in the Peoria area and an additional four programs within 50 miles, each program is continually seeking qualified faculty. Clinical salaries for advanced practice nurses have increased to a point where the nurses with master’s degrees who could teach choose to remain in clinical practice. This increase in clinical nursing staff salaries makes clinical agencies another competitor for qualified faculty.

Also competition exists from three other graduate programs in the area for qualified preceptors for the students enrolled in the practicum experiences in the MSN program. This arises due to the limited number of advanced practice nurses, the demands of their clinical positions, and the increased number of graduate students. The online MSN program has also provided opportunities for the graduate students to find preceptors in other regions of Illinois and out of state. These experiences offer students a broader perspective on the role of the advanced practice nurse.

Another constraint and challenge is that while the student enrollment has continued to grow, space is becoming an issue. For example, limited office space is available for new faculty and limited space for small student groups to meet for quiet or group study. Data from students also indicates a need for additional computers which require more space. The College has developed plans for a new building but is limited by financial constraints. The College is exploring avenues to raise funds for the building.

**9. Partnerships and collaborations.** The College enters into key collaborative relationships and partnerships that support the Mission and goals within the Strategic Plan (Table 9-1). The table also provides a description of how the relationships and collaborations support the Mission of the College. The relationships that contribute financial support to student education are critical in that 88% of the students in both programs received some type of financial assistance in 2011-2012.

**Table 9-1 Key Collaborative Relationships and Mission Reinforcement**

Relationships and Mission	Examples	Nature of Relationship
<b>State/Federal</b> - Supports Mission to “provide nursing education programs at the undergraduate and graduate level.”		
State of Illinois	Department of Veterans Affairs, Student Assistance Commission Monetary Award Program, Public Health Nursing	<ul style="list-style-type: none"> <li>• Financial support for student education</li> </ul>
Department of Education	Federal Pell Grant, Federal Stafford Loans, Federal Parent Loans	<ul style="list-style-type: none"> <li>• Financial support for student education</li> </ul>
<b>Educational</b> - Supports Mission to “provide nursing education programs at the undergraduate and graduate level. The primary commitment of the College is to undergraduate and graduate nursing education.”		
Middle Schools/Area High Schools	<i>Middle Schools:</i> Blaine Sumner, Calvin Coolidge Oak Grove, Tyng, <i>High Schools:</i> Peoria Richwoods, Peoria Notre Dame, Eureka, Canton, Peoria Central, Illini Bluffs, Tremont, Washington	<ul style="list-style-type: none"> <li>• Source of prospective students</li> <li>• Counselor information sessions</li> <li>• Presentations to students on nursing profession</li> </ul>
Colleges and Universities	Illinois Central College, Heartland Community College, Spoon River College, Illinois State University, Western Illinois University	<ul style="list-style-type: none"> <li>• Source of prospective students</li> <li>• Provide liberal arts and science courses to prospective students</li> </ul>
Colleges and Universities	Illinois Valley Community College, Lincoln Christian University, Lincoln College	<ul style="list-style-type: none"> <li>• Formal articulation agreement</li> <li>• Source of prospective students</li> <li>• Provide liberal arts and science courses to prospective students</li> </ul>
Clinical Agencies	OSF SFMC, Methodist Medical Center of Illinois, Peoria City/County Health Department, Tazewell County Health Department; Multiple community agencies and sites	<ul style="list-style-type: none"> <li>• Provide clinical and practicum sites for student learning experiences</li> </ul>
Preceptors for MSN Students	Advanced Practice Nurses in a variety of area healthcare settings Faculty in nursing programs at area colleges and universities	<ul style="list-style-type: none"> <li>• Provide learning experiences for graduate students</li> </ul>
Peoria Educators in Nursing (PENS)	Representatives from 10 nursing programs in Central Illinois	<ul style="list-style-type: none"> <li>• Coordination of usage of clinical sites in Peoria healthcare institutions</li> <li>• Networking and discussion related to issues and trends in nursing education</li> </ul>
Educational Assistance	Illinois Central College	<ul style="list-style-type: none"> <li>• Educational assistance to students in areas of math, English, writing, testing</li> </ul>
<b>Community</b> - Supports Mission to “serve the community through participation in health-related activities and organizations.”		
Community Organizations	Private Industry Council, Peoria Workforce Network, Tri-County Urban	<ul style="list-style-type: none"> <li>• Provide opportunities for student recruitment, education</li> </ul>

	League, Susan G. Komen Foundation	& training, financial support, volunteerism and charitable giving
<b>Business/Industry</b> - Supports Mission to “serve the community by providing competent entry level and advanced practitioners responsive to the changing health needs of society and the health care system.”		
Employers	OSF SFMC, Methodist Medical Center, OSF Saint Joseph Medical Center, Human Service Center, Illinois Central College, Bradley University, Illinois Valley Community College, individual physician practices, clinics	<ul style="list-style-type: none"> <li>• Provide opportunity for employment for graduates</li> <li>• Provide financial support for education</li> </ul>
Local Business	Barnes and Noble, Uniformly Perfect, Sam Harris Uniforms	<ul style="list-style-type: none"> <li>• Support services for educational programs</li> </ul>
<b>Donors</b> - Supports Mission to “Provide nursing education programs at the undergraduate and graduate level.”	Alumni, Friends of the College	<ul style="list-style-type: none"> <li>• Financial support for education, equipment, and special projects</li> <li>• Student recruitment</li> </ul>

**Category One: HELPING STUDENTS LEARN**

**1P1. Determining common or shared objectives for learning.** Saint Francis Medical Center College of Nursing has common shared objectives that are progressive for each of the programs, the undergraduate and graduate. Initially, the Admission and Progression (A&P), Curriculum, and Graduate Committees establish the common student learning outcomes/objectives. The committees are made up of faculty and professional staff. The Admission and Progression Committee evaluates, recommends, and implements policies and establishes procedures and guidelines for pre-nursing courses, admission, progression and graduation of baccalaureate students. The graduate program builds on these objectives for the Masters and Doctorate. The committees use as resources the *AACN Essentials for Baccalaureate Education*, *The ANA Scope and Standards of Nursing Practice*, *The AACN Essentials for Masters in Nursing* and the *AACN Essentials for the Doctor of Nursing Practice* determining objectives/outcomes for the programs. The Curriculum and Graduate Committees use the SPEAOP for the development, revision, and maintenance of the curricula and facilitate implementation of curriculum changes within their respective programs. In addition the committees benchmark with a wide variety of colleges and universities when making major program and curriculum changes. The Curriculum and Graduate Committees also review course offerings and schedules each semester and recommend content and credit hour requirements of prerequisite courses to their respective programs. The Graduate Committee evaluates, recommends, and implements policies and establishes procedures and guidelines for admission, progression, and graduation from the MSN and DNP programs. All committee recommendations are submitted to College Senate for approval. Once the recommendations are approved, the committees assume responsibility for implementation, maintenance, and evaluation of the curricula and policies.

The requirements of the BSN pre-nursing curriculum incorporate both the General Education Core Curriculum adopted by the Illinois Board of Higher Education and the specific courses required to support the nursing major. The committees review the Rules and Regulations of the Illinois Nurse Practice Act Section 1300.40 Section f9a which specifies curriculum content for professional nursing programs. The Pew Health Professions Commission *Competencies for 2005* and the *21 Competencies for the Twenty-First Century*, *The Quality Safety Education for Nurses Competencies* and *The Carnegie*

*Foundation for the Advancement of Teaching: Educating Nurses A Call for Radical Transformation 2010* are other sources used when developing student learning objectives. These documents outline skills and competencies for nursing programs. The specified outcomes in the accreditation requirements from the National League for Nursing Accrediting Commission (NLNAC) are incorporated into student learning objectives. Feedback from students and alumni are considered when making decisions. One example was at the graduate level when students and employers requested that the College consider the addition of the Family Nurse Practitioner option. A major survey was conducted then the results were reviewed by the Graduate Committee, an SBARO was prepared and approved by the Graduate Committee, and College Senate and then was approved by the College Board in 2009. The program option was implemented in fall 2011.

Program learning objectives/outcomes are approved by the College Senate and College Board. Course objectives and course descriptions are determined by faculty and approved by the Curriculum Committee for BSN courses and the Graduate Committee for graduate courses. The standing committees bring the objectives/outcomes to the College Senate for approval.

**1P2. Determining your specific program learning objectives.** The Mission of the college, the Vision, and Philosophy sets the organizing framework which assists in determining the specific program learning objectives for the undergraduate and graduate programs. The faculty through the Curriculum and Graduate Committee determines the learning objectives. These must be congruent with the Mission and Vision of the College. The objectives are designed to be in agreement with the standards and criteria established by the accrediting body National League for Nursing Accrediting Commission and the AACN Baccalaureate, Masters and Doctorate Essentials. The faculty study the educational and nursing literature and benchmark with other institutions in planning the learning objectives. The objectives are designed to be progressive from one program and degree to the other. At the College the specific objectives address theory and knowledge of practice, implementation of care and practice inclusive of legal, ethical, professional standards, values, research, personal and professional role development and leadership for a variety of settings and evaluation of one's practice. After the faculty committees have determined the learning objectives these are presented to College Senate for final approval.

**1P3. Designing new programs.** New programs are developed as the College identifies a need through student, alumni, employer and stakeholder feedback as well as priorities established at a state and national level. Program development is led by the Deans. Feedback received from employers of the graduates, as major College stakeholders, is considered by administration and standing committees when developing new programs and reviewing and revising the curricula. New programs that are developed are consistent with the Mission of the College. A needs assessment is conducted and the feasibility of a program is determined. The College uses consultants from accrediting agencies or other nursing programs to provide assistance in program development. A new program proposal is developed using accrediting and certifying agency criteria, literature review, research, and benchmark data from other colleges and universities. The proposal is submitted to the College Senate and then to the College Board for approval. Examples include the Nursing Leadership/Management and Neonatal Nurse Practitioner masters options which were an outgrowth of requests from the RNs wishing to obtain the master's degree in nursing with that specific functional role.

New course development occurs as student needs are identified by faculty or the administration. A new course proposal based on guidelines published in the *Faculty Academic Handbook* is developed. The proposal includes the course description, prerequisites, objectives, learning activities, and syllabus. The proposal is reviewed by the Curriculum (BSN) or Graduate (MSN and DNP) Committees for initial approval and then presented to College Senate for final approval.

**1P4. Designing responsive academic programming.** The College designs responsive academic programming by reviewing the literature and then surveying the potential applicants, the employers, faculty, current students and the College Board. For example when the College began both the Masters and Doctorate programs major surveys were conducted. In addition there was a task force formed and focus groups were held with the employers to aid in determining the direction. The surveys contained specific questions related to interest in online classes, interest in inseat classes, interest in the degree, and the need for the advanced degree. These were a few points of the surveys. However, they aided in meeting the career needs of the students, future applicant pool and applicant goals and assisted the graduate program in planning predominantly online courses. The similar process was followed with the development of the RN-BSN online program. This process continues as each program option is considered. The employer surveys asked for employment projections over the next ten years and this data aided in determining the potential enrollment as well as planning the recruitment strategies.

**1P5. Determining the preparation required of students.** The Admission and Progression (A&P) Committee establishes admission and progression requirements for the BSN program which are approved by the College Senate and the College Board. Benchmark data from other colleges of nursing is used for comparison in establishing courses and admission requirements. Research on successful completion of nursing programs and students at high risk is used in establishing admission and course requirements. Recommendations from the A&P Committee are taken to the College Senate for approval, implementation, and evaluation. Student applications are reviewed by the Admissions staff. Students who are transferring from another nursing program or who have been enrolled in another nursing program are reviewed and acted on by the A&P Committee.

The Graduate Committee establishes admission and progression requirements for the MSN and DNP programs. The Committee used benchmark data from other graduate nursing programs for comparison in establishing MSN and DNP courses and admission requirements. Recommendations from the Graduate Committee are taken to the College Senate for approval. Figure 1-1 outlines BSN, MSN, and DNP admission requirements. An international applicant whose first language is not English is required to demonstrate proficiency in English through the Test of English as a Foreign Language (TOEFL).

**Figure 1-1: Program Admission Requirements**

<b>BSN Requirements</b>	<b>MSN Requirements</b>	<b>DNP Requirements</b>
<ul style="list-style-type: none"> <li>• Evidence of graduation from a high school approved by the State Board of Education or GED.</li> <li>• Home schooled applicants submit official academic record and Secondary School Report Home School Supplement HS</li> <li>• Completion of 62 semester hours of required prenursing courses at a regionally accredited college or university with an overall GPA of at least 2.5 on a 4.0 scale.</li> <li>• 2.5 GPA for Anatomy &amp; Physiology courses.</li> <li>• Only courses with grade of</li> </ul>	<ul style="list-style-type: none"> <li>• Bachelor of Science in Nursing degree from NLNAC or CCNE accredited program</li> <li>• Minimum cumulative GPA of 2.8 on a 4.0 scale.</li> <li>• Proof of licensure as a Registered Professional Nurse.</li> <li>• Evidence of completion of undergraduate health assessment and nursing research courses with a grade of “C” or above.</li> <li>• Evidence of completion of graduate statistics course with a grade of “C” or above within 5 years.</li> </ul>	<ul style="list-style-type: none"> <li>• Masters of Science in Nursing degree from NLNAC or CCNE accredited program</li> <li>• Current Advanced Practice Registered Nursing certification</li> <li>• Minimum cumulative GPA of 3.2 on a 4.0 scale.</li> <li>• Proof of licensure as a Registered Professional Nurse.</li> <li>• Evidence of completion of graduate advanced health assessment, advanced pathophysiology, and advanced pharmacology courses.</li> <li>• Evidence of completion of graduate statistics course within the past 5 years.</li> <li>• A 750 -1000 word essay</li> </ul>

<p>“C” or above accepted for transfer credit.</p> <ul style="list-style-type: none"> <li>• A total of two courses may be repeated within the past five years. Each course may be repeated only one time.</li> </ul>	<ul style="list-style-type: none"> <li>• A 2-3 page essay detailing professional and educational goals.</li> <li>• Evidence of one year of professional nursing experience preferred.</li> </ul>	<p>detailing professional and educational goals.</p> <ul style="list-style-type: none"> <li>• An interview may be required</li> </ul>
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**1P6. Communication to current prospective students.** The College communicates expectations for programs and courses with students through a variety of methods including print materials, the college web-site, email, U.S. mail and personal communication and planned meeting with an assigned or potential graduate program advisor (Figure 1-2). The Admissions Department, Nurse Recruiter, the graduate program lead faculty, and the Deans may also communicate with the prospective program applicants. The students receive information on pre-nursing liberal arts and science courses and graduate program requirements prior to enrollment at the College. This communication assists prospective students with decision making. Pre-requisites for courses are identified in the catalog and on course syllabi.

Communication of expected outcomes to faculty is done through discussions in standing committee and College Senate meetings. Minutes of all meetings are posted online for all faculty and staff. Faculty receive the *Faculty, Academic Program Handbook*, and *Advisement Handbook* which outline expectations for student learning. The handbooks are revised and updated every two years. The Deans of the academic programs lead the revision of the handbooks.

**Figure 1-2: Communication of Student Preparedness Expectations**

Activity	Audience	Person Responsible	Method	Purpose
College Catalog	Prospective students, enrolled students	Deans	Printed and online	Describe Mission, Values, Philosophy, program outcomes/ goals, policies and requirements
Open House	Prospective students	-Admissions -Faculty	Program brochures Tours Meet the faculty Presentations	Provides opportunity to tour College, discuss nursing as career option, meet faculty
Individual/Group Tours/Interviews/ Personal contacts	Prospective students High school & College counselors	-Admissions	Tours Presentations Timed letters Emails and phone calls	Provides opportunity to learn about nursing and College and graduate program options
High School Visits/College Fairs/Healthcare institutions	Prospective or transfer students	-Admissions	View Book Program brochures Presentations	Provide information to prospective students on College and nursing programs, courses and degree requirements
Orientation/ Registration	Newly enrolled students	-Faculty -Student Finance -Admissions -Counselor -Health Nurse -Instructional Design/	New Student Orientation program Student Handbooks	Introduce incoming students to College, undergraduate and graduate study, courses, student services available, online expectations, and eCollege platform

		Technology Specialist		
Graduate Program Webinars	Prospective students	-Dean -Nurse Recruiter -Instructional Design/ Technology Specialist	Presentation Program materials	Provide information to prospective students on Doctoral and Neonatal Nurse Practitioner programs, courses and degree requirements
Academic Advising	Enrolled students	-Faculty	Meetings	Develop plan of study; provide information on grades, course progression
Course Syllabi	Enrolled students	-Faculty	Course syllabus – print & online	Provides course description, pre-requisites, objectives, textbooks, grading, assignments, and schedule, Disability Policy and Academic Honesty Policy, Bibliography
Website	Prospective students	-Instructional Design/ Technology Specialist -Admissions -Student Finance -Deans	Web based	Provides information on College programs and requirements
SONISWEB	Enrolled students	-Instructional Design/ Technology Specialist -Admissions -Registrar -Faculty	Web based	Obtain grades, schedules, billing information
eCollege	Enrolled students	-Faculty -Student Finance -Admissions -Counselor -Health Nurse -Instructional Design/ Technology Specialist		Program changes, events, policy changes, requirements for courses, programs

**1P7. Helping students select programs of study.** The College has an academic advisement program for undergraduate and graduate students that provide help to students in selecting programs of study. Once

students are accepted, they are assigned an academic advisor. Students are required to contact advisors to develop a plan of study. When meeting with the students, the academic advisor and student complete a plan of study which outlines courses and course sequencing. Academic advisors of incoming first semester junior students complete the Advisement Checklist for Junior One Students with the student. This process reviews with the student the College requirements that must be completed prior to beginning classes. Students meet with academic advisors each semester to review the plan of study and register for courses for the upcoming semester. The graduate program advisors carefully review the program options to help the advisee to match their goals with the appropriate program option such as the Family Nurse Practitioner or Clinical Nurse Specialist. To help faculty better assist students with course planning, the advisor uses the *Academic Advisement Handbook 2012* which was initially developed in 2006 as a component of an AQIP Action Project. This Handbook provides faculty with detailed information related to prerequisites for each course and suggested sequencing of courses for all programs. The document provides MSN and DNP student advisors information pertinent for students enrolled in the research, immersion, practicum, and capstone or residency experiences. The document provides advisors with detailed information to facilitate students' success in these select courses. The advisor develops a plan with students to obtain the required prerequisites prior to enrolling in nursing courses. Graduate students requesting to enroll in a course out of sequence must seek approval from the specific course faculty and the advisor.

The Admissions department has developed general education requirement course sheets for the major colleges and universities to assist prospective undergraduate students in selecting general education courses that meet the College of Nursing pre-nursing requirements. When students submit an inquiry for information on the College, Admissions personnel ask students what college or university they will be attending for their general education courses. When materials related to the program are sent to the student, a sheet identifying the specific courses by number for the selected college or university is sent to aid in course selection.

**1P8. Dealing with students who are underprepared.** The Admissions department discusses strategies with students who are underprepared for the College's programs. This may include advising the individual regarding courses needed for admission and also referring the student to the Admission and Progression Committee for review and advice prior to making an admissions decision. The student who is enrolled may be encouraged to go part time. Faculty holds office hours five hours per week for availability to assist students.

The College developed the Academic Development Center (ADC) as a result of an AQIP Action Project. The ADC is staffed by two master's prepared nursing faculty. The ADC has been especially beneficial to students who are having difficulty with tests, test anxiety, or stress. The Center works closely with the College Counselor to facilitate student success. Changes were made for the fall semester 2010 which included increasing the student referral trigger to 80% and having the ADC coordinate the peer teacher referrals. This included interviewing the student, administering a learning style inventory and contacting the appropriate faculty member responsible for assigning peer teachers. Based on the feedback obtained on the student questionnaires, workshops were offered twice a week on the days and times that indicated the best availability for students. The number of workshops on Test Taking Strategies was increased to provide greater availability for students. The Student Learning Specialist attends new student orientation and visits classes to invite students to participate in services offered by the Center. A weekly Study Hour is offered to provide individualized student assistance. In addition, remediation is tailored to individual student needs through the use of peer-teachers, simulation, and one-on-one meetings with faculty. Through a cooperative agreement with Illinois Central College, students have access to the HELP lab which provides assistance to students for subjects such as English, math, and reading.

**1P9. Detecting and addressing differences in students' learning styles.** The Admissions department assigns an advisor to the baccalaureate students following acceptance to the College. The advisor meets with the student and based on their meeting or during the first semester the advisor receives communication from the course faculty or the student regarding course progress. An advisor may suggest part time enrollment. Faculty identifies student learning styles and differing needs and refers those having difficulty to the ADC or to their advisor for guidance. The student may be assigned a peer teacher to help promote success. At the graduate level students are assigned an advisor as soon as the application is received. The advisor discusses the students' workload, familiarity with technology, experiences with online classes and then may encourage part time study, use of the eCollege tutorial, offers a student mentor and may arrange a meeting with the technology specialist. During orientation all students are given a questionnaire regarding use of computers. Based on those results additional online support is offered. Course faculty assist students with online learning and also offer referrals to the advisors for students experiencing difficulty with the advanced learning.

The College accommodates different student learning styles by using a variety of learning activities and teaching methods. In the classroom, faculty use a combination of lecture, small group activities, visual learning activities, use of narrated PowerPoint presentations, and team learning. Online courses use visual presentations and threaded discussions along with occasional face to face meetings. Nursing courses with a clinical/laboratory component use hands-on learning with laboratories, simulation activities, and clinical experiences.

**1P10. Address the special needs of student subgroups.** The College has a disability policy which is in compliance with the American Disability Act. The policy states: *"The College does not discriminate on the basis of disability in the administration of its educational policies, admission policies, student aid and other College administered programs. The College provides reasonable services and accommodations to students with disabilities that they may need to facilitate them to be successful in the nursing program."* Students who have special needs for accommodations in the classroom or clinical must provide appropriate documentation to the Dean along with the request for the accommodation. The student must do this prior to enrollment or at the end of the first week of the semester. The Disability Policy is available to students in the College catalog, the Graduate and Undergraduate Student Handbooks, and it is printed on all syllabi. The College students have received approval for extended testing time, a private area for testing, allowed extra time in the laboratory for proficiencies, and may choose to sit in the front of the class. One student who was a paraplegic in a wheelchair just completed the MSN program. However, this student did not request any special accommodations from the College.

The College developed a "Language Partner" program for students who have English as a second language (ESL). Through this program, students with English as their first language are paired with ESL students. The program focuses on providing ESL student increased opportunity for conversation through regular social meetings on and off campus. The program is coordinated through the ADC. The College also used grant funding in 2011-2012 to contract with a language specialist. The specialist provided weekly 2 hour sessions for ESL students on improving language and communication skills. The College plans to continue this service through its operating budget.

**1P11. Defining, documenting, and communicating expectations.** Faculty learns the expectations and evaluative criteria for effective teaching and learning during the orientation period. The faculty job descriptions specify the role and responsibilities. The performance appraisal is used as a measure of evaluating effective teaching which is the primary role. The *Faculty Academic Handbook* is given to all faculty and outlines the faculty expectations and promotion guidelines. Ninety days after hire faculty receive an initial evaluation. Each new faculty has an assigned mentor to aid in the adjustment to teaching while meeting the College expectations. The College encourages faculty to attend webinars, take the graduate educator courses at the College and attend education focused conferences. The College provides

faculty development series which includes online teaching, clinical and classroom teaching and evaluation strategies, active learning strategies and test development. Faculty receives feedback from students at the end of each course. These evaluations are reviewed by the individual faculty and Dean.

A variety of methods are used to determine and document effective teaching and learning. To determine effective teaching, a standardized examination is given to students at the end of the junior year and to senior students during the semester before graduation to assess the level of nursing knowledge and readiness for the NCLEX-RN licensure exam. Students and advisors receive their individual and group means. Faculty assist students in preparation for NCLEX-RN by using these individual scores to help students identify strengths and areas needing further study. Students are encouraged to enroll in a structured NCLEX-RN review course.

The Six Sigma process was used to analyze the standardized testing used at the College and to make a decision to change vendors. The result was a recommendation to change standardized testing for students. The College uses the Health Education Systems, Inc. (HESI) Mid-curricular and Exit Exams. The mid-curricular exam is a custom exam designed by HESI. The exam reflects the course content of the junior year of the BSN curriculum. HESI used the course syllabi from the first and second semester junior nursing courses to guide the development of this test. The score of 850 is used to determine the level of achievement for the mid-curricular exam. Students who do not achieve an 850 on the mid-curricular exam are required to complete 15 hours of remediation in the ATI review program before they can progress into the senior level courses.

In fall 2007, the Total Curriculum Support package plus Dosage and Calculations Made Easy from ATI was implemented. This is an online learning resource for students with modules assigned in each course. The modules are learning activities that are designed to help the student improve test taking abilities, increase knowledge in content areas, develop critical thinking skills, and prepare for the HESI and NCLEX-RN exams. Each nursing course assigns specific modules for review, assessment, and testing for the students. The completion of the assigned modules is a requirement for successful completion of the nursing course.

The HESI Exit Exam is administered via computer at least three weeks prior to the end of the second semester senior year. The exam covers the content of the entire nursing program. The HESI Exit Exam is a national test that has strong psychometric properties and is predictive of success on the NCLEX-RN Exam. The HESI exam was selected because it is a measure to predict success on NCLEX-RN. HESI can be administered via the computer and provide the student with immediate feedback. HESI provided specific results related to the selected outcomes of critical thinking, therapeutic nursing interventions, and communication. The faculty uses the passing probability score of 850 as a guide. The score of 850 was chosen based on the HESI guidelines that identify 850 as the minimally-acceptable level, literature review, and benchmarking with other programs. The College set the level of achievement that the mean score on the HESI Exit Exam will be 850 or higher.

The College administers the College Student Experience Questionnaire (CSEQ) as a measure of evaluation of the outcomes of the undergraduate experience. The CSEQ was developed using a variety of concepts related to the nature of higher education, accountability, student learning and development, and the demand for new measures in evaluation of higher education programs. The instrument is used to provide data related to quality of effort and achievement of educational goals. The final section of the instrument is reserved for additional questions. For the College, 20 additional questions are used to assess student perceptions of the estimate of gains in relation to the achievement of outcomes. These outcome statements are consistent with the *Criteria for the Evaluation of Baccalaureate and Higher Degree Programs in Nursing* from the National League for Nursing Accrediting Commission and the College of

Nursing BSN Curriculum Objectives and Program Goals. The norm data were derived from participating individuals from select liberal arts and sciences colleges.

End of Program Portfolios are reviewed for graduate program students as a component of program assessment. The portfolio functions as an external review of student progress toward accomplishment of program outcomes and learning. The review determines areas of improvement related to overall student performance in select areas. Aggregate data is used by the Graduate Program to identify possible changes in courses or curriculum. The portfolio review process is not used to determine whether students may progress through the program. The assessment of the portfolio focuses on the outcomes of communication, including caring, writing, technology, and speaking; leadership; critical thinking; therapeutic nursing intervention; and scholarly inquiry. Scoring for each outcome is summed to obtain a total score for a maximum of 20. The goal is to maintain an average of 18. Portfolios are reviewed each semester. A random sampling of 10% or a minimum of four student portfolios from each cohort group are reviewed for evidence that outcomes are being accomplished. The review is done based on an established rubric. Students are given a Portfolio Review Guide which explains the review process, and communicates portfolio requirements and evaluation rubrics at the beginning of the program.

At the end of the program, MSN and DNP students complete a Curriculum Satisfaction Survey. The MSN students complete either the Assessment of Program Outcomes for their specific functional role such as Clinician Role, Assessment of Program Outcomes for Educator Role, or Clinical Nurse Leader Role. On the MSN Curriculum Satisfaction Survey, graduates are asked to rate their level of achievement of program goals and perception of gain on characteristics. The competency surveys ask students to rate their assessment of level of achievement for the Clinical Nurse Specialist, Educator competencies or Clinical Nurse Leader roles. Additional assessment instruments have been designed to evaluate students in the new program options, the Neonatal Nurse Practitioner, the Family Nurse Practitioner, the Family Psychiatric/Mental Health Nurse Practitioner, and the Nurse Management Leadership options.

The College uses the annual Course Report as a mechanism for documenting effective teaching. At the end of the year, course faculty complete a course report that summarizes achievement of course goals and achievement of performance indicators for the year. Strengths and areas for improvement in the course are identified and goals are established for the upcoming year. Faculty submits these to the Dean who compiles them into a summary report for the junior and senior level courses for the BSN program. This summary is reviewed by the Curriculum Committee and used to establish goals for the year. The summaries are distributed to all faculty. Results of the analysis of effective teaching are also published in the *Annual Report*.

**1P12. Building an effective and efficient course delivery system.** Course delivery system needs are determined by examining the needs of the student populations. When the MSN program was first developed, it was a traditional classroom program. The MSN students expressed a desire for courses in the program to be offered online due to work schedules. Based on this and current trends in higher education, the MSN program was developed as a predominantly online program. The Instructional Technology Specialist provides assistance to the faculty in developing effective online course delivery systems. The Help Desk at the institution and the Help Desk through eCollege are available to assist with technology issues.

Initial course scheduling is done by the Deans. Student needs, enrollment, classroom and clinical site availability, and faculty workloads and availability are considered when determining class sections needed and scheduling of days and times for sections. The Dean discusses additional sections needed prior to adding the section. A draft of the schedules is sent to administration, faculty, and staff for feedback. The Deans incorporate feedback as able. Final course schedules are distributed to students, faculty, and staff at least six weeks prior to registration deadline to provide students ample time to meet

with academic advisors. If additional course sections are needed once the schedule is published, the Dean discusses adding sections with the President. Enrollment limits are placed on courses due to limitations of space in classrooms and clinical groups based on state regulations and faculty determination of the size for online class.

The Dean assigns classroom space at the time the schedule is developed. Assignment is based on class size, needs for specialized equipment i.e. laboratory space, and faculty preference when possible. Classroom assignment is entered into SONISWEB at the time courses are loaded for registration. Classroom and laboratories are scheduled through the Microsoft Outlook Calendar.

**1P13. Ensuring programs and courses currency.** Within the committee structure of the College Senate, the Curriculum Committee has the function and responsibility of monitoring the currency and effectiveness of the BSN curriculum and the Graduate Committee has the function and responsibility of monitoring the MSN and DNP curriculum. Every three years, the Curriculum Committee sponsors an all day, all faculty meeting where the BSN curriculum is reviewed and revised as needed. Literature review, research findings, current trends in healthcare and nursing are reviewed and serve as the basis for revisions made to the courses and curriculum. The Curriculum Committee monitors student achievement on the HESI and NCLEX-RN examinations as methods to identify strengths and weaknesses in the program.

The MSN program just completed a review of the curriculum using the above sources of information and decisions were agreed upon to give examinations in advanced health assessment, pathophysiology, and pharmacology courses to assess competency. Program accreditation serves as another process which is used for reviewing the rigor, currency and effectiveness of the curriculum. All recommended revisions and changes in curricula are made by the standing committees and then sent to the College Senate for approval. Final approval is received from the College Board. Following these approvals, if the changes are substantive then substantive reports have been prepared and submitted to the NLNAC and the changes are not complemented until the approvals are received. Since 2009, the following substantive reports have been submitted and approved and relate to adding the Neonatal Nurse Practitioner, Family Nurse Practitioner, Nursing Management Leadership, Family Psychiatric/Mental Health Nurse Practitioner and the Doctor of Nursing Practice. In spring 2012, the DNP had an accreditation visit for initial accreditation by NLNAC with a recommendation for initial accreditation for five years.

The College has a current Action Project that is focused on the development of a program Advisory Board to provide external stakeholder feedback related to currency and effectiveness of the nursing programs.

**1P14. Changing or discontinuing programs and courses.** When a change in courses or programs is considered the faculty or the select committee must submit an SBARO to the Curriculum or Graduate Committee for approval. If the change involves discontinuing or changing a course(s) then the committee must have data from multiple surveys such as students, alumni, employers, the SPEAOP, literature reviews, and evidence of sound rationale for the change. The process to discontinue or add programs involves approval at the committee level, the College Senate and the College Board. If the change involves adding program options than substantive reports must be submitted to the accrediting group NLNAC prior to implementation of the option. This past year the College added three program options to the Graduate Program. This included the Nursing Management Leadership, Family Nurse Practitioner, and Family Psychiatric/Mental Health Nurse Practitioner options. When the College considered creating the Doctor of Nursing Practice, this same process was followed. The process included a major survey of nearly 2,000 masters prepared nurses in the State of Illinois, a feasibility report presented to Senate and the College Board, a site visit and approval by the Higher Learning Commission (2008). Following the

HLC approval in accord with established NLNAC policy a report was submitted to NLNAC seeking candidacy for accreditation (2011).

