

Undergraduate Nursing

Department of Undergraduate Nursing

NURB	25	44	28	34	131	0	236	138	113	173	660	45	158	149	101	153	561	45
NURO	0	0	2	13	15	2	0	0	3	28	31	7	0	1	5	28	34	4
Total	25	44	30	47	146	2	236	138	116	201	691	52	158	150	106	181	595	49

1.1.1 Analysis of Data and Plan for Continuous Improvement

2016-2017:

Due to a change in the number of students accepted into the clinical nursing sequence, analysis of trended data will begin Fall 2015. Three years of trended data will be analyzed at the conclusion of the 2017-2018 academic year. Once five years of data has been collected, the benchmark will reflect a five year analysis of trended data.

No trends can be assessed until the conclusion of the 2017-2018 academic year. However, a decrease in enrollment numbers was noted between 2015-2016 to 2016-2017.

- A decline in enrollment was expected as a result of the implementation of planned decrease in the number of students accepted into the clinical nursing course sequence. This expected enrollment decline was the result of a planned departmental action to improve NCLEX pass rates, address clinical agency overcrowding, overdependence on clinical adjunct faculty, and limited qualified clinical adjunct faculty. This action was supported by University administration.
- Other actions impacting enrollment include those to improve NCLEX pass rates:
 - Decrease the number of students admitted to the clinical sequence for Spring 2015 from 90 to 60. This action is based on the increasing difficulty level of the national licensing examination (NCLEX-RN), increasing clinical performance standards as a result of increased patient acuity levels, limited availability of qualified nursing faculty, and constraints on clinical resources (Faculty Congress minutes, September 8, 2014).
 - Revise the CON Retention-Progression policy to only allow one F, D, or W once admitted to the clinical sequence. A trend was noted in the analysis of graduates who failed NCLEX had a history of W's in nursing courses. The new policy was implemented Spring 2015 (Faculty Congress minutes, September 8, 2014).
 - Increase admission standards to be more selective. Selection to the clinical nursing sequence will be based on GPA and a standardized test score. A competitive ranking using GPA and standardized test scores will replace the use of a priority admission policy based on the number of nursing prerequisite credits earned at McNeese State University. The new admission criterion was implemented Spring 2015 (Faculty Congress minutes, September 8, 2014).
- Collaboration with Nursing department in the new local community college to recruit students to continue their education and obtain the BSN degree.
- Maintain recruitment activities through participation in high school and college career fairs, including participation in all McNeese recruitment events, providing personal tours, and informational sessions for NASH and AHEC groups.
- Group advisement offered to all potential transfer students following evaluation of transcripts. (B. Peterson)
- Initiation of official closure of the ASN program as of December 2013 BOR meeting. The college will assist ASN prerequisite or inquiring students with transferring to the BSN program. The final ASN class will graduate Fall 2016.

2017-2018:

A declining enrollment trend is noted over a three-year period (Fall 2015-Spring 2018). This is a planned decline as a result of accepting 60 clinical students instead of 90. However, there are less than 60 qualified applicants in some semesters.

Plan for Continuous Improvement:

- Gather data on the number of applicants, number of qualified applicants, and number of accepted clinical students. Focus recruiting and retention efforts on students preparing for meeting application standards.
- Nursing Student Services Coordinator will attend Preview Day, Academic Signing Day, and Recruit Southeast Texas week.
- Nursing Student Services Coordinator and faculty volunteers will provide student tours and recruitment activities for AHEC and NASH student groups.
- McNeese Student Nurses Association (MSNA) members provide positive PR for the department by providing community service hours including Dash for Disabilities, Toys for Tots, Heart Walk, and Alzheimers volunteer

service. MSNA members will represent the department by providing peer guidance at freshman orientation and clinical nursing orientation.

- Faculty involvement in community service provides positive recruitment PR for the department, such as Be the Match, Sigma Theta Tau Nursing Honor Society, and Base Camp.
- Faculty involvement in recruitment activities such as recruitment at the Washington-Marion Nurses Aid class and Sulphur Fair.
- Nursing Student Services Coordinator organized a recruitment video highlighting nursing student activities, interviews, and nursing simulation of patient care.
- All faculty emails will include a link to the recruitment video and Nursing Facebook page.
- Provide a social celebration for the cohorts earning 100% first-time pass rate on the NCLEX-RN exam, promoting recognition for the University and alumni engagement.

