Master-Program Evaluation Plan (M-PEP)
Point Loma Nazarene University: School of Nursing

CCNE Standard I: Program Quality: Mission and Governance

The mission, goals, and expected program outcomes are congruent with those of the parent institution, reflect professional nursing standards and guidelines, and consider the needs and expectations of the community of interest. Policies of the parent institution and nursing program clearly support the program's mission, goals, and expected outcomes. The faculty and students of the program are involved in the governance of the program and in the ongoing efforts to improve program quality.

Key Elements	Expected Level of Achievement (ELA)	Assessment Methods	Responsible for Data Collection	Target Date
I-A. The mission, goals, and expected program outcomes are congruent with those of the parent institution; and reviewed periodically and revised as appropriate.	SON Vision/Mission statements and PLOs are congruent with PLNU Mission; they are accessible to the public	-SON Vision Statement; -SON Mission statement -SON PLOs -Catalog -University Institutional Effectiveness website -SON Website	-SON Dean -Program Directors -PAC	Yearly,
I-B. The mission, goals, and expected program outcomes are consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.	Professional standards are identified for each program. Program mission, goals, and outcomes are consistent with identified professional standards.	--SON Website -SON Student/ Faculty Handbooks -Catalog	-SON Dean -Program Directors -Director of Operations -Program Manager	Yearly
I-C. The mission, goals, and expected program outcomes reflect the needs and expectations of the community of interest.	SON faculty meet with leaders from community of interests in San Diego periodically to review and reflect the expectations/needs of community.	-Advisory Committee meeting -Annual Community Liaison Meeting	-Dean -Program Directors -PAC	Yearly
I-D. The nursing unit's expectations for faculty are written and communicated to the faculty and are congruent with institutional expectations.	SON expected faculty outcomes in teaching, scholarship, and service to university/community, and profession are clearly written and congruent with university expectations. SON follows institutional policies that support a diverse, equitable, and inclusive working and learning environment.	- Appointment, Promotion, and Tenure policies and documentations -University and SON Faculty Handbooks -Published DEI policy/written statement	- SON Dean -Program Directors	Yearly
I-E. Faculty and students participate in program governance.	100% of nursing faculty are involved in development/revision of academic program policies.	-Committee membership documents -Faculty handbook -Organizational chart	-SON DEAN - Program Directors -Program manager	Yearly

	Students are invited to participate as representatives in committee/forum meetings.			
I-F. Academic policies of the parent institution and the nursing program are congruent and support achievement of the mission, goals, and expected program outcomes. These policies are; fair and equitable; published and accessible; and reviewed and revised as necessary to foster program improvement.	Academic policies related to admission, retention, recruitment, and progression are written, fair, and equitable, and communicated clearly. Population-focused faculty members with track oversight have clear role and guidance with national board certification	- Catalog - University and SON Student and Faculty Handbooks -Syllabi -Policies for recruitment and retention of diverse faculty, staff, and students	-SON Dean - Program Directors -Director of Operations -Program Manager	Yearly
I-G. The program defines and reviews formal complaints according to established policies.	Formal Complaints will be processed through formal mechanism. Procedures for filing a formal complaints are communicated to relevant constituencies.	-Conflict Resolution Form - Student Handbook -Catalog	-SON Dean -Program Directors	Yearly
I-H. Documents and publications are accurate. A process is used to notify constituents about changes in documents and publications.	References to the DNP program are accurate and consistent in documents, website, and publications.	-University/SON Website - Catalog -Recruitment & Admission materials -SON website -Student Handbooks -Academic calendar	- Program Directors -Director of Operations -Program manager	Yearly

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CCNE Standard II: Program Quality: Institutional Commitment and Resources

The parent institution demonstrates ongoing commitment to and support for the nursing program. The institution makes resources available to enable the program to achieve its mission, goals, and expected outcomes. The faculty and staff, as resources of the program, enable the achievement of the mission, goals, and expected program outcomes.

