Bachelor of Science in Nursing (BSN) Program (410)

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.

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

BSN Program Goals:

1. Prepare beginner, professional nurses who provide direct and indirect care to individuals, families, groups, communities, and populations.
2. Prepare beginner, professional nurses who design, manage, and coordinate care.
3. Prepare beginner, professional nurses to become members of the nursing profession.
4. Provide a foundation for graduate education.

Methodology: The assessment process for the BSN 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, aggregate grade distributions, relevant Student Learning Outcome (SLO) measures, actual results, and identified trends.
2. Course reports are stored electronically in the BSN Teams Assessment folder and reviewed by the BSN Program Director.
3. BSN faculty review and analyze assessment results annually by calendar year. Faculty compare actual results with established expected outcomes and identify actions for the following assessment cycle.
4. Course reports and related curriculum matters are reviewed by the BSN 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 BSN program assessment report and submitted to the CONSAH Director of Assessment, Evaluation, and Planning for review.
6. BSN faculty review the annual assessment findings, identify needed revisions or additional actions, and forward recommendations to the BSN Program Curriculum Committee. The BSN 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.

Program Assessment Note: Beginning with the 2025 assessment cycle, the BSN program implemented revised Student Learning Outcomes and assessment measures to align with *The Essentials: Core Competencies for Professional Nursing Education* (American Association of Colleges of Nursing [AACN], 2021). Some measures were continued from previous assessment cycles, while others were newly established or revised in 2025. Newly established measures and measures with revised data-collection methods will serve as baseline data for future trend analysis.

Student Learning Outcomes

SLO 1. Integrate theory and knowledge from nursing, arts, humanities, and sciences into nursing practice.

Measure 1.1. Students will integrate theory and knowledge from nursing, the arts, humanities, and sciences into culturally responsive nursing practice. This outcome is assessed in NURB 4221: Community Health Nursing Practicum through the Cultural Competency Skills component of the Clinical Evaluation Tool. The evaluation assesses students' ability to provide culturally responsive care, apply social and ecological determinants of health, adapt nursing care based on cultural needs and differences, and promote a culturally responsive healthcare environment. The expected outcome (target) is for at least 90% of students to score 3 or higher on the Cultural Competency Skills component of the Clinical Evaluation Tool.

Finding. Target was met.

Analysis. In 2024, the target was met. All 153 students assessed (100%) scored 3 or higher on the Cultural Competency Skills component of the Clinical Evaluation Tool. Additional Assessment Technologies Institute (ATI) data indicated that 58.3% of students demonstrated competence in performing a cultural assessment. Although students consistently met the clinical evaluation benchmark, the ATI results indicated a need for additional support in applying cultural-assessment concepts and communicating effectively with patients from diverse cultural and linguistic backgrounds.

Based on the analysis of the 2024 results, faculty implemented the following actions in 2025 to drive the cycle of improvement: 1) revised the NURB 4221 Community Health Clinical Evaluation Tool to include more focused evaluation of cultural assessments

performed during clinical experiences; 2) modified the clinical log to require students to identify the cultural group served as well as specific cultural needs, preferences, and challenges affecting care; and 3) increased emphasis on social determinants of health as a framework for understanding culturally responsive care.

As a result of these actions, in 2025, the target was met. All 142 students assessed (100%) scored 3 or higher on the Cultural Competency Skills component of the Clinical Evaluation Tool. Students also achieved a 97.7% success rate on the ATI metric addressing social determinants of health and identification of culturally competent care. Although the ATI metric related specifically to performing a cultural assessment was no longer available, student clinical-log data indicated that 100% of students scored 80% or higher on the practical performance of cultural assessments. These results demonstrated that students maintained strong clinical performance while improving their ability to recognize social, environmental, and cultural factors influencing patient health outcomes.

Decision. In 2025, the target was met, with 100% (142/142) of students scoring 3 or higher on the Cultural Competency Skills component 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) transition from ATI as a formal competency measure and introduce a new community-health clinical judgment assessment that incorporates culturally responsive care; 2) include a structured cultural self-inventory to help students examine personal assumptions, biases, and areas for growth; and 3) assess students' confidence and effectiveness when conducting cultural assessments and communicating with patients from diverse cultural and linguistic backgrounds.

These actions will strengthen students' ability to conduct culturally responsive assessments, recognize the influence of social determinants of health, communicate effectively across cultural and linguistic differences, and integrate individualized cultural considerations into nursing care, thereby continuing to advance the cycle of improvement.

Measure 1.2. Students will integrate nursing knowledge, clinical judgment, ethical principles, developmental considerations, and cultural accommodations when implementing individualized plans of care. This outcome is assessed in NURB 4231: Transition to Professional Practice through the Implementation component of the Clinical Evaluation Tool. The evaluation assesses students' ability to initiate the plan of care while considering client and family stressors, the need for flexibility, and developmental and cultural accommodations. The expected outcome (target) is for at least 90% of students to score 3 or higher on the Implementation component of the Clinical Evaluation Tool.

Finding. Target was met.

Analysis. In 2024, the target was met. All 162 students assessed (100%) scored 3 or higher on the Implementation component of the Clinical Evaluation Tool. The results demonstrated that students were able to initiate plans of care that addressed client and family stressors, incorporated flexibility in clinical decision-making, and considered developmental and cultural needs.

Based on the analysis of the 2024 results, faculty implemented the following actions in 2025 to drive the cycle of improvement: 1) reinforced expectations that students initiate individualized plans of care addressing client and family stressors; 2) emphasized flexibility in clinical decision-making and adaptation of care based on changing patient needs; and 3) strengthened attention to developmental and cultural accommodations when planning and implementing nursing care.

As a result of these actions, in 2025, the target was met. Of the 143 students assessed, 139 students (97%) scored 3 or higher on the Implementation component of the Clinical Evaluation Tool, while 4 students (3%) scored below the benchmark. Although performance decreased from 100% in 2024 to 97% in 2025, achievement remained above the expected outcome of 90%. These actions helped maintain strong student performance in translating theoretical knowledge into individualized clinical care, adapting plans based on patient and family needs, and incorporating developmental and cultural considerations into care implementation.

Decision. In 2025, the target was met, with 97% (139/143) of students scoring 3 or higher on the Implementation component 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) revise the Clinical Evaluation Tool to include clearer performance descriptors related to Situation-Background-Assessment-Recommendation (SBAR) communication, recognition of deviations from baseline, analysis of clinical cues, and organization of assessment findings into accurate nursing problems or diagnoses; 2) provide faculty guidance to promote consistent evaluation across clinical groups; and 3) monitor criterion-level performance to identify specific areas requiring additional instructional support.

These actions will improve students' ability to communicate clinical concerns, recognize meaningful changes in patient status, analyze assessment data, develop accurate nursing problems, and implement individualized, evidence-based plans of care, thereby continuing to advance the cycle of improvement.

