Associate of Science in Nursing (ASN) Program (400)

Division or Department: College of Nursing

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Northwestern State University's (NSU) Mission. Northwestern State University is a responsive, student-oriented institution committed to acquiring, creating, and disseminating knowledge through innovative teaching, research, and service. With its certificate, undergraduate, and graduate programs, Northwestern State University prepares its increasingly diverse student population to contribute to an inclusive global community with a steadfast dedication to improving our region, state, and nation.

NSU College of Nursing and School of Allied Health (CONSAH) Mission. Northwestern State University's College of Nursing and School of Allied Health advances the mission of the University through innovative teaching, experiential service learning, and scholarship. The College of Nursing and School of Allied Health offers quality healthcare education to a diverse student population to achieve their goal of becoming responsible healthcare providers who improve the health of our region, state, and nation.

ASN Program Mission Statement. The ASN Program follows the mission of the College of Nursing and School of Allied Health.

ASN Program Goals:

1. Provide education to prepare graduates who are eligible to apply for the National Council Licensure Examination for Registered Nurses (NCLEX-RN).
2. Produce graduates who practice as novice registered nurses in hospitals, nursing homes, and other health care agencies.
3. Provide knowledge to promote career mobility to the baccalaureate nursing educational level.

Methodology: The assessment process for the ASN program is as follows:

1. Course reports are completed by lead faculty at the end of each term in which the course is taught. Course reports include enrollment and completion data, relevant Student Learning Outcome (SLO) measures, actual results, and identified trends.
2. Course reports and supporting assessment data are stored electronically in the designated ASN assessment repository and reviewed by the ASN Program Director.
3. ASN faculty review and analyze assessment results annually by calendar year. Faculty compare actual results with established expected outcomes, identify strengths and areas for improvement, and determine actions for the following assessment cycle.

4. Course reports, assessment findings, and related curriculum matters are reviewed by the ASN Program Curriculum Committee. Faculty may provide feedback regarding course delivery, student learning, assessment findings, and opportunities for improvement.
5. Student Learning Outcome measures, results, analyses, and decisions are incorporated into the annual ASN program assessment report and submitted to the CONSAH Director of Assessment, Evaluation, and Planning for review.
6. The ASN Assessment Committee reviews the annual assessment findings, identifies needed revisions or additional actions, and forwards recommendations to the ASN Program Curriculum Committee. The ASN Program Curriculum Committee reviews significant findings and discusses proposed curricular or programmatic changes.
7. The completed assessment report is submitted to the CONSAH Dean for review and approval. Following approval, the report is forwarded for institutional assessment review. Significant findings and actions requiring broader programmatic consideration are presented to the CONSAH Academic Leadership Council.

Student Learning Outcomes

SLO 1. Provide nursing care founded upon selected scientific principles and evidence-based research utilizing the nursing process.

Measure 1.1. Students will demonstrate the ability to use evidence-based practice when preparing and delivering therapeutic nursing interventions. This outcome is assessed in NURA 2110: Applications of Nursing Process II through Critical Element III.a. Utilizes evidence-based practice to prepare and deliver therapeutic nursing interventions, on the Clinical Evaluation Tool. The expected outcome (target) is for 100% of students to receive a satisfactory rating on Critical Element III.a.

Finding. Target was met.

Analysis. In 2024, the target was met. All 148 students assessed (100%) received a satisfactory rating on Critical Element III.a. of the Clinical Evaluation Tool. The results demonstrated that students completing NURA 2110 were able to use evidence-based practice when preparing and delivering therapeutic nursing interventions and to provide care using appropriate safety practices related to asepsis, medication administration, equipment, technical skills, and the clinical environment.

Based on the analysis of the 2024 results, faculty implemented the following changes in 2025 to drive the cycle of improvement: 1) provided a comprehensive orientation to the Clinical Evaluation Tool during clinical orientation; 2) reviewed the expectations associated with Critical Element III.a.; and 3) clearly explained the clinical behaviors students were required to demonstrate to receive a satisfactory rating. These actions were intended to improve students' understanding of clinical expectations and promote consistent evaluation across clinical groups.

As a result of these changes, in 2025, the target was met. All 148 students assessed (100%) received a satisfactory rating on Critical Element III.a. of the Clinical Evaluation Tool. Achievement remained consistent with the 2024 results and demonstrated that

students continued to apply evidence-based principles when preparing and delivering therapeutic nursing interventions. Because all students met the criterion, the findings support continuation of the current instructional and clinical-evaluation practices while maintaining attention to consistency across faculty and clinical groups.

Decision. In 2025, the target was met, with 100% (148/148) of students receiving a satisfactory rating on Critical Element III.a. of the Clinical Evaluation Tool.

Based on the analysis of the 2025 results, faculty will implement the following actions in 2026 to drive the cycle of improvement: 1) provide training for new full-time and adjunct clinical faculty on the use of the Clinical Evaluation Tool; 2) review the expectations and performance criteria associated with Critical Element III.a.; 3) continue orienting students to the Clinical Evaluation Tool and required clinical behaviors; and 4) provide timely feedback and guidance to students who require additional support in meeting clinical expectations.

These actions will promote consistent evaluation across faculty and clinical groups, strengthen students' understanding of evidence-based therapeutic nursing interventions, and support continued achievement of the established benchmark, thereby continuing to advance the cycle of improvement.

