## CCNE Standard 1  Quality: Mission and Quality

<table>
<thead>
<tr>
<th>Key Elements</th>
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<tbody>
<tr>
<td><strong>1-A</strong> The mission, goals, and expected student outcomes are congruent with those with those of the parent institution and consistent with the relevant professional nursing standards and guidelines for the preparation of nursing professionals.</td>
<td>The College of Nursing (CON) mission, goals and student outcomes associated with each program are congruent with Michigan State University (MSU) mission and strategic imperatives, and consistent with the professional standards and guidelines for the preparation of nursing professionals which include:</td>
<td>Comparative review of CON mission, goals and student outcomes with MSU mission and strategic imperatives and listed professional standards and guidelines for the preparation of nursing professionals is documented in appropriate meeting minutes.</td>
<td>-College Advisory Council (CAC)</td>
<td>Every 3 years and as changes occur</td>
</tr>
</tbody>
</table>

- *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008)
- *The Essentials of Master’s Education for Advanced Practice Nursing* (AACN, 2011)
- *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016)
- *Clinical Nurse Specialist Core Competencies; Executive Summary* (National CNS Task force, 2006)
- Criteria for Evaluation of Clinical Nurse Specialist Master’s, Practice Doctorate and Post-Graduate Certificate Programs (NACNS, 2011)
- *Standards for Accreditation of Nurse Anesthesia Educational Programs* (COA 2004)
- *Scope and Standards for Nurse Anesthesia Practice* (AANA, 2007)

- *Indicators of Quality in Research-Focused Doctoral Programs in Nursing* (AACN 2001) | -Dean & Associate Deans (admin team) | US 2017

US 2018

US 2021
# CON Evaluation Plan

## CCNE Standard 1  Quality: Mission and Quality

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| **1-B** The mission, goals, and expected student outcomes are reviewed periodically and revised, as appropriate to reflect: professional nursing standards and guidelines; and the needs and expectations of the community of interest | The mission, goals and student outcomes are reviewed and revised to respond to current professional nursing standards and guidelines and the evolving needs and expectations of the community of interest. | Review of CON mission, goals and expected student outcomes in light of revisions to listed professional nursing standards and guidelines and/or feedback from members of our community of interest about evolving needs and expectations is documented in appropriate meeting minutes. | - Undergraduate Program Committee (UPC)  
- Advanced Practice Program Committee (APPC)  
PhD Program Committee (PPC) | Every 3 years and as changes occur  
US 2017  
US 2018  
US 2021 |
| **1-C** Expected faculty outcomes are clearly identified by the nursing unit, are written and communicated to the faculty, and are congruent with Institutional expectations. | MSU CON Indicators to Be Used For Evaluation & Promotion (2017) are congruent with MSU faculty expectations and are published in the CON Faculty Handbook which is accessible to faculty on the CON website. | Review of MSU CON Indicators To Be Used For Evaluation & Promotion for congruence with expected institutional & professional outcomes is documented in appropriate meeting minutes. | - CAC  
- Admin team | Every 3 years and as changes occur.  
US 2017  
US 2018  
US 2021  
Updates in annual report as needed |
| **1-D** Faculty and students participate in program governance. | Faculty and student participate in program governance is congruent with MSU CON governing bylaws | - MSU CON Bylaws (2017)  
- MSU CON committee rosters  
- MSU CON committee meeting minutes | - CAC  
- Student Advisory Council (SAC) | Annual committee elections  
Spring semester |
## CCNE Standard 1  Quality: Mission and Quality

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| 1-E Documents and publications are accurate. A process is used to notify constituents about changes in documents and publications. | All MSU CON documents and publications are accurate and consistent in all venues. Changes are published in faculty and student handbooks and web pages. Handbooks and web pages are routinely updated to reflect any changes prior to the fall semester of each academic year and as needed throughout the year. Constituents are notified by email distributions in a timely manner with consideration to the impact immediacy of changes planned/ instituted. | Annual review of all catalogues, websites, handbooks, manuals, brochures, etc. with CON program related information including:  
- MSU *University Curriculum and Catalog*  
- MSU – *Academic Policies, Procedures, & Guidelines*  
- MSU - *Spartan Life*  
- BSN Student Handbook  
- MSN Student Handbook  
- MSN Nurse Anesthesia Supplemental Handbook  
- DNP Student Handbook  
- PhD Student Handbook  
- CON promotional materials | - Admin team  
- Office of Student Support Services (OSSS)  
- Program Directors | Annually and as changes occur  
Fall and Summer semesters |
### CCNE Standard 1  
**Quality: Mission and Quality**