**1P15. Determining and addressing the learning support needs.** Academic support is determined and provided to traditional and online students in several ways. Faculty identifies student learning needs and the need for resources to enhance student learning. The College has a full-time Counselor who helps students with personal issues that may be impacting academic study. Sessions on test-taking strategies and study skills are provided in the first week of school to newly enrolled students during a class period. Individual sessions for additional help can be scheduled with the Counselor or individual faculty. Referrals to the Counselor are made by faculty when students fail examinations or are doing poorly in class indicating additional assistance is needed. A Peer Teaching program provides assistance to BSN students with coursework, clinical paperwork, preparation for examinations, or clinical skills. Peer learners are referred by course faculty or may “self-refer.” A cooperative agreement with Illinois Central College provides students access to the Learning Lab for assistance with English, writing, and math. The College is exploring learning resources to help students who struggle with learning the nursing content. The College provides for an NCLEX-RN review course to be brought to campus to facilitate student success on the licensure examination.

The Library provides assistance for all faculty and students whether on campus or online. The Library serves as an intellectual resource center for the teaching and learning mission of the College. The Library provides support for teaching and support for evidence-based research, evidence-based teaching, and the evidence-based learning of the students, faculty and staff. The Library provides access to and delivery of information resources in the fields of nursing practice and higher education, instruction related to information literacy, information technology and information management as a means to facilitate learning, enhance critical thinking, promote scholarship, and improve institutional outcomes. Direct links to the Library are provided in eCollege. The Library website is a further support for the students and faculty.

Individual faculty determines student and faculty needs based on needs of individual courses. For example, faculty identifies students who need peer tutoring or additional help on test-taking skills. Faculty support is provided in several ways. The Instructional Design and Technology Specialist provides assistance and support to faculty and students with the development of online course and learning activities and troubleshooting problems with the online course programs. The Library provides support with course development materials and providing books and other instructional materials to meet course, curricula, and program needs.

**1P16. Alignment of co-curricular development goals.** Co-curricular activities at the College help students develop leadership skills and develop personally and professionally. Although the College does not have a systematic method to align co-curricular goals with the College goals, the co-curricular activities contribute to the value of the students’ educational experience. Student Senate provides students the opportunity to become involved in governance issues, work with each other, participate in a variety of community activities, and become leaders. The Student Nurse Association provides opportunities for students to participate at a local, state, or national organization and develop both personally and professionally. Other activities available for students to become involved include the Peer Teaching Program, Resident Assistant Program, Students Offering Support, Multicultural Student Association, Bible studies, and other religious groups. These various programs provide opportunities for students to become peer teachers, mentors for incoming students, share values and beliefs, and deepen their faith. The College has a chapter of Sigma Theta Tau International Honor Society which provides students an opportunity to develop in their professional role and that of a scholar in nursing. The College does not offer formal athletic opportunities. The graduate students have had student representatives to the Illinois Association of Advance Practice Nurses and some have held membership with the National Association

of Clinical Nurse Specialists. The College recently established a policy and procedure to support student organizations on campus. Graduate students have been involved in leadership activities at their professional employments, in their communities and have shared their achievements with their peers as appropriate through the course online activities. For example, two doctoral students shared their Haiti practicum experiences and another had meetings with the State Representative regarding mandating the influenza vaccine.

**1P17. Determination that learning and development expectations are met.** Graduating seniors from the BSN program are surveyed each fall and spring to determine levels of satisfaction with their education and preparation for practice and graduate school. On the survey the students are asked to rate their achievement of the College Goal which states: Provide the essential foundation for graduate study in nursing” and their satisfaction with their education and preparation for clinical practice. The College Student Experiences Questionnaire (CSEQ) queries students on their perceptions of gain or progress in nursing characteristics and satisfaction with the College. The graduating MSN and DNP students complete the Program Curriculum Satisfaction Survey which asks them to rate their satisfaction with curriculum and achievement of objectives. The MSN and DNP students complete the End of Program Portfolio which shows the level of achievement of the program learning outcomes/objectives. Each student displays their writing, presentations, projects and other achievements from each course for the faculty to use to evaluate the Graduate Program. The Graduate Committee discusses the results in May after graduation and determines any needed curricular changes.

Alumni of the BSN, MSN and DNP programs are surveyed at one, five, and ten years. Alumni are asked to rate their satisfaction with the educational programs and achievement of College goals and nursing characteristics. Employers of graduates at one year are surveyed to determine if graduates demonstrate appropriate skills and knowledge for a beginning practitioner.

The College analyzes results from the HESI Exit Exam, NCLEX-RN licensure pass rates, and GPAs of graduating students to determine preparation for employment and further education of the BSN graduates. Certification rates and employment data are analyzed by the Graduate Committee to determine preparation for employment and further education of MSN graduates.

The results of all surveys, licensure and certification pass rates, test scores and employment data are shared with faculty through the established standing committee structure. Standing committees such as Admission and Progression, Curriculum, and Graduate review the data and use the results in establishing goals and determining needs of the students. The results are also used for course and program improvement and development. Results of surveys are published in the College’s *Annual Report*.

**1P18. Designing processes for assessing student learning.** Assessment activities are built into the BSN, MSN and DNP programs and are developed by faculty. The Rules and Regulations for the College Senate adopted by the faculty established an “Evaluation Committee” as a standing committee. This committee has responsibility for overseeing the implementation of the undergraduate systematic evaluation plan which includes specific activities for the assessment of student academic achievement. The Graduate Committee has responsibility for evaluation of its programs practices and policies. Each of the other standing committees is expected to include related assessment activities into annual committee goals.

The College designed a SPEAOP that describes components, methods, levels of achievement, and processes related to student learning, program and institutional assessment and evaluation. The overall purposes of the plan are to provide evidence of the College’s performance in relation to the established standards, criteria, and expected levels of achievement; to identify areas for improvement; and to be accountable to accrediting bodies. With these purposes in mind, the College will be able to fulfill its commitment to “a tradition of excellence in nursing education.”

The chairperson of each standing committee of the College Senate is responsible for completing the SPEAOP feedback form at the end of the academic year for submittal to the College Senate. The President and Deans are responsible for the implementation of this plan through College Senate and its standing committees. The feedback loop provides for data to be shared with students, faculty, members of the College Board, and accrediting and approval agencies as appropriate. Standing committees use the data for planning for the upcoming year. Student representatives on standing committees share feedback and results through reports back to the Student Senate. Data are then reported in the College's *Annual Report* and used for institutional and program improvements.

In 2005-2006, the Evaluation Committee developed the Process Methodology for Administering College Survey Tools document. It was approved by the College Senate in 2006. The document identifies each evaluation or survey tool, its status, when to administer, who administers the tool, and the process for administering. The tool has been further refined to close the feedback loop for use of data in program maintenance and improvement. Copies were distributed to all faculty. The document is found in the *Faculty Academic Handbook*.

**1R1. Performance Measures.** The Assessment Program of the College is both an ongoing evaluation process and a deliberate, planned assessment. The plan is based on three beliefs: through assessment and evaluation, the College meets responsibilities to student and to the community; assessment focuses on outcomes and the experience leading to outcomes; and assessment works best when it is planned, ongoing, and with a definite feed-back loop leading to improvement. The College uses multiple measures to assess student academic achievement as well as program or course improvement needs. SPEAOP includes both formative and summative activities as well as direct and indirect assessment methods. Figure 1-3 displays the variety of assessment and evaluation measures used by the College.

The Admission and Progression Committee investigated the use of a standardized admission exam to measure the achievement of common learning objectives. This exam scheduled to begin in fall 2013 will test the knowledge of the incoming students on English including reading comprehension, grammar, and vocabulary; math; and science knowledge. The exam also examines learning characteristics which would provide useful information to the student to select strategies and activities that best help them learn according to their learning style. The exam would provide the College with assessment data on student attainment of general education objectives. The Graduate Committee made a decision to measure competencies in Advanced Pharmacology, Pathophysiology and Health Assessment by administration of examinations. These began in 2009. Since fall 2009 the students also demonstrate competency by proficiency of Advanced Health Assessment skills in the laboratory setting.

The Graduate Committee will introduce use of the Typhon System to begin in fall 2012. This will provide data for students and faculty. It allows students to develop a portfolio of their work which allow faculty to follow the progress of each student meeting the course objectives and can be used by the student when seeking employment. The Graduate Program will be able to use the data to assess areas of needed change so students continue to meet the program objectives and nationally established competencies.

**Figure 1–3: Assessment and Evaluation Measures**

Formative	Summative	Direct	Indirect
<b>Individual</b> <ul style="list-style-type: none"> <li>• Admission criteria</li> <li>• Course grades</li> <li>• Clinical feedback</li> <li>• Assignments</li> <li>• Student feedback,</li> </ul>	<b>Individual</b> <ul style="list-style-type: none"> <li>• Graduation</li> <li>• CSEQ on exit</li> <li>• NCLEX-RN results</li> <li>• Cumulative GPA at graduation</li> </ul>	<ul style="list-style-type: none"> <li>• HESI mid-curricular exam</li> <li>• HESI Exit Exam</li> <li>• Course tests</li> <li>• Lab Proficiencies</li> <li>• Clinical evaluation</li> </ul>	<ul style="list-style-type: none"> <li>• End of Program Survey</li> <li>• CSEQ</li> <li>• Alumni surveys: one, five, and ten years</li> </ul>

<p>(weekly, midterm, end of semester)</p>	<ul style="list-style-type: none"> <li>• Achievement of program objectives</li> <li>• Employment</li> <li>• Graduate students pass rates on certification examinations (CNS, CNL, CNE, NNP, FNP, FP/MHNP)</li> </ul>	<p>of paperwork, plans of care/clinical paper work and clinical experience</p> <ul style="list-style-type: none"> <li>• Course papers</li> <li>• Reflective journals in select courses</li> <li>• Threaded discussion responses in online courses</li> <li>• Graduate students formal presentations (i.e. Research Day)</li> </ul>	<ul style="list-style-type: none"> <li>• Employer surveys: one year</li> <li>• Academic program reviews: State, NLNAC, HLC NCA</li> <li>• Student evaluation of faculty</li> <li>• Course evaluations</li> <li>• Clinical site evaluations</li> <li>• MSN and DNP End of Program Portfolios</li> </ul>
<p>Group</p> <ul style="list-style-type: none"> <li>• Mean GPA on entry</li> <li>• Mean GPA: course, semester</li> <li>• Mean scores: CSEQ, HESI Mid-Curricular, HESI Exit Exam</li> <li>• Attrition and retention rates</li> <li>• Student evaluation of course and course faculty each semester</li> <li>• College services survey each spring semester</li> </ul>	<p>Group</p> <ul style="list-style-type: none"> <li>• Graduation rates</li> <li>• NCLEX-RN pass rates</li> <li>• HESI scores: critical thinking, communication, therapeutic interventions</li> <li>• Certification pass rates for MSN-CNS, FNP, NNP, CNL, NML</li> <li>• Comparative analysis of curriculum every three years</li> <li>• Semester course report of aggregate data of students' achievement with therapeutic intervention</li> </ul>		

**1R2. Performance Results for common student learning and development objectives.** Students enroll in an accredited college or university of their choice to take the required liberal arts and science courses. The majority of the students enroll in colleges within the state of Illinois. The College also receives applications from students who attend college out of state. Many students have been enrolled in more than one institution. Over half of the students attend the local community college, Illinois Central College. Figure 1-4 shows the mean grade point average (GPA) of students entering the College in the BSN, MSN, and DNP programs. The mean GPA for the BSN students is based on the prenursing general education courses required for entry to the BSN program. The mean for both levels of students is greater than 3.0 indicating a high caliber of students enrolling. The results show that entering students in both programs exceed the minimum GPA for admission of 2.5 for BSN students and 3.0 for MSN students.

**Figure 1-4: Mean GPA of Entering Students**

	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
<b>BSN Students</b>	3.24	3.51	3.48	3.56	3.29
<b>MSN Students</b>	3.5	3.32	3.46	3.75	3.38
<b>DNP Students</b>	NA	NA	3.81*	3.61	3.65

\*First year students enrolled

Starting fall 2013, the College will administer the HESI Admissions Assessment Exam which will measure student performance in general education in the areas of English, grammar, math, and anatomy and physiology. This measure also provides an assessment of learning style for the student. Remediation in low performing areas is provided through HESI with linkages to material related to each question.

**1R3. Performance Results for specific program learning objectives.** BSN specific program learning objectives are critical thinking, communication, and therapeutic interventions. The College has set the level of achievement on the HESI tests as a score of 850 or above on the examination. Figure 1-5 shows the results for program learning objectives on the mid-curricular exam. Students who do not achieve a score of 850 or above on the examinations are required to complete 15 hours of remediation work with the ATI program. See 1R4 for the results of achievement of specific program learning objectives at the end of the program.

**Figure 1-5: Mean Scores HESI Mid-Curricular Exam**

	Spring 2009	Fall 2009	Spring 2010	Fall 2010	Spring 2011	Fall 2011
<b>Overall</b>	794	803	777	788	766	791
<b>Critical thinking</b>	794	821	777	788	763	791
<b>Communication</b>	768	753	891	919	859	889
<b>Therapeutic Nursing Interventions</b>	804	830	753	754	740	768

The CSEQ has been administered to all BSN graduates beginning with the first group who graduated in May 1988. Students rate their perception of gain or progress toward the educational objectives of the College on a 1 to 4 scale with 1 being little or no progress and 4 being high degree of progress. Figures 1-6 and 1-7 present mean ratings for students' perception of gains. For the outcome of critical thinking, the College has set the level of achievement as the graduating students will indicate a perceived gain at or above 3.0 on the CSEQ in the areas of critical thinking which include inquiry, analysis, and synthesis. The College has met or exceeded the set level of achievement in these areas. In the area of communication, the College has set the level of achievement as graduating students will indicate a perceived gain at or above 3.0 on the CSEQ in writing effectiveness and speaking effectiveness. The College has not met this level of achievement in writing effectiveness in 2007 and 2009. All other categories are above the level of achievement. The Curriculum Committee beginning last year has increased writing in the curriculum in an attempt to improve the scores.

**Figure 1-6: CSEQ Substantial Gain/Progress Toward Educational Objectives of College\***

Gain Toward Educational Objective	2007	2008	2009	2010	2011	Norm
<b>Inquiry-Learning on Own</b>	3.4	3.3	3.4	3.5	3.3	N=1427 3.48
<b>Understand Self</b>	3.3	3.2	3.3	3.4	3.14	N=1427 3.41
<b>Synthesis</b>	3.3	3.2	3.2	3.5	3.26	N=1426 3.41

<b>General Education</b>	2.9	3.0	3.0	3.0	2.99	N=1431 3.32
<b>Team Ability</b>	3.5	3.4	3.5	3.6	3.34	N=1426 3.02
<b>Analytical and Logical Thinking</b>	3.4	3.4	3.5	3.6	3.38	N=1426 3.36
<b>Writing Effectiveness</b>	2.9	3.0	2.9	3.0	3.02	N=1428 3.32
<b>Speaking Effectively</b>	3.2	3.2	3.3	3.2	3.11	N=1430 3.18
<b>Other Philosophies</b>	2.8	3.3	3.3	3.4	3.12	N=1428 3.14
<b>Analyzing Quantitative problems</b>	2.5	2.8	2.7	2.9	2.89	N=1426 2.66
<b>Adapting to Change</b>	3.4	3.3	3.5	3.5	3.38	N=1425 3.19
<b>Using Computers and Other Information Technology</b>	3.3	3.2	3.3	3.4	3.23	N=1428 3.00
<b>New Science Technology</b>	2.7	2.8	2.9	3.1	2.8	N=1426 2.49
<b>Understand Science</b>	2.5	2.7	2.6	2.9	2.74	N=1427 2.54

\*Scale 1 – 4 with 4 being high.

**Figure 1-7: CSEQ Summary of Gain/Achievement in Program Outcomes\***

<b>Summary of Gain or Achievement in Program Outcomes</b>	<b>Rating 2007 N=83</b>	<b>Rating 2008 N=133</b>	<b>Rating 2009 N=129</b>	<b>Rating 2010 N=140</b>	<b>Rating 2011 N=130</b>
Prepare the graduate to practice professional nursing in a variety of health care settings.	3.7	3.6	3.7	3.7	3.4
Provide the essential foundation for graduate study in nursing.	3.6	3.5	3.6	3.5	3.5
Foster the commitment to personal and professional growth and accountability.	3.6	3.6	3.65	3.6	3.4
Utilize effective, interactive communication skills in professional situations.	3.6	3.6	3.6	3.6	3.4
Utilize critical thinking for decision making in your clinical practice.	3.7	3.6	3.75	3.7	3.2
Utilize therapeutic nursing interventions to treat individuals, families and/or communities.	3.7	3.6	3.8	3.7	3.6
The nursing courses developed my ability to research and find solutions to problems.	3.4	3.4	3.5	3.5	3.3
The nursing courses helped my ability to apply nursing theory in the clinical practice of nursing.	3.5	3.6	3.7	3.6	3.4
The nursing courses improved my knowledge of nursing management issues.	3.5	3.5	3.5	3.6	3.2
The nursing courses contributed to the development of leadership in the delivery of nursing care.	3.5	3.5	3.5	3.6	3.4
The nursing courses contributed to the development of accountability in the delivery of nursing care.	3.6	3.6	3.7	3.7	3.5

The nursing courses influenced me to become more involved in political activities.	2.3	2.7	2.5	2.6	2.4
The nursing courses have improved my ability to write in a scholarly manner.	2.9	3.1	3.0	3.1	3.1
The nursing courses have developed my ability to use ethical decision making in my clinical practice.	3.3	3.4	3.5	3.5	3.4
The nursing courses have improved my ability to give oral presentations.	3.1	3.5	3.2	3.3	3.3

\*Scale 1 – 4 with 4 being high.

The MSN End of Program Portfolio results show that students have a high level of achievement on the program learning outcomes. End of Program Portfolio results for the MSN program are based on five years of data. The data is aggregated for reporting purposes (Figure 1-8). The data is based on analysis of 61 MSN End of Program portfolios. The DNP End of Program Portfolio results are not yet available as the first class to graduate will be in May 2012. The data will be analyzed and reported annually with each cohort when data is available.

**Figure 1-8: Results of Achievement of MSN Specific Program Learning Objectives**

Program Learning Outcome/Objective	Possible Score Range	Actual Score Range	Mean Score
<b>Composite</b>	0-20	14-20	18.16
<b>Critical Thinking</b>	0-2	1-2	1.91
<b>Communication</b>	0-8	3-8	6.97
<b>Therapeutic Nursing Interventions</b>	0-6	1-6	5.57
<b>Leadership</b>	0-2	1-2	1.78
<b>Scholarly Inquiry</b>	0-2	1-2	1.89

**1R4. Performance Results related to completing programs, degrees, and certificates.** Alumni of both the BSN and MSN programs are surveyed at one, five, and ten years. Alumni are asked to rate their satisfaction with the educational programs and achievement of College goals and nursing characteristics (See 3R4). Employers of graduates at one year are surveyed to determine if graduates demonstrate appropriate skills and knowledge for a beginning practitioner (See 3R4). The first DNP students graduate in May 2012 and as alumni will be asked to complete the same surveys at the same time frames.

As part of the annual alumni survey an “Employer Evaluation Form” is sent to the immediate supervisors of one year alumni who give permission to have their employer contacted. Employers rate the graduates’ attainment of nursing competencies on a 1 to 4 scale with 1 being not achieved and 4 being high level of gain. Results are in 3R4.

The College defines graduation rates as the percentage of students enrolled in the BSN program for the first time that complete the program within three years. For the BSN students, 90% of the students will successfully complete the program within 2-5 years. For the MSN program, 100% of the students will graduate in five years. The College has met both of these benchmarks. Figure 1-9 shows graduation rates.

**Figure 1-9: Graduation Rates BSN, MSN, and DNP Students**

Semester of Entry	Graduation Rate BSN (%)	Graduation Rate MSN (%)	*Graduation Rate DNP (%)
Spring 2007	99	43	
Fall 2007	91	73	
Spring 2008	94	63	
Fall 2008	96	57	

Spring 2009	94	42	
Fall 2009	84	19	50
Spring 2010	86	15	
Fall 2010	83	--	--
Spring 2011	--	--	

\* First students entered in fall 2009 and have five years to complete the program. Two entering the DNP program in the first class are still in progress.

As of May, a total of 143 MSN students have completed the program since the program’s inception in fall of 2001. The majority have completed the program within three years. Sixty-five of seventy (93%) have successfully passed the ANCC National Advanced Nursing Practice Certification Exam. This exceeds the level of achievement set by the College that 80% of the MSN graduates taking the certification exam will pass on the first writing. Twenty-one of the graduates pursued the educator MSN option and are not eligible for testing until they are employed in the education field for three years.

The College analyzes results from the HESI Exit Exam, NCLEX-RN licensure pass rates, and GPAs of graduating students to determine preparation for employment and further education of the BSN graduates. Certification rates and employment data are analyzed by the Graduate Committee to determine preparation for employment and further education of MSN graduates.

The results of all surveys, licensure and certification pass rates, test scores and employment data are shared with faculty through the established standing committee structure. Standing committees such as Admission and Progression, Curriculum, and Graduate review the data and use the results in establishing goals and determining needs of the students. The results are also used for course and program improvement and development. Results of surveys are published in the College’s *Annual Report*.

As identified on the SPEAOP, the College identified a 90% pass rate for first time test takers as the expected level of achievement on the NCLEX-RN examination. The pass rates for the students from the College have been at 91-90% for 2009 and 2011. Except for 2010 the College pass rate has been at the state and above the national pass rates. In 2003, the College instituted measures to assist students in preparing for the exam. Based on research, benchmark data and literature review, students who are in their final semester of the program are required to complete 1200 NCLEX-RN style questions on the computer and achieve a 70% or higher. Students are encouraged to enroll in an NCLEX-RN review course to prepare for the exam. Individual or group assistance on testing and exam preparation were provided to students. Figure 1-10 shows NCLEX-RN pass rates. The College uses the ATI program modules which help review content to promote student success on the licensure exam.

**Figure 1-10: NCLEX-RN Pass Rates 2008-2011**

	n=	Percent	State Mean	National Mean
2008	144	90	90	87
2009	140	91	91	88
2010	138	86	88	87
2011	138	91	88	88

Another measure that students have obtained the knowledge and skills needed is employment rates. The College set the levels of achievement as 95% of the BSN graduates will be employed in the first six months following graduation and 87.5% of the MSN graduates will be employed in the first three months. Figure 1-11 shows the employment rates for 2007-2011. The BSN data was gathered by the Admissions Office at the time that application for the licensure exam is completed. At the time of interview, a number of students have started interviewing but have not accepted a position which accounts for employment rates less than 100%. The College is working on a process to gather employment data through the first six

months from graduation. The first MSN students graduated in 2004. The College has met or exceeded the benchmark at the time of graduation.

**Figure 1-11: Employment Rates\***

Semester of Graduation	BSN Rates		MSN Rates	
	% Employed at Graduation		%Employed at Graduation	
Fall 2007	95.5		100	
Spring 2008	100		87.5	
Fall 2008	94.3		100	
Spring 2009	85.5		100	
Fall 2009	97.9		100	
Spring 2010	95.1		100	
Fall 2010	88		100	
Spring 2011	82		100	
Fall 2011	71		100	

\* No graduates from the DNP program until Spring 2012.

One of the College goals is to “provide the essential foundation for graduate school.” The BSN students on the CSEQ respond to a question that asks them if they expect to enroll for an advanced degree after completing their undergraduate degree. Over half of the students indicate that they expect to attend graduate school indicating the College does well in achieving this goal (Figure 1-12).

**Figure 1-12: Percentages of Students Planning on Enrolling in Graduate School**

2007	2008	2009	2010	2011
83	76	81	78	83

The College of Nursing has set the level of achievement for students on the HESI exam at a probability level of 850 or above. College results are in figure 1-13. Following a pilot period the HESI policy was developed. The score of 850 was chosen based on the HESI guidelines that this is the minimally-acceptable level, a thorough literature review, and benchmarking with other programs. The policy states that the HESI Exit Exam score given in percent counts as an exam grade in the 428 Nursing Care of Clients in Complex Situations course. It is worth a specified percentage of the total course grade. Students who do not achieve the 850 are encouraged to meet with their advisors to devise a plan of study for the NCLEX-RN and to take a structured NCLEX-RN review course.

**Figure 1-13: Mean Scores HESI Exit Examination**

Semester	Overall Exam		Critical Thinking	Communication	Therapeutic Nursing Interventions
	College	National Mean	College	College	College
Spring 2009	846	820	848	903	843
Fall 2009	827	823	821	753	830
Spring 2010	881	823	878	872	884
Fall 2010	889	834	894	852	899
Spring 2011	907	834	907	913	908
Fall 2011	853	846	854	862	857

**1R5. Performance Results for learning support processes.** Results for the ADC are presented in Figure 1-14. Referrals showed a slight increase for spring 2011. Reasons for referral are: poor grades, condition of readmission, difficulty completing clinical paperwork, identified as at-risk based on grades, and self-referral for assistance with test-taking skills. Programs focused on study skills, time management, test

taking strategies, test anxiety management, perfectionism, integrity/honor, APA format, calculations, and review of specific content areas in particular courses.

**Figure 1-14: ADC Results**

Semester	Number of Referrals	Number of Programs Offered	Total Number of Students Attending
Spring 2010	32	7	118
Fall 2010	31	10	73
Spring 2011	37	11	265
Fall 2012	41	17	353

Figure 1-15 presents CSEQ student results for learning support processes. Additional results are found in 6R2 and 6R3.

**Figure 1-15: CSEQ Results for College Activities**

College Activities	2008 n=133 <u>m</u>	2009 n=129 <u>m</u>	2010 n= 144 <u>m</u>	2011 n=134 <u>m</u>	Norm* N= <u>M</u>
Library 8-32**	20.38 (2.55)*	17.7 (2.2)	18.8 (2.35)	16.4 (2.05)	N=1432 (2.55)
Computer & Information Technology 9-36**	29.16 (3.24)	28.4 (3.1)	29.22 (3.25)	29.38 (3.26)	N=1432 (2.71)

\* Mean scores are in parentheses and are on a 4 point scale. Level of achievement: the level of achievement for satisfaction with the College is 100% of the graduates will rate their satisfaction as a 3 or 4. The level of achievement was met in all but one category.

\*\*Possible range of scores when items in category are totaled.

Figure 1-16 shows the BSN student satisfaction with the College of Nursing. This was the fourth year to administer these specific questions on the CSEQ. The scale is 1-4 with 4 being the highest. The results show a slight decrease in all categories with the main areas of strengths as satisfaction with preparation for clinical practice and satisfaction with education at the College. Areas needing improvement are satisfaction with technology at the College. As a follow-up to 2011 ratings for item 20, it was identified that students are more literate in the use of computers and require less technical support.

**Figure 1-16: CSEQ Results of Satisfaction with College**

Satisfaction with College of Nursing	Rating			
	2008* n=133	2009* n=129	2010* n=140	2011 n=130
18. How satisfied are you with your preparation for clinical practice?	3.5	3.5	3.5	3.4
19. How satisfied are you with your education at the College?	3.6	3.6	3.5	3.4
20. How satisfied are you with technology at the College?	3.3	3.2	3.4	2.9

\*Scale of 1-4

Students were asked to rate their perception of the College environment emphasis on a 1 to 7 scale with 1 being low emphasis and 7 being a strong emphasis. In 2007, the College demonstrated gain in all areas of student perception (Figure 1-17). Additional satisfaction results are reported in 3R4.

**Figure 1-17: Student Perception of College Environment Emphasis**

College Environment Emphasis	2007 N=83	2008 N=133	2009 N=130	2010 N=144	2011 N=133	Norm
Academic/Scholarly	6.2	6.21	6.3	6.26	6.07	N=1437

						6.53
<b>Esthetic/Creative</b>	4.6	5.2	4.8	4.9	4.73	N=1434 5.13
<b>Critical/Analytical</b>	6.5	6.25	6.5	6.3	6.19	N=1433 6.27
<b>Diversity</b>	5.7	5.85	5.7	5.78	5.53	N=1432 5.47
<b>Information Literacy Skills</b>	5.3	5.45	5.5	5.5	5.31	N=1431 5.27
<b>Vocational/Occupational Competency</b>	5.9	6.0	6.2	5.8	5.92	N=1432 3.41
<b>Personal/Practical Relevance</b>	5.7	5.86	5.9	5.9	5.59	N=1432 4.38

The College has set the level of achievement for overall student satisfaction for MSN students as 100% of the students will give a rating of A or B (scored as a 3 or 4) on items on the MSN Curriculum Satisfaction Survey. The College has met the set level of achievement (3R2).

**1R6. Comparison results.** Figure 1-10 shows that the College NCLEX-RN pass rates for all years except 2010 were at or above the state and national pass rates. The College continues to analyze pass rates to identify strategies and activities to improve pass rates. One example is the College's implementation of the ATI program (See 1I2).

Figures 1-5 and 1-13 show the comparison of the College to HESI national means on overall exam score on mid-curricular and exit exams. Comparison data for the outcomes of critical thinking, communication, and therapeutic interventions is not provided by HESI.

The CSEQ provides norm data for the outcome measures which is derived from participating individuals from select liberal arts and science Colleges. Figures 1-6, 1-7, 1-14, 1-15, and 1-16 present norm comparison data for CSEQ measures for the BSN students. The College needs to investigate sources of comparative data for the MSN student outcomes. Currently, the main comparative data for the MSN are certification pass rates.

**1I1. Recent improvements.** The following are examples of improvements that have been targeted based on decisions made after analysis of assessment and evaluation measures. The targeted improvements were identified to achieve distinctive objectives of the College. Recent improvements in this category include:

- Action project which focused on the at-risk student and increasing success resulted in opening of the Academic Development Center.
- Improved process for MSN End of Program Portfolio Review which closed the feedback loop for use of results in program improvement.
- Action project initiated focusing on development of Advisory Board for external feedback on programs.
- Approval to initiate HESI Admission Assessment Examination upon entrance to gather data on students' knowledge in general education courses.
- Expansion of Nursing Resource Center to six laboratory settings for use in simulation learning.
- Initiation of Typhon System for graduate program to assess MSN student achievement of program learning outcomes.
- DNP program started in 2009 based on stakeholder feedback and analysis of data.
- Three new MSN programs, Family Nurse Practitioner, Nursing Management Leadership, and Family Psychiatric/Mental Health Nurse Practitioner, started in 2011 based on stakeholder feedback.

**1I2. Selection of processes for improvement.** Using the standards, criteria, levels of achievement, and measures outlined in the SPEAOP, persons responsible for data collection, analysis, interpretation, actual results and report writing are expected to present the reports to the College Senate in May. The College Senate is responsible for making decisions based on the data. The decision is assigned to the appropriate College personnel or committee for implementation. The College committees review student assessment data and norm comparison data related to their committee functions and assigned through the SPEAOP annually. The committees identify areas where student gain or perception is below the CSEQ norm, when the student licensure pass rate or certification is below state or national levels, HESI scores are below the national comparison, or achieved levels are below set levels of achievement in the SPEAOP. The committees identify goals and target projects to improve processes related to student learning. In keeping with the SPEAOP the graduate program is studying ways to assist MSN clinician students to effectively prepare for the national certification examinations.

Each year, the College publishes the *Annual Report* as a means for dissemination of data. The *Annual Report* summarizes achievements of the College for the academic year, an evaluation of the strategic goals and measures of success, strategic goals and measures for the upcoming year, and SPEAOP data related to curriculum, recruitment and admissions, student services and programs, faculty and professional staff, and assessment and evaluation outcomes. Trended data for assessment outcomes for five years are presented. The *Annual Report* is distributed to all faculty, staff, College Board members, and other stakeholders. Through review of the trended and aggregated data all College committees can review the results and use the data in making informed program decisions, policy and process changes or revisions and establish committee goals.

### Category Two: ACCOMPLISHING OTHER DISTINCTIVE OBJECTIVES

**2P1. Key non-instructional processes** The Vision of the College states:

*While representing a standard of excellence, Saint Francis Medical Center College of Nursing will provide the highest quality undergraduate, graduate, and continuing nursing education programs, as well as the best clinical experiences, to obtain local, regional, and national recognition. This will in turn produce the most prepared nurses and nurse educators capable of administering the highest quality education and/or care.*

The key non-instructional processes flow from the Mission, Vision, Philosophy, and Strategic Plan for the College. Processes that are in alignment with the College Mission and Goals are developed by the College based on feedback from students and stakeholders. The key processes are building relationships, community enrichment, alumni relations, economic development, and scholarly activity.