Measure 1.2. Students will demonstrate the ability to use the nursing process and evidence-based practice to develop an individualized, prioritized plan of care. This outcome is assessed through the problem-based care plan assignment in NURA 2110: Applications of Nursing Process II. The expected outcome (target) is for at least 90% of students to receive a satisfactory rating on the final care plan.

Finding. Target was met.

Analysis. In 2024, the target was met. All 148 students assessed (100%) received a satisfactory rating on the final care plan. The results demonstrated that students were able to analyze patient-specific assessment data, identify priority problems, formulate appropriate nursing diagnoses, and develop individualized interventions and outcomes based on evidence-based practice.

Based on the analysis of the 2024 results, faculty implemented the following changes in 2025 to drive the cycle of improvement: 1) reviewed and updated care plan resources; 2) added an exemplar to the learning management system to guide students in developing a problem-based care plan; 3) educated new full-time and adjunct faculty on use of the problem-based care plan and grading rubric; and 4) oriented students to the assignment, rubric, and expected performance during clinical orientation, including opportunities to practice development of the care plan.

As a result of these changes, in 2025, the target was met. All 148 students assessed (100%) received a satisfactory rating on the final care plan. Achievement remained consistent with the 2024 results and demonstrated that students continued to use the nursing process and evidence-based practice to develop individualized and prioritized plans of care.

Decision. In 2025, the target was met, with 100% (148/148) of students receiving a satisfactory rating on the final care plan.

Based on the analysis of the 2025 results, faculty will implement the following actions in 2026 to drive the cycle of improvement: 1) educate full-time and adjunct faculty on completion and evaluation of problem-based care plans in DocuCare; 2) orient students to completing problem-based care plans in DocuCare; 3) require students without access to a clinical electronic medical record to document Patient Daily Profiles in DocuCare; and 4) continue providing assignment exemplars, rubric guidance, and formative feedback.

These actions will improve consistency in clinical documentation and care plan evaluation, strengthen students' ability to apply the nursing process in an electronic environment, and support continued achievement of the established benchmark, thereby continuing to advance the cycle of improvement.

SLO 2. Perform caring interventions that assist the person in achieving dynamic equilibrium by facilitating the satisfaction of needs.

Measure 2.1. Students will demonstrate patient-centered care through performance on the Quality and Safety Education for Nurses (QSEN) Patient-Centered Care category of the Assessment Technologies Institute (ATI) Comprehensive Predictor administered in NURA 2510: Applications of Nursing Process III. The expected outcome (target) is for the cohort group score to be 80% or higher.

Finding. Target was met.

Analysis. In 2024, the target was met. The cohort achieved a group score of 83.6% on the QSEN Patient-Centered Care category of the ATI Comprehensive Predictor. The result demonstrated that students were able to apply patient-centered care principles, recognize individual patient needs and preferences, and incorporate caring interventions into clinical decision-making.

Based on the analysis of the 2024 results, faculty implemented the following changes in 2025 to drive the cycle of improvement: 1) administered the ATI Comprehensive Predictor before the final course examination to allow students additional time to prepare for both assessments; 2) scheduled the ATI Live Review after completion of the practice examination and before administration of the graded predictor; and 3) continued requiring students to complete two interprofessional collaboration assignments during each clinical rotation with an emphasis on patient-centered care.

As a result of these changes, in 2025, the target was met. The cohort achieved a group score of 85.9% on the QSEN Patient-Centered Care category, representing an increase of 2.3 percentage points from 2024. The improvement indicated stronger cohort performance in applying patient-centered care concepts and supported the effectiveness of the sequencing, review, and clinical-collaboration strategies implemented during the assessment cycle.

Decision. In 2025, the target was met, with a cohort group score of 85.9% on the QSEN Patient-Centered Care category.

Because the ASN program is transitioning from ATI to Lippincott products, faculty will implement the following actions in 2026 to drive the cycle of improvement: 1) administer the Lippincott Clinical Judgment Exam at the end of the semester; 2) identify the Lippincott clinical judgment category that most directly measures patient-centered care

and caring interventions; 3) establish a clearly defined expected outcome for the revised measure; 4) orient faculty and students to the new assessment and scoring expectations; and 5) review the first year of results to determine whether the revised measure provides valid and useful evidence of achievement of SLO 2.

Because the revised measure will use a different standardized assessment and scoring framework, the 2026 results will establish baseline data for future trend analysis.

These actions will support a consistent transition to the new standardized assessment platform, preserve alignment between the measure and the student learning outcome, and provide faculty with meaningful data for evaluating students' application of patient-centered caring interventions, thereby continuing to advance the cycle of improvement.

Measure 2.2. Students will demonstrate the ability to provide caring, respectful, and individualized nursing interventions in the clinical setting. This outcome is assessed in NURA 2510: Applications of Nursing Process III through the fourth-level Clinical Evaluation Tool, which evaluates students' ability to explain the rationale for nursing interventions, perform care according to accepted procedures and professional standards, listen to patient needs, provide care without allowing personal values to interfere, demonstrate respect and caring, examine personal responses to interactions, and select appropriate responses to clinical situations. The expected outcome (target) is for at least 90% of students to receive a final rating of pass on the Clinical Evaluation Tool.

Finding. Target was met.

Analysis. In 2024, the target was met. All 138 students assessed (100%) received a final rating of pass on the Clinical Evaluation Tool. The results demonstrated that students were able to provide caring and respectful nursing interventions, respond appropriately to patient needs, and apply professional standards when delivering individualized care in the clinical setting.