2 Assessment and Benchmark

Benchmark: 70% of BSN graduates will complete the program within seven semesters (BSN graduation/retention rate).

2.1 Data

Graduating semester	Students graduating	Graduated within LSBN defined period of time (7 semesters)	
	N	N	%
Spring 2013	109	108	99.0
Fall 2013	75	74	98.7
Spring 2014	72	70	97.2
Fall 2014	52	52	100
Spring 2015	64	63	98.4
Fall 2015	64	64	100
Spring 2016	78	76	97.4
Fall 2016	80	42	100
Spring 2017	65	45	100
Fall 2017	45	44	97.77
Spring 2018	45	45	100

2.1.1 Analysis of Data and Plan for Continuous Improvement

2016-2017:

100% of graduates completed the five-semester nursing clinical program in the established LSBN benchmark of completion/graduation within seven semesters.

- Adopted and building a student tracking system to provide biographical and other evaluative data to determine student characteristic associated with persistence and retention in the BSN program. (Summer 2017)
- Curriculum Change: Developing a new simulation practicum course NURS 321 – Management of Care practicum (1 hour credit) in the 6th semester. To provide orientation to high fidelity simulation and integrate more clinical simulated experiences across the curriculum allowing for more clinical time, clinical/skill competence, student confidence and success (Faculty Congress minutes, August 18, 2015).
- Curriculum Change: Implemented 2 additional credit hours to NURS 401- Adult Health II allowing for more clinical and simulation hours to improve clinical competence, confidence, and student success.
- Replace HESI with ATI for standardized testing. (Faculty Congress minutes, Aug. 20, 2014, Sept. 8, 2014, Oct. 6, 2014, Jan. 14, 2014, Nov. 3, 2014, and March 2, 2015). ATI system offers a remediation program and books to support student success and retention.
- Orientation of new faculty to advisement information to support accurate advisement of students.
- New faculty are assigned an advising mentor and oriented to the advisement process for a semester.
- Maintain CON facebook page as a strategy for student engagement, retention, and recruitment (1169 followers).
- Mentoring continues with faculty providing individual and group mentoring to clinical nursing students.

- Maintain learning resources in the Learning Resource Center and Clinical Simulation labs to provide an environment to support student success, engagement, and retention.

2017-2018:

100% of graduates completed the five-semester nursing clinical program in the established LSBN benchmark of completion/graduation within seven semesters.

- Offering information sessions for students preparing a clinical application to assist with the process.
- Focus on preparing students to meet the eligibility standards for acceptance into clinical nursing.
- Requiring orientation for nursing students accepted to the clinical nursing sequence.
- MSNA members participating in clinical student orientation and providing peer mentoring.
- Providing clinical students and faculty with an online program (Evalue) that will track student clinical information, demographics, clinical time, skills competence, and evaluation of clinical performance. This program will ultimately provide the student a portfolio of clinical nursing competency.
- Providing clinical nursing students computerized testing for all nursing exams. This strategy will prepare students for computerized adaptive testing that is required for the NCLEX-RN exam. This program also provides immediate test review and grading.
- Providing students with mentoring by faculty in the clinical semester the student is enrolled.
- Tracking student exits from the program and interviewing the student to determine reasons for leaving nursing and directing them to programs within the University.
- Pinnacle Award will fund a team building program to teach faculty team building activities to offer students in NURS 100. The purpose of this retention strategy is to build social engagement and nursing cohort loyalty.
- Providing registration and travel to the national AORN Conference for 109 nursing students and 9 faculty members, providing national recognition for the McNeese undergraduate nursing program as well as social engagement activities for nursing students as they interact with nurses from across the nation.
- MSNA student organization provides speakers at their monthly meeting that are open to all nursing students (ie: flight nurses, anesthetists, nurse practitioners, nursing administrators, etc).
- Provide a social celebration for the cohorts earning 100% first-time pass rate on the NCLEX-RN exam, promoting recognition and social engagement for new alumni.
- Offer Nursing Student Appreciation Day by providing breakfast and snacks, vendors, nursing recruiters, and prizes.

3 Assessment and Benchmark

Benchmark: Maintain or exceed 2013-2014 levels of retention.