As a component of the College's Catholic heritage, the College formed the *Ex Corde Ecclesiae* special committee so that the College can fully implement systems and processes that are aligned with the norms articulated in the respective papal encyclical and which will enhance our Catholic character. Annual activities are conducted that involve the faculty and staff. The activities for 2011 focus on the theme "Exploring our Catholic Identity in Teaching."

The College recognizes that students are the primary stakeholders of the College. One of the College Core Values is Service which is made up of Integrity, Responsibility, and Accountability. In the area of Service, the values statement says: "These values (service and integrity) provide a foundation for the institution in its practices and relationships and are essential in the College's commitment to high standards of institutional and individual integrity." As a component of building relationships, an AQIP

Action Project was completed in 2010-2011 that developed a Diversity Plan for the College that focused on “celebrating our differences” and creating a culture of inclusiveness.

Personal and professional growth - This objective flows from the Mission of the College. The Vision, Mission and Philosophy recognize that faculty, staff, and students provide services to community and professional organizations as representatives of the College. The Mission states: “The College serves the community by providing competent entry level and advanced practitioners responsive to the changing health needs of society and the health care system. The College serves the community through participation in health-related activities and organizations.” The instructional processes at the College meet the first component of providing competent entry level and advanced practice nurses. For the second component, the College and Student Senate plan activities annually that focus on community service.

The College employs an Alumni Relations Representative. The primary job responsibility for the position is the building and maintaining of relationships with alumni. The representative works closely with the Alumni Association in planning activities that increase alumni participation and build relationships with the College. For example, the Alumni Relations Representative and President of the Alumni Association speak at the Senior Send-Off and Graduate Program Recognition Dinner each semester. The Alumni Association presents the graduating students with a gift and a one-year membership in the organization. An annual alumni weekend is held each fall specifically highlighting graduating classes celebrating milestones.

A key component of the Strategic Plan is financial stewardship. An aspect of this plan is increasing non-tuition revenue dollars for the College, the OSF SFMC Foundation Council has dedicated part of an FTE to the College of Nursing. The College works with the Foundation to implement an Annual Appeal campaign for alumni and friends of the College. The appeal letter the last three years has focused on increasing scholarship dollars for students. An annual Scholarship Donor Reception is held (See 3P4). The development representative from the Foundation works with the President and other key college personnel to identify and seek potential donors to the College. Visits and meetings are planned to identify donors. Once donors are identified, they are contacted by the Foundation representative and meetings are arranged to build relationships with the College.

The Mission of the College states: “The primary commitment of the College is to undergraduate and graduate nursing education. The College encourages the participation of the faculty and students in scholarly activities that contribute to learning, nursing, and health care.” Scholarly work and research contributing to nursing and nursing or higher education is promoted. A component of faculty appraisal focuses on scholarly activity. The Faculty Affairs Committee is currently working on a process for release time for faculty for scholarly activities. The College has a Sabbatical policy which provides salary and time for faculty research.

**2P2. Major non-instructional objectives.** The key non-instructional processes flow from the Mission, Vision, Philosophy, and Strategic Plan for the College. Processes that are in alignment with the College Mission and Goals are developed by the College based on feedback from students and stakeholders. They are identified in 2P1. Through discussions in standing committee meetings and at College Senate, the objectives emerged as a focus for the College. The strategic planning process discussions also contributed to the identification of the other distinctive objectives for the College. The objectives are a component of the strategic initiatives for the College (Category Eight).

**2P3. Communication of expectations.** The College catalogs and Viewbook communicate the College’s Mission, Vision, Philosophy and Goals. The website also provides information on the College. The website is <http://www.sfmcccon.edu>. The strategic goals and objectives are published in the College’s

Strategic Plan which is shared with the College Board, faculty, staff and other stakeholders. A review of achievement of the goals for the current year and the goals for the upcoming year is also found in the minutes of the College Senate and the College’s annual report. The *Annual Report* provides data on the accomplishments for the year related to the distinctive objectives. The *Annual Report* is shared with faculty, staff, and stakeholders. The finalized Strategic Plan and minutes of the College Senate are available to all faculty and staff online at the College’s shared drive.

**2P4. Assess and review objectives.** All faculty and staff, the College Board, and external stakeholders are involved in the College’s review of these objectives. The Strategic Plan is updated annually with data for meeting the current year’s goals as well as setting targets for the next year. The plan is reviewed by the Long Range Strategic Planning Committee of the College Board. Input is received related to targets and plans for the upcoming year. Revisions are made and the plan is presented to the full College Board for approval. Assigned College teams develop plans to achieve the specific objectives and identify resources needed. The President solicits direct input from all faculty and staff in development of the annual College budget and in requests for capital fund projects to be submitted.

**2P5. Faculty and staff needs.** All faculty and staff, the College Board, and external stakeholders are involved in the College’s strategic planning process. Once the faculty and staff determine the strategic direction of the College, the plan is presented to the College Board Long-Range Strategic Planning Committee and then on to the College Board for approval. Assigned College teams develop plans to achieve the specific objectives and identify resources needed. The President solicits direct input from all faculty and staff in development of the annual College budget and in requests for capital fund projects to be submitted.

**2P6. Readjusting objectives/processes.** The College reviews the status of the strategic goals annually. Leaders of each tactic submit written reports to the President which are shared College wide. The Strategic Plan is reviewed by the Leadership Team, faculty, staff and College Board annually. The Strategic Plan is submitted to OSF Healthcare upon completion. Every other year, the College holds a meeting off campus for all employees and a College Board representative to review the AQIP projects and discuss the strategic direction and goals of the College. A report of this meeting is available to all faculty and staff online.

**2R1. Performance Measures.** The College regularly collects and analyzes data related to the College’s distinctive objectives using multiple measures such as the Mid-curricular Survey, Noel Levitz Student Satisfaction Inventory (SSI), and end of program surveys such as College Student Experiences Questionnaire (CSEQ) and EBI, alumni surveys, and faculty and staff appraisals. All measures are identified in the SPEAOP for each program level. The plans are reviewed regularly by the Evaluation and Graduation Committees and updated as needed.

**2R2. Performance Results. *Building Relationships***

The CSEQ asks students to rate their perceptions of the supportiveness of relationships in the College using a 1 to 7 scale with 7 being the highest. Figure 2-1 shows mean BSN student ratings of relationships in comparison to the norm. Student ratings of relationships among students and relationships with administrative personnel are above the norm group. Relationships between students and faculty are below the norm and an area for improvement.

**Figure 2-1 CSEQ Student Perceptions of Supportiveness of Relationships**

Relationships	2007 n=83	2008 n=133	2009 n=128	2010 n=145	2011 n=133	Norm N=1440
Among students	6.1	6.25	6.1	6.1	5.81	5.67

Between students/faculty	4.8	5.56	5.7	6.0	5.56	5.93
Administrative Personnel	6.1	5.94	6.1	5.6	5.14	4.96

The MSN Program Curriculum Satisfaction Survey asks students to rate satisfaction on three questions related to Building Student Relationships. The responses are on a 1 to 5 scale with 1 being very dissatisfied and 5 being very satisfied. Mean scores are reported in Figure 2-2. The DNP Program Curriculum Satisfaction Survey will be administered in May 2012 with the first graduates of the DNP program. Results were not available at this time.

**Figure 2-2 MSN Program Curriculum Satisfaction**

Statement from Satisfaction Survey	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011
The faculty to student interaction was appropriate.	4.0	5.0	5.0	4.9	4.2
The faculty to student interaction enhanced new learning.	4.0	5.0	5.0	4.9	4.5
The feedback on assignments and projects was effective and timely.	5.0	5.0	5.0	4.7	4.5

Figure 2-3 shows EBI results for BSN student satisfaction with faculty interactions and academic advisement which are components of building student relationships. The set level of achievement is the item will have a score of 5.5 or above. In all items, the College ratings are above the six Colleges and Carnegie class comparisons. The quality of academic advising falls below the level of achievement and is an area for improvement.

**Figure 2-3 BSN Student Satisfaction with EBI Items Related to Building Student Relationships**

Item	2009-2010			2010-2011		
	CON Score	Six College Comparison	Carnegie Class Comparison	CON Score	Six College Comparison	Carnegie Class Comparison
How satisfied are you with your faculty's ability to interact with students one-on-one	5.94	5.26	5.18	5.72	5.41	5.28
How satisfied are you with accessibility of faculty outside class	6.07	5.65	5.54	5.93	5.41	5.52
How satisfied are you with faculty responsiveness to student concerns	6.03	5.16	5.14	5.40	4.47	5.03
Quality of academic advising	5.34	4.61	4.67	5.35	4.28	4.77

\*Scale is 1 through 7.

*Community Enrichment*

Students participate in a variety of service and fund raising projects for the community. Examples of projects in 2010-2011 and 2011-2012 include: Susan G. Komen Race for the Cure, South Side Mission, Peoria Rescue Ministries, NICHE project for elderly in local nursing homes, canned food drives for local food pantries, collection of hats and mittens which were donated to a local organization for distribution, volunteering at the food kitchen for a local organization, laundry soap collection for a local organization,

sponsoring Red Cross blood drives, conducting fund raisers for OSF SFMC Hospice House, volunteering at Women’s Lifestyle event and participating in local health fairs.

Students in the community health course complete a population-based service project as a course requirement. The project was developed to meet the course objective “Implementation of the nursing process in the community to assist in meeting the needs for health promotion and maintenance.” Examples of projects in 2011-2012 include: teaching importance of mental health to high school students, presenting a program on postpartum depression recognition to community health nurses, educating 8<sup>th</sup> graders on dangers of alcohol and tobacco, and presenting a program to older adults on medication management to avoid medication complications. One group collaborated with community health nurses at a rural Health Department to develop a program to develop improved access to mental health services. The program developed was selected as a model practice by the National Association of County and City Health Officials’ Model Practice Program. . DNP students have work with politicians regarding mandatory influenza vaccines and taught women of Haiti the value of breast feeding.

Faculty and staff are actively involved in a variety of organizations within the community. Employees often serve as members on boards in the community. Examples of participation in community service are: YMCA, Peoria Economic Development Council, Cancer Center for Healthy Living, Peoria Area Civic Chorale, Peoria Community Institutional Review Board, 4<sup>th</sup> District Judicial Board on Elder Abuse, Junior League of Peoria, American Heart Association, Mental Health Association of Central Illinois, Peoria City/County Health Department Children and Family Health Advisory Council, Friends of People with AIDS, and Friends of Friedrichshafen Youth Exchange.

*Alumni Relations*

Alumni Association membership has grown to 191 members in 2010-2011 from an initial membership of 8 members in 2006. The Alumni Association held four meetings in 2010-2011. Attendance at the meetings is low (typically about 10 members). The Association is investigating ways to increase member attendance at meetings. The 2010 Alumni Weekend included the Alumni Association Members Only Brunch, Mass for alumni, and a dinner for all alumni and guests. There were 36 members at the Brunch and 67 members at the dinner. The College is working with younger alumni to investigate which will increase younger member involvement in the association and at activities. The Alumni Association sponsors a continuing education program annually. Attendance at the 2011 program was 25.

*Scholarly Work and Research*

Scholarly and research activities are tabulated annually based on the information provided by faculty and staff during the annual appraisal process. Figure 2-4 shows scholarly activities for the last two years.

**Figure 2-4 Examples of Scholarly and Research Activities**

Academic Year	Scholarly and Research Activities
2009-2010	<ul style="list-style-type: none"> <li>• Co-investigator of “The Effect of Triage Training Program on Jordanian Emergency Nurses’ Decision Making Abilities at Emergency Department”</li> <li>• Chapter publication in Philosophy of Fatherhood</li> <li>• Co-author Potter, Perry, Stockert, and Hall: <i>Basic Nursing</i>, 7<sup>th</sup> edition</li> <li>• Author: Triage Decision-making Skills” A necessity for all nurses, published in <i>Journal for Nurses in Staff Development</i></li> <li>• Chapter author of Airway Management in Potter &amp; Perry: <i>Clinical Nursing Skills and Techniques</i>, 7<sup>th</sup> edition</li> <li>• Presentation Basic Pediatric Assessment for Kids R Different Nursing Symposium</li> <li>• Presentation “Simulation and the Objective Structured Clinical</li> </ul>

	<p>Examination: A Method to Evaluate Student Competence and Confidence: At International Nursing Association for Clinical Simulation and Learning conference</p> <ul style="list-style-type: none"> <li>• Poster presentation “The Use of Video Capture Software and Simulation to Enhance Nursing Education Outcomes” at International Nursing Association for Clinical Simulation and Learning conference</li> <li>• Presentation “The Relationship Among Demographic and Personal Characteristics, Health Beliefs, and Colonoscopy-related Embarrassment” At International Nursing Research Congress: Focusing on Evidence-based Practice, Vancouver, British Columbia</li> </ul>
2010-2011	<ul style="list-style-type: none"> <li>• Co-investigator of a research study in progress: “Sleep quality and related factors among nursing home residents in Iowa.”</li> <li>• Two faculty co-authored an article titled “Nursing Simulations: Successes and Challenges” Published in <i>The Illinois Nurse</i>, March 2011.</li> <li>• Co-author of a chapter on the change in American Heart Association (AHA) CPR Guidelines which was published in <i>Circulation</i> in October/November 2010.</li> <li>• Abstract reviewer for the 41<sup>st</sup> Sigma Theta Tau Biennial Convention.</li> <li>• One faculty had a simulation scenario on wound care selected as part of the medical surgical scenarios for the National Council of State Boards of Nursing simulation study.</li> <li>• Two faculty co-authored an article titled “Improving Technological Competency in Nursing Students: The Passport Project” which was published in the <i>Journal of Educators Online</i>.</li> <li>• Two faculty did half-day presentation “Moulage and More: Tricks of the Trade” at International Nursing Association for Clinical Simulation and Learning conference</li> <li>• Four faculty are co-investigators on a research study titled “The Impact of the Implementation of an Ethical Behavior Policy and Honor Code on Classroom and Clinical Behavior”</li> </ul>

*Economic Development*

Figure 2-5 shows Annual Appeal contributions for the last three years. The donations show flat growth and the College would like to continue to increase the total contributions. The College is working on a process to include employee contributions to the College through the Employee Above and Beyond annual campaign in the total contribution figure for the College. In the past, the contributions from the College only included external donations. This is an area that the College has identified for improvement.

**Figure 2-5 Annual Appeal Contributions to the College**

Year	2008-2009	2009-2010	2010-2011
<b>Contributions</b>	\$30,550	\$33,250	\$31,300

**2R3. Comparison results.** The College has limited benchmark data for comparison. The measures utilized from the CSEQ provide norm data for comparison with other colleges and universities. In this area, the College has used limited benchmark data for comparison to other institutions of higher education. Norm data is available from the CSEQ to make comparisons of College of Nursing students with other college students. Figure 2-1 and Figure 2-3 present comparison data for Building Student Relationships.

**2R4. Strengthen the organization.** The results strengthen the institution by demonstrating the College is achieving the distinctive objectives that were identified. The results also provide direction as to the development of objectives and goals for the Strategic Plan and AQIP projects. Faculty and student participation in community activities fulfills the Mission and Vision of the College and makes the College an active participant in the Peoria community.

**2I1. Recent improvements.** The following are examples of improvements that have been targeted based on decisions made after analysis of assessment and evaluation measures. The targeted improvements were identified to achieve distinctive objectives of the College. Recent improvements in this category include:

- Formation and implementation of the *Ex Corde Ecclesiae* committee to promote and foster the College's Catholic identity.
- The College hired a half-time employee whose job responsibilities are focused on building alumni relationships.
- Assignment of a development person from the OSF SFMC Foundation Office to work with the College on development.
- An AQIP Action Project was chartered that developed a Diversity Plan for the College. One overall purpose of the plan was to build relationships with students.
- As a component of personal and professional development of faculty, the Faculty Affairs Committee is working on a process and plan to increase participation in scholarly activities among the faculty. The faculty workload in relation to release time for scholarly activity is being studied in conjunction with this.

**2I2. Selection of processes for improvement.** Each of the College committees and departments review data and the Integrated Scorecard measures to determine strengths and areas for improvement. The College compares the College results to the available norm data and determines areas that need improvement. Areas for improvement are incorporated into the College's planning process for the upcoming year. Results of student and stakeholder feedback are also used to develop AQIP projects. Administrators, faculty and staff use the results to set personal goals for the upcoming year that are in alignment with the College's strategic goals.

The results for achievement of the other distinctive objectives of the College are published in the *Annual Report* as a means for dissemination of data. Trended data for achievement of specific outcomes for five years are presented. The *Annual Report* is distributed to all faculty, staff, College Board members, and other stakeholders. Findings are communicated in College Board meetings and discussed at College Senate.

### **Category Three: UNDERSTANDING THE NEEDS OF STUDENTS/STAKEHOLDERS**

**3P1. Changing needs student groups.** The College uses a variety of methods to identify needs of student groups. The College surveys undergraduate students annually with the Midcurricular Survey and the Noel Levitz Student Services Inventory (SSI). Undergraduate students also complete the American Association of Colleges of Nursing Educational Benchmarking, Inc. Education Exit Assessment (EBI) and College Student Experience Questionnaire (CSEQ) at the end of their final semester. MSN and DNP graduates are surveyed at the end of the program related to their satisfaction with the programs. Annual alumni surveys are sent to graduates from both programs at one, five, and ten years from graduation. The College developed a process flow for administering surveys and sharing results with appropriate groups for use in making improvements. Results of the surveys are forwarded to the appropriate standing committees for action. The results of surveys are also presented to the College Senate by the Institutional Effectiveness and Assessment Specialist (IEAS). The IEAS and President meet with individual student service

departments to share results. The results are analyzed and discussed by the faculty and student service departments, opportunities for improvement are identified, and plans for improvement are developed.

The President holds quarterly luncheons with invited students. During the luncheon a climate assessment is conducted using the “What should we keep, what should we stop, and what should we start approach?” The Dean of the Graduate Program holds open student forums for MSN and DNP students each semester to discuss issues and concerns of the students. The President also attends the Student Senate meeting to communicate with the students and hear student issues as needed. The President shares student concerns with committees, departments, and individuals as appropriate. A course of action is determined by studying the data and plans for improvement are developed.

Students have representation on the following standing committees of the College Senate: Admission and Progression, Curriculum, Educational Resources, Evaluation, and Graduate. Input from the students during meetings provides insight into student needs and areas for improvement at the College. Through participation in the committees, students have input into policy, course, and program development. In 2009, the College Board Bylaws were revised to include a student representative in the membership for the purpose of student participation and input.

**3P2. Build and maintain relationships with students.** The College recognizes building and maintaining relationships with students as a distinctive objective (Category 2). The College and Admissions office begin building relationships with students during the inquiry process prior to the acceptance as students. The College holds two open houses each year, visits high school and college campuses, visits area hospitals and healthcare facilities, participates in career fairs, and hosts visits from prospective student groups at the College. High school and feeder school counselors are invited to a luncheon and program at the College to develop relationships for student referral. Inquiries and phone calls are answered promptly to build a solid foundation for the relationship. Once accepted, the relationship is further strengthened through the early assignment of an academic advisor. The academic advisor contacts the student to begin the process of developing the program of study plan. The student keeps the same advisor throughout the program which is one way the College sustains the relations. Students in the graduate program may also be assigned a mentor.

New Student Orientation is scheduled at the beginning of each semester for the BSN and MSN students and before fall semester for DNP programs. For BSN students, a “Meet and Greet” is held approximately 6-8 weeks before Orientation. The purpose of this is early contact and provision of information prior to Orientation. During this time, students are introduced to student services personnel who will provide services and assistance to them while at the College. MSN and DNP students have the opportunity to meet face-to-face and interact with faculty and other students and recent graduates of the programs prior to starting the online program. Students in online programs are encouraged to interact via email or telephone with their advisor or faculty in the program. This personal meeting helps to build relationships for students who are not on campus regularly. Faculty teaching online uses technologies such as Skype and Elluminate, streaming video, and YouTube to maintain relationships with students. The student-faculty relationship is important to student satisfaction. Faculty, staff, and administration have an ‘open-door’ policy related to availability to meet with and assist students. Students are encouraged to phone or email advisors or course faculty with concerns or problems. The *Student Connection* is published twice a year and provides students with information related to the College and student-life.

The College has a retention program that is a component of building relationships. Retention is facilitated through positive student interactions with faculty in supportive, caring relationships. Faculty strives to be actively interested, approachable, available and accessible to students. Skype is used for those at a distance. Frequent meetings with academic advisors provide opportunities to develop and maintain supportive faculty/student relationships; solicit student feedback regarding concerns, and direct students

to resources available for academic or personal assistance. Student involvement with faculty, professional staff, and administration promotes an environment conducive to learning, and fosters the development of self-esteem and self-actualization. The retention program is published in the student handbooks and the *Faculty Academic Program Handbook*. The *Student Handbook* is distributed to all students and published on the website. The entire faculty receives copies of the *Student Handbook* and *Faculty Academic Program Handbook*.

Student organizations strengthen student relationships once the student is enrolled. These organizations provide students the opportunity to develop relationships with peers, faculty, and the College. The Resident Assistants (RAs) provide leadership on the floors of the Residence Hall. Students Offering Support (SOS) is a group of upper classmen who mentor incoming students helping them to start off well in the program.

**3P3. Analyze changing needs.** The needs of stakeholders are identified by contact with the stakeholders. The College meets with educators and managers of the primary clinical agency to identify employer perceptions of needed skills for graduates. The President meets monthly with the Chief Nursing Officer and the nurse recruiters from the primary clinical agency and primary employer of graduates to gather feedback on graduates. The meetings are to identify needs and facilitate clinical learning experiences for students. Information and issues discussed are then brought to the appropriate committee. The President also is a member of the OSF Healthcare System Chief Nursing Officers of the Organization group which meets quarterly. During these meetings, changes related to nursing and needs of employers across the system are discussed. The Dean of the Graduate Program meets monthly with the Advanced Practice Nursing (APN) group at OSF SFMC and is part of several APN work groups involved with increasing APNs across the OSF Healthcare System. The meetings are to remain current on topics related to advanced practice nursing and to identify stakeholder needs. Feedback from employers is received annually and analyzed to identify stakeholder needs. Data is shared with standing committees to use to make program changes.

The College Board is surveyed annually to identify needs. Results are tabulated and shared with the Board. Suggestions and comments are used to provide assistance and information as identified. When a need is identified, a speaker is scheduled for a College Board meeting.

A current Action Project is underway to develop an Advisory Committee for the College to determine changing needs of external stakeholder groups. Input from the Advisory Committee will be used to make revisions and changes within the nursing programs.

**3P4. Build and maintain relationships with stakeholders.** The College recognizes that building and maintaining relationships with stakeholders is important. *Notes from Greenleaf* is the College and Alumni newsletter which is published three times per year. Distribution of the newsletter to alumni and friends provides a mechanism to build and maintain connection with the College. Distribution of the College's *Annual Report* is another mechanism to maintain connection with stakeholders. Speakers from the College and OSF SFMC provide updates to the College Board.

Employee rounding is a mechanism that helps to identify needs of faculty and staff. The President and Deans do rounds quarterly on employees that are direct reports. As a component of the employee rounding, one question that is asked relates to having the materials, training, and information needed to do their job. This process helps to identify areas for improvement at the College. Employees are also asked if there is anyone that they would like to recognize for their work or contributions. The leader then recognizes the identified individual individually or during the Recognition time at College Senate.

The Graduate Program hosts a luncheon and program to recognize and thank preceptors that have worked with MSN students. This is held every two years and is a way to strengthen relationships with this group. An annual Scholarship Donor Reception is held to build and maintain relationships with scholarship donors. Donors have the opportunity to meet the students that are assisted by their contributions to the scholarship fund.

The College currently has an Action Project in place that is focused on developing an Advisory Board for the College. This is one additional mechanism to build and maintain relationships with stakeholders.

The Dean of the Graduate Program is a member of the OSF SFMC Foundation Council. In this position she builds and maintains relationships with leaders throughout the community and makes them aware of needs of the College and responds to questions or concerns.

**3P5. Targeting new groups.** The identification of new student groups or stakeholder groups is done by the faculty and administration. In the strategic planning sessions, market trends, employer needs, assessment data, SWOT analysis, and input from community groups provide data to identify new students and stakeholders. The Strategic Plan identifies the goals, strategies, and individual or department that is responsible for meeting established targets. Input from alumni and employers was a motivating factor in the College's decision to develop the graduate nursing program with its various options. The MSN program began online course offerings in response to student and faculty feedback. The DNP program is also online. For example, the strategic planning process identified potential new students as registered nurses at other OSF facilities. A tactic on the Strategic Plan focused on recruitment strategies targeted at this prospective population. Another example is the Six Sigma Green Belt project that focused on the increasing number of students who failed the NCLEX-RN licensure examination after graduation or failed a nursing course in school. As a result of this project, an Action Project was chartered that developed the Academic Development Center to provide increased help to students at risk to increase their success.

**3P6. Collection of complaint information.** The College has a formal complaint process for students and stakeholders. The College has set a level of achievement that 100% of signed complaints are kept on record and are addressed. Complaints and issues that are raised are shared with faculty, staff, or departments as appropriate for resolution of the issue. Policies and processes are reviewed in light of the complaint to determine if changes need to be made. When appropriate, these changes are then shared with the students and stakeholders through meetings and inclusion in appropriate documents, such as student handbooks. The changes may also be posted on the website if appropriate. A formal complaint log is maintained in the President's office. The complaint policy is found in the print and online student handbooks on the website at [www.sfmcon.edu](http://www.sfmcon.edu). Formal complaints are shared at the College Board meeting.

Students have the right to appeal grade reports, course or clinical grades that result in academic probation or dismissal from the College, or decisions where there is reason to believe that they are capricious, discriminatory, arbitrary, or in error. The Appeal Procedure for students was developed to provide a mechanism for the fair resolution of disagreements. The Appeal Procedure is published in the Undergraduate and Graduate Student Handbooks which are given to all students and are posted on the website. When issues arise, students are encouraged to attempt to resolve the issue with the course faculty first, and then to go to the Dean. Unresolved issues at this point are taken to the Admission and Progression or Graduate Committee for academic issues or the Judicial Board for violations of the Professional Conduct/Professional Standards. The Appeal Process has specific time limits set to ensure that issues are resolved in a timely manner. The administration and faculty have an 'open door' policy for students and staff that foster early resolution of problems or complaints.

**3R1. Performance Measures.** The College uses a number of methods to measure student and stakeholder satisfaction. The Midcurricular Survey, Noel Levitz SSI, EBI, and CSEQ are administered annually to the undergraduate students. These surveys measure satisfaction and relationships with student support services and faculty. Other measures the College uses include student feedback, student complaints, alumni surveys, employee surveys, and MSN and DNP student end of curriculum satisfaction surveys. Data related to enrollment, attrition, retention, and graduation rates are also measures of satisfaction and building of relationships. The data are shared at and used by the appropriate standing committees and College Senate. Trend data on satisfaction results are published in the *Annual Report*.

**3R2. Performance Results student satisfaction.** On the 2009-2010 AACN EBI survey, student satisfaction in all factors was above the level of achievement and the comparison groups (Figure 3-1). Although the satisfaction level dipped below benchmark in five areas for 2010-2011, the College results remained above comparative data in all areas except Classmates. The College recognizes that satisfaction scores are decreasing in 11 areas. Data was distributed to appropriate departments and committees for action.

**Figure 3-1: AACN EBI Education Exit Assessment – BSN Students\***

Level of Achievement: Item will have a score of 5.5 or above.

Item	2009-2010			2010-2011		
	CON Mean Score	Six College Comparison	Carnegie Class Comparison	CON Score	Six College Comparison	Carnegie Class Comparison
Classmates	5.79	5.53	5.56	5.45	5.52	5.49
Core Competencies	6.28	5.67	5.75	5.95	5.59	5.57
Core Knowledge	6.04	5.34	5.40	5.75	5.39	5.38
Course Lecture and Interaction	6.08	5.22	5.82	5.82	5.53	5.38
Facilities and Administration	5.49	4.57	4.75	5.15	4.64	4.74
Professional Values	6.55	6.12	6.12	6.04	5.91	5.86
Role Development	6.30	5.58	5.61	5.77	5.45	5.42
Quality of Nursing Instruction	5.71	4.82	4.72	5.38	4.98	4.83
Technical Skills	6.48	5.75	5.79	6.11	5.88	5.82
Work and Class Size	5.85	5.08	5.14	5.38	5.23	5.14
Overall Program Effectiveness	5.82	4.26	4.38	5.24	4.33	4.38

\*Scale 1 – 7.

Noel Levitz SSI provides satisfaction and importance scores. The difference between the scores is calculated as a gap score. The College focuses improvement efforts on items with a gap score greater than 1.0 indicating lower satisfaction and higher importance. The College has set a level of achievement that individual items will have a gap score less than 1.0 and that overall, 80% or more of the items will have a gap score less than 1.0. The 2011 results for safety and security are high due to timing of the administration of the instrument. The SSI was given just after a staff member was robbed on the street as she walked to her car near the College. The College is working with OSF SFMC Security and staff to secure more parking places and improve safety and security on campus. The Dean of the Undergraduate Program is working with faculty and the Curriculum Committee to address the faculty related items.

**Figure 3-2: Noel Levitz SSI – BSN Students and Comparison Gap Score Results\***

Level of achievement: Survey items will have a gap score less than 1.0.

Item	Fall 2009		Fall 2010		Fall 2011	
	CON	Comp.	CON	Comp.	CON	Comp.
<b>Top Strengths</b>						
The content of the courses within my major is valuable.	0.69	1.04	0.84	1.01	0.65	0.99
The instruction in my major field is excellent.	0.73	1.04	0.71	1.03	0.72	1.00
Nearly all of the faculty are knowledgeable in their field.	0.57	0.78	0.69	0.75	0.76	0.75
The campus staff are caring and helpful.	0.72	0.85	0.80	0.83	0.92	0.83
Major requirements are clear and reasonable.	0.75	0.91	0.76	0.88	0.84	0.86
There is a commitment to academic excellence on this campus.	0.50	0.90	0.62	0.87	0.76	0.86
This institution has a good reputation within the community.	0.16	0.68	0.41	0.65	0.52	0.66
Library resources and services are adequate.	0.18	0.74	0.60	0.69	0.43	0.66
<b>Top Areas for Improvement</b>						
The campus is safe and secure for all students.	1.42	0.82	1.46	0.79	3.13	0.77
Amount of student parking space on campus is adequate.	3.26	2.10	3.22	2.08	3.56	2.09
I am able to register for classes I need with few conflicts.	1.45	1.45	1.55	1.43	1.40	1.40
Adequate financial aid is available for most students.	1.57	1.60	1.78	1.60	1.44	1.56
Faculty are fair and unbiased in their treatment of individual students.	1.71	1.15	1.65	1.13	2.08	1.11
Faculty provide timely feedback about student progress in a course.	1.09	1.14	1.32	1.14	1.55	1.14
Tuition paid is a worthwhile investment.	1.03	1.62	1.18	1.62	1.38	1.60
Parking lots are well-lighted and secure.	2.53	1.10	2.64	1.06	3.56	1.04

\*Gap score calculated based on level of satisfaction and importance.

**Figure 3-3: Mean Student Satisfaction with the College as Reported on CSEQ**

Level of Achievement: Graduates will rate the overall satisfaction with the College at 6 out of 8.

Opinions about your College	2008 n=133	2009 n=128	2010 n=145	2011 n=133	Norm N=1440
Like College	3.2	3.1	3.1	2.88	3.4
Attend Same College Again	3.6	3.4	3.4	3.2	3.3
Satisfaction Index*	6.8	6	6.5	6.08	6.7

Scale = 1 to 45

\*Satisfaction index is derived by adding the scores for like college and attend same college again.

Results for the MSN survey show a high level of satisfaction with the College and program (Figure 3-4).

**Figure 3-4: Curriculum Satisfaction Survey – MSN Students\***

Item	2008-2009 n=6	2009-2010 n=12	2010-2011 n=15
Online course activities effectively enhanced new learning.	5.0	4.4	4.2
Support services were adequate.	5.0	4.7	4.6
The assignments and course expectation led to achievement of course objectives.	5.0	4.9	4.7
The preceptors I had contributed to my role development as an APN or educator.	5.0	4.9	4.7
If I could start graduate education again, I would go to this College again.	5.0	4.9	4.4
Overall, please rate your level of satisfaction with the graduate curriculum.	5.0	4.7	3.6
Overall, how would you rate your online course experiences?	4.0**	3.9**	3.6**

\*Scale 1-5 with 5 being high

\*\* Scale of 1 to 4 with 4 being high

In August 2011, one student filed a formal complaint with the Department of Education Office of Civil Rights (OCR). The student alleged that he was discriminated against due to his hyperactivity attention deficit disorder when he was academically dismissed from the College. The College complied with the OCR request for documentation and interviews with faculty and staff. In December 2011, the College received a letter from OCR stating that they found insufficient evidence to support the student complaint of discrimination when dismissed and that they (OCR) were closing the case. Documentation is on file in the President’s Office. All steps of this complaint process were shared with the College Board.