Based on the analysis of the 2024 results, faculty implemented the following changes in 2025 to drive the cycle of improvement: 1) provided additional training to adjunct clinical faculty on concept-based care plans, daily clinical documentation, and use of the Clinical Evaluation Tool; 2) identified students at risk for unsatisfactory clinical performance and developed individualized improvement plans; 3) provided frequent feedback regarding clinical strengths and areas requiring improvement; and 4) offered students the opportunity to be evaluated by an additional faculty member in another clinical setting when further assessment was needed.

As a result of these changes, in 2025, the target was met. All 135 students assessed (100%) received a final rating of pass on the Clinical Evaluation Tool. Achievement remained consistent with the 2024 results and demonstrated that students continued to provide caring, respectful, and individualized nursing interventions while meeting established clinical performance expectations.

Decision. In 2025, the target was met, with 100% (135/135) of students receiving a final rating of pass on the Clinical Evaluation Tool.

Based on the analysis of the 2025 results, faculty will implement the following actions in 2026 to drive the cycle of improvement: 1) require students to complete clinical

documentation in DocuCare; 2) require students to submit patient assessments, care plans, and alternate clinical assignments through the learning management system; 3) continue providing timely feedback and individualized improvement plans for students experiencing clinical difficulty; and 4) monitor submission and evaluation data to identify patterns in student performance.

These actions will improve tracking of clinical performance, strengthen consistency in documentation and evaluation, and provide faculty with more timely evidence to support students in meeting expectations for caring and individualized nursing care, thereby continuing to advance the cycle of improvement.

SLO 3. Communicate effectively with the person and healthcare team members to promote, maintain, and restore health.

Measure 3.1. Students will demonstrate effective interprofessional and patient-centered communication through completion of the QSEN Interprofessional and Patient-Centered Care Assignment in NURA 2510: Applications of Nursing Process III. The assignment requires students to analyze an interprofessional collaboration experience, identify the roles and contributions of healthcare team members, evaluate communication among team members, consider strategies for including the patient and family, and recommend a change to improve quality of care. The expected outcome (target) is for at least 80% of students to score 80% or higher on the first attempt.

Finding. Target was met.

Analysis. In 2024, the target was met. All 138 students assessed (100%) scored 80% or higher on the first attempt on the QSEN Interprofessional and Patient-Centered Care Assignment. The results demonstrated that students were able to identify members of the healthcare team, explain how team members contributed to patient goals, evaluate communication processes, and identify opportunities to strengthen patient- and family-centered care.

Based on the analysis of the 2024 results, faculty implemented the following changes in 2025 to drive the cycle of improvement: 1) provided more detailed guidance regarding the required components of interprofessional collaboration; 2) required students to select and analyze one collaboration experience in depth; and 3) encouraged students to participate actively in as many interprofessional interactions as possible during clinical experiences. These actions were intended to strengthen students' ability to recognize, analyze, and reflect on effective team-based communication.

As a result of these changes, in 2025, the target was met. All 135 students assessed (100%) scored 80% or higher on the QSEN Interprofessional and Patient-Centered Care Assignment. Achievement remained consistent with the 2024 results and demonstrated that students continued to communicate effectively with healthcare team members and apply patient-centered principles when analyzing collaborative care.

Decision. In 2025, the target was met, with 100% (135/135) of students scoring 80% or higher on the QSEN Interprofessional and Patient-Centered Care Assignment.

Based on the analysis of the 2025 results, faculty will implement the following actions in 2026 to drive the cycle of improvement: 1) require students to submit the assignment through the designated learning management system folder; 2) link the assignment

directly to the grading rubric to promote consistent scoring and feedback; 3) review rubric criteria with students before submission; and 4) monitor assignment results across clinical groups and campuses to identify any variation in performance.

These actions will improve tracking, strengthen consistency in evaluation, and provide more timely feedback regarding students' interprofessional and patient-centered communication skills, thereby continuing to advance the cycle of improvement.

Measure 3.2. Students will demonstrate effective therapeutic verbal and written communication with faculty, patients, families or significant others, and members of the healthcare team. This outcome is assessed in NURA 2510: Applications of Nursing Process III through Critical Element II, Communication, on the Clinical Evaluation Tool. The expected outcome (target) is for at least 90% of students to receive a satisfactory rating on Critical Element II.

Finding. Target was met.

Analysis. In 2024, the target was met. All 138 students assessed (100%) received a satisfactory rating on Critical Element II of the Clinical Evaluation Tool. The results demonstrated that students were able to communicate effectively in verbal and written formats, apply therapeutic communication principles, document patient care appropriately, and interact professionally with patients, families, faculty, and healthcare team members.

Based on the analysis of the 2024 results, faculty implemented the following changes in 2025 to drive the cycle of improvement: 1) encouraged students to participate in interprofessional communication activities related to their assigned patients; 2) identified additional collaborative learning opportunities for students whose assigned patients provided limited exposure to team-based communication; and 3) continued requiring students to complete two interprofessional collaboration assignments during each clinical rotation. These actions were intended to increase students' exposure to authentic communication processes and strengthen application of therapeutic and professional communication skills.

As a result of these changes, in 2025, the target was met. All 135 students assessed (100%) received a satisfactory rating on Critical Element II of the Clinical Evaluation Tool. Achievement remained consistent with the 2024 results and demonstrated that students continued to communicate effectively with patients, families, faculty, and healthcare team members in the clinical setting.