Key Elements	Expected Outcomes	Assessment Method	Responsibility	Target Date for Data collection
II-A. Fiscal resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of fiscal resources is reviewed periodically, and resources are modified as needed.	Fiscal resources are sufficient. There is a defined process for regular review of the adequacy of the program's fiscal resources. Review of fiscal resources occurs, and modifications are made as appropriate.	-University & SON Budget -Faculty workload calculation	-Dean -SON Administrative Assistant	Yearly
II-B. Physical resources and clinical sites enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of physical resources and clinical sites is reviewed periodically, and resources are modified as needed.	Physical space and facilities are sufficient to achieve the program's mission, goals, and expected outcomes. (workspace, classrooms, meeting areas) Equipment and supplies are sufficient to achieve the program's mission, goals, and expected outcomes. (computing, labs, teaching-learning materials) Clinical sites are sufficient, appropriate, and available to achieve the program's mission, goals, and expected outcomes.	-Liberty Station campus -Classroom utilization -Student evaluation of Simulation -Nursing labs -MOUs -Clinical utilization -Student evaluation of clinical sites	-Dean -SON Administrative Assistant -Program Directors -Faculty or record -PAC	Yearly
II-C. Academic support services are sufficient to meet program and student needs and are evaluated on a regular basis.	Academic support services foster achievement of program outcomes (library, technology, instructional team, research support, admission services, advising services)	-University library -Student Success -Student evaluation of support services -GPS SFS; CTL; LMS; IDCD -IRB	-PAC Chair -Program Directors	Yearly
II-D. The chief nurse administrator of the nursing unit: is a registered nurse (RN);	Chief Nurse administrator is academically and experientially	-Dean's CV -Dean job description	-Provost	Yearly

holds a doctoral degree ; is vested with the administrative authority to accomplish the mission, goals, and expected program outcomes; and provides effective leadership to the nursing unit in achieving its mission, goals, and expected program outcomes.	qualified; provides effective leadership.	-Provost evaluation of Dean		
II-E. Faculty 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.	Faculty are academically and experientially prepared. The program defines faculty workloads.	-Faculty evaluation -Faculty CVs -Workload policy -Faculty outcomes report	-Dean -Program Director	Yearly
II-F. Preceptors (e.g., mentors, guides, coaches), if used by the program as an extension of faculty, are academically and experientially qualified for their role.	Preceptors are academically and experientially qualified for their role and have the expertise to support student achievement of expected outcomes.	-Preceptor Handbooks -Preceptor CVs	-Dean -Program Directors	Yearly
II-G. The parent institution and program provide and support an environment that encourages faculty teaching, scholarship, service, and practice in keeping with the mission, goals, and expected faculty outcomes.	Faculty teaching scholarship, service, and practice are supported by the university.	-University faculty handbook -CTL -Faculty evaluation via AUL, peer, students -Professional development support -RASP Grant -Alumni Teaching Research Grant -Sabbatical Award	-Provost -CTL Director	Yearly

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CCNE Standard III: Program Quality: Curriculum and Teaching-Learning Practices

The curriculum is developed in accordance with the program's mission, goals, and expected student outcomes. The curriculum reflects professional nursing standards and guidelines and the needs and expectations of the community of interest. Teaching-learning practices are congruent with expected student outcomes. The environment for teaching-learning fosters achievement of expected student outcomes.

Key Elements	Expected Outcomes	Assessment	Responsible for Data Collection	Target Date for Data collection
III-A. . The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that: are congruent with the program's mission and goals; are congruent with the roles for which the program is preparing its graduates; and consider the needs of the program–identified community of interest.	Clear statements of expected students learning outcomes are congruent with PLOs and CLOs at each program.	-SON mission -Program PLOs -Course syllabi + CLOs	-Program Directors -PAC Chair	Yearly
III-B. Baccalaureate curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate). Baccalaureate program curricula incorporate The Essentials: Core Competencies for Professional Nursing Education (AACN,2021)	1. The BSN curricula incorporate professional nursing standards and guidelines relevant to the BSN program and each track Offered (TUG and RN-BSN). 2. The BSN curricula incorporate The Essentials: Core Competencies for Professional Nursing Education (AACN,2021) 3. The program clearly demonstrates where and how content, knowledge, and skills required by the standards and guidelines are incorporated into the curriculum and expected student outcomes (individual and aggregate).	-BSN PLOs -BSN curriculum -Syllabi -Program assessment report -End-of-semester course report -BSN Essential Crosswalk -Curriculum Mapping	-Program director -Director of Operations -TUG Committee -RB-BSN Committee	Yearly
III-C. Master's curricula – Master's curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the	The MSN curricula are developed, implemented, and revised to reflect professional nursing standards and guidelines relevant to the MSN program and each track/	-MSN PLOs -MSN curriculum -Syllabi -Program assessment report -MSN Essential Crosswalk -Curriculum Mapping	-Program Director -Program Manager -PAC -GNC	Yearly