SLO 2. Demonstrate clinical judgment in coordinating individualized care.

Measure 2.1. Students will demonstrate clinical judgment in coordinating individualized care through completion of the Health Assessment Final Comprehensive Practicum in NURB 3061: Health Assessment and Basic Life Skills Across the Lifespan. The practicum requires students to perform a comprehensive head-to-toe assessment, obtain and interpret vital signs, administer medications safely, complete selected nursing skills, identify priority nursing problems, and determine appropriate care priorities. The expected outcome (target) is for at least 90% of students to score 80% or higher on the Health Assessment Final Comprehensive Practicum.

Finding. Target was met.

Analysis. In 2024, the target was met. Of the 203 students assessed, 200 students (99%) scored 80% or higher on the Health Assessment Final Comprehensive Practicum, while 3 students (1%) scored below 80%. The results demonstrated that most students were able to perform comprehensive assessments, administer medications safely, complete essential nursing skills, identify nursing problems, and

prioritize care. The strong performance also indicated that students were effectively integrating content from health assessment, foundational nursing, and skills-laboratory experiences.

Based on the analysis of the 2024 results, faculty implemented the following actions in 2025 to drive the cycle of improvement: 1) continued using DocuCare to provide students with practice documenting assessment findings, medications, and nursing notes in a simulated electronic health record; 2) continued using barcode medication-administration technology to reinforce safe medication practices and clinical judgment; 3) added case-based scenarios to skills competencies so students had to explain the rationale for their actions and the consequences of unsafe or incomplete care; and 4) incorporated Lippincott clinical case studies in the laboratory to strengthen critical thinking and clinical reasoning.

As a result of these actions, in 2025, the target was met. Of the 181 students assessed, 177 students (98%) scored 80% or higher on the Health Assessment Final Comprehensive Practicum, while 4 students (2%) scored below 80%. Although the percentage meeting the benchmark decreased slightly from 99% in 2024 to 98% in 2025, performance remained well above the expected outcome of 90%. The actions encouraged students to apply clinical reasoning when performing assessments, administering medications, and completing nursing skills rather than relying solely on memorized processes.

Decision. In 2025, the target was met, with 98% (177/181) of students scoring 80% or higher on the Health Assessment Final Comprehensive Practicum.

Based on the analysis of the 2025 results, faculty will implement the following actions in 2026 to drive the cycle of improvement: 1) continue reinforcing concepts taught in theory courses during laboratory and clinical instruction; 2) expand the use of Lippincott clinical case studies to strengthen clinical judgment and reasoning; 3) continue using active-learning strategies during skills instruction; and 4) review student performance on specific practicum components to identify areas requiring additional practice or instructional support.

These actions will strengthen students' ability to integrate assessment findings, perform nursing skills safely, apply clinical judgment, identify priority nursing problems, and coordinate individualized care, thereby continuing to advance the cycle of improvement.

Measure 2.2. Students will demonstrate clinical judgment in coordinating individualized care through completion of Leadership Roles and Management Functions in Nursing CoursePoint Module 8.01 in NURB 4230: Healthcare Management. The module focuses on leadership decision-making, problem-solving, and critical thinking in nursing management. The expected outcome (target) is for at least 90% of students to score 90% or higher on the CoursePoint Module 8.01 post-module quiz.

Finding. Target was met.

Analysis. In 2024, the target was met. Of the 162 students assessed, 159 students (98%) scored 90% or higher on the CoursePoint Module 8.01 post-module quiz, while 3 students (2%) scored below the benchmark. The results demonstrated that most

students understood leadership decision-making, problem-solving, critical thinking, and organizational factors influencing nursing leadership and management.

Based on the analysis of the 2024 results, faculty implemented the following actions in 2025 to drive the cycle of improvement: 1) increased the use of CoursePoint learning modules while reducing reliance on Assessment Technologies Institute (ATI) resources in preparation for the program's transition to CoursePoint assessments; 2) continued using Module 8.01 because of its alignment with clinical judgment, decision-making, and problem-solving; and 3) began using Module 8.01 post-module quiz scores as the consistent assessment measure for monitoring student performance over time.

As a result of these actions, in 2025, the target was met. Of the 143 students assessed, 141 students (99%) scored 90% or higher on the CoursePoint Module 8.01 post-module quiz, while 2 students (1%) scored below 90%. Achievement exceeded the expected outcome of 90%. The results demonstrated that most students were able to apply leadership decision-making, problem-solving, and critical-thinking concepts in nursing management.

Decision. In 2025, the target was met, with 99% (141/143) of students scoring 90% or higher on the CoursePoint Module 8.01 post-module quiz.

Based on the analysis of the 2025 results, faculty will implement the following actions in 2026 to drive the cycle of improvement: 1) continue using CoursePoint Module 8.01 as the primary assessment of leadership decision-making, problem-solving, and critical thinking; 2) review item-level quiz performance to identify concepts requiring additional instruction; 3) provide supplemental case studies and NCLEX-style questions focused on leadership judgment and management decisions; and 4) monitor annual performance trends to determine whether the expected outcome continues to provide an appropriately rigorous measure of student achievement.

These actions will strengthen students' ability to apply clinical judgment, analyze leadership and management problems, make evidence-based decisions, and coordinate individualized care within complex healthcare environments, thereby continuing to advance the cycle of improvement.

SLO 3. Collaborate with clients and stakeholders for health promotion, risk reduction, disease prevention, disease management, and health restoration.

Measure 3.1. Students will collaborate with clients and community stakeholders to promote population health, as evaluated through the Community Dimensions of Practice component of the Clinical Evaluation Tool in NURB 4221: Community Health Nursing Practicum. The evaluation assesses students' ability to identify community partners, collaborate with community health partners, participate in activities that facilitate community involvement, and maintain client safety. The expected outcome (target) is for at least 90% of students to score 3 or higher on the Community Dimensions of Practice component of the Clinical Evaluation Tool.

Finding. Target was met.

Analysis. In 2024, the target was met. All 153 students assessed (100%) achieved a score of 3 or higher on the Community Dimensions of Practice component of the Clinical Evaluation Tool. The results demonstrated that students were able to identify

community partners, collaborate with community health agencies, participate in activities that facilitated community involvement, and promote population health through community-based nursing practice.

Based on the analysis of the 2024 results, faculty implemented the following actions in 2025 to drive the cycle of improvement: 1) required students to identify community agency partners earlier in the semester; 2) revised the Community Health Service-Learning Project to strengthen collaboration with community stakeholders and increase visibility of collaborative goals; 3) revised clinical documentation to emphasize community engagement activities and client safety; and 4) increased opportunities for faculty-student collaboration related to assessment, planning, implementation, and evaluation of community health interventions.