**3R3. Performance Results building relationships.** The CSEQ, MSN Graduate Satisfaction Survey and Undergraduate EBI results for building relationships are presented and discussed in 2R2. Results related to College staff and student relationships are presented and discussed in 6R2 and 6R3. Figures 3-5 and 3-6 show the retention rates for the BSN and MSN programs.

**Figure 3-5: Attrition and Retention Rates BSN Program**

Level of Achievement: Retention rate will be 95% or higher

Semester of Entry	Number New Full-time BSN students	Attrition Rate (%)	Retention Rate (%)
Fall 2006	80	9	91
Spring 2007	68	1	99
Fall 2007	77	9	91
Spring 2008	62	6	94
Fall 2008	80	4	96
Spring 2009	68	6	94
Fall 2009	77	1	99
Spring 2010	59	5	95
Fall 2010	75	1	99
Spring 2011	73	1	99

**Figure 3-6: Attrition and Retention Rates MSN Program**  
Level of Achievement: Retention rate will be 95% or higher

Semester of Entry	Number New MSN students	Attrition Rate (%)	Retention Rate (%)
Fall 2006	17	50	50
Spring 2007	9	21	79
Fall 2007	17	12.5	87.5
Spring 2008	8	29	71
Fall 2008	16	17	83
Spring 2009	11	19	81
Fall 2009	17	8	92
Spring 2010	14	4	96
Fall 2010	17	0	100
Spring 2011	20	2	97

**3R4. Performance Results stakeholder satisfaction.** Prospective students are primary stakeholders for the College. The desired enrollment for the BSN program is 180 students per year. The desired enrollment for new students in the MSN program is 40 per year and 10 per year for the DNP program. The application and enrollment numbers show that relationships are built early with the MSN group and that there is a high level of satisfaction with the programs offered at the College. The College’s reputation of quality and excellence of programs and graduates contributes to the increasing number of applications and enrollments (Figure 3-7).

**Figure 3-7: Applications and Enrollments**

Semester	BSN Applications	BSN Enrollment*	BSN FTE**	MSN Enrollment*	MSN FTE**
Fall 2007	170	329	288	105	44
Spring 2008	151	324	290	93	42
Fall 2008	175	333	283	119	51
Spring 2009	187	339	295	125	52
Fall 2009	175	364	295	143	66
Spring 2010	151	356	301	142	61
Fall 2010	180	339	283	150	65
Spring 2011	130	340	295	156	68

\*Headcount

\*\*Full-time equivalent based on Illinois Board Higher Education formula

BSN alumni satisfaction with the College is gathered annually from one, five, and ten year graduates (Figures 3-8, 3-9, and 3-10). The College continues to struggle to develop mechanisms to reach the 30% return rate set as the level of achievement. Two mailings for the survey are sent. In 2009-2010 survey, one year alumni were also emailed the survey. The College continues to discuss strategies to increase response rates on alumni surveys. Results show a high level of satisfaction with the instruction, faculty, and the College.

**Figure 3-8: BSN One Year Alumni Results\***

Item	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
	n=18	n=22	n=22	n=17	n=46
Faculty used appropriate teaching/learning activities.	100	100	100	95	91
College faculty had high expectations of students	100	100	100	95	91

Likelihood of recommending the College to others.	100	100	100	95	94
Overall satisfaction with the educational program.	100	100	100	91	94

\*Results are percent of students who responded satisfied or highly satisfied

**Figure 3-9: BSN Five Year Alumni Results\***

Item	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
	n=14	n=16	n=20	n=17	n=15
Faculty used appropriate teaching/learning activities.	100	95	100	82	93
College faculty had high expectations of students	100	95	100	88	100
Likelihood of recommending the College to others.	100	95	100	88	93
Overall satisfaction with the educational program.	100	95	100	88	93

\*Results are percent of students who responded satisfied or highly satisfied

**Figure 3-10: BSN Ten Year Alumni Results\***

Item	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
	n=18	n=22	n=22	n=17	n=11
Faculty used appropriate teaching/learning activities.	100	100	100	100	100
College faculty had high expectations of students	100	95	100	100	100
Likelihood of recommending the College to others.	100	100	100	95	100
Overall satisfaction with the educational program.	100	95	100	100	100

\*Results are percent of students who responded satisfied or highly satisfied

BSN Alumni Employer Survey asks employers to rate one year alumni on 22 competencies. The rating scale is 1 (low) to 4 (high). Results for the last three years on highest items (3 and 4 ratings) and items that had individuals rated lower (2 or 1) (Figure 3-11). Employers also use a 1 to 4 scale to rate the graduates on an item related to the overall rating as an employee. From 2009-2011, almost all of the employers rated the graduates attainment of nursing competencies as 3 or 4. In the same years, employers rated from 86-100% of the graduates as a 3 or 4 on the overall rating as an employee. This result exceeds the set level achievement which is 85% of the employers surveyed give a rating of 3 or 4.

**Figure 3-11: BSN Employer Satisfaction Ratings**

Level of Achievement: Employees will rate a 3 or 4 on satisfaction with graduates from the program.

Item	2008-2009 (n=16)	2009-2010* (n=52)	2010-2011 (n=41)
Items with ratings of 3 and 4s	Completes work in an organized manner. Expresses caring through interactions.	Uses communication effectively. Completes accurate and thorough assessments.	Demonstrates critical thinking/clinical reasoning. Uses communication skills effectively – computer

	Respects the dignity and personal worth of each client.	Respects the dignity and personal worth of each client. Expresses caring through individual interactions	usage. Completes accurate and thorough assessments. Plans appropriate and individualized care. Completes work in an organized manner. Acts as a client advocate. Accepts accountability for professional actions.
Items with ratings of 1 or 2	Demonstrates critical thinking (n=2).	Accepts responsibility for professional development (n=2). Applies appropriate research findings to practice (n=2). Assumes responsibility for professional development (n=1).	Expresses caring in professional interactions (n=3). Collaborates with other members of the healthcare team (n=3).
Overall rating of employee*		98	98

\*Percent of employers rating alumni at either 3 or 4.

#### MSN Employer Satisfaction

In 2010-2011, three employer surveys for graduates in the educator MSN option and three employer surveys for graduates in the clinical (CNS) option were returned. The employers were asked to rate the survey items on a 1 (low) to 5 (high) scale. Employer ratings for the educator graduates ranged from 4.4 to 4.9 in the teacher role competencies, 3.2 to 5 in the scholar role competencies and 3.33 to 5 in the collaboration role competencies. The employers of CNS graduates rated the graduates from 4.0 – 5.0 in the Patient/Client sphere competencies, 3.9-5 in the Nursing practice sphere competencies, and 4.1-5 in the Organization sphere competencies.

**3R5 Performance Results for building relationships with stakeholders.** The College continues to develop mechanisms to measure performance for building relationships with key stakeholders. An AQIP Action Project is underway to develop an Advisory Board to build relationships for each of the College’s programs.

For the last three years, the College has held “Nurse for A Day” programs in collaboration with PERFECT. Each year 30 high school students from area high schools have attended the program.

The College maintains an ongoing relationship with the Alumni Association. The Alumni Association has grown from initial membership of 8 members to its current membership of 191 members. In fall 2011, 36 members attended the Members Only Brunch and 67 members attended the Alumni dinner. The Alumni Association participates in Senior Send-off and Graduate Program Recognition Dinner presenting graduating students with a gift and providing information on the Alumni Association, the Annual Student/Family Thanksgiving dinner assisting with serving, and provides treats for students for special events. The Alumni Association offers a continuing education program annually. Students are invited to attend at a reduced cost. The College recognizes this as an area to continue to work on building relationships.

**3R6. Comparison results.** Since the 2008 Systems Portfolio, the College has added the Noel Levitz SSI and EBI Education Exit Assessment which provide comparison data (see 3R2). The CSEQ also provides norm data for comparison (see 3R2). The College continues to investigate measures that can be used to provide comparative data for the graduate program options. EBI has recently released a Program Exit survey for DNP programs which the College is investigating for use.

National League for Nursing (NLN) surveys nursing programs in the United States annually and publishes the NLN Nursing Data Review for the Academic Year. The Nursing Data Review, Academic Year 2008-2009 (last published on the site) reports that the participating nursing colleges have a continued trend of an increase in applications to baccalaureate nursing programs. This is in agreement with the College where the number of applications from qualified applicants has continued to rise over the last several years.

NLN also reported that in 2008-2009, the retention rate for students in BSN programs was 90% in comparison to only 72% in four-year US undergraduate institutions. The College retention rate for students in the BSN program exceeds this national rate in the previous five years (Figure 3-5). No data from NLN was found for 2009-2010 and 2010-2011.

**3I1. Recent improvements.** Since the last Systems Portfolio, this area for the College has become more systematic and comprehensive. The College has made a number of improvements in this area since the 2008 Systems Portfolio. The improvements identified below provide improved student satisfaction data and comparative data. Improvements include:

- Addition of Noel Levitz SSI and EBI Education Exit Assessment tools which provide comprehensive student satisfaction and comparative data.
- Action Project chartered to develop Advisory Committee to determine needs and gather input from external stakeholders.
- Initiation of President's Quarterly Climate Assessment Luncheons to identify changing needs of students and build relationships.
- Initiation of open communication forums for DNP students conducted by the Dean of the Graduate Program.
- Addition of student representative to the membership of the College Board.
- President participates as an active member of the OSF Healthcare System Chief Nursing Organization.
- Chartering of Six Sigma Green Belt project to leverage technology to streamline student processes to improve communication between Admission and Student Finance departments and with students. One result was an 11% reduction in pieces of communication sent to students. This improved the process of communicating with students prior to admission.
- Feedback from students on surveys related to registration was used to develop an online registration process for current and incoming students.
- Development and implementation of the College's Diversity Plan that focuses on "celebrating our differences" and inclusiveness.

**3I2. Selection of processes for improvement.** Over the last three years, the College has made a concerted effort to develop a culture of quality. Through this quality improvement focus the College has improved its data collection, analysis, and use of data to identify targets and areas for improvement. Improvement targets are set during the strategic planning process and by faculty and staff on the SPEAOP. Areas for improvement are also identified through analysis of results on the College's Integrated Scorecard. Indicators that are below target trigger the development of a plan for improvement. Action projects are developed based on strategic planning initiatives and areas on surveys that are below

target or benchmark. Assessment data is published in the *Annual Report* and shared with students, faculty, staff, and other stakeholders.

#### Category Four: VALUING PEOPLE

**4P1. Credentials, skills, and values.** College administration and faculty work together to determine the credentials and skills for faculty based on the requirements from the Illinois Department of Financial and Professional Regulation, National League for Nursing Accrediting Commission, the American Association of Colleges of Nursing, and the College's curricula needs. Faculty and staff job descriptions identify the credentials and skills required for the position. Job descriptions are developed and approved by the College Senate and the College Board. An AQIP Action Project in 2009 focused on revising faculty job descriptions at each rank to align job responsibilities with the National League for Nursing nurse educator competencies.

The Illinois Nurse Practice Act requires all nurse faculty to have a Master of Science degree and two years of clinical experience. The American Association of Colleges of Nursing (AACN) strongly recommends that nurse faculty have doctorate degrees. When full-time faculty have reached the maximum teaching load (21-25 credits/year), the College hires qualified part-time nurse faculty, with an MSN degree, to teach clinical course sections. Placing part-time faculty in clinical positions helps to maintain the 1:8-9 faculty to student clinical ratio. Graduate assistants teach in the professional laboratories assisting students in developing nursing skills. Part-time support staff helps to ensure timeliness and flexibility of services, which are recognized needs as enrollment increases.

Credentials, skills, and values for the president, deans, and assistant dean are developed by the administrative group and approved by the College Senate and College Board. The identification of the president's qualifications and the selection are done by the College Board. Staff participates with the President in determining their respective job description including qualifications. Each group uses literature and Internet research to study the job credentials and tasks to ensure that job descriptions are in line with other colleges and trends in higher education.

**4P2. Hiring processes.** The hiring processes start with posting of available positions with the job descriptions. The job descriptions identify the credentials, skills, and values that are required for each position. For all positions, an interview process is followed. A team of interviewers is developed that includes faculty and staff based on the position being hired for. Faculty applicants are required to do a short presentation for interviewers to evaluate teaching ability. Interview questions are based on gathering information on skills and values of the interviewees. Interview schedules with scoring are completed by each interviewer. References of applicants are checked by Human Resources. Upon hiring, original transcripts and copies of professional licenses, where applicable, are requested for the employee file.

**4P3. Recruit, hire, and retain employees.** The College of Nursing collaborates with Human Resources (HR) Department at the OSF SFMC to recruit, hire, and retain qualified employees.

The Recruitment Process includes College Administration:

- Exploring enrollment and program factors to determine the need for additional FTEs.
- Seeking approval from the OSF SFMC FTE Committee to add the new position or replace an existing position using the SBARO process.
- Posting the approved position on the online Hiring Manager System and at the College of Nursing.
- Advertising the opening first internally, then in the local newspaper and selected cities within a 50-90 mile radius. The College has had many qualified applicants seek out employment, thus not requiring a more expansive search.

The Hiring Process includes:

- Establishing a Selection Committee based on College policy. For faculty there is a Faculty Selection Committee which is made up of the President, Dean, and four faculty members. The Faculty Selection Process was revised in 2011 to include a teaching demonstration. For staff positions the President appoints a search committee of staff members led by the supervisor of the position. The Committee uses an in-house developed survey to interview and rate each candidate.
- Selecting of candidates for interview is done by the Selection Committee.
- Requesting HR to conduct an initial interview and making the salary recommendation is done by the President.
- Interviewing prospective candidates conducted by the Selection Committee.
- Recommending the selected candidate for both faculty and staff positions to the President.
- Implementing the HR procedures for hiring the faculty and staff positions. The President collaborates with HR for salary quote and requests that HR conduct a reference check of the selected candidate.

HR offers the position to the selected candidate upon the request of the President. When the position is accepted HR arranges for the physical exam, background checks, and New Employee Orientation.

Although there is no formal retention plan, processes are in place to assist with retention:

- Ensuring comparative salaries and benefits. The process for salary adjustments is discussed in 4P11.
- Assigning faculty workload through mutual discussion and agreement with faculty with the goal of staffing all course and clinical sections. The Deans meet annually with faculty to discuss workloads for the coming academic year. Through mutual agreement the faculty and deans determine the faculty's workload.
- Providing a mentor for 1-2 years through the formal Faculty Mentor Process.
- Recognizing and rewarding outstanding work and accomplishments through special recognitions and awards and appreciation letters sent to the employee's home (See 4P11).
- Administrators round on the employees that directly report to them once each quarter. The purpose of the rounding is to receive feedback from employees on what is working well, employees that should be recognized for outstanding work, issues that need addressing, and whether the employee has the materials needed to do the job. Rounding also provides administrators an opportunity to coach employees on behaviors that may need addressing.
- Implementing OSF SFMC policies for tuition reimbursement and waivers, which allow funding for education. All employees are eligible for \$3500 per year tuition reimbursement for up to 18 credits per year. Faculty can apply for funding for doctoral study of \$5000 per year for up to three years. Staff receives tuition reimbursement for 18 credits each year.

**4P4. Orientation of employees.** All employees attend New Employee Orientation for OSF SFMC. This is a two day orientation that provides information on the history, mission, and values of the Sisters of the Third Order of Saint Francis, OSF Healthcare System, and OSF SFMC of which the College is a part.

The College has a formal comprehensive New Employee Orientation process for all employees. This is an ongoing orientation that begins with planning for the start of the employee. This orientation includes the Mission, Vision, and Values of the College. It also includes information on the College's strategic plan, participation in AQIP, the College's quality improvement initiatives, and use of SBARO as a change and communication process. The Mentoring Program assists the new faculty with adjustment to the College.

All College employees attend the annual Mission Integration program. This is an hour long update and review (includes video, questions for reflection, and discussion) that focuses on the values inherent in the OSF Healthcare Mission. For 2012, the theme of Mission Integration is “Living Our Mission Everyday with Respect and Justice.”

**4P5. Planning for changes in personnel.** Planning for changes in personnel includes assessments of enrollment numbers, anticipation of new programs, and anticipated resignations and retirements. See 4P3 for hiring new employees. There is a need for a study of policy and process for reducing employees should there become an unanticipated decrease in student enrollment. Changes in personnel in the past have occurred related to reorganization of the staff for housing and receptionists. An AQIP Action project to development a formal Enrollment Management Plan was chartered in 2011. This plan will include planned student enrollment growth which also includes analysis for additional employees related to this growth.

The Illinois Nurse Practice Act requires that nursing programs have a 1:10 faculty student ratio for clinical sections. When full-time faculty have reached the maximum teaching load (21-25 credits/year), the College hires qualified part-time nurse faculty with a master’s degree, to teach clinical course sections. Placing part-time faculty in clinical positions helps to maintain the 1:8-9 faculty to student clinical ratio. Graduate assistants are employed in the professional laboratories assisting students in developing nursing skills. Part time support staff helps to ensure timeliness and flexibility of services, which are recognized needs as enrollment increases.

Planning also involves looking forward at anticipated retirements in key positions. A formal succession planning process was developed to anticipate these retirements (See 5P10). Initially, the Succession Plan was implemented when a planned leadership retirement was announced. Continuing implementation of the plan will focus on developing leadership abilities for personnel interested in moving to leadership positions that become available. The College makes every effort to hire in the new employee to provide adequate overlap with the retiring employee to provide transition and orientation for the position.

**4P6. Designing work processes.** The College of Nursing organizes its work processes and activities into academic and support services with job classifications that support each service area and create an environment conducive to student learning. Faculty has primary responsibility for student learning. The support services are admissions, registration, student finance, financial aid, library, technology support, health, counseling, clerical, housing, and administrative. All work together to ensure student learning, technology support, and professional success. The support staff recruit, enroll, and retain students; college support representatives have responsibility for student housing, faculty provide program instruction in the form of development, implementation, and evaluation of learning activities; and administration provide leadership and provision of resources.

The workload for full time faculty is 21-25 credits per academic year. Full time faculty have 10-month agreements and may teach summer courses. The College does not offer tenure. Following hiring and a 90-day appraisal, faculty appointments are continuous. Contracts are renewed annually. In cases of termination, faculty is entitled to due process. The College has a policy developed that provides criteria for faculty promotion. Part-time faculty teach clinical sections as needed which assists to accommodate the increased enrollment. The College hires students to work as assistants in the library and graduate assistants for the professional skills laboratory.

Administrative and support services staff have 12-month contracts. Job descriptions for employees are developed by the College and communicated on the Human Resources portal on the OSF SFMC Intranet.

The strategic planning, AQIP, and committee work activities require participation from all employees, including academic and support service areas. All employees participate on one or more of the work activities.

**4P7. Ensuring ethical practices.** Ethical practices are ensured through the joint development of the College Core Values. The purposes of the Core Values statements are to: support the Mission and Philosophy, provide direction for the day-to-day activities and decision; specify how individuals should behave; and provide meaning to each person's work. The next step is to tie the Core Values formally to decisions made during the College Senate. Faculty is invited to attend an annual Ethics workshop sponsored by OSF SFMC. All employees attend the annual Mission Integration program sponsored by OSF SFMC. The program consists of a video, self-reflection, and discussion on the focus for the year (See 4P4). The programs have focused on the concepts of being a part of the Community of Caregivers, culture of respect, and caring for yourself and others.

The College believes that employees who perceive they are treated fairly and have avenues and opportunities to discuss work-related problems will function more effectively. An employee may use the Fair Treatment Policy and Appeal Procedure Policy for any work-related problem or condition which the employee member believes to be unfair, inequitable, discriminatory, or a hindrance to effective performance. The *Faculty Academic Handbook* includes a Promotion, Disciplinary Action or Termination Appeals Policy for faculty to appeal a decision regarding promotion, disciplinary action, or termination, if the individual has reason to believe the decision was arbitrary and capricious, discriminatory, or that established procedure was not followed.

**4P8. Training needs.** Training and development needs are determined by self reports, College projects, and during annual appraisal. Faculty and staff job descriptions identify the needed credentials and skills for the position. At the time of the annual appraisal, faculty and staff are required to set goals for the year and identify the resources needed to accomplish the goals. New faculty who have no teaching experience may be requested to take the educator courses offered through the College's MSN program. Goals set by employees are expected to be in alignment with the College goals and strategic initiatives and promote personal and professional development of the employee based on skills and training needed for their job. Employees inform the President or Deans of the specific training sessions desired. The President approves attendance based on available funds. Requests once approved become part of the operational budget Training and Development line item. There is also an endowed fund through the OSF SFMC Foundation that was named for a former Associate Dean and is dedicated to funding for faculty development.

As the College establishes projects, training is provided to support projects. Each year the College has an all employee meeting that focuses on a topic related to an action project or strategic initiative. The major meetings have focused on curricula revisions, quality improvement culture development, promoting civility in education, process improvement, and simulation learning. The workshops and webinars attended related to curriculum revision were active learning, simulation learning, and concept-based nursing curriculum. Staff participates in webinars related to fund raising, conflict of interest, and safety and security issues. All employees attend Six Sigma Yellow Belt training.

**4P9. Training activities.** Shared governance with administrative oversight ensures that work processes and activities contribute to communications, cooperation, high performance, innovation, empowerment, organizational learning, skill sharing, and ethical practices. Through the College Senate, faculty and staff participate in decision and policy making about academic and student support services related to the Strategic Plan and the systematic program evaluation. The College Senate committee structure empowers committees to carry out the assigned functions and to bring policies to the College Senate. The College Senate promotes inclusion rather than exclusion which serves to strengthen

communication and decision-making between groups. The President holds a Communication Forum every month which facilitates open communication.

The strategic planning process serves to enhance cooperation, high performance, and innovation. Faculty, staff, and the College Board meet to conduct an analysis of the College strengths, weaknesses, opportunities and threats (SWOT). Out of this process, goals, strategies and tactics are planned centered around recruitment, operational effectiveness, curriculum, financial stewardship, and facility. From 2004-2006, the College had both the strategic planning groups and groups working on AQIP Action Projects. Recognizing the duplication of tasks, in 2006 the College combined the strategic planning and AQIP Action Projects into the 2010-2015 Strategic Plan (See Category Eight). Work groups were reorganized and the responsibilities were assigned to designated leadership staff members to implement and maintain the strategic tactics. The recommendations from all groups are communicated to and acted upon by College Senate. The organization of the Strategic Plan ensures communication and involvement of employees in the various aspects of the College processes.

The College is committed to providing professional development for both faculty and staff. The current and future training initiative for faculty will continue to be pedagogical workshops relating to teaching and learning strategies and online instruction. The Curriculum Committee is leading a BSN curriculum revision, which will require educational sessions on integrated curriculum and active learning to support the curriculum revision process. The Faculty Affairs Committee is responsible for planning on campus training. The graduate program uses consultants and consultations as a major educational method as program changes occur. Staff receives training to enhance job competencies and skills through computer training at OSF SFMC, external vendors, and attendance at workshops and conferences.

As explained above, the workshop attendance, webinars, and courses for credits are used to accomplish training and development. Operational and foundation funds are allocated annually to ensure that all employees have opportunities to select national and regional conferences, workshops and webinars that relate directly to College projects and job responsibilities. A process is in place that provides financial support for faculty pursuing doctoral education. The leadership staff participates in Leadership Development Series presented by OSF SFMC. They attend professional meetings to remain updated in changes in nursing and higher education. All employees have access to online (via Healthstream learning modules) and traditional development sessions offered by the Learning Academy through OSF SFMC. All programs offered through the Learning Academy are free to employees. Employees are able to select programs that help them develop areas they have chosen. Training is reinforced by faculty and staff sharing the knowledge gained with others and by discussing how the knowledge may be applied to their job or to a College project. Training is also reinforced by involving the employee in projects after attending workshops. For example, a team sent to a conference on the Doctor of Nurse Practice (DNP) was integral in developing and implementing the DNP program at the College.

A formal Mentoring Program was developed for faculty. New faculty (both full and part-time) are assigned a mentor for one year. The mentor is an experienced faculty member outside the new faculty's course assignment. A *Mentor Handbook* is available which outlines the responsibilities of both parties plus provides development materials to use during the mentoring process. At this time, no formal mentoring process is available for staff. Informal mentoring is done through interactions with personnel in the department.

**4P10. Personnel evaluation system.** The process for personnel evaluation for faculty and staff is as follows:

- The faculty student evaluation process is designed by the Evaluation and Graduate committees which review the student involvement in faculty evaluation. The process and form are approved by College Senate.

- The annual appraisal form is designed to include job tasks and responsibilities as described on the employee's job description, a listing of individual developmental goals for the upcoming year and an evaluation of the goals from the prior year. Faculty and staff are asked to write goals that connect the College's Strategic Plan to their development needs. Each supervisor is responsible to ensure that faculty and staff goals connect to the College's Strategic Plan.
- All employees are evaluated annually and are required to complete and submit to their supervisor a self-evaluation using the annual appraisal form. Each employee meets with their supervisor to discuss both their self-evaluation and supervisor evaluation.
- Each employee has the option to meet with their supervisor to discuss their performance at any time during the year.
- Feedback on employee performance is provided to employees during the annual evaluation session and periodical evaluation relating job performance. New employees received a 90-day evaluation and thereafter become a part of the annual evaluation process.

The process for personnel evaluation for administrative staff is as follows:

- The president, deans, and assistant dean, are evaluated on their performance on leadership standards identified by OSF SFMC along with goals and strategies that are identified by the leader. College administrative staff (identified above) participates in the Leader Evaluation Manager (LEM) online system which allows each leader to write goals, strategies, target performance levels, and timelines relating to the College Strategic Plan and distinctive goals. This plan is established annually in November and is evaluated every 90 days and at the end of the fiscal year. The results of the leader performance are available to the supervisor throughout the year and are a basis for salary adjustment and bonus.
- The President receives faculty evaluations of the Deans, which are used to complete the Deans' evaluation.
- In October, the end of the fiscal year, the administrative staff completes the final update of the LEM in the system. The President evaluates each of the administrative staff based on the outcomes observed in the annual evaluation.
- Administrators have the opportunity to participate in 360° Evaluation as a method of input that would allow supervisor, peers, and direct reports to provide feedback on how they perceive the leadership skills and behaviors of the individual. The feedback can be used by administrators to enhance their personal development plans.
- The President of the College's performance is evaluated by the President/CEO of OSF SFMC and the College Board using data from the LEM.

The faculty evaluation system aligns with Category One, Helping Students Learn, in that the:

- Faculty's responsibilities for student learning are described in their job descriptions.
- The faculty annual appraisal form consists of responsibilities relating to establishing learning objectives, designing and implementing courses, assessing student learning, academic advising, and developing and implementing the curriculum, teaching and learning, which are taken from their job description. The criteria are consistent with 1P6 as the method to determine and document effective teaching and learning.
- Students annually provide feedback on faculty performance. Student feedback is provided to faculty and to the appropriate Dean. The latter uses the data in the faculty's annual evaluation, as a component of the documentation of teaching performance.

The following link to the *Faculty Academic Handbook* provides the process for students participating in the evaluation of faculty and the Faculty Evaluation Form: <http://www.sfmcccon.edu/pdfs/faculty-academichandbook.pdf>.

The personnel evaluation system aligns with Category Two, Accomplishing other distinctive objectives. The evaluation system includes personnel performance related to the Strategic Plan, personal and professional growth, and to service to the community. Employees are rated on the distinctive objectives and have an opportunity to discuss their past and future performance with their supervisor.

**4P11. Employee recognition, reward, compensation, and benefit systems.** The designing of recognition, reward, and compensation is done through collaboration between the College and the OSF SFMC HR Department. The College has the autonomy to review OSF SFMC reward and recognition strategies to identify the fit of the processes and procedures within the college environment as opposed to a healthcare environment. The College identifies concerns relating to recognition, reward, and compensation, studies the concern and works to develop a solution. The College meets with the HR department of OSF SFMC to discuss and reach a decision about the proposed issue.

The College has multiple mechanisms in place for reward and recognition. An addition to the College Senate is an agenda item titled "Recognitions." At this time, administration or any employee can publicly recognize other employees for outstanding effort, work, results, or assistance. Any College personnel can recommend to an administrative staff person to give another College employee special recognition for outstanding services. The President can either give the person a What Outstanding Work (WOW) Award or send a letter of appreciation to the employee's home. The President then recommends the employee to the OSF SFMC Administrator, who in turn sends a letter of appreciation to selected employee's home also in appreciation of outstanding performance. The College is participating in a new program designed by OSF SFMC HR focusing on Employee Recognition. The College was given a dollar amount from HR based on monthly FTEs that is used quarterly for employee recognitions and celebrations. CARE (Caring And Recognizing Employees) Coupons are given to the College based on FTEs per month. These coupons are worth \$2.00 in any of the eating venues on campus. The President awards the CARE Coupons based on employee accomplishments or outstanding performance.

Employees receive a Service Award for every 5 years of service. Annually, the HR Department sends the College a list of Service Award employees. The College then plans a special celebration honoring the employee and their guest for their years of service. The College budgets annually for this celebration. Through HR, employees are provided with a catalog from which they can select a gift based on their years of service. Service year certificates are awarded to all recognized employees.

The President and the academic Deans work with the Human Resource Department to collect data to evaluate current market salaries for each job classification to determine the employee's annual compensation package. The annual salary adjustments are based on current market compensation for each position, current financial status of OSF SFMC, and satisfactory performance of the employees. The staff compensation decision is made in November, following the submission of all personnel annual evaluation. Salary adjustments for staff are made in December. Faculty annual adjustments are made in March, to be effective the beginning of the next academic year. Full-time employees are eligible for an annual Team Award which is based on achievement of set targets by OSF SFMC.

The College has a process in place for faculty promotion. The Faculty Promotion policy enhances the quality and effectiveness of education by upholding the highest standards of teaching, community service, and scholarly activity. Faculty submits request to the Faculty Promotion committee which reviews the submitted materials, acts on the requests and makes a recommendation to the President. The President then reviews the materials, acts on the request and makes a recommendation to the College Board who makes the final approval. Faculty may also use the established policy to request a sabbatical in order to enable them to pursue academic interests that contribute to the educational goals of the College. The Faculty Sabbatical Policy outlines the process for requesting a sabbatical. Both the Faculty Promotion and

Faculty Sabbatical Policies are published in the *Faculty Academic Handbook* (<http://www.sfmcon.edu/pdfs/faculty-academichandbook.pdf>).

Faculty and staff may enroll in the medical and dental plan, and receive life insurance and retirement benefits through OSF SFMC. As discussed, OSF SFMC offers tuition reimbursement for faculty and staff for 18 credits annually for course work available through the HR Department. After acceptance into a doctoral program, faculty receives \$5,000 each year for three years to provide support for doctoral studies. Other benefits include OSF SFMC negotiated employee discounts at a variety of businesses, hotels, and restaurants. The professional benefits align with Categories One and Two by giving financial support for faculty and staff to learn more about enhancing student learning and how to implement strategies to support student learning.

**4P12. Motivation of your faculty, staff, and administrators.** Managers are responsible for recognizing and handling motivational issues relating to job performance. The College uses the Exceeding, Achieving, or Underachieving (EAU) process through OSF SFMC HR. In this process, each employee is evaluated on established criteria related to job performance and categorized as an E, A, or U. The intent of the process is to identify underachievers and work with them to move them to the achieving level; work with achievers to move them towards exceeding; and provide motivation and tools to retain the exceeding employees. Job coaching and development activities are the primary approaches used, with the possibility for disciplinary action if underachievement persists. Employee rounding is another mechanism used to identify issues and develop plans of action to resolve issues.

The College Senate with its multiple standing committees provides a collegial atmosphere for employees to participate in planning activities and to discuss issues of concern, including motivation. The President conducts an employee communication forum every month. Over the last several years, the College administration has worked on developing a culture of transparency to improve communication. The Deans meet with faculty teaching junior and senior courses and graduate courses two to three times each semester. A student support services group, which is a non-College Senate group, meets every other month to determine key issues related to the implementation of support services policies or procedures. Strategic planning groups made up of faculty and staff across the institution have worked on processes relating to mentoring, diversity, research, and workload credit for scholarly activities which were identified during the strategic planning process. These groups provide communication channels for employees to study issues, prepare processes, and propose courses of actions for resolution of issues. When concerns are discussed and formal actions are needed, the actions are carried forward through the shared governance structure (Category Five).