Decision. In 2025, the target was met, with 100% (135/135) of students receiving a satisfactory rating on Critical Element II of the Clinical Evaluation Tool.

Based on the analysis of the 2025 results, faculty will implement the following actions in 2026 to drive the cycle of improvement: 1) require students to document patient care in DocuCare, including appropriate nursing notes; 2) review expectations for clear, accurate, timely, and professional written communication; 3) continue seeking opportunities for students to participate in interprofessional communication processes; and 4) monitor written and verbal communication performance across clinical groups to identify areas requiring additional instruction or feedback.

These actions will strengthen students' verbal and written communication, improve consistency in clinical documentation, and expand opportunities for meaningful interaction with members of the healthcare team, thereby continuing to advance the cycle of improvement.

SLO 4. Provide health education to reduce risk and promote and maintain optimal health.

Measure 4.1. Students will demonstrate the ability to assess patient learning needs, develop and implement an individualized teaching plan, and evaluate the effectiveness of patient education. This outcome is assessed through the Teaching Plan assignment in NURA 2110: Applications of Nursing Process II. The expected outcome (target) is for at least 90% of students to score 80% or higher on the first attempt.

Finding. Target was met.

Analysis. In 2024, the target was met. All 148 students assessed (100%) scored 80% or higher on the first attempt on the Teaching Plan assignment. The results demonstrated that students were able to identify patient learning needs, develop appropriate educational content, individualize teaching for diverse patients and populations, implement the plan, and evaluate the effectiveness of the teaching provided.

Based on the analysis of the 2024 results, faculty implemented the following changes in 2025 to drive the cycle of improvement: 1) oriented students to methods for identifying cultural and population-specific considerations that could influence patient education; 2) assisted students in incorporating appropriate technology into patient teaching; and 3) provided additional faculty guidance to students who did not initially meet the assignment benchmark and required successful resubmission. These actions were intended to strengthen individualized, culturally responsive, and technology-supported patient education.

As a result of these changes, in 2025, the target was met. All 148 students assessed (100%) scored 80% or higher on the Teaching Plan assignment. Achievement remained consistent with the 2024 results and demonstrated that students continued to provide effective health education designed to reduce risk and promote and maintain optimal health.

Decision. In 2025, the target was met, with 100% (148/148) of students scoring 80% or higher on the Teaching Plan assignment.

Based on the analysis of the 2025 results, faculty will implement the following actions in 2026 to drive the cycle of improvement: 1) require students to identify at least one way the teaching plan could be expanded or improved; 2) require students to describe adaptations needed for diverse cultures and populations; 3) encourage greater use of technology in patient education; and 4) require students to use evidence-based resources during teaching and provide appropriate resources to the patient.

These actions will strengthen students' ability to develop individualized, culturally responsive, evidence-based teaching plans and improve their effectiveness in promoting optimal health, thereby continuing to advance the cycle of improvement.

Measure 4.2. Students will demonstrate the ability to identify community health needs and provide health education through completion of the Community Service-Learning Project in NURA 2110: Applications of Nursing Process II. The project requires students to conduct a community needs assessment, identify a priority need, develop an appropriate educational intervention, and present the project using an approved format. The expected outcome (target) is for at least 95% of students to receive a rating of pass on the Community Service-Learning Project Rubric.

Finding. Target was met.

Analysis. In 2024, the target was met. All 148 students assessed (100%) received a rating of pass on the Community Service-Learning Project. The results demonstrated that students were able to assess community needs, identify appropriate health-education priorities, collaborate with community partners, and develop educational interventions designed to reduce risk and promote optimal health.

Based on the analysis of the 2024 results, faculty implemented the following changes in 2025 to drive the cycle of improvement: 1) tracked project scores through the learning management system; 2) provided students with assignment exemplars; and 3) discussed acceptable project ideas and expectations during orientation. These actions were intended to clarify assignment requirements, improve consistency across clinical groups, and strengthen students' preparation for the community needs-assessment and teaching components of the project.

As a result of these changes, in 2025, the target was met. All 148 students assessed (100%) received a rating of pass on the Community Service-Learning Project. Achievement remained consistent with the 2024 results and demonstrated that students continued to identify community health needs and develop appropriate education to address identified risks and health disparities.

Decision. In 2025, the target was met, with 100% (148/148) of students receiving a rating of pass on the Community Service-Learning Project.

Based on the analysis of the 2025 results, faculty will implement the following actions in 2026 to drive the cycle of improvement: 1) ensure consistent expectations for the Community Service-Learning Project among full-time and adjunct faculty; 2) provide students with a structured questionnaire to guide the community needs assessment; 3) require students to identify relevant health disparities when selecting and planning the project; 4) continue providing assignment exemplars and presentation guidance; and 5) monitor rubric results across campuses and clinical groups for consistency.

These actions will strengthen students' ability to assess community needs, identify health disparities, and develop focused health-education interventions, thereby continuing to advance the cycle of improvement.

SLO 5. Manage nursing care effectively by using human, physical, financial, and technological resources to meet the needs of the person.

Measure 5.1. Students will demonstrate the ability to identify and coordinate appropriate human, physical, financial, and technological resources through completion of Question #1 of the Utilizing Resources Discussion Board in NURA 2550: Humanistic Nursing Care. Students are required to analyze patient scenarios and identify needed

interprofessional collaboration, referrals, consultations, discharge-planning resources, and other supports required to meet patient needs. The expected outcome (target) is for at least 90% of students to score 40 out of 50 points or higher on Criterion 1: Thoughtful, specific, detailed answers to Discussion Question #1 of the Utilizing Resources Discussion Board Rubric.