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| **1- F**  Academic policies of the parent institution and the nursing program are congruent and support achievement of the mission, goals, and expected student outcomes. These policies are -fair, equitable; -published and accessible; -and are reviewed and revised as necessary to foster program improvement.  | CON academic policies are congruent with MSU policies, support the mission, goals and expected student outcomes, are fair and equitable; are published and accessible in faculty and student handbooks accessible on the MSU and/or CON website and revised as necessary to foster program improvement. | Annual review of information sources for policy congruence between MSU and CON for support of mission, goals and expected student outcomes; fairness and equity; accessibility of information and need for revisions. Information sources include: -MSU University Curriculum and Catalog -MSU – Academic Policies, Procedures & Guidelines - MSU- Spartan Life - BSN Student Handbook - MSN Student Handbook -MSN Nurse Anesthesia Supplemental Handbook -DNP Student Handbook -PhD Student Handbook -CON promotional materials | -Associate Deans -OSSS -Program Directors -APPC -UPC -PPC | Annually and as changes occur  
Summer Semester |
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| **2-A** Fiscal and physical resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of the resources is reviewed periodically and resources are modified as needed. | Resources are adequate to support mission, goals and strategic priorities. | **Fiscal Resources**  
- Provost’s Fall Planning Letter/Budget Documents  
- Budget and Space Requests | - CAC  
- Admin Team  
- Program Directors | Annual budget timetable  
Spring semester |
| **2-B** Academic support services are sufficient to ensure quality and are evaluated regularly in order to meet program and student needs. | Services are adequate and evaluated regularly in order to meet program and student needs. | **Review of and utilization reports and feedback about university and CON services available to students and faculty to achieve quality target.**  
Reports include:  
- End of program surveys  
- AISS annual report  
- UPC/GPC meeting minutes | - Program Directors  
- Associate Deans  
- OSSS  
- Academic Instructional Support Services (AISS) | Annually  
Fall semester |
## CCNE Standard 2  
**Program Quality: Institutional Commitment and Resources**

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| **2-C** The chief nurse administrator is a registered nurse, holds a graduate degree in nursing, is academically and experientially qualified to accomplish the mission, goals, and expected student and faculty outcomes, is vested with the administrative authority to accomplish the mission, goals, and expected student and faculty outcomes, and provides effective leadership to the nursing unit in achieving its mission, goals, and expected program outcomes. | The CON Dean has ability, credentials and authority to lead college in achievement of mission goals and expected program outcomes. | -Dean’s CV demonstrates credentials and accomplishments  
-Five year decanal review and associated Provost’s letter demonstrate Dean’s achievement of/progress toward expected outcomes | -CAC  
-Provost | Every 5 years and at transition  
2020 |
## CCNE Standard 2  Program Quality: Institutional Commitment and Resources

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| **2-D** Faculty members are sufficient in number to accomplish the mission, goals, and expected program outcomes; academically prepared for the areas in which they teach and; experientially prepared for the areas in which they teach. | An adequate number of qualified faculty is assigned to achieve mission, goals, and strategic objectives. | -Recruitment Plans  
-Master Faculty Roster  
-Individual faculty CVs  
-CON Work Assignments Principles and Guidelines (2016)  
-Assignment process  
-Assignment letters  
-Search committee minutes | -Admin Team  
-Program Directors | Annual faculty assignment schedule  
Summer semester |
### CCNE Standard 2  Program Quality: Institutional Commitment and Resources