**4P13. Employee satisfaction, health and safety, and well-being.** Every two years all personnel participate as a department of OSF SFMC in the Morehead Employee Satisfaction Survey. Employees rate, on a five-point scale with five being the highest, their perception of the performance of the College in the areas of commitment, and satisfaction with coworkers, manager, and organization. They also rate the importance of each item. The Institutional Effectiveness and Assessment Specialist presents the survey results for discussion in a College Senate meeting. The group discusses the strengths and weaknesses from the survey results, identifies issues for improvement, and makes recommendations for consideration by administration.

The Organization domain of the Employee Satisfaction Survey provides information on safety, health, and well-being of employees. The College provides periodic ergonomic assessments to ensure safety and health of employees. As part of the Employee Rounding process, employees are asked if they have the needed tools for their job. As a component of health and safety, the College employs a Health Nurse whose duties and responsibilities include:

- Providing information to ensure health and well-being in the form of print materials and sponsored programs at the College which are open to employees and students.
- Coordinating with OSF SFMC TB immunization requirements and wellness screening events.
- Coordinating fire prevention through regular fire inspections, fire drills, evacuation coordination, and follow-through with resolution of any issue found.

Other health and safety strategies provided by OSF SFMC to all employees:

- Annual comprehensive health evaluations including a wellness profile and laboratory. This includes follow-up from Occupational Health wellness counselors to develop a plan for the employee.
- Annual influenza vaccines available to all employees and students at no charge.
- Comprehensive medical and dental plan available through Human Resources. Rates are determined based on the enrolled plan and are paid through payroll deduction.
- Behavioral Health Advantages Employee Assistance Program, which provides consultation, individual, couple and family counseling.
- Heart Math programs for stress reduction and management.
- Weight reduction programs.
- Smoking cessation programs.
- Self-defense and personal safety programs.
- Evaluation of office, classroom, and hallway lighting and office ergonomic issues.

The President works with a group responsible for various aspects of safety to provide a safe and healthy environment for students, employees, and visitors. A Campus Emergency Operations Plan was developed and is distributed to all employees. As a component of the plan annual emergency drills or table top drills are conducted on safety issues. Campus safety and security is a priority for the College. Any employee can report health and/or safety issues to any member of administration, in the Communication Forum, by letter, or through email. A condensed safety brochure was developed and is distributed to all employees and students annually.

Another process to provide for the safety and well-being of employees is through the process of employee completion of mandatory educational programs on specific topics. Annually, employees are required to complete online educational programs related to fire safety, infection control, hazardous materials, and emergency management.

**4R1. Performance Measures.** The College collects and analyzes data relating to valuing people from: (1) Morehead Employee Satisfaction Survey, which measures the College as a department of OSF SFMC in the following domains: commitment, and satisfaction with coworkers, manager, and organization; and (2) information on participation in training and development programs collected annually and reported in the *Annual Report*. The College needs an employee satisfaction survey that allows the College to compare itself with other colleges in addition to the Morehead Survey.

**4R2. Performance Results.** Figure 4-1 shows the results of the commitment score and satisfaction with coworkers, manager, and the organization. The 2007, 2009, and 2011 Morehead Employee survey results identified the College as placing in Tier 1. This is the highest level attainable on the survey indicating an overall high level of satisfaction. The following strengths were identified for 2011, which are defined as high performance and high importance:

- The person I report to treats me with respect.
- I would recommend our facility as a good place to work.
- Our facility cares about employee safety.
- Our facility conducts business in an ethical manner.

- Our facility is respected in the community.

**Figure 4-1: College of Nursing Employee Commitment Indicator Compared to OSF SFMC**

	2007		2009		2011	
	CON	OSF SFMC	CON	OSF SFMC	CON	OSF SFMC
<b>Total Commitment Score</b>	4.08	4.09	4.46	4.25	4.46	4.14
<b>Employee Satisfaction with coworkers</b>	3.94	3.92	4.42	4.08	4.38	4.05
<b>Employee Satisfaction with Manager</b>	3.85	3.84	4.24	3.94	4.29	3.89
<b>Employee Satisfaction with the Organization</b>	3.73	3.74	4.21	3.98	4.28	3.95

Ratings on a 1 to 5 scale with 5 being high

The 2011 Morehead Employee Satisfaction results revealed the following areas of concern, which are defined as low performance and high importance:

- My pay is comparable to other healthcare employers in this area.

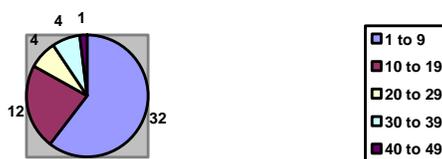
Annually, faculty and staff report on the workshops and conferences attended. Figure 4-2 shows employee participation in development programs. Beginning in 2006, dedicated funds were provided for professional development. In 2010, registered nurse license renewal requirements related to continuing education changed. Due to the change, all faculty attended a minimum of at least one development program during the year. The College did not track this data during 2010-2011.

**Figure 4-2: Professional Development and Advancement**

	2007-2008	2008-2009	2009-2010	2010-2011
<b>Faculty Development Programs Attended</b>	71	64	44	--
<b>Faculty Attended</b>	19	22	18	--
<b>Professional Staff Development Programs</b>	10	7	7	19
<b>Professional Staff Attended</b>	3	4	6	6
<b>Faculty Promotion</b>	3	3	2	4

Another measure reflecting employee satisfaction is years of continuing service. Sixty-two percent of the full-time employees are new to the College over the past ten years in response to the increase in enrollment, resignations, and retirements (Figure 4-3). Of the full-time employees who have worked at the College for one to nine years, over half have been at the College for five or more years. Thirty-eight percent of employees have been working for the College for 10 or more years. Over the last five years, three of the part-time faculty, the previous Health Nurse, and two graduate assistants have transitioned into full-time faculty positions.

**Figure 4-3 Number of Full-Time Employees' Years of Service**



Another indicator of valuing people is the retention rate of employees at the College (Figure 4-4). The reasons for faculty and staff leaving have included transition from education to practice, moves that

resulted in seeking employment closer to home, higher salary at another educational institution, and retirement.

**Figure 4-4: Retention Rates (%) of College Employees**

Year	Administrators	Full-time Faculty	Professional Staff & Staff
2009	100	91	89
2010	100	100	100
2011	60*	86	95

\*Two of five administrators retired in 2011

**4R3. Productivity and effectiveness.** A primary indicator of productivity and effectiveness is the overall growth of the College. Student enrollment in both programs has increased the past four years to a high in spring 2012 of 602 students – 380 BSN and 222 MSN and DNP. In 2001, the College enrolled the first students in the new MSN program. Since that time, the graduate program has grown to 10 options. In 2009, the first students enrolled in the DNP program. Over the past four years, 604 BSN, 102 MSN, and 3 DNP students have graduated. Semester credits hours attempted show a steady increase over the years reflecting increased growth and tuition revenue for the College (Figure 4-5).

**Figure 4-5: Semester Hours Attempted**

Semester	BSN	Graduate	Total
Fall 2007	4330	528	4858
Spring 2008	4355	507	4862
Summer 2008	519	253	772
Fall 2008	4245	612	4857
Spring 2009	4434	631	5065
Summer 2009	283	356	639
Fall 2009	4420	794	5214
Spring 2010	4519	734	5253
Summer 2010	295	334	629
Fall 2010	4250	782	5032
Spring 2011	4427	815	5242

The EAU analysis results for the College's 70 employees show that the College has no employees at the Underachieving level. There are 27 (39%) at the Achieving level and 43 (61%) at the Exceeds level. The goal is to move employees from the Achieving level to the Exceeds level.

At a time when there is a critical shortage of nurse faculty, in the last two years the College attracted five new qualified full-time faculty and hired one additional staff member. Additionally, qualified part-time adjunct clinical faculty has increased to 19. For FY 2011, 92% of full-time faculty workload ranged from 24-25 credit hours with 100% teaching between 23 and 25 credits.

In FY 2011, of the current full-time faculty, 40% have completed an earned doctorate with a mean of 11 years of teaching experience. An additional six (18%) faculty are currently enrolled in doctoral programs. Two graduated in May 2012 and four are projected to graduate in 2013. Fifty-five percent of the faculty holds national certifications as advanced practice nurses, in specialty organizations, or as a National League for Nursing Certified Nurse Educator.

**4R4. Comparative results.** The College tracks faculty salaries to use as data for making competitive faculty salary proposals. Figure 4-6 shows average salary data by rank from 2010 and 2011 IPEDS

Feedback Reports and the American Association of Colleges of Nursing comparing the College to the selected comparison group.

**Figure 4-6: Faculty Salaries and Comparison Group**

Fiscal Year	2009-2010			2010-2011		
	CON Mean	IPEDS	AACN Median*	CON Mean	IPEDS	AACN Median*
<b>Professor</b>	\$72,852	\$95,565	\$76,818	\$74,098	\$92,070	\$73,183
<b>Associate Professor</b>	\$68,616	\$71,175	\$69,457	\$59,708	\$73,775	\$66,500
<b>Assistant Professor</b>	\$59,235	\$61,366	\$65,448	\$61,057	\$61,866	\$61,715
<b>Instructor</b>	\$52,385	\$49,842	\$54,570	\$53,147	\$52,785	\$60,353

\*FT Nurse Faculty in Midwest Region, Religious Institution, Doctoral Preparation

The Employee Satisfaction Survey was compared with OSF SFMC. See Figure 4-3, which shows a close comparison between the College and the OSF SFMC on all measures. The College is collaborating with other similar Colleges in the American Health Sciences Education Consortium (AHSEC) who use the Morehead survey to develop a benchmark process to share results.

Over the last four years that the Mission Integration program has been offered to employees, the participation rate for the College employees has been 96% or greater. For completion of the educational programs online related to health and safety issues, the programs were completed by 97% or greater of all employees.

**4I1. Recent improvements.** The College has systematic and comprehensive processes in place for valuing people. The College continues to need to find a mechanism to survey employees that will provide comparative data with other colleges. Recent improvements made in this area include:

- Revision of New Employee Orientation into a more comprehensive formal ongoing process.
- Action Project which developed a comprehensive Diversity Plan that focused on “celebrating our differences” and inclusiveness.
- Development of formal succession planning guidelines and process.
- Development of Campus Emergency Operations Plan with ongoing annual table top or live drills. Copies are distributed to all employees.
- Initiation of Campus Alert System using SONIS database.
- Initiation of President’s communications forums to dialog and communicate among all College personnel.
- Development and implementation of a formal Faculty Mentoring Program.
- Revision of Faculty Selection process to improve selection of most qualified candidate based on teaching abilities.
- Initiation of formal department Employee Recognition program with funding coming from OSF SFMC HR Department.
- Use of EAU process and program for dealing with key issues related to motivation and job performance.

**4I2. Selection of processes for improvement.** The College improves processes by identifying the need for change through meetings, the communication forums, and feedback from students, faculty, staff, and surveys from graduates, alumni, and employers. The College reviews results of measures of Valuing People annually. The College sets improvement targets and incorporates these into the strategic measures for the upcoming year. Priorities are set by the faculty and staff based on the Strategic Plan. When issues

are identified, the administrative staff delegates the issues to the appropriate individual, department, or standing committee for research, benchmarking, and recommendations. Recommendations related to policies and procedures are sent to the College Senate for approval, then to the College Board.

### Category Five: LEADING AND COMMUNICATING

**5P1. Mission and values defined.** The College's Mission describes who we are, why we exist, and states the value of the College to students, graduates, healthcare, and the community. The Philosophy consists of statements of beliefs about the person, health, professional nursing, society, environment, caring, and education. The Value statements flow from the Mission and Philosophy and serve to: support the Mission and Philosophy, provide direction for the day-to-day activities and decisions, specify how individuals should behave, and provide meaning to each person's work. The College's Mission was initially developed by the faculty and staff at the College in 1985 with the start of the baccalaureate program. The Mission was revised by the faculty and staff in 2000 to reflect the addition of graduate programs at the College. The College Values were developed by the faculty and staff and revised and approved in 2007. Review of the Mission, Philosophy and Values is part of the SPEAOP plan. They are reviewed every five years unless a revision is made earlier. The review is conducted by the Curriculum and Graduate Committee and approved by College Senate. Once approved by College Senate, they go to the Educational Affairs Committee of the College Board and then to the Board for full approval. The final approval for the Mission and Values is provided by the OSF Healthcare System Board of Directors to ensure that the College Mission and Values is in alignment with the System Mission and Values. A revision of the Mission and Philosophy is in process related to the curriculum revision for the undergraduate program. The revisions go to the College Board for approval in June 2012.

**5P2. Setting directions and alignment.** The Mission, Vision, Core Values of the College, and internal and external environmental factors are the driving forces that leadership uses to set direction for the College. These are continually considered during strategic planning sessions as guides for the development of objectives and goals for the College. The College has identified "a continuing tradition of excellence in nursing education" as its brand and keeps it in the forefront when setting direction and making decisions. Improvement plans are generated by tactic groups through the strategic planning process. Once improvement plans are identified, resources are allocated through the budgeting process. The President has the responsibility for the day-to-day operation of the College and is the leader for the future direction of the College. The President works with the College Board, other administrators, faculty, and staff to ensure that the College provides "a continuing tradition of excellence in nursing education." Faculty, staff, and student participation in the governance structure at the College ensure that the needs and expectations of these stakeholders are included in the decision making and direction of the College.

Leadership has also used the College's involvement in AQIP as a mechanism to set direction. Through the All-College Meetings held to make the decision to become an AQIP institution and the subsequent All-College Meetings to sustain the process, all employees have been involved in discussion and decision making related to the College and the strategic direction it should take. The AQIP Action Projects are in alignment with the Mission and Core Values in that the projects focus on improving service to the students, helping students learn, increasing funding to provide additional opportunities for education such as scholarships, and improvements for students such as facility renovation.

The decision to improve student learning by the development of courses within existing programs or the revision of current programs or courses is made based on data gathered from studying trends and the literature in nursing, higher education, and the healthcare industry. A needs assessment is conducted by surveying current students, alumni, potential employers, and prospective students, to gather data to determine the interest and need for a new program such as Nursing Management Leadership and Family Nurse Practitioner options in the MSN Program. The faculty uses the Course Proposal Guidelines policy

to develop new courses for an existing program. Course objectives need to be in alignment with the program objectives. When changes are made, and SBARO and the proposal are taken to the Curriculum Committee if the new course is for the BSN program and to the Graduate Committee for a course for the graduate program. Revisions in course content are submitted to the Curriculum or Graduate Committee for initial action. The committee recommendations are taken to the College Senate for final approval. Decisions related to revision of content or additions of a course are made considering the impact that these changes will have on other courses and a rationale for how the change will improve student learning. All new program options have a substantive report submitted for approval from the NLNAC.

**5P3. Directions and stakeholder needs.** Leadership also considers the needs and expectations of students and key stakeholders when setting directions. Feedback from these groups is gathered through regular surveys with the groups. BSN students complete the Noel Levitz SSI, EBI End of Program Survey, and CSEQ annually. MSN and DNP students complete the graduate satisfaction survey at the end of the program of study. Data is analyzed to determine gaps and levels of achievement that are below the College's established levels of achievement. Results from the surveys are shared with the appropriate personnel and used to identify goals and areas for improvement. The College has a current Action Project underway which is the development of an Advisory Board to gather feedback from external stakeholders.

**5P4. Leaders guidance in seeking future opportunities.** Building and sustaining a learning environment for students are evident in the College Mission, Vision, Philosophy, and Core Values. Leadership, faculty, and staff are committed to student learning which is evident in Strategic Plan 2010-2015 which is focused on Quality Education, Growth, Service Excellence, Community of Caregivers, and Financial Stewardship (Category 8). AQIP Action Projects are another mechanism for building and sustaining a learning environment. One project is currently focused on incorporating Quality and Safety in Education in Nursing competencies and activities within the BSN curriculum. A previous AQIP project focused on developing a state-of-the-art Nursing Resource Center and developing and implementing a plan to incorporate simulation learning activities across the curricula of both programs. This evolved into obtaining a grant from the Illinois Board of Higher Education to pilot a project of increasing enrollment and using simulation as a clinical experience. This is in response to the nursing shortage and shortage of clinical sites available for student use.

The College Board through the recommendations of the Long-Range Strategic Planning Committee provides leadership for future opportunities for the College by helping to set the strategic direction of the College. The College Board, whose members are leaders in nursing, education, healthcare, and finance, are active in advising and directing the College. The College Board also participates in the formal strategic planning process that occurs every other year.

**5P5. Decision making.** The formal decision making structures are the College Board and the College Senate. The decision making process often starts with the standing committees who develop recommendations based on suggested changes or in areas identified by functions in the Bylaws. The standing committees use data collected from measures identified in the SPEAOP. The data is analyzed and compared to the established level of achievement. When data show that the College is below the level of achievement, recommendations for new processes or policies may be developed. The recommendations from the standing committees are then taken to the College Senate. The recommendation is acted on by the voting members of the College Senate. Decisions from the College Senate are then taken to the College Board for final action and approval as identified in the College Board Bylaws. Examples of decisions made with the formal decision making process include curriculum development and approval, new MSN program options, student policies, admission standards, and personnel policies.

In 2004-2005, the organizational structure of the College was reviewed and restructured. A Leadership Team consisting of administrators and key professional staff leaders was developed. The purpose of the

Leadership Team is to contribute to the tradition of excellence in nursing education at the College by supporting the operation of the College processes and programs and providing direction and feedback to College Senate and standing committees, and staff relating to the processes for the implementation, accountability and communication of policy changes, program options, and strategic directions. The team meets every other month. The roles and responsibilities of the team include: coordinating efforts to integrate students support and academic services from inquiry through alumni; exploring trends in health care, nursing, and education, to monitor whether the College is current and make recommendations for change to College Senate; reviewing the success of the Strategic Plan and SPEAOP and making recommendations to the College Senate as needed to effectively deal with areas in need of improvement; and assisting the President in defining administrative and strategic direction for the College, faculty, and staff.

Informal decision making processes exist within the College. Informal decisions are made by groups that are formed under the direction of the President or through a standing committee for a specific intent or are dedicated to a specific task within established College policies. Membership of the groups consists of faculty, staff, and students with expertise or interest in the focus of the group. Informal decisions made by groups that are formed are taken back to the appropriate standing committee or President for approval. Examples of informal decision making processes include event planning such as graduation or alumni weekend, recruitment strategies, identification of target dates for student services activities, and hours of operation of the College offices and buildings.

**5P6. Use of data, information, and performance results.** The College is committed to making data driven decisions. During the strategic planning process, data from student surveys, SPEAOP measures, environmental scans and SWOT analysis are analyzed. The analysis results are used to make decisions for the strategic direction of the College and to identify specific objectives, tactics, and measures for the Strategic Plan. Through the strategic planning process, the College sets annual goals and expectations. These goals and expectations are implemented by faculty and staff. Faculty and staff volunteer to work as a group member to implement the strategies and tactics of the Strategic Plan. The groups report their findings and recommendations each semester. Using the group reports, the President prepares an annual evaluation of the Strategic Plan and presents recommendations for change to the College Senate. The reports are also posted in the Strategic Plan on the intranet to provide access to all employees. Key leaders at the College complete 90-Day Action Plans that are submitted to the President. The 90-Day Action Plans are based on the goals that the leader is responsible for from the Strategic Plan.

The College has become more involved in using the Six Sigma process for decision making related to select projects. The College used the Define Measure Analyze Implement Control (DMAIC) decision making methodology related to a Green Belt project focused on leveraging technology to improve processes in the student services areas of Admissions and Student Finance. The College conducted a Six Sigma project that studied the loss of potential undergraduate students from acceptance to presence in class when the school year begins. As a result of this project, the College increased scholarships for incoming students.

The College uses a variety of other mechanisms to collect data for decision making. The type of data gathered and data gathering process are dependent on the decision to be made. The SPEAOP identifies sources of data gathered to measure accomplishment of program goals and objectives and accreditation standards. Other data used to make decisions is gathered through employee surveys, student satisfaction surveys, end of program surveys, and financial stability. The data is analyzed and compared to established levels of achievement. Data on many institutional measures is reported and shared with stakeholders in the College's *Annual Report*.

**5P7. Communication in the organization.** The College values open and honest communication. The lines of communication on the Organizational Chart (Overview O1) show how communication occurs at the College. The College Senate is integral to downward, upward, and two-way communication. Information conveyed during the College Senate meeting is taken back to departments and shared with members who do not attend the Senate Meetings. Minutes from the College Senate and all standing committees are kept and posted on the shared drive where they are accessible to all faculty and staff. The regularly scheduled Communication Forums led by the President provide a mechanism for communication for all employees. Figure 5-1 shows the formal and informal communication mechanisms at the College.

**Figure 5-1: Communication Mechanisms**

<b>Formal Verbal Communication Systems</b>			
<b>Method</b>	<b>Frequency</b>	<b>Purpose</b>	<b>Audience</b>
Communication Forums	Monthly	Communication information; brainstorming and exchange of ideas concerning College issues and concerns	Faculty and staff
Leadership Team meetings	Semi-Monthly	Communication information; brainstorming and exchange of ideas concerning College issues and concerns, strategic planning	Leadership Team
Student Services Support Group	Every other month	Communication information; brainstorming and exchange of ideas concerning issues and concerns related to students	Professional staff and key staff working in Student Services areas
College Senate	Twice per semester	Conduct formal business of College; communication information on mission, values, expectations; brainstorming and exchange of ideas related to College issues, concerns, and operation; act on recommendations from standing committees	All full- and part-time faculty and staff members as identified in Bylaws
Junior/Senior Meetings	2-3 meetings per semester	Discuss issues related to courses within level; communication information; brainstorming and exchange of ideas related to teaching	Junior or senior course members led by Dean of the Undergraduate Program
Student Communication Forums	Twice each semester	Communication information; brainstorming and exchange of ideas related to student issues	All students
One-on-one interviews	Annual Performance Appraisals	Structured input related to past performance, performance expectations and goal setting	All employees
Committee meetings	As needed	Formed in a variety of ways for the accomplishment of specific tasks related to College business	All employees
Strategic Planning Group meetings	As needed	Analyze trends and data to set the strategic direction for the College	All employees, College Board members, key stakeholders

<b>Formal Written Communication Systems</b>			
<b>Method</b>	<b>Frequency</b>	<b>Purpose</b>	<b>Audience</b>
College Catalogs	Revised bi-annually	Communicate academic information	Current and prospective students
Handbooks	Revised bi-annually	Communicates policies and information	Students, employees
Committee Minutes	As needed	Communicates and summarizes committee business	Faculty and staff as appropriate
Notes from Greenleaf	Three times per year	Communicate information on College; highlight accomplishments and recent events; employee and alumni recognition	Employees, alumni, external stakeholders
Student Connection	Two times per year	Communicate information from student service areas; information on new policies	Students, employees
Email, OSF Community through eCollege, Portal, and written communication to all employees	As needed	Communicate matters affecting the College	All employees and students
<b>Informal Communication System</b>			
<b>Method</b>	<b>Frequency</b>	<b>Purpose</b>	<b>Audience</b>
Voice Mail, Ad Hoc Meetings, Text message warnings, Bulletin Boards, CON portal, CON Facebook page, Conversations/ Casual Setting	As needed	Varied	Varied based on message purpose

In 2007, the College began studying the use of the SBARO as a formal communication mechanism. SBARO stands for Situation, Background, Assessment, Recommendation, and Outcome/Owner. Any committee or individual recommending a change, new policy, etc. completes an SBARO to communicate the data and information in a formalized, standardized process. SBAROs are tracked on the College portal by the Institutional Effectiveness and Assessment Specialist to ensure process owners are identified, metrics for evaluation are present, and a communication plan is in place to close the feedback loop.

**5P8. Leader communication.** Communicating a shared Mission, Vision, Core Values, and performance expectations are part of developing and implementing the Strategic Plan (Category Eight). All faculty, staff, Board members, select students, and external stakeholders are part of the all College strategic planning process. Leaders also communicate this information through formal communications, electronic communications, campus-wide meetings such as the all employee strategic planning and AQIP Update meetings, and through meetings of the standing committees and College Senate (See Figure 5-2). The College posts its Mission, Cores Values and Strategic Direction and Goals as a framed document throughout the College facilities as a mechanism to communicate these and keep them in the forefront of students, employees, stakeholders, and visitors minds. New students are introduced to the Mission and

Values during New Student Orientation and during their first formal nursing course. The Mission, Vision, and Core Values are found in all College catalogs and handbooks and on the website. Another mechanism for communicating values to employees and students in the College is through the practice of beginning all meetings and classes with a reflection or prayer.

**5P9 Encouragement of leadership abilities.** Leadership abilities are encouraged, developed, and strengthened among employees in a variety of ways. Faculty and staff participation in committees and projects provides a mechanism for development of leadership abilities. In 2007, the College Senate approved the development of a co-chairman position for the major standing committees. This provides an opportunity to informally mentor the co-chair to improve their ability to accept chairmanship of the committee for the following term. When the College was developing its AQIP Steering Group and putting together a team to attend the Strategy Forum, it sought individuals from administration, faculty, and staff to become involved and develop as leaders of the quality improvement movement at the College. AQIP committees include faculty and staff across the College as well as students.

The members of the Leadership Team attend quarterly sessions on development of leadership abilities through OSF SFMC. These programs focus on developing skills, leadership potential and talents of employees; having difficult conversations with employees; positive discipline and coaching; employee reward and recognition; and improving retention of employees. Assignments are given and behaviors learned are incorporated into daily activities. For example, quarterly rounding on employees was implemented at the College after the Leadership Development program. Rounding provides the leader/manager with the opportunity to meet with individuals to find out what is working well and what processes need improvement. At this time, employees are able to identify other employees who should be recognized for outstanding work.

The Learning Academy of OSF SFMC provides programs for development of leadership skills to all employees. Programs are offered throughout the year on a variety of topics such as: conflict management; development of operational and capital budgets; communication skills; Six Sigma process; and recognition, reward, mentoring, hiring and retention of employees. All employees are eligible to attend these programs at no charge.

Faculty and staff are encouraged to attend national conferences and workshops and participate in professional organizations to keep current with changes in their field and in higher education. Through attendance and networking, faculty and staff bring back ideas to improve processes at the College. These ideas are shared with faculty and staff at committee meetings and College Senate. The individual employee often assumes leadership of the movement to change or improve policies and processes. This process is supported financially by the College as evidenced by the line item on the annual operational budget for attendance at national conferences, education and training for all employees. Through this mechanism, the College is able to change and adapt to changes in healthcare and higher education.

The annual appraisal process is also used to develop leadership skills. During this process, the individual establishes career and personal goals. At this time, individuals discuss career goals for developing leadership and management skills. Resources to assist the individual are provided as possible such as funding for certification examinations.

**5P10. Preservation of mission.** The College developed a formal succession planning process in 2009. As a part of the plan, new leaders develop personal goals for leadership development. Potential leaders are sent to leadership development programs based on identified needs and goals. The potential leaders spend time with the outgoing leaders to ease the transition into the new role. Also, new leaders are provided the opportunity to work with other leaders at the College to transition the new leader into their position as well as the history, Mission and Vision of the institution, its practices and procedures. New

hires for leadership positions participate in pre-hiring interviews with administration, faculty, and staff to ensure institutional fit.

Administration and leaders of the College participate in the Ministry Development program of OSF SFMC. This program ensures that the Mission of The Sisters of the Third Order of St. Francis, owners of the College, is shared with leaders so that the Mission will be carried on throughout the Corporation. The program consists of an initial three day session that focuses on Mission, Values, and leadership within the scope of the Mission and Values. Each year, participants return for a 1 ½ day program that develops leadership abilities within the Mission. The focus of this year’s program is on “A Culture of Respect for Others.” Leaders return to their work units using what is learned at Ministry Development.

For selection of College Board members, the College Board identifies those members whose terms are complete and other vacancies on the Board that may have occurred. The composition of the Board is considered as the College Board makes recommendations regarding member selection and succession. As a component of developing College Board members, new Board members are invited to a College Board Orientation. The College Board developed an emeritus board position to invite past Board members to remain involved with the Board once their term of membership has been reached. This provides continued input from strong community leaders. A College Board Manual has also been developed.

**5R1. Performance Measures.** Administrators are evaluated through a formal 360° evaluation every other year. This survey includes questions about the individual’s relationship to leadership and professional improvement. It also provides an opportunity for invited evaluators to identify areas needing improvement. Faculty evaluate the President and Deans annually. The Morehead Employee Satisfaction Survey is administered every two years and asks questions related to management. Broad measures of leading and communicating are the College’s success in carrying out its Mission, Vision, Core Values, and Goals and the satisfaction and retention rates of employees. One item on the EBI Survey asks students to rate their satisfaction with “responsiveness of the program administrators to students concerns.”

**5R2. Performance Results.** Results related to employee retention and satisfaction are found in 4R2. The Employee Satisfaction Results for satisfaction with their manager and satisfaction with the organization are found in 4R2. Additional results for items related to leadership and managers are found in Figure 5-2 which shows the College scores in comparison to the OSF SFMC scores. Scores are based on a 1 (strongly disagree) to 5 (strongly agree) scale. Concerns are identified as items that have a low performance score and a higher percentage of unfavorable responses in relation to the comparison group. The only item in this category that was identified as an area of concern was “I am satisfied with the recognition I receive for doing a good job.” The College is a Tier 1 work unit which means that overall workforce commitment is very high and there are minimal opportunities for action planning. The focus is on working to maintain this high level of workforce commitment.

**Figure 5-2: Results of Morehead Employee Satisfaction Survey Related to Manager**

	2007		2009		2011	
	CON	OSF SFMC	CON	OSF SFMC	CON	OSF SFMC
<b>The person I report to encourages teamwork.</b>	4.21	4.01	4.41	4.14	4.46	4.10
<b>The person I report to treats me with respect.</b>	4.23	4.09	4.60	4.18	4.59	4.13
<b>The person I report to involves me in making decisions.</b>	4.04	3.56	4.11	3.68	4.20	3.61

<b>I am satisfied with the recognition I receive for doing a good job.</b>	3.49	3.45	3.76	3.60	3.75	3.55
<b>The person I report to communicates important information in a timely manner.</b>	4.00	3.70	4.24	3.83	4.22	3.85
<b>I respect the abilities of the person to whom I report.</b>	4.13	3.99	4.62	4.10	4.69	4.05
<b>I have confidence in senior management's leadership.</b>	--	--	4.11	3.72	4.27	3.70

The Morehead Survey reports a readiness score for the College. This score indicates the readiness of the employees to work with the person they report to during the action planning process. In 2007, the readiness score was 83 indicating a moderately high readiness, in 2009 the readiness score was 89 indicating that employees are likely ready and in 2011, the readiness score was 91 indicating that employees are definitely ready. The College has shown a continued increase in its readiness scores indicating that employees have increased their readiness to work with leadership during action planning.

Years of service and retention rates of employees are presented in 4R2. Results related to the College achievement of its Mission and Goals are found in the students' achievement and satisfaction results in 1R2, 1R3, 1R4, and 2R1.

The results from the 360° evaluation process are used by the individual administrator to prepare their annual appraisal and identify areas for improvement. The faculty and staff ensure that their personal goals on their Annual Appraisal are in alignment with the College goals and expectations. Figure 5-3 shows the 360° Feedback for the President of the College that was collected in 2011. Growth areas were targeted for development as the current President was involved in the succession planning process during 2010-2011.

**Figure 5-3: 360° Feedback for President – 2011**

<b>Group</b>	<b>Strengths</b>	<b>Growth Areas</b>
Supervisor	<ul style="list-style-type: none"> <li>• Developing a Community of Caregivers</li> <li>• Building Successful Teams</li> <li>• Pursuing Perfection in Healthcare Quality, Safety and Service</li> </ul>	<ul style="list-style-type: none"> <li>• Championing Change</li> <li>• Translating Strategy into Action</li> <li>• Fostering Innovation and Improvement</li> </ul>
Peers	<ul style="list-style-type: none"> <li>• Living the OSF Mission, Values and Vision</li> <li>• Leading with Integrity</li> <li>• Empowering and Delegating</li> </ul>	<ul style="list-style-type: none"> <li>• Coaching and Mentoring</li> <li>• Applying Healthcare Business Acumen</li> <li>• Pursuing Perfection in Healthcare Quality, Safety and Service</li> </ul>
Direct Reports	<ul style="list-style-type: none"> <li>• Fostering Innovation and Improvement</li> <li>• Living the OSF Mission and Values and Vision</li> <li>• Leading with Integrity</li> <li>• Continuous Learning</li> </ul>	<ul style="list-style-type: none"> <li>• Pursuing Perfection in Healthcare Quality, Safety and Service</li> <li>• Coaching and Mentoring</li> <li>• Applying Healthcare Business Acumen</li> <li>• Defining Service Strategy</li> </ul>
All	<ul style="list-style-type: none"> <li>• Living the OSF Mission, Values and Vision</li> <li>• Leading with Integrity</li> <li>• Empowering and Delegating</li> </ul>	<ul style="list-style-type: none"> <li>• Pursuing Perfection in Healthcare Quality, Safety and Service</li> <li>• Coaching and Mentoring</li> <li>• Applying Healthcare Business Acumen</li> </ul>

The EBI survey is given to students at end of the program. One item is related to leading at the College (Figure 5-4). The College's level of achievement is that student ratings on items are at 5.5 or above.

