

## **Process of Program Evaluation**

Program evaluation is a process that establishes and maintains the high quality of a nursing program (Al-Alawi & Alexander, 2019). The process is outcome-driven using data collection regarding the program's context, characteristics, and processes. The data is then used to identify areas in need of improvement and to drive future program decision-making.

The process involves the dean of the nursing school, the faculty and staff of the nursing school, the student advisory council, program directors and administrators from the parent institution, and members of the community of interest. The community of interest is defined as follows:

The community of interest comprises the stakeholders of the programs and may include both internal (e.g., current students, institutional administration) and external constituencies (e.g., prospective students, regulatory bodies, practicing nurses, clients, employers, and the community/public, etc.). The community of interest might also encompass individuals and groups of diverse backgrounds, races, ethnicities, genders, values, and perspectives who are served and affected by the program. (CCNE, 2009, p. 44).

### **Administrative and Faculty Roles and Responsibilities**

“Responsibility for development and implementation of the program evaluation plan rests with the nursing administration and faculty” (Billings & Halstead, 2023, p. 631). In large schools of nursing, an evaluator position may be created to manage the process of evaluation and develop and implement a program evaluation plan. In smaller schools there may be a faculty committee

to take on the responsibilities of leadership and coordination of effort. Importantly, in each school of nursing it falls to the nursing faculty and the administrators to determine accountability for the evaluation plan, what data is to be collected, where the data will be stored, and the time frames to accomplish the job.

## **Professional Organizations**

### ***American Association of Colleges of Nursing (AACN)***

The program evaluation takes into consideration whether the school of nursing's mission, goals, and outcomes align with AACN's Essentials and its missions and goals. "Approved by the AACN membership, The Essentials: Core Competencies for Professional Nursing Education outline the necessary curriculum content and expected competencies of graduates from baccalaureate, master's, and Doctor of Nursing Practice programs" (*AACN Essentials*, n.d.)

### ***Accrediting Agencies and Approval Bodies***

"Accrediting bodies exert considerable influence over nursing programs" (Billings & Halstead, 2023, p. 588). The main accrediting agencies are the Commission on Collegiate Nursing Education (CCNE), the Accreditation Commission for Education in Nursing (ACEN), and the National League for Nursing Commission on Nursing Education Accreditation (NLN CNEA). In addition, approval bodies including state boards of nursing (BON) and professional nursing organizations are stakeholders and have standards which influence schools of nursing. State BON are significant in that their standards must be met regardless of the school of nursing's accreditation status. Accreditation is a voluntary process whereas BON approval is a legal requirement.

### **Commission on Collegiate Nursing Education Standards and Elements**

## **Standard 1 - Mission, Goals and Expected Outcomes, Policies, and Governance**

### ***Key Element 1 A-F***

The individual sections of Standard 1 represented by key elements 1 A-F, speak to the mission, goals and outcomes of the program, program governance, accuracy of documents and publications, and the academic policies of both the parent institution and the school of nursing (*Nursing Program Comprehensive Evaluation Plan*, n.d.) The responsibilities for data collection and review fall to the Dean and faculty in each section except for element 1-D which also includes the Student Advisory Council along with the Dean and the faculty.

As an example for Standard 1, the responsibility for data collection and review, timelines, evidence resources, and expected outcomes, elements 1A and B are explored. The comparison of mission, goals, and expected program outcomes and student outcomes with the parent institution is every five years or more often as needed. The expected outcome is congruency between the school of nursing, professional standards, and the parent institutional missions, goals and standards. The source for the evidence of congruence comes for comparing the parent institution and school of nursing mission, goals and outcomes with the AACN Essentials and any other applicable standards (*Nursing Program Comprehensive Evaluation Plan*, n.d.). Student outcomes are additionally reviewed via comparison with professional standards and community needs as well as in faculty meeting minutes, executive advisory board minutes, and student advisory board minutes.

## **Standard 2 – Parent Institution Demonstrates Commitment to Support Nursing Program**

### ***Key Element 2 A-F***

The individual sections of Standard 2 are concerned with fiscal and physical resources that enable the nursing program to function as designed, the academic support services provided, the education and role of the chief nurse administrator and their vested authority, faculty sufficient in number and qualifications to teach, qualifications of preceptors, and parental institution support of an environment that encourages nursing school faculty in their endeavors to achieve the expected outcomes (*Nursing Program Comprehensive Evaluation Plan*, n.d.)