- NURA - ASN Nursing (inactive effective 201420)
- NURB - BSN Nursing
- NURO - BSN Nursing Online (RN to BSN Path)

3.1 Data

Fall 2013-Fall 2014:

Major	# of students retained	Retention rate
NURA	55	44.00%
NURB	560	66.27%
NURO	10	52.63%

Fall 2014-Fall 2015:

Major	# of students retained	Retention rate
NURA	30	43.48%
NURB	451	55.27%
NURO	16	55.17%

Fall 2015-Fall 2016:

Major	# of students retained	Retention rate
NURA	7	58.33%
NURB	337	55.98%
NURO	13	61.90%

Fall 2016-Fall 2017:

Major	# of students retained	Retention rate
NURB	318	58.24%
NURO	10	50.00%

New data table is based on new formula for retention and attrition of clinical nursing students each semester.

Semester	Enrollment	Retention rate/semester		Attrition rate/semester	
	N	N	%	N	%
Spring 2017	230	220	95.65%	10	4.35%
Fall 2017	219	207	94.52%	12	5.48%

Enrollment reflects all students accepted into the clinical sequence including LPNs and transfers.

3.1.1 Analysis of Data and Plan for Continuous Improvement

2017-2018:

The method of calculating attrition rates is inaccurate and does not reflect the planned deduction in students accepted into the clinical sequence.

Plan:

- Change the method of data collection for clinical student retention/attrition rates. Begin to collect data fall 2017 which would reflect the planned reduction in students accepted into clinical. The clinical sequence attrition rate will be calculated each semester using the following formula: $(\# \text{ of accepted students in SemesterB} - \text{ graduates in SemesterA}) - (\text{enrollment in SemesterB} - \text{enrollment in SemesterA}) = \text{attrition \#}$ divided by SemesterA enrollment = attrition rate for SemesterA
 - SemesterA is the semester of attrition data
 - SemesterB is the subsequent semester
 - e.g. if SemesterA is Fall 2017, SemesterB is Spring 2018
 - All numbers are based off of 14th day
- Change the benchmark for attrition: The BSN Clinical Program will retain 90% (attrition <10%) of clinical students each semester.
- Providing a clinical students and faculty with an online program (Evalue) that will track student clinical information, demographics, clinical time, skills competence, and evaluation of clinical performance. This system will identify at-risk student for early intervention and retention in the program.
- Moving away from an on-call advising system which provided immediate access to advisors and toward a one-on-one advising system that promotes a personal relationship between student and advisor.
- Provide an exit interviews for student leaving the program and counseling them to consider programs within the University.
- Providing mentoring by faculty in the clinical semester the student is enrolled. Students scoring below an 80% on exams are encourage to seek out mentoring and are contacted by their semester faculty mentor.
- Pinnacle Award will fund a team building program to teach faculty team building activities to offer students in NURS 100. The purpose of this retention strategy is to build social engagement and nursing cohort loyalty.
- MSNA student organization provides speakers at their monthly meeting that are open to all nursing students (ie: flight nurses, anesthetists, nurse practitioners, nursing administrators, etc.) promoting engagement with the profession.
- Promoting the Health Systems Management curriculum to students who struggle with the application environment of nursing resulting in retention in the University.

- Explore moving from an on-call advisor advising system to a student assigned advisor system.

Performance Objective 2 Provide a comprehensive curriculum that reflects disciplinary foundations and remains responsive to contemporary developments, student and workforce demand, and university needs and aspirations.

1 Assessment and Benchmark

Benchmark:

- A. 90% of course faculty submit course summaries each semester analyzing student learning outcomes, teaching-learning practices, and curriculum.
- B. Curriculum Committee reviews course summaries and curricular assessment data annually and makes recommendations to Faculty Congress for curricular revisions.
- C. Program faculty meet a minimum of four times per semester to review evaluation data, curricular offerings, and course rigor.

1.1 Data

- A. Course faculty submit complete course summaries each semester analyzing student learning outcomes, teaching-learning practices, and curriculum.

Semester	% that submitted completed course analyses
Fall 2013	100%
Spring 2014	100%
Fall 2014	94%
Spring 2015	100%
Fall 2015	100%
Fall 2016	100%
Spring 2017	99%
Fall 2017	99%
Spring 2018	95%

- B. Curriculum Committee reviews course summaries and curricular assessment data annually and makes recommendations to Faculty Congress for curricular revisions.