curriculum and within the expected student outcomes (individual and aggregate). All master's degree programs incorporate The Essentials: Core Competencies for Professional Nursing Education (AACN,2021).	concentration offered. These standards support the expected student outcomes (individual and aggregate). All master's degree programs incorporate The Essentials: Core Competencies for Professional Nursing Education (AACN,2021); Statement On Clinical Nurse Specialist Practice and Education (NACNS, 2019); American Organization for Nursing Leadership (AONL) Nurse Leader Competencies (AONL, 2015), and NLN Core Competencies for Academic Nurse Educators (NLN, 2005/2018).	-End-of-semester course report		
III-D. DNP curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).	Curricular are congruent with The *Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006)	-DNP PLOs -Syllabi -Program assessment report -DNP Essentials Crosswalk -Curriculum Mapping -End-of-semester course report	-Program Director -Program Manager -PAC -GNC	Yearly
III-E. Post-graduate APRN certificate program curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate)	Post-MSN CNS Certificate Curricula are congruent with The Essentials: Core Competencies for Professional Nursing Education (AACN,2021) and Statement On Clinical Nurse Specialist Practice and Education (NACNS, 2019). California Board of Registered Nursing (CA-BRN) criteria for advanced practice nursing	-Syllabi -Program assessment report -MSN Essentials Crosswalk -Curriculum Mapping -End-of-semester course report	-Program Director -Program Manager -PAC -GNC	Yearly
III-F. The curriculum is logically structured to achieve expected student outcomes. DNP curricula build on a baccalaureate and/or master's foundation, depending on the level of entry of the student. Baccalaureate e curricula build on a foundation of the arts, sciences, and humanities. • Master's curricula build on a foundation comparable to baccalaureate-level nursing	The baccalaureate curricula build on a foundation of arts, sciences, and humanities, is logically structured to achieve student outcomes. The master's curricula build on Baccalaureate level nursing knowledge and is logically structured to achieved expected student outcomes.	-Curricular patterns -Syllabi -Program admission criteria -Program assessment reports -Progression Plan	-Program Directors -PAC	Yearly

knowledge. • DNP curricula build on a baccalaureate and/or master's foundation, depending on the level of entry of the student. • Post-graduate APRN certificate programs build on graduate level nursing competencies and knowledge base	The DNP curriculum is logically structured and builds on a master's in nursing foundation which is built upon a baccalaureate nursing foundation. The programs shows how doctoral-level knowledge and competencies are acquired. The Post-graduate certificate program is structured to build on graduate level nursing competencies and knowledge.			
III-G. Teaching-learning practices: support the achievement of expected student outcomes; consider the needs and expectations of the identified community of interest; and expose students to individuals with diverse life experiences, perspectives, and backgrounds.	Expected student learning outcomes are achieved. Curriculum and the expected student learning outcomes will be reviewed periodically and revised as needed. Teaching-learning practices are appropriate to the student population	-Syllabi -End-of-semester (EOS) course reports -Student evaluation of courses & faculty -Student & faculty evaluation of clinical sites -Student evaluation of support services (simulation)	-Program Directors -Director of Operations -Program manager -PAC	- January, June, and September (following each semester)
III-H. The curriculum includes planned clinical practice experiences that: enable students to integrate new knowledge and demonstrate attainment of program outcomes; foster interprofessional collaborative practice; and are evaluated by faculty.	Each program included planned clinical experiences that gives students the opportunity to develop new professional competencies and integrate new knowledge in practice settings aligned to the educational preparation. Clinical practice experiences include opportunities for interprofessional collaboration. Clinical practice experiences are evaluated by faculty.	- Syllabi -Clinical site availability -Students evaluation of clinical sites and preceptors -Student evaluation of interprofessional clinical experience + simulation clinical experience -End-of-semester course reports -Faculty evaluation of clinical logs and journals -MOU for formal partnership agreements -Clinical Log	-Director of Operations -Program Directors -PAC	- January, June, and September (following each semester)
III-I. 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.	Evaluation of student performance is consistent with expected student outcomes. Grading criteria are clearly defined, communicated to students, and applied consistently.	- Syllabi -End-of-semester (EOS) course reports -Clinical evaluation rubrics -Reflective journals -Clinical Log -Assignment rubrics	-Course faculty -Program Directors	- January, June, and September

	The process for evaluation of individual student performance is communicated to students. Faculty are responsible for evaluation of individual student outcomes			
III-J. The curriculum and teaching-learning practices are evaluated at regularly scheduled intervals, and evaluation data are used to foster ongoing improvement.	Faculty use data from faculty and student evaluation of teaching-learning practices to inform decisions that facilitate the achievement of student outcomes.	-End-of-semester (EOS) course reports -Student evaluation of course and faculty -Program assessment reports -Exit survey/Alumni survey	-Program Directors -Director of Operations -Program Manager -PAC Chair	Yearly

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CCNE Standard IV: Program Effectiveness: Assessment and Achievement of Program Outcomes

The program is effective in fulfilling its mission and goals as evidenced by achieving expected program outcomes. Program outcomes include student outcomes, faculty outcomes, and other outcomes identified by the program. Data on program effectiveness are used to foster ongoing program improvement.