**Figure 5-4: AACN EBI Education Exit Assessment – BSN Students**

Item	2009-2010			2010-2011		
	CON Score	Six College Comp Group	Carnegie Class Comparison	CON Score	Six College Comp Group	Carnegie Class Comparison
Responsiveness of the program administrators to student concerns	5.55	4.51	4.56	4.99	4.61	4.51

The President held four Climate Assessment luncheons with student representatives during 2011-2012. Each luncheon invited 12 students to participate. There were 8-10 students in attendance at each session.

**5R3. Comparison results.** Comparison data for student achievement and satisfaction, where available, are found in 1R2 through 1R4, 2R2, 5R2, 6R2 and 6R3. Comparison data is currently available for employee satisfaction with leadership and managers through the Morehead Employee Survey. The College is compared to other units within the OSF SFMC organization. In all areas in 2009 and 2011, the College had higher satisfaction scores than OSF SFMC. The College is collaborating with other similar Colleges in the American Health Sciences Education Consortium (AHSEC) who use the Morehead survey to develop a benchmark process to share results.

**5I1. Recent improvements.** The College’s movement into AQIP and a focus on quality improvement contributed to the College’s review of processes for improvement. AQIP Action Projects were formed based on processes identified that needed improving. This focus on quality improvement is carried through in the strategic planning process. The College Senate and standing committees work together to establish goals that are in alignment with the strategic goals. The leadership at the College is committed to “the continuing tradition of excellence in nursing education” that was started over 100 years ago. Recent improvements in this area include:

- Development of formal succession planning process and guidelines.
- Transition of the College to a new President and Dean of the Undergraduate Program in summer 2011 using the succession planning process.
- Consistent use of SBARO as a formal communication and decision making process.
- Implementation of the President’s Climate Assessment quarterly meetings with students.
- Implementation of the formal faculty mentoring program.
- Increased budgetary funding for employee development.

**5I2. Selection of processes for improvement.** Improvement targets and priorities are established through the strategic planning process as a collaborative effort of the College Board, administration, faculty and staff. Recommendations from AQIP Action project teams and standing committees as well as analysis of assessment data and feedback from students are used by the College Senate to establish improvement targets as priorities. The targets and priorities are in alignment with the College Mission and Core Values.

Communication of priorities and improvements is done through verbal and written reports to the College Board, faculty and staff. The President shares information with employees during the Communication Forums and College Senate meetings. Communication with students is done through Student Communication Forums and through Student Senate. Updates are also communicated to students and alumni in the *Student Connection* which is published twice a year and in *Notes from Greenleaf*, the alumni newsletter that is published three times per year. Publication of achievement of annual goals and

established goals for the upcoming year is published in the College’s *Annual Report*. Changes and updates are also communicated to undergraduate and graduate students through eCollege.

**Category Six: SUPPORTING INSTITUTIONAL OPERATIONS**

**6P1. Support service needs of your students.** Data from a variety of informal and formal sources (Figure 6-1) is collected and analyzed in order to identify the student service needs of the students. The College of Nursing has made several advances in identifying support service needs of our students. The College has instituted two new surveys – the Noel-Levitz SSI and the AACN EBI Survey. The results of the surveys are compiled by the IEAS and recommendations are discussed by each student service group, the Leadership Team, or the appropriate standing committees to improve performance, streamline processes, and reevaluate current processes. Faculty and staff attendance at national workshops, meetings, and conferences and review of higher education and college services literature provide other sources for identification of student needs.

Recommendations for policy revisions or new processes are developed by a student service group or standing committees. The recommendations for revisions or new policies are presented to College Senate for discussion, approval, and oversight for implementation and evaluation.

**Figure 6-1: Sources of Data to Identify Student Service Needs**

Source of Data	Frequency	Responsibility
SSI Survey	Annually	Evaluation Committee
EBI Survey	Annually	Curriculum Committee
Student Senate Meetings	Monthly	Administration, Faculty
Student Membership on Standing College Committees	Annually	Administration
President Student Climate Assessment Forum	Twice per Semester	President
CSEQ/End of Program Survey	Every semester at end of student program	Curriculum Committee, Graduate Committee
Alumni Survey	1, 5, 10 years	Evaluation Committee
Mid-Curricular Satisfaction Survey	Every semester	Evaluation Committee
Formal Student Complaints	As needed	Appropriate committee
Strategic Planning Process	Annual	Administration
College Senate	4 meetings/year	Faculty, Administration, Staff
AQIP Action Project Teams	Annually	College Senate
Graduate Program Forums	Every semester	Graduate Dean
Student Services Support Group	Bi-monthly	Administration, student service directors/coordinators

**6P2. Administrative support service needs.** Support service needs for faculty, staff and administrators are identified for each individual, for every office, and within the College of Nursing committee structure. For example, the technology support needs of an individual might be addressed one-on-one while program needs are addressed through the strategic goals of the College. Data from a variety of sources is collected and analyzed (Figure 6-2) in order to identify the administrative support service needs of faculty, staff, and administrators. Administrators at the College conduct employee rounding quarterly. One of the questions asked during the rounding process is if you have the tools you need to do your job. This process provides employees the opportunity to identify support services that are needed. The analysis of current trends in nursing and healthcare, literature review, and benchmark data from other peer

nursing education colleges is routinely performed in order to offer our students the best administrative support services.

**Figure 6-2 Sources of Data to Identify Administrative Support Service Needs**

Source of Data	Frequency	Responsibility
College Senate	4 meetings/year	Faculty, Administration, Staff
College Board	4 meetings/year	Stakeholders
Student Climate Assessment Forums	2 forums/semester	President
Employee Communication Forums	Monthly	President
Standing Committees	4 meetings/year	Faculty, staff, students
Morehead Employee Satisfaction Survey	Every other year	OSF Healthcare, OSF Saint Francis Medical Center
Professional Conferences	As needed	College personnel
Strategic Planning Process	Annual	College personnel, OSF Saint Francis Medical Center
AQIP All-College Meeting	Annual	College personnel, key stakeholders
Leadership Team Meetings	Bi-Monthly	Administrative personnel
Student Services Support Group	Bi-monthly	Administration, student service directors or coordinators

**6P3. Design, maintain, and communicate the key support processes.** The design of the processes begins with the Campus Security Task Force. This committee was developed to oversee the safety and security of the campus. The task force expects safety, efficiency and consistency in all College facilities. The task force proactively addresses safety and security issues that may impact the College stakeholders. This task force develops, maintains and reviews key support processes for physical safety and security. The OSF SFMC Security Department works with the College to ensure safety of College stakeholders 24 hours a day, 365 days a week. The Task Force developed a Campus Emergency Operations Plan. A condensed safety brochure was developed and is distributed to all students and employees annually. It is posted on the College website [www.sfmcon.edu](http://www.sfmcon.edu).

The College has a Campus Security Task Force which is an ad hoc task force of the Campus Violence Prevention Committee and Campus Threat Assessment Team. These teams work in conjunction with OSF Saint Francis Medical Center Disaster Preparedness Committee, OSF Saint Francis Medical Center Security Department and Saint Francis Medical Center College of Nursing Administration. These committees will meet quarterly and as needed to review the annual crime statistics report, and to identify current safety trends, and review and/or revise the Saint Francis Medical Center College of Nursing Emergency Operations Plan and Campus Safety Guides.

The College of Nursing added an Emergency Text Alert process to our SONISWEB System designed to allow administration to communicate quickly with students, faculty and staff in the event of an emergency. In addition, the College has instituted a paging system as a method of notifying students in the event of an emergency. The College is currently working with a project team at the OSF SFMC on the implementation of the eNotify Emergency Notification system. With eNotify, College administration and the medical center's security and emergency communication center will be able to contact the College's students and employees via text messages, email and/or telephone calls of any on-campus emergency situations.

In June 2010, the Campus Security Task Force along with the local Peoria Police Department SWAT team conducted an active shooter drill. As a result of the drill, the task force evaluated the results and fine-tuned the process. Actual or table top drills are conducted annually.

Physical safety and security information is disseminated and maintained through the Campus Emergency Operations Plan (updated annually), student handbooks, postings of emergency procedures in all rooms on campus, emails reminding students of best safety practices, and self-defense classes offered at the College.

**6P4. Manage your key student, administrative and organizational support service processes.**

Student and administrative support service processes are managed on a day-to-day basis beginning with policies and written procedures that progress through each level of the institution from the front-line staff to key administrative leaders. The President, Deans and Assistant Dean lead the major areas of the College: faculty, support services, and institutional effectiveness.

Data from the Satisfaction Surveys are used to improve student and administrative support areas and services both on a formative and summative level. The Institutional Effectiveness and Assessment Specialist and President discuss survey results and findings with the appropriate student service area. Based on the need to investigate other means to measure student satisfaction, the institution started using the SSI and the EBI surveys. (6P1).

Based on the results, processes are reviewed or revised by individual departments to improve service. Concerns are frequently brought to the Student Support Services Work Group for discussion. New policies or processes that are developed are taken to the Leadership Team for input. Final approval for new policies is given by College Senate. For example, students registering for summer session and new students to our program were registering for classes manually. An online registration process was developed and implemented to increase student satisfaction with registration.

As a result of an AQIP Action Project, the College created an Academic Development Center (ADC) to improve student success, retention and satisfaction. The resources of the ADC are made available to all students. "At-Risk" students are referred to the ADC by the faculty as a resource to ensure their success. The ADC, in conjunction with the College Counselor, offers student service support to all students by offering sessions on time management, test anxiety and stress management.

The College recently approved the use of a handheld device for Student Satisfaction to be used in different support services areas within the College. The College recognized the need to adopt a tool to measure student satisfaction in a timelier manner. Information obtained from this tool will be used to make quicker improvements.

The College gathers information and uses methods within the strategic planning process to make changes and plan improvements in support service areas to best serve the students. A key initiative of the 2010-2015 Strategic Plan is Service Excellence. The College evaluates the Strategic Plan goals that have been accomplished along with strategic goals for the upcoming year and incorporates changes in order to make those goals a reality.

Administrative and organizational support needs are managed on a day-to-day basis through the College Senate, Leadership Team, Campus Security Task Force, Graduate Committee, AQIP and Action Projects. Organizational support needs are further reviewed through associated Board committees, including the Finance Committee and Strategic Planning.

**6P5. Document your support processes.** Support processes are documented within the graduate and undergraduate student handbooks. The student handbooks are updated annually and distributed to new students at orientation. The student handbooks are also posted on the College's website [www.sfmcon.edu](http://www.sfmcon.edu). In addition, support processes are also documented in the *Faculty Academic Handbook* and *Advisement Handbook*. These handbooks are reviewed and revised as needed every two

years. Students enrolled in online classes at both the undergraduate and graduate level have access to all support services such as finance, admissions, library, technology support, counseling, health and administration.

Individual job descriptions of each position also document support processes. Some student support offices within the college have policy and procedures manuals to document their processes. Support processes are also documented through the work and minutes of the College of Nursing committees. All of the committees have their meeting minutes posted on the college shared drive or portal. The use of the shared drive or portal has improved knowledge sharing for processes and increased capacity for innovation. Several action project teams have implemented the SBARO process to communicate and empower employees to make changes to current processes. The recommendations from the standing committees or student services groups are taken to College Senate for discussion and approval. The College Senate maintains oversight for implementation and evaluation of new policies and procedures.

**6R1. Performance Measures.** Based on feedback from the first Systems Portfolio, the College evaluated the different surveys it uses to collect information and what is done with that information. The College discovered there was redundancy among all the surveys. As a result, the College modified the types of surveys administered as well as developed a feedback loop in order to document improvement measures.

As described in 6P1, the College uses a number of methods to gather information on student services and satisfaction. In addition to the SSI and EBI survey, the College Student Experiences Questionnaire (CSEQ), MSN and DNP Curriculum Satisfaction Survey, and the summary of alumni and employer surveys results are shared with the appropriate standing committees to improve and measure support service processes. The SPEAOP sets levels of achievement for outcomes related to student support services for the surveys mentioned above. OSF SFMC administers the Morehead Employee Satisfaction survey every two years. Results are tabulated for each department and for the Medical Center as a whole. The College of Nursing uses the results of these surveys to improve employee satisfaction, identify administrative and employee needs, and identify areas to target for improvement.

The Academic Development Center collects data on student use, number of referrals, student success and retention. This information is shared at College Senate and improvements are discussed.

The Library and Nursing Resource Center collect data on student usage. The Library collects data on headcount, circulation, and interlibrary loans. The Nursing Resource Center collects data on student usage of the scheduled practice laboratory times. More formal data is collected on these services through the Noel Levitz SSI to provide feedback to specific student service departments.

**6R2. Performance results student support services.** The SSI survey is given annually to all BSN students. The survey measures student satisfaction with various areas of the college and it also asks the student to weight the importance that item has to them. Once the information is tabulated gap scores are generated. A gap score is the difference between the importance and satisfaction with any item. The gap score is repeated in the table. The level of achievement is a gap score less than 1.0. Figure 6-3 shows results for admissions.

**Figure 6-3: CON and Comparison Gap Scores for Admissions/Registration/Recruitment**

Item	2009		2010		2011		Gap Trends
	CON	Comp.	CON	Comp.	CON	Comp.	
Admissions Staff are knowledgeable	0.36	0.93	0.65	0.89	0.66	0.88	
I am able to register for classes I need with few	1.45	1.45	1.55	1.43	1.4	1.40	

conflicts							
Admissions counselors respond to prospective students' unique needs and requests	0.61	0.84	0.69	0.80	1.00	0.80	
Admissions counselors accurately portray the campus in their recruiting practices	0.52	1.09	0.92	1.05	1.02	1.06	
Class change (drop/add) policies are reasonable	0.36	0.85	0.50	0.82	1.20	0.82	
The personnel involved in registration are helpful.	0.58	0.86	0.71	0.83	1.14	0.83	
Online Registration works well	1.62	*	1.75	*	1.59	*	

\*College specific question. No comparison score available.

The gap scores for the SSI Survey with the Student Finance Office are shown in Figure 6-4. The level of achievement is a gap score less than 1.0.

**Figure 6-4: CON and Comparison Gap Score Student Finance Office**

Item	2009		2010		2011		Gap Trends
	CON	Comp.	CON	Comp.	CON	Comp.	
Financial aid counselors are helpful	0.84	1.24	1.28	1.23	1.06	1.23	
Financial aid awards are announced to students in time to be helpful in college planning.	1.14	1.37	1.41	1.35	1.28	1.34	
Adequate financial aid is available for most students	1.57	1.60	1.78	1.60	1.44	1.56	
Tuition paid is a worthwhile investment	1.03	1.62	1.18	1.62	1.38	1.60	
Billing policies are reasonable.	0.96	1.52	1.11	1.51	1.12	1.49	
Student activity fees are put to good use.	1.37	1.43	1.43	1.39	2.01	1.36	

The gap scores for the SSI Survey with the learning resources' services are shown in Figure 6-5. The level of achievement is a gap score less than 1.0.

**Figure 6-5: CON and Comparison Gap Scores for Library**

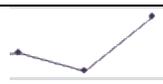
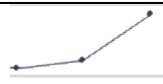
Item	2009		2010		2011		Gap Trends
	CON	Comp.	CON	Comp.	CON	Comp.	
Library Staff are helpful and approachable	0.02	0.25	0.31	0.20	0.28	0.20	
Library resources and services are adequate.	0.18	0.74	0.6	0.69	0.43	0.66	

In-class tutorials on research, database search, and APA is helpful.	1.06	*	1.33	*	1.36	*	
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\*College specific question. No comparison score available.

The results of the SSI Survey with Residence Facilities/Services are shown in Figures 6-6. The College has used this feedback and is in the process of modernizing and updating the building. The gap score is repeated in the table. The level of achievement is a gap score less than 1.0.

**Figure 6-6: CON and Comparison Gap Scores for Residence Facilities/Services**

Item	2009		2010		2011		Gap Trends
	CON	Comp.	CON	Comp.	CON	Comp.	
Living conditions in the residence halls are comfortable	1.15	1.44	0.99	1.38	1.47	1.36	
Residence hall staff are concerned about me as an individual	0.93	0.82	1.15	0.79	1.73	0.78	
Residence hall regulations are reasonable	0.72	1.15	0.63	1.09	1.4	1.08	

The results of SSI Survey with Counseling Services and Student Health Nurse are shown in Figure 6-7. The gap score is repeated in the table. The level of achievement is a gap score less than 1.0.

**Figure 6-7: CON and Comparison Gap Scores for Counseling Services and Student Health Nurse**

Item	2009		2010		2011		Gap Trends
	CON	Comp.	CON	Comp.	CON	Comp.	
Counseling staff care about students as individuals	0.74	.93	0.80	0.90	1.32	0.88	
Counseling staff is available during hours convenient for students	0.60	*	0.58	*	1.27	*	
The staff in health services area are competent	0.36	*	0.52	*	0.74	*	

\*College specific question. No comparison score available.

**6R3. Performance results for administrative support services.** The College uses the EBI survey to monitor students’ opinions on a variety of content that impact performance at the college. The survey contains questions that ask students for their opinion on the quality of instruction and the overall program in addition to their satisfaction with many different aspects of the college. The survey utilizes a Likert scale that ranges from 1 (very dissatisfied/not at all) to 7 (Very Satisfied/Extremely). The table below shows student satisfaction with Facilities and Administrators.

**Figure 6-8: CON and Comparison EBI Results**

	CON Score	Six College Score	Carnegie Class Comp.	CON Score	Six College Score	Carnegie Class Comp.
	2009-2010			2010-2011		
Facilities and Administrators	5.52	4.66	4.86	5.15	4.64	4.74

Computing resources at your school	5.99	5.19	5.41	5.12	5.18	5.23
Training to utilize nursing school's computing resources	5.88	5.19	5.29	5.22	5.21	5.13
Satisfaction of classrooms	5.79	5.26	5.44	5.59	5.18	5.29
Career placement	5.49	3.66	3.89	5.46	3.63	3.79
Responsiveness of the program administrators to student concerns	5.60	4.58	4.76	4.99	4.61	4.54
Program course schedule	5.53	5.00	5.11	5.35	4.99	5.02
Quality of academic advising	5.54	4.79	4.91	5.35	4.82	4.80
Financial aid	5.17	4.61	4.85	4.83	4.45	4.72
Tuition/fee level of the program	4.73	3.58	4.2	4.44	3.43	4.10

Another measure for administrative support service processes is the results of the Curriculum Satisfaction Survey. For the questions below, students used a 5-point scale for fall 2005 (1=strongly disagree, 5=strongly agree). Answers 4 and 5 were combined. Students used a 4-point scale for spring 2007 with A=strongly disagree to D=strongly agree. Answers C and D were combined. With these results the Curriculum Committee evaluated the curriculum and made recommendation for change to College Senate (See Figure 6-9). The Noel Levitz SSI and EBI surveys replaced the Curriculum Survey in order to provide the College comparison data.

**Figure 6-9 Results from Curriculum Survey – Technology**

Questions	Spring 2007	Spring 2008	Fall 2009	Spring 2010
Technology at the College was accessible when I needed it.	85%	67%	84%	86%
Technical support was available when I needed it at the College.	36%	80%	76%	88%

The College uses this data along with data collected from the Noel-Levitz survey to initiate change to the College. For example, students were expressing dissatisfaction with receiving their financial aid award letters in time to make payment arrangements for their tuition. An action plan was developed and implemented to increase the percentage of students with payment arrangements by the tuition deadline date. For Fall 2011, we had 90% of students with payment arrangements. This was a 51% increase from the previous academic year.

The 2011 Morehead Employee Opinion Survey identifies strengths and concerns for the work unit. Concerns are considered areas for improvement. Strengths and concerns are determined through an analysis that considers the performance score, the difference in performance from the organization average, and the percentage of favorable responses. The results of this survey can be found in 4R2 and 5R2.

**6R4. Use information and results to improve services.** Student, administrative and organizational support services performance results are shared at several committee meetings, including Student Support Services Work Group, to disseminate and follow up on how results were used for process improvement. The IEAS has developed a process for giving surveys which includes a process flow/feedback loop to track results. The IEAS and President discuss survey results and findings with the appropriate student service area. Based on the results, processes are reviewed or revised by individual departments to improve service. Concerns are frequently brought to the Student Support Services Work Group for discussion. New policies or processes that are developed are taken to the Leadership Team for input. Final approval for new policies is given by College Senate. For example, students were experiencing problems getting their health records in on time.

As the result of the Student Services Support Work Group and the Leadership Team, a mechanism was developed to improve stakeholder satisfaction with completing and submitting health records. An electronic process (Immunization Tracker) was implemented to track completion and accuracy of health records for students. There was a manual process in place which was not time effective for the student or the College.

Other examples of improvements in student or administrative support services include:

- As a result of a Green Belt Leveraging Technology project the number of mailings sent out to students was analyzed and reduced.
- Thank You Program developed to increase satisfaction with employee recognition.
- New Technology purchased for Simulation Laboratories.
- Enhancement of shared portal in order to enhance communication to all stakeholders.

The College gathers information and uses methods within the Strategic Planning process to make changes and plan improvements in support service areas to best serve the students. The College evaluates the Strategic Plan goals that have been accomplished along with strategic goals for the upcoming year and incorporates changes in order to make those goals a reality.

**6R5. Comparison Results.** The Noel Levitz and EBI surveys offer comparative data with other colleges and universities. Comparative results are in 6R2 and 6R3. Comparative data from the CSEQ on areas related to student support services is found in 2R2. In the category Relationships with Administrative Personnel, the College is above the national norm comparison group. The comparative data on the Morehead Employee Satisfaction survey are found in 4R2 and 5R2.

**6I1. Recent improvements.** Recent improvements in supporting institutional operations have been based on the data collected, described in Category 6. The following are examples of improvements that have been targeted based on decisions made after analysis of assessment and evaluation measures. The targeted improvements were identified to improve processes related to supporting institutional operations. Recent improvements in this category include:

- SSI and EBI Satisfaction surveys show an overall satisfaction as a level higher than benchmark institutions.
- Identified colleges and universities to use as benchmark institutions for comparison data when analyzing the Noel-Levitz and the EBI survey
- Established a process flow for administering surveys including a feedback loop to document process improvement.
- Development of Institutional Scorecard to track student enrollment in all programs, expenses per credit hour, employee retention and job placement for our students.
- Organization – developed SBARO mandatory for all employees – improve communication within all levels of the College
- Student Activities – A faculty member was named Manager of Quality Improvement to communicate to students and other stakeholders the quality improvements the College is making.
- Residence dorm rooms were updated and modernized
- Facebook was added as a method of communication with our students and outside stakeholders
- Developed online summer and new student registration process
- Established Campus Security Task Force which developed Campus Emergency Operations Plan

- Student Support – Academic Develop Center in conjunction with the College Counselor offer sessions on time management, test anxiety, and stress management.
- Established process for connecting the student with different funding options – individual personal financial counseling.
- Library established a link on CON Library website for APA manual instruction.
- Undergraduate scholarship opportunity for new students developed.
- Hired Graduate Assistants in order for students to have more time/days for extra practice in the practice lab.
- New technological improvements in labs – simulation, intravenous/feeding pumps (grant money)
- Replaced classroom computers with new computers. Additional computers purchased for library and ADC.
- Library services enabled students to access information easier through electronic journals hosted through hospital library.
- Computerized medication dispensing units were purchased for the clinical laboratories.

**6I2. Selection of processes for improvement.** As part of the College’s strategic planning process; an Action Plan for the development of a Strategic Enrollment Management Plan has been directly targeted to support institutional operations of student and administrative support.

Enrollment Management is a comprehensive Action Plan that encompasses many activities, has a major impact on the College’s goals. Several processes identified that focus on improving the recruitment and admissions processes:

- Admission process from inquiry to enrollment
- Marketing of programs and recruitment of students as a measure to increase diversity
- Retention of students through improving student success
- New student orientation programs

The results and improvement priorities are communicated through regular updates from the President to all faculty and staff through Communication Forums and College Senate.

Communication with students is done through President Student Climate Forums, Graduate Program forums, and through Student Senate. Updates are also communicated to students and alumni in the *Student Connection* which is published twice a year and in *Notes from Greenleaf*, the alumni newsletter that is published four times per year.

The results for achievement of the other distinctive objectives of the College are published in the *Annual Report* as a means for dissemination of data. Trended data for achievement of specific outcomes for five years are presented. The *Annual Report* is distributed to all faculty, staff, College Board members, and other stakeholders. Findings are also communicated in College Board meetings and discussed at College Senate.

### **Category Seven: MEASURING INSTITUTIONAL EFFECTIVENESS**

**7P1. Select, manage, and distribute data and performance information.** The College used feedback from the last Systems Portfolio to create an action project which allowed the College to measure institutional effectiveness through the development and use of an Integrated Scorecard. In addition, the College hired an Institutional Effectiveness and Assessment Specialist (IEAS) to track data and information throughout and ensure the College is meeting the goals of its metrics. The key performance measures and related metrics on the Integrated Scorecard are derived from the College’s Strategic Plan,

are required metrics from accrediting bodies such as the NLNAC, or are measures identified through the SPEAOP. The College monitors 39 performance indicators, 20 identified by the College and 17 OSF SFMC institutional identified, through the Integrated Scorecard. Ongoing monitoring of processes and efforts of the College occur on a monthly and semester basis. The IEAS monitors the Integrated Scorecard monthly and reports deficiencies to administration, as the information obtained for the scorecard is also used for the SPEAOP. The IEAS provides formal Integrated Scorecard results quarterly to Administration, the Leadership Team, the College Board, and College Senate.

The IEAS coordinates the numerous surveys that are required to be completed as well as ensures accurate and timely information is available to the different regulatory agencies. The IEAS analyzes trends and reports the information received on the surveys to the appropriate committees of the College and eventually to College Senate. An example of this during academic year 2011-2012, two different surveys (EBI and the Noel Levitz) indicated that students were rating the feedback from and consistency between instructors as poor. The Dean of the Undergraduate Program met with all faculty members for one course and designed a standardized plan of requirements. All instructors teaching this course are now required to use the same methods/requirements in grading their students. Another example of this occurred during the same academic year regarding feedback. One course consolidated their student evaluations and is now doing weekly evaluations so students are receiving their feedback in a timelier manner.

The IEAS also oversees the progression and tracking of the SBARO process changes throughout the College. SBARO is a formal communication document that addresses a necessary change in process and requires College Senate approval if the change impacts the College as a whole. When an SBARO is approved from Senate the IEAS ensures appropriate metrics are in place to ensure process control after the change has taken place and to report barriers for success to administration.

The College utilizes a variety of mechanisms to ensure effectiveness of its teaching (1P11, 1R1). The Curriculum and Graduate Committees analyze and use data for program maintenance, revision, and improvement. For example, the Curriculum Committee compares scores of tests throughout the College to determine if changes need to be made in the curriculum to ensure its currency and effectiveness. Based on scores from the HESI survey, it was determined that medication calculation scores had decreased. The Curriculum Committee met and discussed strategies to improve scores. The result was that the number of medication calculation questions on course examinations was increased so that students would be more familiar with the questions and be able to answer the questions correctly. The ADC also began offering sessions on medication calculations for students seeking additional help. In addition, the College made a medication calculation book mandatory for students to purchase. Currently, the College is collecting data to determine effectiveness of this initiative. The Curriculum Committee also found through data analysis that the NCLEX-RN and HESI tests changed test question format asking students to “Select all that apply” to answer test questions. To ensure that students would be familiar with these types of multiple choice questions, the faculty within courses changed the format of some items on course examinations so that students would have more practice with this mode of test question.

The College also has a current action project that focuses currency and effectiveness of the nursing curriculum focused on nursing quality and safety incorporating the Quality Safety Education in Nursing (QSEN) competencies into nursing courses. The scores from the HESI Exit Exam measure the QSEN competencies and will be used as the metric to measure student knowledge related to the competencies.

In 2009, the College was awarded a grant from the Illinois Board of Higher Education (IBHE) to develop an Academic Development Center (ADC) for students. Students are referred by faculty to the ADC for poor performance on tests or for overall performance in grades. In addition, students have tutoring resources available to them at all times and can refer themselves to the ADC as well. In addition, the ADC is staffed by a faculty member to help answer questions that students may have. The College

monitors the number of referrals, number of programs, number of students attending programs, and the success of the students as metrics for the ADC.

The College uses many sources to select and distribute information that supports instructional and non-instructional activities. The College creates metrics and uses targets from the Strategic Plan and the SPEAOP, in addition to regulatory requirements, to monitor and report institutional effectiveness. The results are shared at each College Senate meeting and to the College Board quarterly.

**7P2. Select, manage, and distribute data and performance information to support your planning and improvement efforts.** For planning and improvement efforts, a SWOT analysis is performed and feedback from internal and external stakeholders is obtained. This information is used in conjunction with the SPEAOP for program evaluation to help to ensure the College carries out its Mission. The Strategic Plan contains metrics which are reported to public and regulatory agencies/organizations in addition to the Integrated Scorecard. The Integrated Scorecard is reported at College Board and College Senate meetings to show stakeholders how the College is performing on its measures. The final results from the Integrated Scorecard are then used for performance improvement initiatives, to help develop strategic planning for the future, and to develop AQIP Action Projects. This plan provides for a continuous feedback loop from the various groups which allows for an assessment of the strategic plan. The College has a continuous history of gathering, aggregating and using data for improvements. The selection of data from specific evaluative measures is used to determine the achievement of specific criteria in the systematic evaluation plan. Data is collected and analyzed against the specific baseline and the planned targets. The analysis is reported at committees, College Senate and to the College Board and other stakeholders. This data is used to determine decisions affecting the programs, policy decisions, development, actions, revisions or maintenance. Aggregate data on institutional effectiveness is published annually in the College's *Annual Report*.

**7P3. Determine the needs of your departments and units.** Each of the functions of the College has a dedicated space on the SharePoint portal. The portal is customizable and the College's committees/functions have different needs. As a need for a field or report is discovered, the request is logged on a portal page indicating the requested change. If the change is approved, the data system(s) is altered and communicated appropriately. If the need would impact the College as a whole, an SBARO is created and approved through the appropriate committee and eventually College Senate.

SONISWEB is a centralized student data system that allows multiple users to input and export information. When the need is identified that a change is required to improve functionality or reporting capability of the system, the different departments are contacted to ensure the change will not negatively impact them and then SONISWEB is contacted to see how the desired change will impact the process flows. Many small successful process changes were implemented to ensure the College is reporting accurate information and using the system to its maximum potential as a source for data.

All employees must complete a mandatory educational test on the use of SBAROs for communication at the College and employees must complete another mandatory if they want or need access to the Integrated Scorecard. The mandatory education components ensure that employees have the knowledge needed to use the tools. The Integrated Scorecard allows the College to benchmark like measures with other departments at OSF SFMC and this information is reported at College Senate and shared with the College Board.

In addition to this, the College also looks at the online websites of other local colleges to determine their policies and practices to ensure policies are similar and to get other benchmarking information. If a global change needs to occur, an SBARO would be written and approved by College Senate before enacting.

Lastly, employees are surveyed about their job satisfaction and whether or not they feel they have the tools to complete their job successfully. Information from the survey is analyzed by the IEAS and disseminated to administration and College Senate. If employees indicate they do not feel they have the tools to complete their job, further investigation is conducted. Solutions and requests for tools are analyzed based on purpose alignment with the Mission, need, scope of use, and impact on budget.

**7P4. Analyze data and information regarding overall performance.** The College analyzes data in many different ways. There are a variety of agencies that the College needs to report data to. The IEAS is charged with the responsibility to analyze the information and compare the results from each of the data warehouses. The IEAS then reports this information to the appropriate committee(s) and an action plan is developed related to measures performing below the benchmark with the intent to increase performance in the deficient area. This action plan is then reported on at College Senate so that administration can be informed and to remove barriers if needed.