Finding. Target was met.

Analysis. In 2024, the target was met. Of the 54 students with valid rubric-level data from the spring and fall terms, 52 students (96.3%) scored 40 out of 50 points or higher on Criterion 1: Thoughtful, specific, detailed answers to Discussion Question #1 of the Utilizing Resources Discussion Board Rubric, while 2 students (3.7%) scored below the benchmark. Data from 66 summer students were excluded because the specific criterion-level data were not tracked consistently. The available results demonstrated that most students were able to identify appropriate interprofessional, referral, consultation, discharge-planning, financial, and technological resources needed to coordinate patient care effectively.

Based on the analysis of the 2024 results and the identified data-collection limitation, faculty implemented the following changes in 2025 to drive the cycle of improvement: 1) educated new faculty about the ASN Student Learning Outcomes and the importance of collecting criterion-level assessment data; 2) reviewed the relationship among SLO 5, the discussion-board assignment, and the grading rubric; 3) trained faculty to use the designated rubric criterion consistently across course sections; and 4) provided students with specific guidance regarding common weaknesses identified in previous submissions.

As a result of these changes, in 2025, the target was met. All 150 students assessed (100%) scored 40 out of 50 points or higher on Criterion 1: Thoughtful, specific, detailed answers to Discussion Question #1 of the Utilizing Resources Discussion Board Rubric. The results represented an improvement from the valid 2024 data and demonstrated more consistent student performance and more complete collection of criterion-level assessment data across terms. The findings indicated that students were able to identify and coordinate appropriate human, physical, financial, and technological resources necessary to meet patient needs and support effective care management.

Decision. In 2025, the target was met, with 100% (150/150) of students scoring 40 out of 50 points or higher on Criterion 1: Thoughtful, specific, detailed answers to Discussion Question #1 of the Utilizing Resources Discussion Board Rubric.

Based on the analysis of the 2025 results, faculty will implement the following actions in 2026 to drive the cycle of improvement: 1) require faculty to use the rubric embedded in the learning management system when grading the assignment; 2) provide students with additional guidance and examples related to identifying and coordinating appropriate resources; 3) review rubric expectations before students complete the assignment; and 4) continue monitoring criterion-level data across all terms and faculty sections.

These actions will improve consistency in grading and data collection, provide students with timely and specific feedback, and strengthen their ability to identify and coordinate

resources effectively when planning patient care, thereby continuing to advance the cycle of improvement.

Measure 5.2. Students will demonstrate the ability to organize and coordinate nursing care by identifying responsible members of the interdisciplinary team, determining how referrals and discharge-planning activities will be completed, and ensuring that patient needs are addressed in a timely and organized manner through completion of Question #2 of the Utilizing Resources Discussion Board in NURA 2550: Humanistic Nursing Care. Students are required to explain how interdisciplinary team members will collaborate to meet patient needs, who is responsible for completing referrals and discharge-planning activities, and how care coordination will be carried out effectively. The expected outcome (target) is for at least 90% of students to score 40 out of 50 points or higher on Criterion 1: Thoughtful, specific, detailed answers to Discussion Question #2 of the Utilizing Resources Discussion Board Rubric.

Finding. Target was met.

Analysis. In 2024, the target was met. Of the 54 students with valid criterion-level data from the spring and fall terms, 52 students (96.3%) scored 40 out of 50 points or higher on Criterion 1: Thoughtful, specific, detailed answers to Discussion Question #2 of the Utilizing Resources Discussion Board Rubric, while 2 students (3.7%) scored below the benchmark. Data from 66 summer students were excluded because Question #2 criterion-level scores were not tracked consistently. The available results demonstrated that most students were able to identify appropriate interdisciplinary team members, assign responsibility for referrals and discharge-planning activities, and describe an organized process for coordinating patient care.

Based on the analysis of the 2024 results and the identified data-collection limitation, faculty implemented the following changes in 2025 to drive the cycle of improvement: 1) educated new faculty about the ASN Student Learning Outcomes and the importance of collecting question-specific criterion-level assessment data; 2) reviewed the relationship among SLO 5, the discussion-board questions, and the grading rubric; 3) trained faculty to score Questions #1 and #2 independently using the designated rubric criteria; and 4) provided students with additional guidance regarding common weaknesses identified in previous discussion-board responses.

As a result of these changes, in 2025, the target was met. All 150 students assessed (100%) scored 40 out of 50 points or higher on Criterion 1: Thoughtful, specific, detailed answers to Discussion Question #2 of the Utilizing Resources Discussion Board Rubric. The results demonstrated that students were able to coordinate interdisciplinary team responsibilities, referrals, consultations, and discharge-planning activities in an organized and timely manner. The findings also reflected improved consistency in rubric use and criterion-level data collection across terms.

Decision. In 2025, the target was met, with 100% (150/150) of students scoring 40 out of 50 points or higher on Criterion 1: Thoughtful, specific, detailed answers to Discussion Question #2 of the Utilizing Resources Discussion Board Rubric.

Based on the analysis of the 2025 results, faculty will implement the following actions in 2026 to drive the cycle of improvement: 1) require faculty to use the rubric embedded in

the learning management system for all sections of the course; 2) provide students with additional examples and guidance related to organizing interdisciplinary team responsibilities and coordinating referrals and discharge planning; 3) review assignment and rubric expectations before submission; and 4) continue monitoring question-specific criterion-level results across all terms and faculty sections.