Curriculum minutes: Sept. 28, 2015

Curriculum minutes: Nov. 30, 2015

Curriculum minutes: March 22, 2016

Curriculum minutes: April 11, 2016

Curriculum minutes: April 25, 2016

Curriculum minutes: September 12, 2016 - Review of Self-Study Standard I

Curriculum minutes: September 19, 2016 - Review of Self-Study Standard II

Curriculum minutes: September 26, 2016 - Review of Self-Study Standard III

Curriculum minutes: October 3, 2016 - Review of Self-Study Standard IV

Curriculum minutes: October 10, 2016 - Mock site visit review

Curriculum minutes: November 14, 2016 - Final Q & A for site review

Curriculum minutes: November 28, 2016 - Semester Review

Curriculum minutes: February 20, 2017 - Course summary review

Curriculum minutes: March 13, 2017 - Course summary review

Curriculum minutes: April 10, 2017 - Semester review

Curriculum minutes: September 11, 2017 - Course summary review

Curriculum minutes: November 13, 2017 - Semester review

Curriculum minutes: February 19, 2018 - Course summary review

Curriculum minutes: March 12, 2018 - Course summary review

C. Program faculty meet a minimum of four times per semester to review evaluation data, curricular offerings, and course rigor.

Semester	# of times Curriculum Committee met
Spring 2013	5
Fall 2013	6
Spring 2014	3
Fall 2014	3
Spring 2015	4
Fall 2015	3
Spring 2016	5
Fall 2016	7 (CCNE site visit)
Spring 2017	3
Fall 2017	3
Spring 2018	3

1.1.1 Analysis of Data and Plan for Continuous Improvement

2016-2017:

- Five curriculum meetings held with faculty to review governance, resources, curriculum, and evaluation of the BSN program. A mock site visit was held to prepare faculty for question related to curriculum and evaluation. Fall 2016 semester meeting used to prepare for the CCNE site visit.
- Systematic integration of high fidelity simulation teaching activities through the 6th, 7th, and 8th semesters. simulation Task Force meets monthly and reports to the Curriculum committee.
- NURS 401 will be implemented for the first time in Fall 2017. Plans for the extended clinical experiences have been planned.
- Implementation of the new simulation practicum course NURS 321 - Management of Care Practicum (1 hour credit) in the 6th semester occurred in Spring 17. This course provide orientation to high fidelity simulation and integrate more clinical simulated experiences in the curriculum. Students were satisfied with the course and reported an increase in confidence with the simulation experience.
- Fifth semester development a mentoring worksheet allowing students to self-reflect and focus on factors that might be impeding success. This may assist faculty to discuss student concerns about the 5th semester courses.
- Review of content and testing items for NURS 319 - Nursing Care of Children to increase the course standards and outcomes.

2017-2018:

The Curriculum Committee has been able to accomplish curriculum review in three semester meetings. Recommend a change in the benchmark to read: Program faculty meet a minimum of three times per semester to review evaluation data, curricular offerings, and course rigor.

2 Assessment and Benchmark

Benchmark: BSN curriculum is 100% compliant with the AACN Essentials of Baccalaureate Nursing Education, Quality, and Safety Education for Nurses (QSEN) and emerging discipline-specific content.

2.1 Data

2016-2017:

A. Review of BSN curricula for incorporation and integration of The AACN Essentials of Baccalaureate Education for Professional Nursing Practice, QSEN, and discipline-specific standards (AACN, 2008).

2017-2018:

Review of the BSN curricula for incorporation and integration of the AACN Essentials of Baccalaureate Education for Professional Nursing Practice, QSEN, and discipline-specific standards occurs every four years. The next review will

occur in the 2019-2020 academic year. No curriculum changes have occurred since the 2016-2017 review.

2.1.1 Analysis of Data and Plan for Continuous Improvement

2016-2017:

CCNE Site visitors (Nov 2016) reviewed BSN and RN-to-BSN programs to determine integration of the professional standards including the AACN Essentials of Baccalaureate Education for Professional Nursing Practice, QSEN, ANA standards of Care, LSBN standards, and discipline-specific standards. Full accreditation granted for 10 years. (CCNE RE-accreditation, April 2017).

2017-2018:

There is no planned review of the integration of professional standards. The next full curricular review is planned for 2019-2020.