As a result of these actions, in 2025, the target was met. Of the 142 students assessed, 142 students (100%) scored 3 or higher on the Community Dimensions of Practice component of the Clinical Evaluation Tool. The results demonstrated that students continued to effectively collaborate with community partners and stakeholders to address health promotion, risk reduction, disease prevention, disease management, and health restoration needs within diverse populations. Students demonstrated the ability to engage community agencies, participate in community-focused activities, and apply principles of population health within community and public health settings.

Decision. In 2025, the target was met, with 100% (142/142) of students achieving a score of 3 or higher on the Community Dimensions of Practice component 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 strengthening partnerships with community agencies and stakeholders; 2) expand opportunities for students to participate in collaborative community-health initiatives; 3) further integrate population-health concepts and social determinants of health into community clinical experiences; and 4) monitor student performance trends to identify opportunities for enhancing community engagement and population-health outcomes.

These actions will strengthen students' ability to collaborate with clients and community stakeholders, engage in community partnerships, promote population health, and implement evidence-based strategies that support health promotion, risk reduction, disease prevention, disease management, and health restoration, thereby continuing to advance the cycle of improvement.

Measure 3.2. Students will collaborate with clients and community stakeholders to identify priority health needs and implement evidence-based interventions through completion of the Community Health Service-Learning Project in NURB 4221: Community Health Nursing Practicum. The project requires students to identify a priority community health need, collaborate with community partners, and plan and implement an evidence-based service-learning intervention. The expected outcome (target) is for at least 90% of students to score 80% or higher on the Community Health Service-Learning Project grading rubric.

Finding. Target was met.

Analysis. In 2024, the target was met. All 153 students assessed (100%) achieved a score of 80% or higher on the Community Health Service-Learning Project grading rubric. The Community Health Service-Learning Project requires students to partner with community agencies and stakeholders to assess community needs, identify health priorities, and implement evidence-based interventions designed to improve health outcomes. Through completion of the project, students engage with community members and organizations to address health promotion, risk reduction, disease prevention, disease management, and health restoration needs within a defined population.

Based on the analysis of the 2024 results, faculty implemented the following actions in 2025 to drive the cycle of improvement: 1) required student groups to identify and engage community agency partners earlier in the project-planning process; 2) revised the community-needs-assessment component to incorporate information obtained directly from community stakeholders and agency representatives; 3) increased opportunities for faculty-student collaboration related to data collection, analysis, implementation, and evaluation of community interventions; and 4) strengthened project expectations regarding documentation of stakeholder involvement and collaborative goal development.

As a result of these actions, in 2025, the target was met. Of the 142 students assessed, 142 students (100%) scored 80% or higher on the Community Health Service-Learning Project grading rubric. The results demonstrated that students were able to collaborate effectively with community stakeholders, identify priority health needs, and implement evidence-based interventions designed to improve population health outcomes. Students demonstrated increased engagement with community partners and greater understanding of the role of collaboration in addressing community health challenges.

Decision. In 2025, the target was met, with 100% (142/142) of students scoring 80% or higher on the Community Health 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) continue strengthening partnerships with community agencies and organizations; 2) expand opportunities for students to engage stakeholders throughout project planning, implementation, and evaluation; 3) refine project guidelines to strengthen measurement of community impact and sustainability; and 4) monitor project outcomes to identify additional opportunities for improving student achievement and community engagement.

These actions will strengthen students' ability to collaborate with clients and community stakeholders, assess community health needs, develop evidence-based interventions, and promote health promotion, risk reduction, disease prevention, disease management, and health restoration, thereby continuing to advance the cycle of improvement.

SLO 4. Evaluate and integrate research findings to promote evidence-based nursing practice.

Measure 4.1. Students will evaluate and integrate research findings through completion of the Evidence-Based Research Project in NURB 3160: Research in Nursing or ALHE

4520: Research in Healthcare. The project requires students to develop a focused research proposal, conduct a literature search using reputable scholarly databases, synthesize evidence, apply appropriate research concepts, and present the proposal using professional academic writing and American Psychological Association (APA) formatting. The expected outcome (target) is for at least 90% of students to score 80% or higher on the Evidence-Based Research Project.

Finding. Target was met.

Analysis. In 2024, the target was met. Of the 152 BSN students assessed, 144 students (95%) scored 80% or higher on the Evidence-Based Research Project, while 8 students (5%) scored below the benchmark. Four students submitted incomplete papers, and four students did not submit the assignment. The results demonstrated that most students were able to develop an evidence-based proposal, conduct literature searches, and organize findings; however, incomplete and missing submissions indicated a need for stronger assignment guidance, early assessment of foundational research concepts, and continued support with APA formatting.

Based on the analysis of the 2024 results, faculty implemented the following actions in 2025 to drive the cycle of improvement: 1) developed a comprehensive quiz addressing foundational research concepts, including qualitative and quantitative methods, academic writing, and use of reputable databases; 2) reinforced expectations for APA formatting and continued providing resources such as the research proposal template, literature-review guidance, and transition-word resources; and 3) reviewed the assignment rubric to improve alignment with the SLO and clarify expectations for the research proposal.

As a result of these actions, in 2025, the target was met. Of the 143 students assessed, 141 students (99%) scored 80% or higher on the Evidence-Based Research Project, while 2 students (1%) scored below the benchmark. Performance improved from 95% in 2024 to 99% in 2025. The actions strengthened students' preparation in research concepts, scholarly database searching, academic writing, and APA formatting. However, students reported difficulty using the Feedback Fruits peer-review platform within Microsoft Teams, including locating peer submissions and navigating technical requirements. These barriers increased cognitive load and reduced the instructional value of the peer-review activity.

Decision. In 2025, the target was met, with 99% (141/143) of students scoring 80% or higher on the Evidence-Based Research Project.

Based on the analysis of the 2025 results, faculty will implement the following actions in 2026 to drive the cycle of improvement: 1) remove the Feedback Fruits platform from the research proposal assignment; 2) require students to post a structured summary of their proposals in a course discussion forum; 3) provide guided questions for students to use when responding to classmates' proposals; and 4) grade the research proposal as a standalone assignment without additional points tied to the peer-review activity.

These actions will reduce technological barriers, improve the clarity and efficiency of the peer-review process, and strengthen students' ability to evaluate research proposals,

provide meaningful academic feedback, and integrate research findings into evidence-based nursing practice, thereby continuing to advance the cycle of improvement.

Measure 4.2. Students will integrate evidence-based practice into nursing care through the Planning component of the Clinical Evaluation Tool in NURB 4121: Complex Nursing Care Practicum. The evaluation assesses students' ability to prioritize client problems, develop goals, interventions, and expected outcomes, apply evidence-based practice in care planning, and individualize teaching based on client and family needs. The expected outcome (target) is for at least 90% of students to score 2.5 or higher on the Planning component of the Clinical Evaluation Tool.

Finding. Target was met.