Details of example element 2D (number of faculty of are sufficient and academically prepared as well as having the required experience in the areas where they teach) are as follows. Data collection and review for element 2D is the responsibility the Dean and Vice President of Academic Affairs with a required timeline of every year. The resources used for evidence include the teaching schedule, enrollment report, faculty vitas and teaching assignments, and faculty performance standards (*Nursing Program Comprehensive Evaluation Plan*, n.d.). Expected outcomes are that the ratio of faculty to students is 1:10 or less in clinical situations and 1:20 in classroom settings. In addition, 70% of the faculty have obtained or are a candidate for a doctoral degree.

**Standard 3 – Curriculum in Accordance with Program Mission, Goals, Expected Student Outcomes, and Reflects Professional Nursing Standards and Expectations of the Community of Interest**

***Key Elements 3 A-H***

The individual sections of Standard 3 address an expectation of curriculum that is implemented and revised to reflect expected student outcomes congruent with program mission and goals, professional standards and guidelines are evident and logically structured to achieve

expected student outcomes, the curriculum has teaching and learning opportunities to support expected student outcomes with clear prerequisites listed, clinical practice experiences enable students to obtain program outcomes, student performance reflects achievement of expected student outcomes with evidence of satisfactory grades, student evaluation of teaching and learning environment receive high ratings, evaluation policies and procedures are well defined and consistently applied, and both curriculum and teaching practices are evaluated regularly to foster iterative improvement (*Nursing Program Comprehensive Evaluation Plan*, n.d.).

Timeline for data collection varies from every 5 years for most elements to every semester for teaching practices, clinical experiences, and individual student performance. The Dean, program directors and faculty are responsible for the data collection and review of resources such as course syllabi, student handbooks, comparison of nursing standards and guidelines with curriculum and expected student outcomes using course materials and course proposal forms, sequenced plans of studies with review of course content, review of teaching and grading practices, student course and clinical evaluations, review of clinical experiences and related objectives, review of clinical site criteria, faculty meeting minutes, and student advisory council minutes (*Nursing Program Comprehensive Evaluation Plan*, n.d.).

#### **Standard 4 – Program is Effective, Program Outcomes are Achieved, Data is Used to Foster Ongoing Improvement**

##### ***Key Elements 4 A-H***

The individual elements of Standard 4 specify the expectation that the program plan is fully implemented and up to date. There is an expected graduation rate of at least 70%. Of those students, at least 85% will pass the NCLEX on the first attempt. The percentage of those students

who successfully achieve certification after their baccalaureate degree within three years will be 80%. Program graduates will be employed at a rate of 80% within one year, and employers will report satisfaction with the new hires through focus groups. Course teaching evaluations are at a minimum of 3.5 out of a possible 5.0. 100% of faculty participate in university, professional or community service. Complaint policies are in place and are followed appropriately. All data collected are used for ongoing quality improvement (*Nursing Program Comprehensive Evaluation Plan*, n.d.).

Responsibility for the collection and review of the above data falls to the Dean, program directors, and faculty with a timeline of every five years for overall system – element 4-A. All other elements, 4 B-H follow an every year pattern of data collection. Resources used for data collection include the written, systemic plan, the number of students completing the program within five years of enrolling, alumni surveys, student portfolios and course grades, capstone projects, employer satisfaction surveys, faculty self-evaluations and dean evaluations of faculty, Provost reports on faculty achievement, faculty activity reports, course evaluations of faculty, any formal written complaints along with written outcomes, parent institution and nursing school handbooks, faculty meeting minutes that demonstrate data analysis and response (*Nursing Program Comprehensive Evaluation Plan*, n.d.).

### References

- Al-Alawi, R., & Alexander, G. L. (2019). Systematic review of program evaluation in baccalaureate nursing programs. *Journal of Professional Nursing*, 36(4), 236–244.  
<https://doi.org/10.1016/j.profnurs.2019.12.003>
- AACN. (2022). Reimagining nursing education: 2022 annual report. American Association of Colleges of Nursing.

Billings, D. M., & Halstead, J. A. (2023). *Teaching in Nursing - E-Book: Teaching in Nursing - E-Book*. Elsevier Health Sciences.

CCNE. (2009). *Achieving Excellence in Accreditation* (S. Van Ort & J. Butlin, Eds.).

<https://www.aacnnursing.org/Portals/42/CCNE/PDF/CCNE-History.pdf>

*Nursing program comprehensive evaluation plan* (By Commission on Collegiate Nursing

Education). (n.d.). <https://norwich.brightspace.com/content/enforced/14284->

[NR565\\_Master/CCNE\\_Evaluation\\_Plan\\_wk08\\_discussion.pdf](https://norwich.brightspace.com/content/enforced/14284-NR565_Master/CCNE_Evaluation_Plan_wk08_discussion.pdf)