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| **2-E** Preceptors, when used by the program as an extension of faculty, are academically and experientially qualified for their role in assisting in the achievement of the mission goals and expected student outcomes. | Selected preceptors are qualified and engaged to support faculty and students in achieve learning outcomes. | - Documentation of preceptor credentials and clinical experience is available in preceptor files/data base  
- Student and faculty Evaluation of Preceptor survey data | - Academic Instructional Support Services (AISS)  
- Program Directors  
- Course Coordinators | Each semester |
| **2-F** The parent institution and program provide and support an environment that encourages faculty teaching, scholarship services and practice in keeping with the mission, goals, and expected faculty outcomes. | MSU campus & CON environments are rich in resources that support respective missions, goals and expected faculty outcomes. | - Review of MSU campus resource listing  
- Review of CON resource listing  
- Review of MSU and CON faculty development offerings and participant evaluations | - CAC  
- UPC  
- APPC  
PPD  
- Admin Team | Every three years and as additional resource needs are identified.  
2014  
2017  
2020 |
### CCNE Standard 3  *Program Quality: Teaching – Learning Practices and Individual Student Learning Outcomes*

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| **3-A** The curriculum is developed, implemented and revised to reflect clear statements of expected student outcomes that are congruent with the program’s mission, goals, and roles for which the program is preparing its graduates. | Expected student outcomes are congruent with CON program mission & goals and roles for which graduates are being prepared. | - Curriculum Documents  
- Course and program reviews | UPC  
APPC  
PPC  
Admin team  
Program Directors | - Undergraduate Programs – every three years.  
- Graduate Programs – every three years |
| **3-B** Curricula are developed, implemented and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum, and within expected student outcomes (individual and aggregate.) | Curricula reflect relevant professional nursing standards and guidelines to achieve expected student outcomes (individual and aggregate). | - Curriculum Documents  
- Course and program reviews  
- Graduate Student Annual Review Process | UPC  
APPC  
Program Directors | - Undergraduate Programs – every three years  
- Graduate Programs – every three years |
<table>
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| **3-C** The curriculum is logically structured to achieve student outcomes.  *Baccalaureate curricula builds upon a foundation of the arts, sciences and humanities.  * Master’s curricula build upon the foundation comparable to baccalaureate level nursing knowledge.  *DNP curricula builds on a baccalaureate and/or master’s foundations depending on the entry of the students | Curricula are logically structured to build upon previous levels of education and foster achievement of expected student outcomes in all CON programs. | -Course and program reviews | - UPC  
- GPC  
- Program Directors | - Undergraduate Programs – every three years  
- Graduate Programs – every three years |
| **3-D** Teaching and learning practices and environments support the achievement of expected student outcomes. | Instructional methods and planned learning activities are determined with consideration of expected student learning outcomes. | -Course and program reviews  
- Clinical Site utilization and evaluation data  
- Simulation Labs utilization and evaluation data  
- Student Instructional Rating System (SIRS)  
- EBI exit survey data  
- Agency contracts | - UPC  
- APPC  
PPC  
- Faculty  
- Course Coordinators  
- Program Directors  
- Admin team  
- AISS  
- Evaluation Coordinator | According to course review/development schedule and/or as changes dictate need. |
## CCNE Standard 3  
**Program Quality: Teaching – Learning Practices and Individual Student Learning Outcomes**

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| **3-E** The curriculum includes planned clinical practice experiences that: enable students to integrate new knowledge and demonstrate attainment of program outcomes; and are evaluated by faculty. | Selection of clinical experiences that are appropriate to enable integration of knowledge and attainment of program outcomes and are evaluated by faculty, | -Course and clinical schedules  
- Clinical Site and Preceptor evaluation survey reports  
- EBI exit survey reports  
- Student Instructional Rating System (SIRS) | -UPC  
- APPC  
- Faculty  
- Course/Concentration Coordinators/Director  
- Program Directors  
- Admin team  
- AISS | Each semester and/or annually as reports are available. |
| **3-F** The curriculum and teaching-learning practices consider the needs and expectations of the community of interest. | The CON community of interest is defined and actively engaged in regular dialogue about the various needs and expectations of its members. | - Input solicited from Community Advisory Group  
- Feedback from Clinical Partner Agencies and Preceptors | - AISS  
- Admin team | Bi-annually |
### CCNE Standard 3  
*Program Quality: Teaching – Learning Practices and Individual Student Learning Outcomes*