Key Elements	Expected Outcomes	Assessment Method	Responsibility	Target Date for Data collection
IV-A. A systematic process is used to determine program effectiveness.	The comprehensive Mater-PEP is used to guide the systematic review process to evaluate achievement of program outcomes., The MEP is comprehensive data collection, including (1) completion, licensure, certification, and employment rates as required by Department of Education; faculty outcomes, and other program outcomes)	-Exit survey -Annual PLOs assessment -Annual faculty outcomes assessment	-Director of Operations -Programs Manager -PAC Chair	Yearly
IV-B. Program completion rates demonstrate program effectiveness.	Program Completion rates for each program are 70% or higher in any of the methods specified by CCNE.	-Program completion rate for the most recent calendar year (Jan 1- Dec.31)	-Director of Operations -Program Directors -Programs Manager -PAC Chair	Yearly
IV-C. Licensure pass rates demonstrate program effectiveness	Pre-licensure programs demonstrate an NCLEX-RN pass rate of 80% or higher when calculated by one of the methods specified by CCNE.	NCLEX-RN pass rate	Director of Operations	Yearly
IV-D. Certification pass rates demonstrate program effectiveness.	1. Certification pass rates are 80% or higher when calculated by one of the methods specified by CCNE. 2. Data are provided regarding the number of completers taking each exam and the number that passed.	-State/national certification pass rates	-Director of Operations -Program Manager	Yearly
IV-E. Employment rates demonstrate program effectiveness.	1. Employment rates are 70% or higher when calculated by one of the methods specified by CCNE. 2. Employment data is collected	-Exit survey -1-year post-graduation alumni survey	-Director of Operations -Program Directors -Programs Manager -PAC Chair	Yearly,

	within 12 months of program completion.			
IV-F. Data regarding completion, licensure, certification, and employment rates are used, as appropriate, to foster ongoing program improvement.	All key elements will be reviewed as scheduled timeline and presented to nursing faculty. All faculty will be engaged in the program improvement process.	-Exit survey -1-year post-graduation alumni survey --Employer satisfaction survey -Program completion rate for the most recent calendar year (Jan 1- Dec.31) -Meeting minutes	-Director of Operations -Program Directors -Programs Manager -PAC Chair	Yearly
IV-G. Aggregate faculty outcomes demonstrate program effectiveness.	1. Aggregate faculty outcomes are consistent with and contribute to achievement of the program's mission and goals and are congruent with institution and program expectations. 2. Faculty outcomes are identified for the faculty as a group and reflect expectations of faculty in their roles.	-University faculty handbook -Percentage of doctorally prepared faculty -Percentage of faculty who participate in scholarship -Percentage of faculty who are nationally certified	-Dean -Annual evaluation -Rank and Tenure Committee -PAC	Yearly
IV-H. Aggregate faculty outcome data are analyzed and used, as appropriate, to foster ongoing program improvement.	1. All faculty outcome data are reviewed as scheduled timeline and used for ongoing program improvement. 2.All faculty are engaged in the program improvement process.	-IDEA course evaluation -Annual faculty evaluation	PAC Chair	Yearly
IV-I. Program outcomes demonstrate program effectiveness.	1.Program outcomes are defined by the program, describe how each outcome is measured, and incorporate ELA. 2. Program outcomes are appropriate and relevant to the degree or certificate program offered.	-PLOs assessment -Exit Survey/Alumni Survey/Employer Survey	-Course Faculty -Director of Operations -Program Directors -Programs Manager -PAC Chair	Yearly
IV-J. Program outcome data are used, as appropriate, to foster ongoing program improvement.	1.Discrepancies between actual outcomes and ELA are used to promote program improvement. 2. Changes are deliberate, ongoing, and analyzed for program effectiveness. 3. Faculty are engaged in the program improvement process.	-Program Assessment Reports -Trending of PLOs	-Director of Operations -Program Directors -Programs Manager -PAC Chair	Yearly