Analysis. In 2024, the target was met. Of the 168 students assessed, 153 students (91%) scored 2.5 or higher on the Planning component of the Clinical Evaluation Tool, while 15 students (9%) scored below the benchmark. The results demonstrated that most students were able to integrate evidence-based practice into care planning, prioritize patient needs, develop individualized plans of care, and apply clinical judgment in nursing decision-making.

Based on the analysis of the 2024 results, faculty implemented the following actions in 2025 to drive the cycle of improvement: 1) required all NURB 4121 students to use the Clinical Judgment Model when completing care plan assignments; 2) evaluated planning scores throughout the semester to identify areas requiring additional faculty guidance and support; 3) prioritized comparison of student care plans with documentation contained in the electronic health record to improve clinical reasoning and care-planning accuracy; and 4) expanded the use of Lippincott Clinical Judgment Simulations and case studies to strengthen application of evidence-based nursing care.

As a result of these actions, in 2025, the target was met. Of the 147 students assessed, 147 students (100%) scored 2.5 or higher on the Planning component of the Clinical Evaluation Tool. Achievement remained above the expected outcome of 90%. The results demonstrated that students continued to apply evidence-based practice, clinical judgment, and patient-centered care-planning principles when developing and prioritizing nursing care.

Decision. In 2025, the target was met, with 100% (147/147) of students scoring 2.5 or higher on the Planning component 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 integrating the Clinical Judgment Model into care-planning activities; 2) expand the use of Lippincott Clinical Judgment Simulations and case studies to strengthen evidence-based decision-making; 3) provide additional opportunities for students to compare planned interventions with actual patient outcomes documented in the electronic health record; and 4) monitor annual planning scores to evaluate the effectiveness of these instructional strategies.

These actions will strengthen students' ability to integrate evidence-based practice, apply clinical judgment, prioritize patient needs, and develop individualized plans of care, thereby continuing to advance the cycle of improvement.

SLO 5. Contribute to a culture of safety and quality improvement.

Measure 5.1. Students will demonstrate the ability to advocate for improvements in healthcare safety and quality through completion of the Political Assignment Project in NURB 4220: Community Health Nursing. The assignment requires students to identify a current healthcare issue, distinguish among bills, acts, and laws, identify the appropriate local, state, or federal official with authority related to the issue, and develop an advocacy communication addressing the identified concern. The expected outcome (target) is for at least 90% of students to score 80% or higher on the Political Assignment Project.

Finding. Target was met.

Analysis. In 2024, the target was met. All 153 students assessed (100%) scored 80% or higher on the Political Assignment Project. The results demonstrated that students were able to apply community-health concepts and participate in political advocacy. However, assignment-level review showed that some students continued to have difficulty identifying a current bill, distinguishing among bills, acts, and laws, and selecting the appropriate political official to receive the advocacy communication.

Based on the analysis of the 2024 results, faculty implemented the following action in 2025 to drive the cycle of improvement: developed a graded web matrix requiring each student to identify local government officials, state and national legislators, and current state and federal legislation, as well as distinguish among a bill, an act, and a law. This activity was designed to strengthen legislative literacy and improve students' ability to navigate governmental structures when planning healthcare advocacy.

As a result of this action, in 2025, the target was met. Of the 142 students assessed, 142 students (100%) scored 80% or higher on the Political Assignment Project. Student performance related to distinguishing between bills and acts improved by 20% compared with 2024. However, 25% of students continued to have difficulty identifying the correct official for advocacy correspondence. These results demonstrated improvement in legislative literacy while identifying political jurisdiction and selection of the appropriate decision-maker as areas requiring additional instruction.

Decision. In 2025, the target was met, with 100% (142/142) of students scoring 80% or higher on the Political Assignment Project.

Based on the analysis of the 2025 results, faculty will implement the following actions in 2026 to drive the cycle of improvement: 1) continue using the Political Assignment Project and graded web matrix; 2) incorporate an interactive power-mapping workshop focused on identifying the appropriate local, state, or federal decision-maker for a selected issue; 3) provide a decision-tree tool that connects legislative issues with the officials who have authority to address them; and 4) use mock advocacy scenarios and jurisdictional audits to give students practice selecting appropriate recipients for political communication.

These actions will strengthen students' ability to distinguish among legislative documents, navigate political jurisdictions, identify the appropriate decision-maker, and communicate evidence-based recommendations intended to improve healthcare quality, safety, and population health, thereby continuing to advance the cycle of improvement.

Measure 5.2. Students will demonstrate understanding of economic, legal, ethical, and

political factors influencing healthcare systems, as evaluated indirectly through the Third-Level BSN End-of-Semester Questionnaire. The questionnaire item asks students to rate the extent to which economic, legal, ethical, and political factors influencing healthcare systems were integrated into third-level coursework using a 4-point agreement scale. The expected outcome (target) is for at least 80% of students to indicate a score of 3 or higher on the Third-Level BSN End-of-Semester Questionnaire item.

Finding. Target was not met.

Analysis. In 2024, the target was met. All 132 students assessed (100%) indicated a score of 3 or higher on the Third-Level BSN End-of-Semester Questionnaire item addressing the integration of economic, legal, ethical, and political factors influencing healthcare systems. The results suggested that students recognized these concepts as being incorporated throughout third-level coursework. However, faculty noted that the depth and consistency of discussion varied across clinical groups and that the self-reported questionnaire measure provided indirect evidence of student perception rather than direct evidence of students' actual knowledge and application of the concepts.

Based on the analysis of the 2024 results, faculty implemented the following actions in 2025 to drive the cycle of improvement: 1) emphasized the relevant course objectives at the beginning and end of each semester; 2) required clinical faculty to address economic, legal, ethical, and political factors and document the related discussion or learning activity; 3) reviewed course and examination content to ensure that each factor was taught and evaluated consistently; and 4) reinforced the importance of completing the Third-Level BSN End-of-Semester Questionnaire.

As a result of these actions, in 2025, the target was not met. Of the 301 students assessed, 193 students (64%) selected a score of 3 or higher, while 108 students (36%) selected a score below the benchmark. The decline from 100% in 2024 to 64% in 2025 indicated that the self-reported questionnaire measure did not provide consistent or sufficiently reliable evidence of student achievement. Faculty therefore determined that a more direct assessment method was needed to evaluate students' understanding and application of economic, legal, ethical, and political factors influencing healthcare systems.

Decision. In 2025, the target was not met, with 64% (193/301) of students selecting a score of 3 or higher on the Third-Level BSN End-of-Semester Questionnaire item.