These actions will improve consistency in grading and assessment data collection, strengthen students' ability to coordinate care effectively through interdisciplinary collaboration and resource management, and support continued achievement of SLO 5.

SLO 6. Demonstrate professional behaviors, including adherence to standards of practice and legal and ethical codes of nursing conduct, and accountability to the profession of nursing and society.

Measure 6.1. Students will demonstrate professional behavior, accountability, responsibility, honesty, and integrity in clinical practice. This outcome is assessed in NURA 2110: Applications of Nursing Process II through Critical Element IV of the Clinical Evaluation Tool, which evaluates adherence to professional standards of practice; University, College of Nursing, and agency policies and procedures; Health Insurance Portability and Accountability Act (HIPAA) and Occupational Safety and Health Administration (OSHA) requirements; and expectations for professional conduct within the student’s scope of practice. The expected outcome (target) is for at least 90% of students to receive a satisfactory rating on Critical Element IV in all clinical rotations.

Finding. Target was met.

Analysis. In 2024, the target was met. All 148 students assessed (100%) received a satisfactory rating on Critical Element IV of the Clinical Evaluation Tool. The results demonstrated that students adhered to professional standards, maintained accountability and integrity, followed institutional and agency policies, and behaved professionally in interactions with patients, faculty, and members of the healthcare team.

Based on the analysis of the 2024 results, faculty implemented the following changes in 2025 to drive the cycle of improvement: 1) provided comprehensive hospital and clinical orientation to students; 2) educated new full-time and adjunct faculty on the Clinical Evaluation Tool and expectations for professional behavior; 3) oriented students to the evaluation process and Critical Element IV criteria; 4) incorporated professional standards of practice into lecture content; and 5) required students to apply professional standards in clinical experiences and course assignments.

As a result of these changes, in 2025, the target was met. All 148 students assessed (100%) received a satisfactory rating on Critical Element IV of the Clinical Evaluation Tool. Achievement remained consistent with the 2024 results and demonstrated that students continued to meet expectations for professional behavior, accountability, ethical conduct, and adherence to standards of practice.

Decision. In 2025, the target was met, with 100% (148/148) of students receiving a satisfactory rating on Critical Element IV of the Clinical Evaluation Tool.

Based on the analysis of the 2025 results, faculty will implement the following actions in 2026 to drive the cycle of improvement: 1) continue providing comprehensive clinical

orientation to students; 2) review the Clinical Evaluation Tool with new full-time and adjunct faculty; 3) review Critical Element IV and related expectations with students before clinical experiences begin; 4) continue incorporating professional standards of practice into NURA 2110 assignments and clinical activities; and 5) provide timely feedback and corrective guidance when concerns related to professional conduct are identified.

These actions will promote consistent expectations and evaluation across clinical groups, reinforce accountability and ethical conduct, and support continued student achievement of professional standards, thereby continuing to advance the cycle of improvement.

Measure 6.2. Students will demonstrate the ability to apply legal and ethical principles and professional standards of nursing practice through completion of the Legal, Ethical, and Standards of Practice assignment in NURA 2550: Humanistic Nursing Care. The assignment requires students to analyze clinical scenarios, apply relevant legal and ethical principles, use professional standards to support decision-making, and respond to the perspectives of classmates. The expected outcome (target) is for at least 80% of students to score 80% or higher on the assignment.

Finding. Target was met.

Analysis. In 2024, the target was met. Of the 120 students assessed, 100 students (83.3%) scored 80% or higher on the Legal, Ethical, and Standards of Practice assignment, while 20 students (16.7%) scored below the benchmark. Although achievement exceeded the expected outcome of 80%, the results indicated an opportunity to provide students with clearer guidance regarding assignment expectations and the application of legal, ethical, and professional standards to clinical scenarios.

Based on the analysis of the 2024 results, faculty implemented the following changes in 2025 to drive the cycle of improvement: 1) posted detailed instructional videos in the learning management system to guide students through the assignment; 2) reviewed the grading rubric and provided additional guidance regarding common errors identified in previous submissions; and 3) changed the assignment from the Flipgrid format to a written format because continued use of Flipgrid would have required an additional student expense. These changes were intended to clarify expectations, remove technological and financial barriers, and strengthen students' written analysis of legal and ethical issues.

As a result of these changes, in 2025, the target was met. Of the 150 students assessed, 146 students (97.3%) scored 80% or higher on the Legal, Ethical, and Standards of Practice assignment, while 4 students (2.7%) scored below the benchmark. This represented an increase of 14 percentage points from 2024 and demonstrated that students more consistently applied legal and ethical principles and professional standards when analyzing nursing practice situations.

Decision. In 2025, the target was met, with 97.3% (146/150) of students scoring 80% or higher on the Legal, Ethical, and Standards of Practice assignment.

Based on the analysis of the 2025 results, faculty will implement the following actions in 2026 to drive the cycle of improvement: 1) provide assignment exemplars that demonstrate successful analysis and application of legal, ethical, and professional standards; 2) revise the grading rubric to reflect the written assignment format; 3) review the revised rubric and assignment expectations with students before submission; and 4) examine criterion-level results to identify specific legal, ethical, or professional concepts requiring additional instruction.