An example of this is for the Educational Benchmarking Inc. Survey (EBI). The EBI survey measures overall program effectiveness via an index and it is calculated based on the responses of the surveys. The overall program effectiveness index is the mean score of a grouping of questions which the company, EBI, feels is indicative of program effectiveness. They ask the students to rate how well the program fulfilled their expectations, the quality and value of the program and how inclined they are to recommend the program to others. The mean score of all of the responses is considered the overall program effectiveness index. This information was gathered and analyzed and a presentation was given to College Senate as well as the Curriculum Committee to obtain a plan of action to address the students' concerns.

The IEAS trends data and reports benchmarked information on all of the surveys that are done at the College. In addition, a statistical analysis (T test) is performed each semester to determine if the HESI exit scores are significantly different for each graduating class. If they are, more investigation into the results is conducted to determine the area in which students scored differently. The course curriculum may be changed from these results to ensure students are receiving the appropriate information. In addition, some faculty have performed ANOVA studies on their students' test scores to see if test scores are significantly different between instructors.

The Integrated Scorecard also provides the College with aggregate information so that administration can see past, present and rolled up performance. The information is reported at each College Senate meeting for all employees to see.

**7P5. Determine the needs and priorities for comparative data and information.** The needs for comparative data differ for the College in comparing institutions within and outside of higher education. For example, the Integrated Scorecard is a tool that has over 35 measures that the College and OSF SFMC feel are important to track. The College determined the measures that reflect institutional effectiveness. The "House wide" measures are those which are established by OSF SFMC. These measures are financial in nature, or are personnel based. This allows the College to see how they compare to OSF SFMC on like measures. This helps ensure that the College is still performing at set target levels related to finances and personnel. The need for comparative data differs by job function and reporting need. As the College grows, the need for comparative data changes and obtaining that information is done via publicly reported measures or the College's websites.

Two other BSN nursing programs are located in the city of Peoria and they are considered in benchmarking since students could just as easily choose those programs. The benchmarked schools in the EBI were selected based on demographics and program offerings. The College administration wanted a good variety of schools to benchmark against and smaller schools that are similar to the College of Nursing were chosen in addition to larger schools like Duke University and Illinois State University. In

addition to this the State board of education compiles a list of students that pass the NCLEX exam on the first try and the results are tabulated and reported yearly and distributed to school administrators. The College uses this data in tracking the performance of its competition.

Lastly, the need for comparative data was identified as an opportunity on the last Systems Portfolio. Since that time, the College has added the Noel Levitz SSI and EBI Exit Survey which provide benchmark data. Prior to using the Noel Levitz SSI survey, the College administered its own internal survey. This information was useful, but did not allow the College the ability to compare themselves with other institutions. The College adopted the EBI and Noel Levitz surveys to administer to students to accomplish this goal. These surveys ask many questions regarding the services and curriculum of the College. The College is able to select institutions to benchmark against, in addition to preset benchmarks like the Carnegie Classification, where the institutions are coded by the government based on institutional factors. Benchmark levels were set to evaluate the College performance against comparison groups. The College is currently working with the Allied Health Science Education Consortium to develop a process for sharing of comparative data on the Morehead Employee Survey.

**7P6. Ensure department and unit analysis of data and information aligns.** Administration, with input from the College Board and other internal and external stakeholders, develops the Strategic Plan for the College. The Strategic Plan contains short and long term goals for the College with a variety of performance measures that are required in order for the College to measure effectiveness and meet accrediting agency requirements. Two members of the College Board are also members of the executive board of OSF SFMC. These members ensure alignment of College goals and the goals of OSF SFMC. The Strategic Plan is then used to create operational metrics that are used for scorecard measures. Also, an alignment tool is used that was created by OSF SFMC Strategic Planning department which ranks each measure and gives a score as to how well each operational measure aligns with the OSF Healthcare System and OSF SFMC strategic goals. This system ensures that the operational components of the College are focused on the strategic goals of the College. This information is reported at College Senate meetings and College Board meetings.

**7P7. Ensure the timeliness, accuracy, reliability, and security of your information system.** The College is heavily invested in the accuracy, reliability and security of its information systems. The College is part of the Information Systems (IS) network of OSF SFMC which provides hardware and software system support and upgrades. This system has technology support available to the College for any computer issues with the intranet and storage or other technology concerns. The materials stored on the shared drive are backed up every night and stored per OSF SFMC policy for two years. In the event of lost data the IS department has been able to retrieve it. The College uses eCollege for online instruction and this service provides technology support 24/7 through the use of a toll free telephone number for its users and students. The College has had the benefit of eCollege providing personnel to come on site to help with learning to use eCollege and has provided additional seminars and online materials for any changes. The College has an Instructional Design and Technology Specialist dedicated as the administrative person for technology issues related to eCollege and other technology issues. The College has conducted surveys of its students to determine satisfaction with the College technology, and specifically, the graduate program students' ratings report satisfaction with technology. Faculty continues to participate in webinars to strengthen the use of technology. The College has a policy for students and employees governing the security of information and data.

The College hired an Instructional Design and Technology Specialist to aid students in using technology during their time at the College. The Technology Specialist helps students with computer-related problems, SONISWEB and the online course software program, eCollege.

The needs for data have changed and grown for different areas of the College. The College administration has identified areas which the College is deficient on tracking the accuracy and efficiency of the information system. The result of this is discussed in 7R3.

**7R1. Performance Measures.** Starting in Fall 2011, IEAS and the Assistant Dean of Support Services worked on process for validating reports and data in SONISWEB. The results showed process improvement opportunities that have multiple consequences in SONISWEB. The Assistant Dean of Support Services is continuing to work with the SONISWEB vendor to create accurate reports and to identify data sources on existing reports so that accurate information is being displayed. In addition a measure was added to the Integrated Scorecard which requires the IEAS to conduct an audit of 50 student records each quarter to ensure information is properly inputted into the SONISWEB system.

**7R2. Performance Results.** The key performance measures the College tracks are:

**Enrollment** – To monitor the College’s Mission to provide undergraduate and graduate education.

**Retention Rate** – To monitor the effectiveness of the College’s retention plan and support services.

**Graduation Rate**- Ensure the students are graduating on time and meeting the expectations.

**NCLEX-RN Pass Rate** – To monitor the effectiveness of the teaching to determine that students have met the learning expectations.

**MSN Certification Rate** – To monitor the effectiveness of the teaching to determine that students have met the learning expectations.

**Expense per Credit Hour**-To ensure the College is meeting its financial goals.

**Actual Cost vs. Budgeted Cost** – To monitor financial stewardship of the College.

Many of the results for the key performance indicators are reported in other categories. The evidence that the system of measuring effectiveness meets the College’s needs is witnessed by the success on the NCLEX-RN examination from the BSN graduates (1R4), certification rates for the MSN graduates (1R4) increased student enrollment (3R4), expansion of the graduate programs, effective recruitment of faculty and staff, improvement in physical facilities and implementation of simulated and active student learning. The College received three grants from the Illinois Board of Higher Education for a total of \$318,000 to create an Academic Development Center and to purchase simulation materials for student use. The College is expanding as enrollment numbers are increasing (3R4). The College is retaining its current students (3R3) and it is maintaining high performance on the NCLEX exam through the use of the Academic Development Center while meeting its financial goals. Figure 7-1 shows the FY12 results for the financial and operational metrics on the Integrated Scorecard.

**Figure 7-1: Financial and Operational Measures Integrated Scorecard**

Financial & Operational 82200 COLLEGE OF NURSING UNIT SCORECARD	FY12 ANNUAL TARGET	FY12						
		FY12 1Q			FY12 1Q	FY12 2Q		FY12 2Q
		OCT	NOV	DEC		JAN	MAR	
100477 BSN Student Enrollment	350	▲ 354			354			
100478 MSN Student Enrollment	175	▲ 184			184			
100996 DNP Student Enrollment	5	▲ 11.0			11.0		10.0	10.0
101025 ACT Total Cost VS BUD Cost per MO	100%	▼ 98.96%	92.11%	103.2%	98.26%	103.6%		103.6%
101026 ACT Total Cost VS BUD Cost per YTD	100%	▼ 98.96%	95.59%	98.26%	97.5%	99.59%		99.59%
101068 Total Expenses Per Credit Hour	\$472	▼		\$332	\$332			
101465 Expense to Revenue Ratio	100%	▼ 93.17%	84.27%	103%	93.49%	97.68%		97.68%

**7R3. Comparison Results.** The IEAS completes national surveys from AACN, NLN, and IPEDS. The results of the College’s data such as enrollment, withdrawals, graduation rates by program, pass rates on certification examinations and employment are part of these surveys. Comparison results are found in 1R4, 3R3, and 3R4. The surveys also include analyses of demographics of the College. Figure 7-2 shows enrollment and completion data for the College’s benchmark institutions.

**Figure 7-2 Comparative Data for Enrollments and Completions from IPEDS Survey**

Institution	Enrollment Data		2010 Completions		
	FTE Fall 2010	FTE Fall 2009	BSN	MSN	Doctoral
Allen College	366	351	108	23	0
Barnes-Jewish College Goldfarb School of Nursing	592	503	326	34	0
Blessing Rieman College of Nursing	235	200	47	0	0
Cox College	469	339	37	0	0
Methodist College of Nursing	454	189	57	0	0
Research College of Nursing	399	379	117	18	0
Saint Anthony College of Nursing	154	153	43	3	0
<b>Saint Francis Medical Center College of Nursing</b>	<b>356</b>	<b>374</b>	<b>164</b>	<b>26</b>	<b>0</b>
Samuel Merritt University	1246	1233	388	165	69
St. John's College	88	78	42	0	0
Trinity College of Nursing and Health Sciences	172	187	14	0	0

Furthermore, there is an informal information sharing that occurs when other colleges contact the College or the College contacts other Colleges of nursing for benchmark and best practices information. Employees are also members of list serves for their respective job and or profession.

### Improvement (I)

**7I1. Recent improvements.** Recent improvements in measuring institutional effectiveness have been based on the Systems Portfolio feedback and data analysis and process improvement. The following are examples of improvements that have been targeted based on decisions made after analysis of assessment and evaluation measures. The targeted improvements were identified to improve processes related to institutional effectiveness of the College. Recent improvements in this category include:

- The Integrated Scorecard was developed which allows the College to track and analyze its metrics in a transparent way. While the information is reported throughout the College, action plans are only created on an “as needed” basis.
- The College is in the process of adopting a “Closing the Gap” process which will identify all gaps in performance on the scorecard and surveys so that administration can meet with the entities responsible for sustaining performance. This will enable administration to be more actively engaged with employees to identify process flow issues which may have caused poor performance.
- The College instituted a formal process for inputting data on students so that data extraction is more timely and accurate.
- The College has created a metric which will audit the records of students each quarter to ensure the information is inputted correctly into the system. Results will be reported in the Integrated Scorecard and reported at College Senate.
- The College identified a need for more timely information regarding its processes and will be instituting a handheld device which students will be allowed to complete after using different services throughout the College. This allows the College to make more timely changes to processes and not have to wait until the surveys are completed and analyzed and for a change to occur for processes which impact student satisfaction.

**7I2. Selection of processes for Improvement.** The College's Mission in an extension of the OSF SFMC Mission, "To serve with the greatest care and love", and the culture of self-sacrifice and giving is heavily emphasized throughout the College. The employees are encouraged to voice issues and concerns if they feel there is an issue with a process. In fact, the College used Six Sigma methodology which allowed them to leverage technology to improve and streamline processes which resulted in massive reductions of time spent processing paperwork manually.

The IEAS is charged with the responsibility of closing the feedback loop in many different situations. For SBAROs, the IEAS created a system that allows the tracking of these documents from creation through completion. This has enabled the College to track and locate the active documents so that administration can easily see where each process change is at. The IEAS contacts the SBARO owner to ensure a metric is in place and then monitors the process change until it is considered controlled. In addition to SBAROs the IEAS and administration will be involved in GAP meetings which will address areas that the College is below target on its measures.

The College monitors and analyzes data for a variety of different sources and uses external and internal benchmarking to monitor performance. The EBI, Noel Levitz, and CSEQ surveys all have external benchmarks for the College to compare its scores/satisfaction to. In addition to this, enrollment numbers are compared with the local benchmarks to ensure that our program is keeping up with competition. Internally, the College's metrics are compared with other departments within OSF SFMC to make sure that we are meeting the OSF system goals. Each year, these measures are evaluated with Strategic Planning to determine if the measure will be continued and to determine if the College has appropriate targets for performance. Strategic Planning has benchmark information and is an invaluable tool for internal benchmarking as they also helped in creating the College's strategic plan.

### **Category Eight: PLANNING CONTINUOUS IMPROVEMENT**

**8P1. Key planning processes.** The College's planning process is reviewed annually and consists of the following steps: 1) planning an all employee strategic planning meeting including College Board members and external stakeholders for input which is led by a person with expertise in strategic planning, but is not a College employee; 2) analyzing data from internal and external environmental measures and trend analysis of data; 3) conducting a SWOT analysis to develop the plan; 4) the Mission and Vision are reviewed and revised as needed; 5) goals, strategies, tactics, targets are developed, based on information gathered in steps 1-4; 6) the faculty and staff discuss the plan, make revisions to the plan and goals, and finalize the plan after several meetings and discussions; 7) the draft of the plan is presented to the Long Range Strategic Planning Committee of the College Board where revisions are made with input from the committee; and 8) the final draft is presented to the College Board for approval.

During the strategic planning process, a SWOT analysis is used to update the plan. In 2010, the Strategic Plan was updated to its current form. At that time, the strategic goals were formatted into the Four Pillars. During this revision, the plan identified more specific measures and the person responsible for coordinating activities related to the objective and tactic. The focus on quality improvement and the AQIP Action project goals were incorporated into the Strategic Plan. This streamlined the planning processes, improved efficient use of resources and personnel, improved communication, and kept the institution focused on the same direction. Once the revision was done, the Strategic Plan was presented to the College Senate, Long Range Strategic Planning Committee of the College Board, and the College Board for approval.

The faculty within individual courses does strategic course planning on an annual basis. Course goals for the next year are set at the end of the academic year. Feedback from student evaluations of the course and an analysis of achievement of expected course outcomes is used to determine upcoming course goals.

Evaluation of achievement of goals from the previous year is done. The Course Report is completed annually in May by course faculty and sent to the Dean. The Course Report serves as an evaluative and communication mechanism for course planning and course activities. The aggregated data from courses at the junior and senior level is shared with the faculty through the Curriculum Committee and College Senate.

**8P2. Short- and long-term strategies selection.** The short- and long-term strategies are identified during the strategic planning process. Identification occurs after the SWOT analysis and discussed amongst administration, employees, College Board, and stakeholders. Long-term priorities are set that are aligned with the Mission and Vision of the College. Timelines are established for each of the goals and objectives based on prioritization of importance of the strategy determined by the administration, faculty, College Board members, and internal and external stakeholders participating in the strategic planning process. Also considered are the human and financial resources needed to accomplish the objective and the impact of the project on other current projects. The strategies in the current Strategic Plan are focused on areas important to the College. Annually, the President, with input from the Deans, sets short-term strategies that align with the Strategic Plan. These become the annual goals for the College.

The College has identified increasing student enrollment to help with the nursing shortage, increased diversity, growth of programs, and excellence in program offerings as short term goals. The College has an increased number of qualified applicants for the undergraduate program that are being turned away due to current limitations. A challenge to the College is attempting to increase student enrollment through acceptance of additional qualified applicants. This increased enrollment will require additional classroom space, clinical sites for learning experiences, and faculty and staff. Plans are underway to address these issues through long range planning. The long term goals are a new building to provide space and resources as student enrollment and resources increase, and increasing revenue in non tuition dollars.

**8P3. Key action plans development.** The AQIP action plans are developed based on the College's Strategic Plan, Integrated Scorecard metrics, performance indicators based on accrediting organizations, and federal and state regulations. With the development of the Strategic Plan, groups consisting of faculty and staff work on identified tactics. SBAROs are developed by the tactic groups that are assigned within the Strategic Plan. The SBARO supplies the assessment data and measurable outcomes to support the recommendations for process improvements and chartering of AQIP Action Projects. Within the recommendations for the project are metrics to measure outcomes of action projects and determine future project needs. Progress on the action plans is monitored and reported to the appropriate standing committee or College Senate. Written reports on action plans and achievement of strategic objectives are submitted to the President twice a year by the key person or group facilitating the action plan. The President communicates progress to the College Senate and Long-Range Strategic Planning Committee of the College Board and to the College Board. Progress on the action plans is communicated to students by the student representatives of the standing committees and by the President who attends Student Senate meetings. The President completes an end of the year report on achievement of action plans and strategic objectives which is communicated to faculty and staff at College Senate and the College Board. The report is published in the *Annual Report*. The *Annual Report* is distributed to faculty, staff, College Board members, OSF Healthcare Board members, and key external stakeholders. A condensed version of the *Annual Report* is posted on the College website.

**8P4. Coordination and alignment of planning processes.** College planning processes, initiatives and goals are developed at a number of levels. Faculty and staff identify areas for improvement and change through participation on one or more standing committee and/or AQIP Action Projects. These identified opportunities for improvement are then presented to the respective committee or team as an SBARO. Integrated Scorecard metrics, performance indicators based on accrediting organizations, and federal and

state regulations are in alignment with the planning processes and improvement targets with the Strategic Plan.

Standing committees identify annual goals for the committee. Student Senate and student representatives on standing committees bring feedback from their peers and offer suggestions for improvement through their participation on the committees. Feedback from stakeholders is considered when planning for the College goals. All goals and action plans are developed, using data driven processes integrated into SBARO format, by the above groups, and used in alignment with the Strategic Plan and overall institutional initiatives. The standing committees and other individuals report back to the College Senate to communicate progress and completion of goals. Final action on recommendations from the standing committee occurs at College Senate. Student representation on the committees provides a mechanism for communication of the College’s strategic initiatives and plans so that students remain informed about activities at the College. Accomplishment of goals is recorded annually in committee minutes. Minutes from committees are posted online and all faculty and staff have access to the minutes. Goals set by individual courses are in alignment with overall Curriculum Committee and strategic planning goals. Minutes from the Student Senate are posted in eCollege and summarized in the *College Annual Report*.

**8P5. Define objectives, select measures, and set performance targets.** The measures for specific goals and level of achievement for the objectives were selected by the group participating in the strategic planning process. A number of issues are considered when identifying measures and setting levels of achievement. The strategic planning group considered demographics of the target recruitment area, tuition costs and comparative costs from other institutions, graduation rates, retention rates, assessment data on specified outcomes, norm data from certifying groups, needed skills and competencies for nurses in a changing healthcare system, and the available resources. Based on our findings, the Strategic Plan identifies the person accountable, objective, tactic, target date, measure, and target performance. Individual course faculty identifies the measures for specific goals and target performance objectives for individual courses. Figure 8-1 shows examples of Strategic objectives, measures, and target levels of achievement.

**Figure 8-1 Examples of Strategic Objectives, Measures and FY 2012 Target Levels**

Strategic Objective/Tactic	Measure	Target Levels
<b>Quality Education</b>		
Establish and continually improve a Professional Learning Environment which enables the development of professional knowledge and practice.	NCLEX-RN Pass Rate	90% or above pass on 1 <sup>st</sup> writing
	APN Certification Rate	80% or above pass on 1 <sup>st</sup> writing
<b>Growth</b>		
Targeted Growth of Graduate Nursing Programs	Number of students enrolled by program	DNP – Enroll 8-10 new students in fall MSN – Enroll 50 new students annually
<b>Community of Caregivers</b>		
Ensure adequate faculty and staff levels to maintain quality education and services	Percent of faculty holding doctoral degrees	40% faculty will hold earned doctorates

<b>Service Excellence</b>		
Excellence in Enrollment Management	BSN Noel Levitz SSI (satisfaction)	80% of items will have gap score less than 1.0
<b>Financial Stewardship</b>		
Secure grants	Amount of grant revenue obtained	Obtain a minimum of one grant

**8P6. Link strategy selection and action plans.** The responsibility for development and implementation of the budget lies with the President. As part of the planning process, faculty and staff, standing committees or Action project teams submit funding requests for strategic initiatives or action plans to the President in the spring. Consideration for funding is based on the overall budgetary situation at the College. Resources have been set aside to assist with scholarship funding and facilitation improvement and development. Capital funding requests are made for large scale projects such as the development of the Nursing Resource Center. Once the President has developed the budget, it is sent to the Finance Committee of the College Board for review and input. The budget then goes to the full College Board for approval, and then to the Fiscal Office of OSF SFMC.

The Strategic Plan has identified faculty, technology and space as resources needed to continue to grow student enrollment. A facility and technology plan was developed as a part of the strategic plan. The facility and technology plan is updated based on enrollment and revisions in the Strategic Plan. As a component of this plan, the Leadership Team met with corporate architects and planners to draw up plans for a new building. To pursue and increase non tuition revenue, the college actively seeks grants and has an FTE assigned from the Corporate Foundation Office that meets regularly with a marketing subcommittee of the College Board.

**8P7. Assess and address risk.** The College conducts a SWOT analysis with Strategic Planning representatives, faculty, and staff to develop a prioritization matrix that identifies and prioritizes risks to the College related to financial, economic, environment, and competitive risk factors. When using SBARO to gather data for changes, risks are considered and identified to determine potential outcomes. As a part of Six Sigma projects, a Failure Mode Effects Analysis (FMEA) is conducted to identify risks and outcomes related to the risks. Severity and outcomes of risks are considered during planning.

**8P8. Development and nurturance of faculty, staff, and administrators.** Communication of changing institutional strategies through College Senate meetings, Communication Forums, emails, and updated copies of the plan are posted on the shared web site. At the last Strategy Forum, an action project was chartered to build a quality improvement culture at the College. As a result of this action project a portion of an FTE was dedicated to a Quality Improvement Manager position. Responsibilities with this position included defining what quality means to the college, and conducting education and development sessions for all employees related to quality improvement and AQIP. The Quality Improvement Manager also developed an orientation module for new employees on Quality Improvement, AQIP and Six Sigma processes. Initial quality improvement education sessions were followed by programs involving all employees in basic education and training in Six Sigma processes. A bulletin board was dedicated to AQIP and quality improvement. The Quality Improvement Manager provides quality improvement and AQIP information on the board for education of students and employees. All of these activities included obtaining feedback post orientation and education, so that gaps could be identified for future improvement. A number of faculty and staff have been involved in Six Sigma projects further developing their knowledge and skills related to quality improvement. Annually, faculty and staff meet with their direct supervisor and develop goals and opportunities for development as part of the appraisal process.

Development needs of faculty and staff are considered during development of the annual budget. This is ensured by the creation of a line item in the budget that provides funding for faculty and staff development. Development programs are presented during All-College Meetings related to quality improvement topics. All employees complete Six Sigma Yellow Belt training. The College invites faculty and staff to attend sponsored webinars, online meetings, and programs related to strategic initiatives and goals. Category Four discusses other development opportunities for employees.

All faculty and staff are a part of the quality improvement process at the College. Intense training and development of the Steering Group occurred at the AQIP Strategy Forum. The Steering Group returned to the College and shared information with faculty and staff. This is evidenced by the composition of the AQIP Action Project teams whose memberships include faculty and staff at all levels at the College. As the College markets itself as “a continuing tradition of excellence in nursing education”, the goal of quality improvement is a priority so that the College continues to fulfill its Mission and Vision.

A process of formal tracking of SBARO outcomes and assigned responsibility for maintaining positive outcomes through a matrix is available to all college employees on the shared drive once an action project is retired. The College’s Integrated Scorecard is also reviewed quarterly, and from this review plans are developed for improvement. The college is currently in the process of creating a gap process to identify and address gaps or potentially negative outcomes found during the quarterly review.

**8R1. Performance Measures.** The effectiveness of the College’s continuous improvement is measured through metrics on the Integrated Scorecard such as student success and satisfaction and the College’s ability to achieve its goals and make changes as needed. The Strategic Plan and SPEAOP identify a variety of measures that are used to measure effectiveness of continuous improvement (Category 1). Student feedback on course evaluations, Noel Levitz SSI, EBI, Graduate End of Program surveys, and other surveys are measures that are used for process, course, and program improvement. Employer and alumni surveys provide additional data the College uses for improvement. The CSEQ provides feedback that is used to improve programs and services. The effectiveness of the planning process is documented through accomplishment of plan outcomes. The Quality Efforts Survey is a tool administered yearly to all employees and administration to determine progress of integrating Quality Improvement processes into the college culture.

**8R2. Performance results.** With the primary Mission of the College to provide educational programs in nursing at undergraduate and graduate levels, student success shows the College is accomplishing its Mission. This success is evidenced by midterm and final HESI score comparisons, and increase in the number of qualified applicants for the BSN program, increased student enrollment in both programs, a high retention rate of students for both programs, and graduation rates are high. The College believes this shows that students recognize the College’s “continuing tradition of excellence in nursing education.”

The planning process was streamlined with the incorporation of the AQIP Action Projects into the Strategic Plan. Figure 8-2 highlights other results for accomplishment of strategic initiatives and action plans.

**Figure 8-2 Examples of Accomplishments of Strategic Initiative and Action Plans 2010-2011**

Strategic Plan	Accomplishment
<b>Quality Education</b>	<ul style="list-style-type: none"> <li>• Achievement of annual goals for BSN curriculum revision</li> <li>• Addition of two new simulation laboratories for student learning</li> </ul>
<b>Service Excellence</b>	<ul style="list-style-type: none"> <li>• Six Sigma project chartered to leverage technology to improve processes between Admissions and Student Finance</li> <li>• 70% of items on Noel Levitz Student Satisfaction Inventory had gap score</li> </ul>

	less than 1.0
<b>Growth</b>	<ul style="list-style-type: none"> <li>Expanded the graduate program by adding three new programs – Family Nurse Practitioner, Nursing Management Leadership, and Family Psychiatric/Mental Health Nurse Practitioner</li> <li>BSN enrollment of 340 students and graduate enrollment of 155 students</li> </ul>
<b>Community of Caregivers</b>	<ul style="list-style-type: none"> <li>Implemented formal succession planning for five employees.</li> <li>Hired three new graduate faculty to have adequate faculty student ratios to maintain quality education</li> </ul>
<b>Financial Stewardship</b>	<ul style="list-style-type: none"> <li>Two Illinois Board of Higher Education grants received. Nursing Improvement Grant awarded \$43,000 for improvement of student learning through simulation activities. Capital Grant awarded for \$1million for improvement of facilities.</li> </ul>

As part of preparing for the initial Strategy Forum, the College conducted a quality efforts survey (Figure 8-3). Employees were asked to rate how well the College performed on specific areas of quality improvement. Ratings were on a scale of 5 (performed very well) to 1 (does not perform). The survey was repeated in 2010 and 2011 after the action project to improve the quality improvement culture was conducted. Results showed the College improved in areas of monitoring and sustaining change. Other results were fairly consistent.

**Figure 8-3 Results of Quality Effort Survey\***

Item	2008 Baseline n=46	2010 n=26	2011 n=38
Monitor and assess student services	4.1	4.2	4.3
Improve student services	4.2	3.9	4.2
Monitor and assess academic services	4.4	4.3	4.3
Improve academic services	4.4	4.2	4.2
Focus improvement activities on students	4.2	4.2	4.2
Focus improvement activities on internal stakeholders/customers	4.1	4.1	4.0
Monitor change	3.9	4.2	4.1
Sustain change	3.9	4.1	4.0
Create processes with effective feedback loops	3.6	3.9	3.8
Use data to make decisions	4.1	4.2	4.1

\*Mean scores reported on 1 to 5 scale.

**8R3. Projections or targets for performance.** The 2010 - 2015 Strategic Plan identifies projections for the next one to three years. The AQIP Action Projects are integral parts of the direction for the College. The focus for the College in the upcoming years remains on five strategic areas of the plan. Projections for strategic initiatives and action plans include:

**Quality Education:**

- Continue the work of the BSN conceptual based curriculum by completing the established annual goals for implementation of the curriculum in fall 2013.
- Provide faculty development to prepare faculty for the new curriculum
- Pilot the use of simulation as an alternative clinical site
- Implement the Online Learning Orientation module to enhance student learning in online and hybrid courses.

- Implement the following graduate program options: Nurse Management Leadership, Family Nurse Practitioner, and Family Psychiatric/Mental Health Nurse Practitioner

**Growth:**

- Acquire and maintain sufficient operational capacity to meet enrollment demands for both the BSN and MSN programs
- Target the DNP and NNP enrollment across a state level leveraging the online delivery method
- Maintain the enrollment targets set for the new program options: Nurse Management Leadership, Family Nurse Practitioner, and Family Psychiatric/Mental Health Nurse Practitioner

**Community of Caregivers:**

- Ensure adequate faculty and staff levels to maintain quality education and services
- Provide resources for faculty and staff development
- Expand the accountability management system to clarify, align, and drive effective process ownership and performance improvement
- Increase diversity of CON students, faculty, and staff through the implementation of the CON Diversity Plan

**Service Excellence:**

- Develop and implement an enrollment management program coordinates marketing, recruitment, retention, tuition pricing, financial aid academic and career planning and placement, and curriculum development.
- Develop and implement co-curricular activities as support structures to assist students with life skills, i.e. financial literacy, personal health and counseling, and career counseling.

**Financial Stewardship:**

- Continue to secure major gifts and grants from donors
- Continue to optimize operations by ensuring revenue is in excess of expenses.

**8R4. Comparison Results.** Comparative data from the results of the strategic initiatives are found in other categories. At this time, the College does not compare its Strategic Plan with other colleges or universities, but benchmarking with similar and AQIP institutions is part of the SBARO process used to support recommendations for process improvement projects. Feedback on the AQIP Action Projects is received through the required annual AQIP Action Project updates. Administration has begun working together with the Institutional Effectiveness and Assessment Specialist in an effort to discern benchmarking needs in this category and undertake a process to identify benchmarking opportunities.

**8R5. Effectiveness of Planning Continuous Improvement.** The results identified in 8R2 are evidence that the College's planning for continuous improvement is effective. The College shows a positive enrollment growth, retention rate, graduation rate, and employment rate of graduates. The participation of faculty and staff in the strategic planning process, AQIP Action Projects, and positive Quality Efforts Survey results demonstrates the importance and achievement of quality improvement to the College. The 2009 Employee Opinion Survey results indicated that the College has moderately high readiness for action planning. The College focus on ensuring quality of programs is evidenced by the work of the Curriculum Committee in undertaking the BSN curriculum revision and the Graduate Committee's substantive curricular changes all designed to prepare future graduates to practice in the changing healthcare system. The College is meeting or exceeding the set levels of achievement and performance targets in many measures over the last several years which demonstrate the effectiveness of the improvement process. The results for planning for quality improvement compare favorably in areas such as Category 1 Helping Students Learn such as adding new graduate programs and increasing and sustaining enrollment in the graduate program.

**8I1. Recent improvements.** The College's participation in the AQIP process has provided a focus on quality improvement and processes. AQIP Action Project teams do annual updates to measure accomplishment of objectives. This planning by the team also ensures that objectives for the upcoming year are realistic and needed resources to accomplish the objectives are included in the planning process. The following are examples of improvements that have been targeted based on decisions made after analysis of assessment and evaluation measures. The targeted improvements were identified to improve processes related to quality improvement at the College. Recent improvements in this category include:

- The addition of a Quality Improvement Manager and Institutional Effectiveness and Assessment Specialist has provided the college employees and students with the ongoing education needed to understand quality improvement processes and participate in process improvement at the college. Activities have included formation of an action project team to drive the shift of the current college culture to one of quality improvement, bulletin boards with ongoing quality improvement education and information, and quality luncheons with speakers and poster presentations. These are activities that are ongoing at the college. Post activity surveys have demonstrated that all venues were educational and informative.
- With the development of an Integrated Scorecard, there are now metrics that provide useful information on progress or gaps in priority quality improvement processes.
- The College's use of Six Sigma process has provided another mechanism for quality improvement. Since 2006, all college employees have received basic Six Sigma yellow belt training. The College has five employees who went on to complete further Six Sigma training at the Green Belt level. After completing the training, the Six Sigma methodology was used to study the use of standardized testing in the undergraduate program and leveraging technology to improve processes in the Admissions and Student Finance areas. This provides the College with leaders prepared with advanced skills to lead quality improvement processes at the College.
- The College also developed its goals and strategic directions for 2010 -2015, and much time was dedicated to developing an Integrated Scorecard that would support the goals and strategic directions. The scorecard aligned college goals with metrics, and helped prioritize strategies based on previous data findings from survey results and other metrics related to student performance. This process considered the change and its impact on other College processes and the resources needed to implement the change. Evaluation of the change was also built into the process. The foundation for continuous improvement planning has been to build on existing effective strategies and processes, integrate continuous planning processes into work teams, standing committees, faculty teams and set strategies for targeting areas of low performance.
- The President and Institutional Effectiveness and Assessment Specialist have begun work on developing a gap process to increase accountability for metrics and close the feedback loop.