Based on the analysis of the 2025 results, faculty will implement the following actions in 2026 to drive the cycle of improvement: 1) replace the Third-Level BSN End-of-Semester Questionnaire as the primary assessment measure with direct analysis of ExamSoft items addressing economic, legal, ethical, and political factors; 2) incorporate Lippincott CoursePoint OpenCheck and Benchmark Exam results related to Management of Care; 3) require remediation and improvement plans following OpenCheck testing to address identified weaknesses before students complete the Benchmark Exam; 4) continue using PrepU quizzes aligned with examination content; and 5) incorporate unfolding case studies into at least three nursing examinations in each course.

These actions will provide more direct and reliable evidence of student learning, strengthen students' ability to apply economic, legal, ethical, and political concepts to clinical decision-making, and allow faculty to identify specific areas requiring remediation and instructional improvement, thereby continuing to advance the cycle of improvement.

SLO 6. Collaborate with team members across professions to optimize nursing care.

Measure 6.1. Students will collaborate with team members across professions to optimize nursing care through completion of the BSN Portfolio Interprofessional Collaboration Reflection in the fifth clinical level. The reflection requires students to examine previous clinical experiences, describe how they collaborated with professionals from other disciplines, identify the roles and contributions of interprofessional team members, and explain how communication, shared decision-making, and teamwork enhanced patient care. The expected outcome (target) is for at least 80% of students to score 3 or higher on the BSN Portfolio Interprofessional Collaboration Reflection.

Finding. Target was met.

Analysis. In 2024, the target was met. All 162 students assessed (100%) scored 3 or higher on the BSN Portfolio Interprofessional Collaboration Reflection. The results demonstrated that students were able to reflect on interdisciplinary clinical experiences, recognize the contributions of healthcare team members, and explain how collaboration enhanced patient-centered care. Additional ATI data showed that student performance on collaborative-care questions improved to 86%, compared with 31% in the previous assessment cycle.

Based on the analysis of the 2024 results, faculty implemented the following actions in 2025 to drive the cycle of improvement: 1) reviewed the portfolio reflection requirements to strengthen alignment with the revised BSN Student Learning Outcomes and the 2021 AACN Essentials; 2) revised reflection prompts to require more focused analysis of interprofessional communication, professional roles, teamwork, leadership, and collaborative decision-making; 3) incorporated evidence from clinical experiences, coursework, and professional activities to support students' analysis of collaboration across professions; and 4) continued requiring participation in interdisciplinary team experiences throughout the curriculum.

As a result of these actions, in 2025, the target was met. All 143 students assessed (100%) scored 3 or higher on the BSN Portfolio Interprofessional Collaboration Reflection. The results demonstrated that students consistently recognized the value of interprofessional teamwork and were able to explain how communication, shared decision-making, and collaboration among healthcare professionals contributed to safe, coordinated, and patient-centered care. Although the revised portfolio aligned with the 2021 AACN Essentials was not fully implemented during 2025 because of faculty training needs, leadership transitions, competing academic priorities, and new-faculty onboarding, faculty completed the planning and development necessary to strengthen alignment between the portfolio, program outcomes, and interprofessional learning experiences.

Decision. In 2025, the target was met, with 100% (143/143) of students scoring 3 or higher on the BSN Portfolio Interprofessional Collaboration Reflection.

Based on the analysis of the 2025 results, faculty will implement the following actions in 2026 to drive the cycle of improvement: 1) support implementation of the revised BSN portfolio; 2) provide faculty and students with clear guidance regarding expectations for the Interprofessional Collaboration Reflection; 3) promote consistent use and evaluation of the revised reflection prompts across fifth-level clinical groups; 4) collect formative feedback from students and faculty to identify areas requiring clarification or revision; and 5) review score distributions to determine whether the rubric adequately differentiates levels of student performance.

These actions will strengthen students' ability to analyze interprofessional experiences, recognize the roles and contributions of healthcare team members, communicate effectively across disciplines, and explain how collaboration supports safe, coordinated, and patient-centered nursing care, thereby continuing to advance the cycle of improvement.

Measure 6.2. Students will participate in interprofessional team-based care through attendance at a mandatory Interdisciplinary Team Meeting during the fifth clinical level. Students are required to attend an interdisciplinary team meeting at their preceptor facility and complete a reflection addressing the purpose of the meeting, disciplines represented, communication among team members, collaborative decision-making, and the impact of interprofessional collaboration on patient-centered care. The expected outcome (target) is for at least 90% of students to attend the Interdisciplinary Team Meeting and complete the related reflection.

Finding. Target was met.

Analysis. In 2024, the target was met. All 162 students assessed (100%) attended an Interdisciplinary Team Meeting and completed the required reflection. The results demonstrated that students were exposed to collaborative decision-making processes and were able to observe how healthcare professionals from multiple disciplines work together to coordinate patient care.

Based on the analysis of the 2024 results, faculty implemented the following actions in 2025 to drive the cycle of improvement: 1) revised the Interdisciplinary Team Meeting Reflection questions to promote deeper analysis of collaboration and leadership within healthcare teams; 2) strengthened reflection prompts related to patient-centered care, communication, ethical considerations, and professional roles; 3) increased emphasis on interdisciplinary collaboration during preceptorship experiences; and 4) encouraged students to analyze how teamwork influences patient outcomes and care coordination.

As a result of these actions, in 2025, the target was met. All 143 students assessed (100%) attended an Interdisciplinary Team Meeting and completed the required reflection. Students demonstrated increased understanding of interprofessional communication, collaborative leadership, team-based decision-making, and the value of interdisciplinary partnerships in optimizing patient outcomes. Exposure to interdisciplinary healthcare teams strengthened students' understanding of the

contributions of multiple professions in delivering safe, effective, and patient-centered care.

Decision. In 2025, the target was met, with 100% (143/143) of students attending an Interdisciplinary Team Meeting and completing the required reflection.

Based on the analysis of the 2025 results, faculty will implement the following actions in 2026 to drive the cycle of improvement: 1) continue requiring attendance at an Interdisciplinary Team Meeting during the fifth clinical level; 2) further refine reflection prompts to strengthen analysis of communication, leadership, and collaborative decision-making; 3) encourage discussion of interdisciplinary experiences during clinical conferences and debriefings; and 4) monitor student reflections to identify opportunities for enhancing interprofessional learning experiences.

These actions will strengthen students' ability to communicate and collaborate across professions, recognize the contributions of healthcare team members, participate in team-based decision-making, and optimize patient-centered nursing care, thereby continuing to advance the cycle of improvement**.**

SLO 7. Lead within healthcare delivery systems to manage and coordinate resources to provide safe, quality, and equitable care.

Measure 7.1. Students will demonstrate leadership within healthcare delivery systems through completion of the Delegation and Communication Leadership Module (CoursePoint Module 5.03: Culturally Competent Delegation) in NURB 4230: Healthcare Management. The module requires students to apply principles of delegation, communication, prioritization, resource management, and care coordination while considering cultural factors that influence healthcare delivery and team effectiveness. The expected outcome (target) is for at least 90% of students to achieve a score of 8 or higher (80% or higher) on the Delegation and Communication Leadership Module.