These actions will clarify assignment expectations, improve alignment between the assignment and grading rubric, and strengthen students' ability to apply legal and ethical principles and professional standards to nursing practice, thereby continuing to advance the cycle of improvement.

Comprehensive Summary of Key Evidence of Improvements Based on Analysis of Results

Analysis of the 2024 assessment results led ASN faculty to implement targeted improvements during the 2025 assessment cycle. These actions focused on strengthening consistency in clinical evaluation, expanding the use of healthcare technology, improving clinical judgment and evidence-based care, clarifying assignment expectations, and increasing the reliability of assessment data.

Expansion of Healthcare Technology and Clinical Documentation

Faculty expanded the use of DocuCare and related electronic resources throughout the curriculum. Students received increased opportunities to practice electronic clinical documentation, complete problem-based care plans, document medication information, and apply nursing concepts within a simulated electronic health record. Faculty were trained to develop and evaluate clinical assignments in DocuCare, and students received orientation and written guidance regarding required documentation.

The increased use of electronic documentation supported more consistent tracking of student work and better prepared students to document and communicate patient information in formats similar to those used in contemporary clinical practice.

Strengthening of Clinical Judgment and Evidence-Based Nursing Care

Faculty continued to incorporate clinical judgment activities, case studies, Next Generation NCLEX-style questions, active-learning strategies, and problem-based care planning throughout the curriculum. Students were required to apply evidence-based practice when developing therapeutic nursing interventions and individualized plans of care.

In the third clinical level, faculty provided care plan exemplars, reinforced use of the nursing process, and trained faculty and students on the problem-based care plan and grading rubric. As a result, 100% of students met the benchmark on both Critical Element III.a. of the Clinical Evaluation Tool and the final care plan.

In the fourth clinical level, faculty adjusted the timing of the ATI Comprehensive Predictor and Live Review and continued requiring patient-centered interprofessional collaboration activities. The cohort score on the QSEN Patient-Centered Care category increased from 83.6% in 2024 to 85.9% in 2025.

Improvement of Patient Education and Community-Based Learning

Faculty strengthened the Teaching Plan assignment by providing additional guidance related to cultural considerations, diverse populations, technology use, and individualized patient education. All 148 students assessed in 2025 scored 80% or higher on the Teaching Plan assignment.

Faculty also clarified expectations for the Community Service-Learning Project by tracking results in the learning management system, providing assignment exemplars, and discussing acceptable project ideas during orientation. All 148 students assessed received a rating of pass. These activities supported students' ability to assess community needs, consider relevant health disparities, and develop health-education interventions.

Enhancement of Interprofessional Communication and Coordination of Care

Faculty increased opportunities for students to participate in and reflect on interprofessional collaboration. Fourth-level students continued completing two collaboration activities per clinical rotation and received more detailed guidance regarding the roles of healthcare team members, communication processes, and patient- and family-centered care.

All 135 students assessed in 2025 met the benchmark on both the QSEN Interprofessional and Patient-Centered Care Assignment and Critical Element II of the Clinical Evaluation Tool. These findings demonstrated consistent achievement in verbal communication, written communication, patient-centered interaction, and collaboration with members of the healthcare team.

Faculty also improved instruction and assessment related to coordination of human, physical, financial, and technological resources. Following faculty education and more consistent use of the assignment rubric, all 150 students assessed met the established benchmarks on the Utilizing Resources Discussion Board measures.

Reinforcement of Professional, Legal, and Ethical Practice

Faculty reinforced expectations for professional behavior through clinical orientation, review of institutional and agency policies, use of the Clinical Evaluation Tool, and integration of professional standards into lecture and clinical assignments. All 148 students assessed received a satisfactory rating on Critical Element IV of the Clinical Evaluation Tool.

Faculty also revised instructional support for the Legal, Ethical, and Standards of Practice assignment by adding detailed instructional videos, reviewing common assignment errors, and converting the activity from a video-based format to a written assignment. Student achievement increased from 83.3% in 2024 to 97.3% in 2025.

Overall Evidence of Improvement

The established target was met for all 12 assessment measures associated with the six ASN Student Learning Outcomes in 2025. Most clinical and assignment-based measures demonstrated achievement rates of 100%, while performance on the Legal, Ethical, and Standards of Practice assignment improved by 14 percentage points and the QSEN Patient-Centered Care cohort score increased by 2.3 percentage points.

The 2025 assessment process also identified areas requiring continued attention, including consistent collection and use of criterion-level assessment data; continued monitoring of Measures 5.1 and 5.2 to ensure consistent scoring of the separate discussion-board questions; transition from ATI to Lippincott standardized assessments; expansion of DocuCare documentation; and continued standardization of clinical evaluation across faculty, clinical groups, and campuses.

Collectively, the documented improvements demonstrate that faculty used assessment findings to strengthen student learning, improve the reliability of assessment processes, and continue the cycle of program improvement.

Plan of Action Moving Forward

Based on analysis of the 2025 assessment results, ASN faculty will implement targeted actions during the 2026 assessment cycle to strengthen student learning, improve consistency in assessment and clinical evaluation, support development of clinical judgment, expand use of healthcare technology, and continue the cycle of program improvement.

Program-Wide Assessment and Faculty Development

Faculty will continue standardizing clinical evaluation, grading, and assessment practices across campuses, courses, and clinical groups. Program and level coordinators will provide faculty guidance regarding ASN Student Learning Outcomes, approved assessment measures, expected outcomes, rubric use, criterion-level data collection, and reporting responsibilities.