With the addition of NRHP 100 Medical Terminology, medical terminology content will be removed from NURS 210 and the faculty will implement beginning concepts of safety and clinical Judgment. This content will be taught using the QSEN video vignettes. These videos will introduce students to the QSEN standards.

The NURS 425 capstone course will incorporate a quality/safety group presentation that will require students to find evidence for quality-related practice issues and discuss how they could use the quality improvement process to implement and evaluate changes in the clinical practice setting. These presentations will be presented in class time. This will further address the QSEN competency standards.

The RN to BSN program will be going through a major curriculum change in 2018-2019. The RN to BSN curriculum committee will begin to ensure the integration of professional standards through the new curriculum. (The Essentials, QSEN, ANA standards, LSBN, and discipline-specific standards).

Performance Objective 3 Faculty outcomes, demonstrate program effectiveness.

1 Assessment and Benchmark

Benchmark:

- The expected aggregate faculty outcome for the teaching component of the APR is a mean score of ≥ 35 points.
- The expected aggregate faculty outcome for the scholarly/professional activity component of the APR is a mean score of ≥ 200 points.
- The expected aggregate faculty outcome for the University/public service activity component of the APR is a mean score of ≥ 320 points.

1.1 Data

Academic Year	Mean APR score aggregate faculty outcome for teaching
2013-2014	46.54
2014-2015	47.21
2015-2016	48.14
2016-2017	46.57
2017-2018	47.70

Academic Year	Mean APR score on scholarly/professional activity component
2013-2014	437
2014-2015	355
2015-2016	300
2016-2017	328.70
2017-2018	405

Academic Year	Mean APR score on University/public service activity component
2013-2014	1084
2014-2015	758
2015-2016	760
2016-2017	744
2017-2018	761.4

1.1.1 Analysis of Data and Plan for Continuous Improvement

2016-2017: Faculty exceeded the expected APR mean score in the areas of teaching (> 35), scholarship (> 200), and service (> 320), which meets the expected benchmark. An upward trend was noted in faculty scholarship over the past three years (Fall 2014-Spring 2017). Faculty APR mean for teaching and university service continue to meet the benchmark, but has fluctuated over the past 4 years (Fall 2013-Spring 2017)

- New faculty attended a three day workshop focused on building fundamental skills of becoming a nurse educator. The workshop focused on test blueprinting, item writing, item analysis, active learning strategies, and curriculum development. Three new faculty attended in summer 2017.
- On May 5, 2016, a Laerdal representative met with the Executive Simulation Committee and presented comprehensive customized assessments and recommendation based on industry standards and best practices. The Laerdal Simulation Education Solutions for Nursing provided a framework for simulation success with detailed recommendations to create key initiatives and goals, executive support and guidance, team roles and faculty preparedness, curriculum plan, training environment fidelity, education practices, and management systems. The initial step of the Executive Simulation Committee was to approve a strategic plan set recommended in the Laerdal Simulation Education Solutions for Nursing. As a result, simulation was strategically integrated throughout the curriculum and specific faculty were educated on simulation methodology.
- Faculty received 11 CON endowed professorships supporting faculty scholarly activity, and one faculty member received the Pinnacle Award supporting Student Success and Retention.
- The Faculty Excellence Committee has developed criteria and rubrics to determine selection of faculty development funding.
- Faculty regularly participate/partner with community organizations/events and the majority of community service activities offered to students. Examples: Be the Match, NAMI, MSNA, American Heart Walk, and BASE Camp for kids with cancer.

2017-2018:

Faculty exceeded the expected APR mean score in the areas of teaching (> 35), scholarship (> 200), and service (> 320), which meets the expected benchmark. An upward trend was noted in faculty scholarship over the past four years (Fall 2014-Spring 2018). Faculty APR mean for teaching and university service continue to meet the benchmark, but has fluctuated over the past 5 years (Fall 2013-Spring 2017).

- The Dean's Council will develop a 5-category outcome for the APR process as requested by the university administration.
- The Dean's Council will develop an APR process for the department heads and program coordinators.
- The Dean's Council will develop a new APR process with possible changes in benchmarks for success, evidence criteria, and scoring system.
- The APR teaching category will be adjusted to reflect the new college initiative related to the implementation of testing and evaluation software through the curriculum.
- The department head will write an endowed professorship to support new faculty development in transitioning from practice to education.