Finding. Target was met.

Analysis. In 2024, the target was met. Of the 162 students assessed, 159 students (98%) achieved a score of 8 or higher on the Delegation and Communication Leadership Module, while 3 students (2%) scored below the benchmark. The results demonstrated that most students were able to apply principles of delegation, communication, prioritization, and care coordination within healthcare delivery systems.

Based on the analysis of the 2024 results, faculty implemented the following actions in 2025 to drive the cycle of improvement: 1) implemented CoursePoint Leadership Module 3.01: Utilizing Interprofessional Collaboration for Quality Care to strengthen students’ ability to coordinate care within healthcare teams; and 2) assigned CoursePoint Leadership Module 3.02: Achieving Successful Interprofessional Collaboration to further develop communication, teamwork, and leadership skills.

As a result of these actions, in 2025, the target was met. Of the 143 students assessed, 139 students (97%) achieved a score of 8 or higher on the Delegation and Communication Leadership Module, while 4 students (3%) scored below the benchmark. Although performance decreased slightly from 98% in 2024 to 97% in 2025, achievement remained above the expected outcome of 90%. The results demonstrated that students continued to effectively apply delegation, communication, and care-

coordination principles while managing resources and coordinating care within healthcare delivery systems.

Decision. In 2025, the target was met, with 97% (139/143) of students achieving a score of 8 or higher on the Delegation and Communication Leadership Module.

Based on the analysis of the 2025 results, faculty will implement the following actions in 2026 to drive the cycle of improvement: 1) assign CoursePoint Leadership Module 3.03: Improving Interprofessional Effectiveness; 2) incorporate the Leadership Video Case: Problems in Delegation—A Busy Day on the Floor; 3) continue emphasizing delegation, communication, and resource-management principles; and 4) monitor student performance trends to identify opportunities for strengthening leadership, care coordination, and systems-based decision-making.

These actions will strengthen students' ability to lead within healthcare delivery systems, coordinate resources, communicate effectively, delegate responsibilities appropriately, and provide safe, quality, and equitable care, thereby continuing to advance the cycle of improvement.

Measure 7.2. Students will demonstrate leadership and management principles within healthcare delivery systems through performance on CoursePoint Module 8.01: Leadership Decision-Making, Problem-Solving, and Organizational Factors in NURB 4230: Healthcare Management. The module addresses leadership decision-making, problem-solving, organizational structures, resource management, and factors influencing healthcare delivery within complex healthcare systems. The expected outcome (target) is for at least 90% of students to score 90% or higher on the CoursePoint Module 8.01 post-module quiz.

Finding. Target was met.

Analysis. In 2024, the target was met. Of the 162 students assessed, 159 students (98%) scored 90% or higher on the CoursePoint Module 8.01 post-module quiz, while 3 students (2%) scored below the benchmark. The results demonstrated that most students understood leadership decision-making, problem-solving, and organizational factors influencing healthcare delivery systems.

Based on the analysis of the 2024 results, faculty implemented the following actions in 2025 to drive the cycle of improvement: 1) increased the use of CoursePoint learning modules while reducing reliance on ATI resources in preparation for the program's transition to CoursePoint assessments; 2) continued using Module 8.01 because of its alignment with leadership decision-making, organizational management, and systems-based problem-solving; and 3) continued monitoring student performance using the post-module quiz as a consistent assessment measure.

As a result of these actions, in 2025, the target was met. Of the 153 students assessed, 140 students (92%) scored 90% or higher on the CoursePoint Module 8.01 post-module quiz, while 13 students (8%) scored below the benchmark. Although performance decreased from 98% in 2024 to 92% in 2025, achievement remained above the expected outcome of 90%. The results demonstrated that students continued to meet the benchmark for applying leadership decision-making, problem-solving, and organizational-management concepts within healthcare delivery systems.

Decision. In 2025, the target was met, with 92% (140/153) of students scoring 90% or higher on the CoursePoint Module 8.01 post-module quiz.

Based on the analysis of the 2025 results, faculty will implement the following actions in 2026 to drive the cycle of improvement: 1) continue using CoursePoint Module 8.01 as an assessment of leadership and management concepts; 2) review item-level quiz performance to identify concepts requiring additional instruction; 3) provide supplemental case studies and NCLEX-style questions focused on organizational decision-making, resource management, and healthcare leadership; and 4) monitor annual performance trends to determine whether the expected outcome continues to provide an appropriately rigorous measure of student achievement.

These actions will strengthen students' ability to lead within healthcare delivery systems, manage resources, make evidence-based decisions, coordinate care, and provide safe, quality, and equitable care, thereby continuing to advance the cycle of improvement.

SLO 8. Utilize information and healthcare technologies in nursing practice.

Measure 8.1. Students will demonstrate the ability to use information and healthcare technologies safely in nursing practice, as evaluated through the Safety component of the Clinical Evaluation Tool in NURB 3141: Adult Health Nursing Practicum. The evaluation assesses students' ability to demonstrate safe medication administration, use electronic health-record and medication-administration technologies, interpret relevant laboratory and diagnostic data, and prioritize care based on identified risk factors. The expected outcome (target) is for at least 85% of students to score 3 or higher on the Safety component of the Clinical Evaluation Tool.

Finding. Target was met.

Analysis. In 2024, the target was met. Of the 159 students assessed, 157 students (99%) scored 3 or higher on the Safety component of the Clinical Evaluation Tool, while 2 students (1%) scored below the benchmark. The results demonstrated that most students were able to administer medications safely, identify relevant risk factors, and use healthcare technologies to support clinical decision-making and patient safety.

Based on the analysis of the 2024 results, faculty implemented the following actions in 2025 to drive the cycle of improvement: 1) implemented Lippincott CoursePoint resources to provide students with additional practice using electronic medical records and medication-administration records; 2) required students to participate in medication administration during clinical at least once each week to strengthen pharmacology knowledge and safe practice; 3) increased the number of dosage-calculation questions on pharmacology examinations; and 4) incorporated varied learning strategies in lecture and clinical settings to address different learning needs.

As a result of these actions, in 2025, the target was met. Of the 161 students assessed, 159 students (99%) scored 3 or higher on the Safety component of the Clinical Evaluation Tool, while 2 students (1%) scored below the benchmark. Performance remained stable at 99% from 2024 to 2025. The actions strengthened students' familiarity with electronic documentation, medication-administration technologies, dosage calculation, pharmacology principles, and clinical safety practices.

Decision. In 2025, the target was met, with 99% (159/161) of students scoring 3 or higher on the Safety component 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 all full-time and adjunct clinical faculty to use Lippincott CoursePoint resources to reinforce electronic medical-record training and safe medication practices; 2) require students to identify and interpret relevant laboratory values, vital signs, and diagnostic findings before medication administration; 3) incorporate additional learning resources, including videos, interactive quizzes, and case-based activities, to support varied learning needs; and 4) include PrepU assignments as a graded component to reinforce pharmacology, dosage calculation, and patient-safety concepts.