Full-time and adjunct faculty will receive continued development related to Lippincott CoursePoint resources, DocuCare, clinical judgment, test-item development, student remediation, and consistent application of clinical evaluation tools. Faculty will also participate in advising and teaching-to-testing development activities and will continue integrating tutoring and student-support opportunities into faculty workload and course planning.

Faculty will continue monitoring Measures 5.1 and 5.2 to ensure that Question #1 and Question #2 of the Utilizing Resources Discussion Board are scored consistently and continue to provide distinct evidence of resource identification and care coordination.

First Clinical Level

Faculty will strengthen students' early application of foundational nursing knowledge through patient-centered dosage-calculation scenarios, laboratory activities aligned with lecture content, Lippincott case studies, hands-on learning experiences, and introductory clinical-judgment activities. DocuCare will be used to support the early development of documentation, communication, and decision-making skills.

Faculty will continue reviewing the sequencing of content in NURA 1080: Transition Course and NURA 1081: Transition to Nursing Lab. Structured Situation-Background-Assessment-Recommendation (SBAR) activities, transition-to-practice exercises, and NCLEX-style questions will be used to reinforce communication and foundational clinical reasoning.

Second Clinical Level

Faculty will expand the use of DocuCare and the learning management system for applicable clinical assignments, including medication lists, reflection notes, collaboration notes, care plans, teaching plans, and related documentation. Students will receive structured orientation and written guidance regarding documentation requirements, and applicable assignments will be linked to grading rubrics to promote consistent evaluation and timely feedback.

Simulation, laboratory, delegation, case-based learning, and other active-learning activities will be incorporated into applicable courses to strengthen students' application of knowledge and preparation for increasingly complex clinical experiences.

Third Clinical Level

Faculty will continue strengthening consistency in clinical evaluation, care planning, patient education, and community-based learning. New full-time and adjunct clinical faculty will receive training on the Clinical Evaluation Tool, problem-based care plans, assignment rubrics, and documentation requirements. Faculty and students will review clinical expectations before clinical experiences begin, and students who require additional assistance will receive timely feedback and corrective guidance.

Students will complete problem-based care plans and applicable Patient Daily Profiles in DocuCare when access to a clinical electronic medical record is unavailable. Faculty will provide care plan exemplars, rubric guidance, and structured feedback to support consistent application of the nursing process and evidence-based practice.

Patient-teaching assignments will require students to identify opportunities to strengthen the teaching plan, adapt education for diverse cultures and populations, incorporate appropriate technology, use evidence-based resources, and provide relevant educational materials to patients.

For the Community Service-Learning Project, faculty will provide a structured needs-assessment questionnaire, reinforce consideration of relevant health disparities, provide assignment exemplars, and maintain consistent expectations across faculty, clinical groups, and campuses. Professional standards of practice will continue to be integrated into NURA 2110: Applications of Nursing Process II lecture content, clinical activities, and assignments.

Fourth Clinical Level

Because the program is transitioning from ATI to Lippincott products, faculty will revise the standardized assessment used for SLO 2. Faculty will administer the Lippincott Clinical Judgment Exam at the end of the semester, identify the category that most directly evaluates patient-centered care and caring interventions, establish a clearly defined expected outcome, and orient faculty and students to the revised assessment and scoring expectations. Because the standardized assessment and scoring framework are changing, the 2026 results will establish baseline data for future trend analysis.

Students will complete applicable patient assessments, care plans, clinical documentation, alternate assignments, and QSEN assignments in DocuCare or through

designated learning management system folders. Assignments will be linked to grading rubrics to improve tracking, scoring consistency, and feedback.

Faculty will continue expanding opportunities for students to participate in interprofessional communication and collaboration. Students will document and reflect on collaborative experiences and demonstrate clear, accurate, timely, and professional written communication through nursing notes and related clinical documentation.

For assignments in NURA 2550: Humanistic Nursing Care, faculty will use rubrics embedded in the learning management system, review assignment expectations with students before submission, provide additional examples and instructional guidance, and analyze criterion-level results to identify concepts requiring further instruction. Faculty will also provide exemplars for the Legal, Ethical, and Standards of Practice assignment and revise the grading rubric to align with the written assignment format.

Clinical Judgment, Testing, and Remediation

Faculty will continue integrating Next Generation NCLEX-style questions, case studies, concept maps, simulation, and active-learning strategies throughout the curriculum. Examination items will be reviewed for alignment with course objectives, SLOs, appropriate cognitive level, and statistical performance.

Faculty will continue providing rationales for examination items and using test analysis and remediation activities to help students identify knowledge gaps and develop individualized improvement strategies. Review questions addressing previously taught content will be used purposefully and evaluated consistently.

Expected Impact

These actions are expected to improve consistency in clinical evaluation and grading, strengthen faculty use of criterion-level assessment data, expand students' proficiency with electronic clinical documentation, and increase opportunities to apply clinical judgment, evidence-based practice, communication, care coordination, patient education, and professional standards.

Faculty will use the 2026 Lippincott Clinical Judgment Exam results as baseline data for future trend analysis and to evaluate the effectiveness and continued appropriateness of the revised standardized assessment measure. Faculty will also review the overall 2026 assessment results to determine the effectiveness of the implemented actions, identify remaining areas for improvement, and guide decisions for the next assessment cycle, thereby continuing to advance the cycle of program improvement.