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| **3-G**  
Individual student performance is evaluated by the faculty and reflects achievement of expected student outcomes. Evaluation policies and procedures for individual student performance are defined and consistently applied.  
Student evaluation policies and procedures are clearly stated in each course syllabus, reflect achievement of stated learning objectives and are consistently applied by faculty. |  
Review of  
-Course syllabi  
-Rubrics  
-Student handbooks | -Faculty  
-Course Coordinators  
-Program Directors | Every semester for each course  
Annually and as needed |
### CCNE Standard 3  
**Program Quality: Teaching –Learning Practices and Individual Student Learning Outcomes**

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| 3-H Curriculum and teaching-learning practices are evaluated at regularly scheduled intervals to foster ongoing improvement. | Curriculum and teaching and learning practices are reviewed and discussed by course coordinators, program committees and program directors at regularly scheduled program committee meetings. | Program course reviews and discussions are documented in appropriate program committee meeting minutes. | -UPC  
-APPC  
PPC  
-Faculty  
-Course/Concentration Coordinators/Director  
-Program Directors  
-Admin team | According to course review schedules and as quality improvement opportunities are identified. |
**CON Evaluation Plan**

### CCNE Standard 4  
*Program Effectiveness: Aggregate Student Performance and Faculty Accomplishments*

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| **4-A** A systematic process is used to determine program effectiveness. | The CON Evaluation Plan guides a systematic process for collecting, reporting and analyzing data to determine program effectiveness. Data sources and benchmarks used to determine program effectiveness are identified in CON Evaluation Plan Target Outcomes for Key Elements 4-B, C, D, E.  
  The evaluation coordinator monitors selected data sources that reflect program effectiveness on a regular basis and submits summary reports to appropriate governance committees, program directors, and the administration team annually for review and program quality improvement planning. | Aggregate data reports, analysis and discussion about program improvement strategies and their effectiveness are found in the applicable meeting minutes. |  
  - Evaluation Coordinator  
  - Admin Team  
  - OSSS  
  - UPC  
  - APPC  
  - PPC  
  - PPC  
  - CAC | Annually and as needed  
  Fall semester |
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| 4-B Program completion rates demonstrate program effectiveness. (minimum of 70% or higher) | Program completion rates are collected and used to determine program effectiveness. Bench mark graduation rates and time to completion are as follows:  
  **Combined BSN benchmark 70% # grad/#enrolled within expected timeframe)**  
  BSN Pre-licensure - traditional/AO = > 70% within 3 yrs  
  RN – BSN = >70% within 3 yrs of admission.  
  **Combined APRN benchmark 70% # grad/#enrolled within expected timeframe)**  
  Nurse Practitioner within 5 yrs of admission  
  Clinical Nurse Specialist within 5 yrs of admission  
  Nurse Anesthesia within = 28 mos  
  DNP 70% # grad/#enrolled within 6 years  
  PhD 70% # grad/# enrolled within 7 years | Collected data are summarized and reviewed by evaluation coordinator and shared with appropriate CON committees to monitor program quality and student achievements. Recommendations reported to MSU CON administration, MI state board of nursing, and accrediting agencies as applicable | - OSSS  
  _Evaluation coordinator_  
  - UPC  
  - APPC  
  PPC | Annually  
  Fall semester |
## CCNE Standard 4  

**Program Effectiveness: Aggregate Student Performance and Faculty Accomplishments**

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| 4-C Licensure and certification rates demonstrate program effectiveness. (minimum 80% 1st time pass rate) | Licensure and certification 1st time pass rates are collected and used to determine program effectiveness. Benchmark licensure and certification 1st time pass rates are as follows:  
  **BSN Licensure rates**  
  - 1st time NCLEX-RN pass rate - 80%  
  **APRN – Certification Rates**  
  - 1st time Certification pass rate - 80% by specialty | Reports and meeting minutes reflect the use of licensure and certification rates to determine program effectiveness and inform quality improvement planning. | - Evaluation Coordinator  
- Academic Affairs  
- Program Directors  
- UPC  
- APPC | Annually  
Fall semester |
## CCNE Standard 4  
**Program Effectiveness: Aggregate Student Performance and Faculty Accomplishments**