These actions will strengthen students' ability to use healthcare technologies, interpret clinical data, administer medications safely, recognize patient-specific risks, and apply information effectively in clinical decision-making, thereby continuing to advance the cycle of improvement.

Measure 8.2. Students will demonstrate the ability to use information and healthcare technologies to evaluate patient outcomes, as evaluated through the Evaluation component of the Clinical Evaluation Tool in NURB 4121: Complex Nursing Care Practicum. The evaluation assesses students' ability to link nursing interventions with patient and family outcomes, determine the level of goal attainment, adjust plans of care based on patient response, use electronic health-record information in outcome evaluation, and identify areas for self-improvement. The expected outcome (target) is for at least 90% of students to score 3 or higher on the Evaluation component of the Clinical Evaluation Tool.

Finding. Target was met.

Analysis. In 2024, the target was met. Of the 168 students assessed, 157 students (93%) scored 3 or higher on the Evaluation component of the Clinical Evaluation Tool, while 11 students (7%) scored below the benchmark. The results demonstrated that most students were able to connect interventions with outcomes, evaluate patient and family goal attainment, use clinical information systems in the evaluation process, and revise care based on patient response.

Based on the analysis of the 2024 results, faculty implemented the following actions in 2025 to drive the cycle of improvement: 1) required all NURB 4121 students across campuses to use the Clinical Judgment Model during the evaluation phase of care; 2) guided students through generating solutions, responding to clinical concerns, taking action, and reflecting on outcomes; and 3) emphasized evaluation of personal decision-making and identification of areas for self-improvement.

As a result of these actions, in 2025, the target was met. Of the 147 students assessed, 147 students (100%) scored 3 or higher on the Evaluation component of the Clinical Evaluation Tool. Performance increased from 93% in 2024 to 100% in 2025. The actions strengthened students' ability to evaluate patient responses, determine whether goals were met, connect nursing interventions with outcomes, and use reflection to improve clinical judgment.

Decision. In 2025, the target was met, with 100% (147/147) of students scoring 3 or higher on the Evaluation component 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 requiring all students to use the Clinical Judgment Model; 2) place greater emphasis on the final steps of the model, including taking action and evaluating outcomes; 3) require students to complete clinical documentation in DocuCare, including goal attainment, outcome evaluation, and plan-of-care modifications with supporting rationales; 4) require all students across campuses and clinical groups to participate in an in-person Code Blue simulation; and 5) include NextGen-style case-study questions on NURB 4120 examinations that require students to evaluate intervention effectiveness and adjust care.

These actions will strengthen students' ability to use clinical information systems, evaluate patient responses, determine goal attainment, modify plans of care, and apply clinical judgment when assessing the effectiveness of nursing interventions, thereby continuing to advance the cycle of improvement.

SLO 9. Demonstrate a developing professional identity by adhering to legal, ethical, and professional standards.

Measure 9.1. Students will demonstrate a developing professional identity by adhering to legal, ethical, and professional standards, as evaluated through the Professionalism component of the Clinical Evaluation Tool in NURB 3231: Care of Women and the Childbearing Family Practicum. The evaluation assesses students' accountability, responsibility, maintenance of patient confidentiality, adherence to legal and ethical standards of care, respect for human dignity, and demonstration of professional behavior in the clinical setting. The expected outcome (target) is for at least 90% of students to score 3 or higher on the Professionalism component of the Clinical Evaluation Tool.

Finding. Target was met.

Analysis. In 2024, the target was met. All 132 students assessed (100%) scored 3 or higher on the Professionalism component of the Clinical Evaluation Tool. The results demonstrated that students consistently maintained accountability and confidentiality, adhered to legal and ethical standards, respected human dignity, and demonstrated professional behavior during women's health clinical experiences.

Based on the analysis of the 2024 results, faculty implemented the following actions in 2025 to drive the cycle of improvement: 1) invited nurse leaders from diverse healthcare organizations to discuss professionalism, career preparation, and interview skills; 2) reviewed the Professionalism component of the Clinical Evaluation Tool during course orientation; and 3) reinforced expectations for professional conduct, accountability, confidentiality, ethical practice, and respect for patients throughout the semester.

As a result of these actions, in 2025, the target was met. Of the 159 students assessed, 158 students (99%) scored 3 or higher on the Professionalism component of the Clinical Evaluation Tool, while 1 student (1%) scored below the benchmark. Although performance decreased slightly from 100% in 2024 to 99% in 2025, achievement remained well above the expected outcome of 90%. The actions reinforced professional

expectations and supported students' continued development of accountability, ethical conduct, respect, and professional communication in clinical practice.

Decision. In 2025, the target was met, with 99.4% (158/159) of students scoring 3 or higher on the Professionalism component 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 discussing professional standards of care in didactic and clinical settings; 2) incorporate relevant recommendations from the American College of Obstetricians and Gynecologists and the Association of Women's Health, Obstetric and Neonatal Nurses into clinical post-conferences; 3) review expectations for professional behavior during NURB 3231 orientation; and 4) review the Clinical Evaluation Tool with students before the start of clinical experiences.

These actions will strengthen students' understanding and application of professional accountability, ethical conduct, legal standards, confidentiality, respect for human dignity, and discipline-specific standards of care, thereby continuing to advance the cycle of improvement.

Measure 9.2. Students will demonstrate a developing professional identity by applying professional standards, evidence-based practice, and accountability in individualized pediatric care planning, as evaluated through the Planning component of the Clinical Evaluation Tool in NURB 3221: Child Health Nursing Practicum. The evaluation assesses students' ability to prioritize patient problems and nursing diagnoses, develop goals, interventions, and outcomes consistent with identified needs, provide teaching based on patient and family goals, and apply research and other evidence when making care decisions. The expected outcome (target) is for at least 90% of students to score 3 or higher on the Planning component of the Clinical Evaluation Tool.

Finding. Target was met.

Analysis. In 2024, the target was met. Of the 145 students assessed, 144 students (99%) scored 3 or higher on the Planning component of the Clinical Evaluation Tool, while 1 student (1%) scored below the benchmark. The results demonstrated that nearly all students were able to prioritize pediatric patient needs, develop individualized plans of care, establish appropriate outcomes and interventions, and incorporate patient- and family-centered teaching and evidence-based practice into clinical planning.

Based on the analysis of the 2024 results, faculty implemented the following actions in 2025 to drive the cycle of improvement: 1) incorporated additional Lippincott resources, including clinical judgment simulations and textbook case studies, to strengthen students' knowledge, skills, and clinical reasoning; 2) used more active-learning strategies to support patient-centered and problem-based care planning; and 3) continued using concept mapping, problem-based care plans, and journal articles to reinforce evidence-based decision-making.