**8I2. Selection of processes for improvement.** The College is in the early stages of culture shift, from a culture of anecdotal and intuitive decision making, to one of data driven decision making. Initial targets for improvement of its strategic planning processes, based on analysis of data, have been developed in the form of an Integrated Scorecard. Ongoing metrics culled from survey results, student test results; course evaluations, surveys of students and stakeholders and the use of SBARO to support needs are creating a data driven infrastructure to support the ongoing culture shift process.

### **Category Nine: BUILDING COLLABORATIVE RELATIONSHIPS**

**9P1. Create, prioritize, and build relationships with educational organizations.** Collaborative relationships and partnerships are identified, prioritized, and developed to help fulfill the Mission of the College which is to provide nursing education to students at the entry and advanced practice level. Potential collaborative relationships may be identified through the strategic planning process and work on

AQIP Action Projects. The Admissions Office personnel and Nurse Recruiter are the primary individuals that build relationships with grade schools, high schools, community colleges, and colleges, hospitals, and universities. The College follows a systematic plan of recruitment activities that includes:

- Two Open Houses at the College – one each in fall and spring.
- Regular recruitment and informational visits to the community colleges and colleges that the majority of the undergraduate students transfer from.
- Consistent participation in College Fairs and High School College Nights in regions where the majority of the students are from.
- Hosting every other year, a Counselor’s luncheon for high school and college counselors at the primary institutions from which we receive our students.
- Providing “Nurse for a Day” program in collaboration with PERFECT, an organization part of the local public school district, for high school students interested in nursing.
- Recruitment tables set up at local and regional conferences for recruitment of students for all program levels.
- Recruitment tables set up at all OSF Healthcare System Healthcare Facilities Employee Benefits Fairs focusing on recruitment for all program levels.

Activities are evaluated regularly to determine if they are beneficial in the recruitment of students. For example, the Admissions Department and Nurse Recruiter reviewed the High School College Nights and College Fairs that the Recruiter was attending. Several fairs quite a distance from the College were eliminated for future years because they did not yield any student applicants for several years.

The President and Assistant Dean of Support Services also create and manage articulation agreements with colleges and universities for admission of students. These agreements provide each of the feeder institutions with a guaranteed five seats each semester for students who meet the College Admission criteria who intend to enroll at the College. These agreements are reviewed annually by each institution. The College is in the process of developing an agreement with the local community college to transition its associate degree graduates into the College’s advanced placement program for RNs seeking a Bachelor of Science in Nursing degree.

**9P2. Create, prioritize, and build relationships with the educational organizations.** Collaborative relationships and partnerships are identified, prioritized, and developed to help fulfill the Mission of the College which is to provide nursing education to students at the entry and advanced practice level. Potential collaborative relationships may also be identified through the strategic planning process and work on AQIP Action Projects. Building of these external relationships is facilitated through curriculum design, input from employment services and faculty contact with employers. Other event-focused activities with potential employers that are outlined in 9P1 create and build relationships.

The primary employers of the College’s graduates are healthcare institutions and medical groups within OSF Healthcare System. The President is a member of the system-wide nursing leadership team. Through this membership, the President is able to create and build relationships with employers hiring both entry level and advanced practice nurses from the College. This participation also promotes discussion on advancement of nursing within the system, discussion of current trends and issues in nursing that impact both practice and education, and provides feedback to the College from external stakeholders on the abilities and performance of our graduates.

**9P3. Create, prioritize, and build relationships with the organizations that provide services.** Collaborative relationships and partnerships are identified and developed to help fulfill the Mission of the College which is to provide nursing education to students. Potential collaborative relationships are also identified through the strategic planning process and work on AQIP Action Projects. The primary service

provided to the College students is the use of a variety of healthcare and educational agencies for clinical learning experiences. Contractual agreements are set up with clinical agencies that provide learning experiences for students. A process is in place to evaluate and initiate contractual agreements. A faculty member identifies and visits a potential clinical site and then completes the Clinical Site Evaluation Tool. If the site is compatible with the Mission and Philosophy of the College and will provide a quality learning experience, the President initiates an Agency Agreement with the healthcare agency. The Agency Agreements are signed by the College and the clinical agency. All agency agreements are reviewed and renewed annually unless either party asks for the agreement to be terminated.

The *Preceptor Handbook* is shared with individuals who serve as preceptors and provide learning experiences for the graduate students. The handbook outlines the responsibility of the preceptor and the student along with providing evaluation forms for both parties to complete. Faculty meet with preceptors and discuss the preceptor role and responsibilities. Preceptor contracts are signed and filed with the Dean of the Graduate Program. Letters of agreement are sent to area colleges for those institutions providing educational experiences for graduate students in the educator option. A site evaluation is also completed on these education programs. A Preceptor Appreciation Lunch and program is held every two years for all preceptors. All preceptors receive a certificate recognizing their contribution to the education of the nursing students.

Outsourced services for students include bookstore activities, eCollege Student Learning Management System, Antioch Group for testing of students for learning disabilities, and 24/7 technology service through eCollege and OSF SFMC Information Systems/Information Technology Help Desk. For example, the College recognized that a priority for students is the purchase of textbooks when the College decided not to purchase and sell books to students. As a result of this, the College developed relationships and set up processes with the local Barnes and Noble bookstore to carry a section of textbooks for the College. The College developed processes and relationships with the main publishers of nursing textbooks, Elsevier and Lippincott Williams and Wilkins, for student to purchase print and eBooks directly from the publishers. The publisher representatives have presented educational programs to both faculty and students on best practices and use of eBooks.

The College employs a registered nurse as the College Health Nurse, who provides on-campus health services. She provides connection with a local medical provider in the community to provide medical care to students who do not have a primary healthcare provider. She collaborates with OSF SFMC Occupational Health to provide services to students such as free influenza vaccines. The College Counselor has created and built relationships with local counselors and mental healthcare providers as additional sources of assistance for students.

**9P4. Create, prioritize, and build relationships with the organizations.** The affiliation with OSF SFMC provides purchasing and vendor services for the College. OSF SFMC has negotiated contracts with select suppliers that allow purchase of medical supplies, office supplies and other equipment at an institutional discount. These vendor contracts are regularly evaluated by OSF SFMC according to the bidding and purchase policies to avoid any potential conflicts of interest or ethical issues. PeopleSoft is used as the primary purchasing software used by the institution. For example, OSF Healthcare System has negotiated a corporate contract with Laerdal to purchase simulation equipment at a discount. The College benefits from this relationship because we use Laerdal simulation equipment in the Nursing Resource Center.

For College initiated vendor services, a team is formed to identify potential vendors, gather information on services and cost, evaluate information for selection of vendor, recommend vendor for services, and plan for implementation or roll-out of new service or product. The recommendation is done using the SBARO process. Once a vendor is selected, arrangements are made for training and education of

employees on the use of the new product or service. Relationships are maintained through contact with the vendor.

**9P5. Create, prioritize, and build relationship with the education associations and others.**

Building and maintaining relationships with external agencies, educational associations, consortia partners, and the general community is done to fulfill the Mission of the College which is to provide nursing education to students. Potential collaborative relationships are identified through the strategic planning process and work on AQIP Action Projects. Highest priority is given to relationships affecting institutional and program approval and accreditation and student financial aid. When considering a new relationship, the College uses the SBARO process to gather information on alignment with the College Mission, Vision, Philosophy, and Goals; strengths, weaknesses, opportunities and potential risks of involvement; financial impact; and benefits to the College and stakeholders before making the decision to establish a new relationship.

To foster these relationships, the College has membership in local and national educational and healthcare organizations. College representatives serve on association boards, make presentations at conferences and network with organization members. The College is represented with membership on the American Health Science Education Consortium (AHSEC), American Heart Association (national level), American and Illinois Association of Collegiate Registrars and Admission Officers (AACRAO), American College Health Association, Association of Institutional Researchers, Illinois Association of Colleges of Nursing (IACN), Illinois Association of Student Financial Aid Administrators (ILASFAA), library consortium, National League for Nursing, Illinois Nurses' Association, Sigma Theta Tau International Nursing Honor Society, Peoria Area Chamber of Commerce, National Association of Clinical Nurse Specialists, and Illinois Society for Advanced Practice Nurses.

The Dean of the Undergraduate Program is the College representative to the Peoria Educators in Nursing (PENS) meetings which are held three times each year. The major function of the group is to coordinate usage of clinical facilities in the Peoria area. The meetings also provide opportunity for networking within the nursing education community and discussion of topics relevant to nursing education.

The College Board has members who are key community leaders. These members assist the College to identify additional opportunities to create and build relationships. For example, one member was an administrator at the local community college and facilitated a collaborative arrangement for our College students to get assistance with writing and math at the community college help lab.

**9P6. Meeting needs of partners.** The College has no formal processes in place to evaluate if needs of those involved are being met. The College identifies the needs of those in collaborative relationships through informal processes such as open communication with the PENS group and periodic evaluation of the contractual and collaborative relationships. Individual faculty members have open dialog with administrators, managers, and staff at the clinical agencies to maintain the established relationship and determine if mutual needs are being met. The College's continuing accreditation with regional and program accreditors is an indicator that the College is meeting the needs of the students we serve and the accrediting agencies. The College's AQIP Action Project focused on developing an advisory board which will provide external stakeholder feedback to determine if we are meeting stakeholder needs.

**9P7. Create and build relationships between and among departments.** The College builds relationships with the institution in a number of ways. Category Four, Valuing People, speaks to the building of relationships within the College in more detail. The College recognizes a key factor in building internal relationships is communication. Communication is done through department, course, and College meetings, email, and faculty and staff participation at forums, strategic planning and AQIP Action Project teams. For the past four years the College focus on communication has had commitment to

transparency and inclusion of all by a variety of measure. Every other year, the College hosts an all employee off-campus meeting with a focus on communication, strategic planning, and quality improvement. All employees are invited to participate and time is arranged for all to attend. The Student Services Support Work Group meets every other month for communication, improvement of processes related to student services, and to ensure that processes are working as needed.

Employees also participate in a number of informal mechanisms to build relationships. Employee potlucks and celebrations are held on birthdays, holidays, and other special events, such as recognition for completion of doctoral degrees. These provide an opportunity for all employees to socialize together. Acknowledgements of the College Board, administration, faculty, staff and student awards and achievements are published in the College and Alumni newsletters, the OSF SFMC publication, via email, and on the website.

**9R1. Performance Measures.** The College uses admission data to determine effectiveness of relationships with high schools and feeder institutions, medical center, hospitals and College of Nursing faculty. Alumni surveys and employer feedback and employment data are analyzed. Development of articulation agreements and ongoing renewal of contractual agreements with clinical agencies are monitored. Employees of the College complete the Employee Opinion Survey every two years administered by Morehead Opinion Surveys & Consultants as one measure of building relationships within the institution. The College will also use Advisory Board feedback once the board is operational.

**9R2. Performance results.** The College successfully completed its first AQIP cycle and received reaffirmation of accreditation from the HLC through 2017-2018. The College was granted accreditation for its Doctor of Nursing Practice (DNP) program by the HLC in 2009. The NLNAC granted the MSN program continuing accreditation for 8 years in 2009 and the DNP program Candidacy Status in 2011. The College hosted an initial accreditation visit for the DNP program with NLNAC in spring 2012. The team’s recommendation is for accreditation of the program. The final decision will be made by the NLNAC Commission in July 2012.

Analysis of admission data shows that the College students transfer from a variety of two and four year institutions. The majority of the students come from five local community colleges: Black Hawk College, Heartland Community College, Illinois Central College, Illinois Valley Community College, and Spoon River College (Figure 9-1). Students attended an additional 30 in-state and 20 out-of-state colleges and universities. Note that some students attended more than one college or university.

**Figure 9-1: Colleges Attended by Enrolled Full-time BSN Students**

College	Fall 2009 n=77	Spring 2010 n=59	Fall 2010 n=75	Spring 2011 n=73
Black Hawk College	2	2	2	2
Heartland Community College	5	10	8	8
Illinois Central College	48	27	42	29
Illinois Valley Community College	1	4	1	3
Spoon River College	8	2	2	2

The results of the collaborative relationships are positive. The College has 92 agency agreements or letters of agreement with outside healthcare agencies and colleges and universities for clinical and practicum learning experiences. Many of these contracts have been long-term. Three formal collaborative/articulation agreements were developed with colleges providing students for the College. The agreements are with: Lincoln Christian University, Lincoln College, and Illinois Valley Community College. The College is currently working on a formalized articulation agreement with the Associate

Degree Nursing program at Illinois Central College to facilitate a smooth transition for RN to BSN students.

The relationship developed with Barnes and Noble has provided the College with visibility within the business via required College textbook displays. Students can use member discounts to purchase required textbooks. The relationships with Elsevier and Lippincott Williams and Wilkins have provided discounts of 30-40% for students purchasing eBooks and 20% for purchasing print books direct from the publishers.

The College, through its chapter of Sigma Theta Tau International Honor Society, has collaborated with three other area college chapters to sponsor an annual evidence-based practice conference. This has occurred over the last four years.

Alumni and employer feedback are found in 3R2. Results of the Morehead Employee Survey are found in 4R2 and 5R2.

**9R3. Comparison results.** The College is collaborating with other similar colleges in the American Health Sciences Education Consortium (AHSEC) who use the Morehead Survey to develop a benchmark process to share results. Anecdotal data gathered informally indicates that the relationships are appropriate and positive for all parties involved. The College plans on continuing to investigate additional sources of benchmark and comparison data in this area.

Limited comparative data is available from the Employee Opinion Survey. The College compared to other units within the OSF SFMC on its identified strengths and concerns is shown in 4R2 and 5R2. For 2011 in the area of Action Planning Readiness the College scored a readiness score of 91 out of 100 indicating that employees are definitely ready to work with the person they report to during the action planning process. This is higher than the comparison institution score which was 78 indicating a moderate readiness for action planning. The College score of 91 is highly favorable.

**9I1. Recent improvements.** The following are examples of improvements that have been made based on decisions made after analysis of assessment and evaluation measures. The improvements were developed to improve building collaborative relationships to support the Mission. The following are examples of improvements that have been targeted based on decisions made after analysis of assessment and evaluation measures. The targeted improvements were identified to improve processes related to building relationships at the College. Recent improvements in this category include:

- Collaborative purchasing arrangement with Barnes and Noble and two nursing publishers to facilitate student purchasing of textbooks. Nursing publishers providing discount for eBooks and direct purchase from publisher.
- Relationship in progress to outsource and update laundry facilities in Residence.
- The increased number of alumni involved in the Alumni Association improves this relationship with the College. The Alumni Association has grown to a membership of 90, and has its own Governance Board, bylaws and organizational structure. The College plans on continuing to nurture this relationship to increase the number of alumni involved with the institution as a mechanism for increasing non-tuition revenue for upcoming projects.
- The PENS group collaborated with a larger group of healthcare workers to develop a standardized agency contract to be used by all nursing education programs and health care institutions. This standardized the basic healthcare requirements that students need to meet to participate in the clinical learning experience in the facility.
- Three formal articulation agreements were signed with colleges and universities providing students to the College. A fourth agreement is in the process to assist students desiring to enter the College's RN to BSN program.

- An AQIP Action Project is in process to develop an Advisory Board for feedback from external stakeholders and to build relationships within the community.
- The College in collaboration with PERFECT offers “Nurse for a Day” program twice for high school students interested in nursing.
- The President regularly participates in meetings and strategic planning with the OSF Healthcare System Chief Nursing committee to build relationships and obtain feedback from external stakeholders and employers of the College’s graduates.

**9I2. Selection of processes for improvement.** Strategic planning processes and continuous quality improvement through AQIP use the data to identify goals and long-range plans for the College. The College Board, administration, faculty and staff are involved in the strategic planning process. Priorities are set based on the Mission to provide nursing education programs. Communication of priorities is done through verbal and written reports to the Board, faculty and staff. Publication of achievement of annual goals and established goals for the upcoming year is published in the College’s *Annual Report*.

Feedback and data collected from collaborative relationships are used to improve processes and systems. The data are used to set strategic goals and identify AQIP Action Projects for the College. This is done by first identifying deficiencies in existing processes and systems. Appropriate standing committees, departments, or AQIP Action project teams are identified that are best suited to improve the processes. The assigned group works on the project then brings the result back to College Senate for approval.

**Glossary of Acronyms**

AACN	American Association of Colleges of Nursing
ADC	Academic Development Center
BSN	Bachelor of Science in Nursing
CON	College of Nursing
CSEQ	College Student Experience Questionnaire
DMAIC	Six Sigma Process: Define, Measure, Analyze, Implement, Control
DNP	Doctor of Nursing Practice
EBI	Educational Benchmarking, Inc.
HESI	Health Education Systems, Inc.
ICC	Illinois Central College
IEAS	Institutional Effectiveness and Assessment Specialist
MSN	Master of Science in Nursing
NACNS	National Association of Clinical Nurse Specialists
NCA	North Central Association
NCLEX-RN	National Council Licensure Examination for Registered Nurses
NLN	National League for Nursing
NLNAC	National League for Nursing Accrediting Commission
PENS	Peoria Educators in Nursing
PERFECT	Peoria Educational Region for Employment and Career Training
OSF SFMC	OSF Saint Francis Medical Center
SBARO	Situation, Background, Assessment, Recommendation, Outcome/owner
SONISWEB	Scholastic Online Information System – web based
SOS	Students Offering Support
SPEAOP	Systematic Program Evaluation and Assessment of Outcomes Plan
SWOT	Strengths, Weaknesses, Opportunities, Threats – Strategic Planning activity



**Index to the location of evidence  
relating to the Commission's  
Criteria for Accreditation  
found in Saint Francis Medical Center College of Nursing's  
Systems Portfolio**

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**Criterion One – Mission and Integrity.** The organization operates with integrity to ensure the fulfillment of its mission through structures and processes that involve the board, administration, faculty, staff, and students.

**Core Component 1a.** The organization's mission documents are clear and articulate publicly the organization's commitments.

- The Mission, Vision, and Philosophy articulate the College's provision of nursing education at both the undergraduate and graduate level. [Institutional Overview , 1P2, 2P1]
- The Mission and Vision reflect the College's commitment to excellence in nursing education. [Overview , 1P2,2P1]
- Student learning as a lifelong process is aligned with the Mission, Vision, and Philosophy. [Overview 1, 1R4,2P1]
- The Mission, Vision, and Philosophy are readily available and shared with internal and external stakeholders. [5P1, 5P2, 5P3]

**Core Component 1b.** In its mission documents, the organization recognizes the diversity of its learners, other constituencies, and the greater society it serves.

- The Mission and Philosophy contain statements related to student learning and being prepared to function in a diverse society. [1C4]
- The College provides academic and student support services to meet the diverse needs of the College's learners. [1P8, 1P9, 1P10, ]
- Distinctive objectives of the College focus on personal and professional growth, building relationships, and service to the community. [2P1, 2C2, 2R1, 3P2]
- The development of the College Diversity Plan focuses on inclusion and celebrates differences. [2P1, 4P12, 8P2]

**Core Component 1c.** Understanding of and support for the mission pervade the organization.

- The Mission, Vision, Core Values, and internal and external factors are the driving forces that leadership uses to set the direction of the College. [5P1, 5P2, 5P3, 8P2]
- The College clearly communicates the mission to students and new employees during Orientation. [Institutional Overview, 1C2, 4P4, 5P1, 5P2]
- The Strategic Plan established around the five areas is in alignment with the Mission and Vision of the College. [8P1, 8P2]
- An understanding of the Mission of the College is demonstrated through the organizational and governance structures of the College. [5P4, 5P5, 5P8]
- Leaders communicate the Mission, Vision, and Values of the College through formal communication, electronic communication, communication forums, and formal meetings. [5P4, 5P7, 5P8]

**Core component 1d. The organization's governance and administrative structures promote effective leadership and support collaborative processes that enable the organization to fulfill its mission.**

- A shared governance structure between the College Board and faculty is central to the College's strategic planning and decision-making processes. [Overview 5, 5P4, 5P5]
- Faculty and administration review new programs and major curricular initiatives. New program proposals are submitted to the College Senate and then to the College Board for approval. [1P3, 1P, 1P14]

**Core component 1e. The organization upholds and protects its integrity.**

- Ethical policies, practices, and programs are outlined in employee handbooks, student handbooks, and personnel policies. [3P6, 4P7]
- The College maintains a commitment to intellectual freedom, inquiry, and respect. [Overview, 1P8, 3P2]
- The College has a formal complaint process for students and makes efforts to deal with issues and complaints in a timely manner. [3P6]
- Processes and procedures are in place to address issues of fairness and equity for employees. [4P7]

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**Criterion Two – Preparing for the Future. The organization's allocation of resources and its processes for evaluation and planning demonstrate its capacity to fulfill the mission, improve the quality of its education, and respond to future challenges and opportunities.**

**Core Component 2a. The organization realistically prepares for a future shaped by multiple societal and economic trends.**

- The College conducts a strategic planning process that has developed key action plans, tactics, and metrics. [Overview 5, 8P1, 8P2, 8P3]
- The Leadership Team's roles and responsibilities include: coordinating efforts to integrate student support and academic services from inquiry through alumni; exploring trends in health care, nursing, and education to monitor whether the College is current and make recommendations for change to College Senate. [5P2, 5P4]
- The strategic planning process includes effective environmental scanning. [5P2, 5P3, 5P4]
- The college supports change and innovation by establishing formal processes to recommend, implement, and sustain change. [4P5, 5P7]

**Core component 2b. The organization's resource base supports its educational programs and its plans for maintaining and strengthening their quality in the future.**

- The College's resources are adequate for achievement of its educational programs and objectives. Resource needs are identified through the planning process and annual budget process. Employees provide input into both activities. [4P8, 6P1, 8P2, 8P6]
- All of the faculty at the College are Master's prepared or above. The College also employs part time and adjunct faculty due to increased enrollment. [Overview 4, 4P1, 4P5]

- The College's strategic planning process to determine faculty capabilities and educational needs for now and the future includes gathering and analyzing of demographic and professional trends. [4P5, 4P8, 4P9, 8P1, 8P2]
- Strategic planning has been streamlined to allow flexibility in the planning process; to efficiently use resources and personnel; to improve communication and to keep the institution focused on the same direction. [8P1, 8P2]

**Core component 2c. The organization's ongoing evaluation and assessment processes provide reliable evidence of institutional effectiveness that clearly informs strategies for continuous improvement.**

- Key student and stakeholder needs are identified through surveys, standing committees, student forums and Student Senate. [3P1, 3P3, 3P5, 3P6]
- The Systematic Program Evaluation and Assessment Outcomes Plan (SPEAOP) identifies sources of data gathered to measure accomplishment of program goals and objectives. [Overview, 1P1, 1P14, 1P18]
- The College has a continuous history of gathering, aggregating and using data for improvements. The selection of data from specific evaluative measures is used to determine the achievement of specific criteria in the SPEAOP. [Overview 1, 1P18, 1R1, 7P2]
- The College developed an Integrated Scorecard with key indicators of institutional effectiveness. The results are used to identify areas to target for action planning and improvement. [7P1, 7P4, 7P5, 7P6]

**Core component 2d. All levels of planning align with the organization's mission, thereby enhancing its capacity to fulfill that mission.**

- Strategic planning involves all faculty, staff, Board members and select students which led to the development of the current 2010-2015 Strategic Plan. [8P1, 8P2]
- Administration, faculty, staff and the College standing committees are involved in both the planning and budgeting. [8P6]
- The College's long-term strategies were developed through the five-year Strategic Plan. The Strategic Plan supports the Mission and Vision. The short-term strategies are linked to the Strategic Plan in the areas of Quality Education, Service Excellence, Community of Caregivers, Growth, and Financial Integrity. [8P1, 8R3]

**Criterion Three – Student Learning and Effective Teaching. The organization provides evidence of student learning and teaching effectiveness that demonstrates it is fulfilling its educational mission.**

**Core component 3a. The organization's goals for student learning outcomes are clearly stated for each educational program and make effective assessment possible.**

- The College identifies student learning objectives for the undergraduate and graduate programs. Faculty create assessment plans to determine student achievement of outcomes. [1P1, 1P2, 1P18, 1R1]
- Assessment of student achievement uses a variety of indirect and direct measures at both the individual and program level. [1P18, 1R1]

- The Systematic Program of Evaluation and Assessment of Outcomes Plan (SPEAOP) was developed by faculty. The plan identifies levels of achievement, assessment measures, and persons responsible for the measurement. [Overview 1, 1P18]
- Faculty and staff participate in development of the assessment plan through participation on the Curriculum, Graduate, and Evaluation committees. [1C2, 1P1]
- The College uses assessment data to review effectiveness of processes related to student learning and improve student learning activities. [Overview 1, 1P17, 1R1]

**Core component 3b. The organization values and supports effective teaching.**

- Faculty determines course content and goals for assessment of student learning. All new programs and revised curriculum goes through a series of formalized steps before the approval of the College Senate. [Overview 1, 1P3, 1P13, 1P14]
- Faculty are evaluated annually to ensure quality teaching, are encouraged to develop personal development goals that align with the Strategic Plan, and are recognized for quality teaching. [4P10, 4P11]
- The College's support of effective teaching is evidenced by the financial support for attendance at conferences and workshops and the strengthening of the faculty orientation program including a series of programs throughout the year related to improving teaching and student learning. [4P4, 4P8, 4P9]

**Core component 3c. The organization creates effective learning environments.**

- The College strives to create a climate that respects the needs of learners from all backgrounds and recognizes the need for services to help students be successful. [Overview 1, 1P8, 1P9]
- The College has an early student contact academic advisement program to assist students in developing their plan of study. Student advising is focused on student learning and student success. [Overview 3, 1P7, 1P9]
- The College monitors student preparedness through results of licensure examinations, certification rates, and surveys after graduation. [1P1, 1P11, 1P17, 1P18, 1R4]
- The College has expanded the Nursing Resource Center to six state-of-the-art laboratories with simulation equipment for student learning. [1I1, 5P4, 8P6]

**Core component 3d. The organization's learning resources support student learning and effective teaching.**

- The Colleges' support services reinforce student learning and accomplishing other distinctive objectives because of the importance the College places on building relationships with stakeholders. [Overview 6, 2P1, 6P1, 6P4]
- Academic support for students is provided through the ADC, Library, counseling services, and academic advisement. [1P8, 1P9, 1P15]
- The College focused on developing a plan to improve student learning and success through the development of the Academic Development Center. The Center offers individual and group programs to improve student success and retention. [1P8, 1P9, 1P15]
- Budget priorities reflect the Mission of the College to provide undergraduate and graduate nursing education. [5P9, 8P6]
- The College collaborates with a number of other institutions to provide quality learning experiences and assistance for students. [Overview 9, 9P1, 9P3, 9P5]

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**Criterion Four: Acquisition, Discovery, and Application of Knowledge, The organization promotes a life of learning for its faculty, administration, staff, and students by fostering and supporting inquiry, creativity, practice, and social responsibility in ways consistent with its mission.**

**Core Component 4a. The organization demonstrates, through the actions of its board, administrators, students, faculty, and staff, that it values a life of learning.**

- Life-long learning is aligned with the College Mission, Vision, Philosophy, and Goals of the College. [Overview 1, 1P2, 1R4]
- Undergraduate and graduate program objectives emphasize personal and professional role development. [Overview 1, 1P2, 1P4]
- The College promotes a learning climate that encourages intellectual freedom, discussion of diverse ideas, and intellectual inquiry. [Overview 1, 1P15 ]
- The College's planning and budgeting processes demonstrate that it values and promotes a life of learning for faculty, staff, and students. The College provides professional development opportunities to faculty members, staff, and administrators. [4P8, 4P9, 5P9, 5P10, 6P1]

**Core Component 4b. The organization demonstrates that acquisition of a breadth of knowledge and skills and the exercise of intellectual inquiry are integral to its educational programs.**

- Two of the College Goals which were developed by the faculty were: to provide the essential foundation for graduate study in nursing and foster the commitment to personal and professional growth and accountability. [Overview 1, 2P1, 2R2]
- The College analyzes results from multiple data sources such as the HESI Exit Exam, NCLEX-RN licensure pass rates and GPA of graduating students to determine achievement of learning outcomes, preparation for employment and further education of BSN students. [1P18, 1R1, 1R2, 1R4]
- The College integrates general education courses into the undergraduate program. The requirements of the BSN prenursing curriculum incorporate the General Education Core Curriculum adopted by the Illinois Board of Higher Education. [Overview 1, 1P1]
- Certification rates and employment data demonstrates that the learning outcomes of the graduate program provide the knowledge and experience needed for successful practice [1P18, 1R1, 1R2, 1R4]
- All programs have identified student learning outcomes that are listed in program brochures and on the College's website. Graduates demonstrate they have achieved a breadth of knowledge and skills, the capacity to exercise intellectual inquiry, and effective preparation for lifelong learning. [Overview 1, 1P2, 1P7]

**Core Component 4c. The organization assesses the usefulness of its curricula to students who will live and work in a global, diverse, and technological society.**

- The College prepares students for a diverse world by incorporating concepts of diversity and culture in nursing courses. Students study and provide nursing care for clients from diverse backgrounds and consider cultural, religious and ethnic backgrounds of the patients. [1C4]
- The College uses a variety of data sources to assess the needs of students and other stakeholders. Feedback from these key groups is considered when adding or making changes in academic programs. [1P6, 1P13, 1R1, 1R2]
- The College monitors the currency and effectiveness of its educational programs through both internal and external processes. Internal processes include program review by the Curriculum

and Graduate committees, assessment reports, data related to student achievement of outcomes, and alumni feedback. External processes include the development of the Advisory Board and use of information from external program accreditors such as NLNAC. [1P4, 1P5, 1P13, 1P14, 3P1]

**Core component 4d. The organization provides support to ensure that faculty, students, and staff acquire, discover, and apply knowledge responsibly.**

- Academic and support groups and services contribute to students' development of skills and knowledge by providing services within the learning environment. [Overview 2, Overview 6, 1P15, 6P1]
- Ethical practices are ensured through the joint development and implementation of the College Core Values. [Overview, 4P7]
- The College created, disseminated, and enforces intellectual property rights. [Overview 1]

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**Criterion Five: Engagement and Service. As called for by its mission, the organization identifies its constituencies and serves them in ways both value.**

**Core Component 5a. The organization learns from the constituencies it serves and analyzes its capacity to serve their needs and expectations.**

- Saint Francis Medical Center College of Nursing regularly solicits feedback from stakeholders and carefully considers their satisfaction when making changes. [1P4, 3P1, 3P3, 3P5]
- The College uses multiple methods of data collection to identify and understand needs of its students and stakeholders. [1P4, 3P1, 3P3, 3P5, 3R1, 5P3]
- The College's collaborative relationships reinforce the institution's mission to provide nursing education at the undergraduate and graduate level by meeting the immediate and long-term needs of the community and workforce. [Overview 9, 9P1, 9P2, 9P3, 9P4, 9P5]

**Core Component 5b. The organization has the capacity and the commitment to engage with its identified constituencies and communities.**

- Saint Francis Medical Center College of Nursing actively participates in collaboration with other institutions of higher learning. [Overview 9, 9P5]
- The College widely distributes both the campus newsletter and *Annual Report* to constituents. [1P7, 1I2, 2I2, 3I2, 4I2, 5I2, 6I]
- Feedback from students and employees is regularly gathered and used to improve the institution. [3P1, 3P3, 3P5, 3P6]

**Core Component 5c. The organization demonstrates its responsiveness to those constituencies that depend on it for service.**

- Students and faculty demonstrate commitment to the Mission in service to the community through participation in health-related activities and organizations. [2P1, 2R1, 2R2]
- Curriculum changes and program additions are driven by the needs of our constituencies. [1P3, 1P4, 1P14]
- Processes are in place to assist with employee recognition and retention as a Valuing People initiative [4P10, 4P11, 4P13]

- The five strategic areas of the Strategic Plan guide the College in serving our constituencies. [Overview 5, 8P1, 8P2, 8R3]

**Core Component 5d. Internal and external constituencies value the services the organization provides.**

- Results of the employee satisfaction survey and retention rates of faculty and staff show a high level of satisfaction with the College. [4R2, 4R3, 5R2]
- Student success shows the College is accomplishing its mission. [1R2, 1R3, 1R4,2R2]
- Results of employer surveys indicate a high degree of satisfaction with the graduates of the College of Nursing. [1R4, 3R4]
- The College maintains ongoing relationships with a number of educational and healthcare institutions. [Overview 9, 9P5, 9R2]