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| **4-D** Employment rates demonstrate program effectiveness. (minimum of 70% w/in 12 months) | Employment rates are collected and used to determine program effectiveness. Bench employment rates are as follows:  
   **BSN – traditional, AO, RN-BSN**  
   70% employed within 1 yr of graduation  
   **MSN – NP, CNS, NA**  
   70% employed within 1 yr of graduation  
   **MSN NA**  
   90%* employed in specialty within 6 mos of graduation  
   *COA standard  
   **DNP**  
   70% employed within 1 yr of graduation  
   **PhD**  
   70% employed in role consistent with preparation within 1 yr of graduation | Reports and meeting minutes reflect the use of employment rates to determine program effectiveness and inform quality improvement planning | Evaluation coordinator  
   - OSSS  
   - Course Coordinators  
   - Program Directors  
   - UPC  
   - APPC  
   PPC | Annually  
   Fall semester |
### CCNE Standard 4  
**Program Effectiveness: Aggregate Student Performance and Faculty Accomplishments**

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| **4-E Program outcomes demonstrate program effectiveness** | Additional program outcomes used to determine program effectiveness include the following sources and benchmarks:  
**GPA** – aggregate graduating cohort  
Undergrad $\geq 2.75$ (4pt scale)  
Grad $\geq 3.3$ (4pt scale)  
**EBI** End of program surveys- overall program quality score $\geq 5$ (7 pt scale)  
**NCLEX-RN report** (content scores) $\geq$ passing & performance of grads from similar programs  
**Advanced practice nursing specialty certification mean score** $\geq$ national mean score  
**Alumni feedback** – satisfaction with program as preparation for role | Reports and meeting minutes reflect the use of additional listed sources of data to determine program effectiveness and inform quality improvement planning. | -Evaluation Coordinator  
-Course Coordinators  
-Program Directors  
-UPC  
-APPC  
-Admin team |-----------|
### CCNE Standard 4  
**Program Effectiveness: Aggregate Student Performance and Faculty Accomplishments**

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| **4-F** Faculty outcomes individually and in the aggregate, demonstrate program effectiveness. | - Faculty outcomes individually and in the aggregate demonstrate program effectiveness in teaching, scholarship, practice, service as described in *MSU College of Nursing Indicators to used for Evaluation and Promotion*.  
 Aggregates faculty outcome data sources and benchmarks include:  
 SIRS Scores 90% of faculty will achieve a mean score of 3.5 (5 pt scale) on SIRS semester reports for teaching across clinical and theory.  
 90% of nursing courses will achieve a mean score of 3.5 (5 pt scale) on SIRS semester reports.  
 90% of faculty will meet annual performance indicators in the following categories:  
 Teaching  
 Scholarship and Research  
 Practice  
 Service | - SIRS individual and aggregate reports  
 - Peer review  
 - Annual and periodic administrative review  
 - Performance indicators for full time faculty (Tenured, Tenured stream, fixed term) | - Evaluation coordinator  
 - Admin team  
 - CAC  
 - CON Research Center  
 - Faculty | Annually  
 Fall semester |
| **4-G** The program defines and reviews formal complaints according to established policies. | - Resolution of formal complaints  
 - De-identified complaint information is utilized for program improvement | Complaint files | - Associate deans  
 - OSSS | Annually  
 Fall semester |
### CCNE Standard 4  
**Program Effectiveness: Aggregate Student Performance and Faculty Accomplishments**

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| 4-H Data analysis is used to foster ongoing program improvement. | Program outcome data as listed in key elements 4 –B,C,D,E,F,G are tracked consistently and analyzed to demonstrate program trends, shortfalls, and achievements. Program improvement plans are informed by outcome data as listed. | Reports and meeting minutes reflect the use of appropriate sources of data to determine program effectiveness and inform quality improvement planning. | - UPC  
- APPC  
- PPC  
- Program directors  
- Course coordinators  
- Admin team  
- OSSS  
- AISS | Annually and as needed. |