As a result of these actions, in 2025, the target was met. Of the 162 students assessed, 161 students (99%) scored 3 or higher on the Planning component of the Clinical Evaluation Tool, while 1 student (1%) scored below 3. Performance remained stable at 99% from 2024 to 2025. The actions strengthened students' ability to prioritize pediatric

patient needs, use clinical judgment, develop individualized care plans, and apply evidence-based standards when planning care.

Decision. In 2025, the target was met, with 99% (161/162) of students scoring 3 or higher on the Planning component 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 discussing professional and evidence-based standards of pediatric care in didactic and clinical settings; 2) incorporate recommendations from the American Academy of Pediatrics and the American Nurses Association's pediatric scope and standards of practice into clinical post-conferences; 3) review expectations for professional behavior and individualized care planning during NURB 3221 orientation; and 4) review the Clinical Evaluation Tool with students before clinical experiences begin.

These actions will strengthen students' ability to integrate professional standards, evidence-based practice, clinical judgment, and patient- and family-centered principles when developing individualized pediatric plans of care, thereby continuing to advance the cycle of improvement.

SLO 10. Demonstrate responsibility for personal and professional development.

Measure 10.1. Graduating BSN students will demonstrate responsibility for continued personal and professional development by indicating plans to pursue additional education after graduation. This outcome is assessed through items on the Graduating Senior Biographical Data form addressing plans to continue their education and future educational goals. The expected outcome (target) is for at least 80% of graduating seniors to indicate plans to pursue additional education.

Finding. Target was not evaluated.

Analysis. In 2024, the target was met. Of the 94 graduating seniors who completed the assessment, 79 students (84%) indicated plans to continue their education, while 15 students (16%) did not indicate plans for future education. The results demonstrated that most responding students recognized the importance of lifelong learning and anticipated pursuing additional educational opportunities. However, data were available only for the summer 2024 cohort because no responses were collected from the fall 2024 graduating cohort, limiting the completeness and representativeness of the findings.

Based on the analysis of the 2024 results, faculty implemented the following actions in 2025 to drive the cycle of improvement: 1) added language to fifth-level course syllabi indicating that completion of the graduating senior survey was expected as part of program-completion activities; 2) reinforced the importance of lifelong learning and continued professional development in NURB 4230: Healthcare Management and NURB 4950: Special Topics in Nursing; and 3) arranged for MSN and DNP program leaders to provide information about graduate education options and related career opportunities.

As a result of these actions, the target could not be validly evaluated in 2025. No usable graduating senior survey responses were available for the 143 students in the graduating cohort. A transition and vacancy in the CONSAH Director of Assessment,

Evaluation, and Planning position contributed to the survey being overlooked and resulted in incomplete data collection. Therefore, no valid assessment results were available for 2025, and achievement of the expected outcome could not be determined.

Decision. In 2025, the target could not be evaluated because sufficient assessment data were not collected to determine whether at least 80% of graduating seniors planned to continue their education.

Based on the analysis of the 2025 results, faculty will implement the following actions in 2026 to drive the cycle of improvement: 1) distribute the graduating senior survey through multiple methods, including email, in-person reminders, and the learning management system; 2) assign clear responsibility for survey administration and follow-up; 3) develop and implement an annual assessment calendar identifying survey-distribution, reminder, and reporting dates; 4) establish redundant tracking procedures to prevent missed surveys during personnel transitions; and 5) monitor response rates throughout each graduation term and conduct follow-up before students complete the program.

These actions will improve the completeness and reliability of assessment data, allow faculty to evaluate graduates' commitment to lifelong learning, and support targeted efforts to promote graduate education, professional development, and continued career growth, thereby continuing to advance the cycle of improvement.

Measure 10.2. Students will demonstrate responsibility for personal and professional development through completion of the BSN Portfolio Personal and Professional Development Reflection in the fifth clinical level. The reflection requires students to examine their undergraduate clinical and nonclinical experiences, explain how those experiences influenced their perceptions of education, and describe how they will use their undergraduate education as a foundation for continued personal growth, professional development, and maturity. Performance is evaluated as Advanced (4), Mastery (3), Basic (2), or Developing (1). The expected outcome (target) is for at least 80% of students to score 3 or higher on the reflection.

Finding. Target was met.

Analysis. In 2024, the target was met. Of the 162 students assessed, 162 students (100%) scored 3 or higher on the BSN Portfolio Personal and Professional Development Reflection. The results demonstrated that students were able to connect their undergraduate clinical and nonclinical experiences with changes in their perceptions of education and explain how those experiences contributed to their personal growth, professional development, and maturity.

Based on the analysis of the 2024 results, faculty implemented the following actions in 2025 to drive the cycle of improvement: 1) reviewed the portfolio structure and reflection prompts for alignment with the revised BSN Student Learning Outcomes; 2) developed plans to incorporate evidence-based reflections, coursework, clinical experiences, and professional activities throughout the portfolio; 3) revised reflection expectations to strengthen students' analysis of lifelong learning, professional growth, leadership development, resilience, and personal accountability; and 4) used a BSN Program Curriculum Committee subcommittee to guide development of the revised portfolio. Full

implementation was delayed until 2026 because of faculty-training needs, program leadership transitions, competing academic priorities, and onboarding of new faculty.

As a result of these actions, in 2025, the target was met. Of the 143 students assessed, 143 students (100%) scored 3 or higher on the BSN Portfolio Personal and Professional Development Reflection. The results demonstrated that students continued to connect their undergraduate experiences with personal growth, professional maturity, and an increased appreciation for continued education. Although the revised portfolio was not implemented during the 2025 assessment cycle, the development process strengthened alignment among the reflection, the revised Student Learning Outcomes, and expectations for lifelong personal and professional development.

Decision. In 2025, the target was met, with 100% (143/143) of students scoring 3 or higher on the BSN Portfolio Personal and Professional Development Reflection.

Based on the analysis of the 2025 results, faculty will implement the following actions in 2026 to drive the cycle of improvement: 1) implement and support the revised BSN portfolio; 2) provide faculty and students with clear guidance regarding expectations for the Personal and Professional Development Reflection; 3) ensure consistent use and evaluation of the revised reflection prompts across fifth-level clinical groups; 4) collect formative feedback from students and faculty to identify areas requiring clarification or revision; and 5) review score distributions to determine whether the rubric adequately differentiates levels of student performance.

These actions will strengthen students' ability to reflect critically on their undergraduate experiences, identify areas of personal and professional growth, recognize the importance of lifelong learning, and explain how their education provides a foundation for continued maturity, resilience, leadership development, and professional advancement, 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 BSN faculty to implement multiple improvements during the 2025 assessment cycle. These actions occurred at the program, course, clinical, assignment, grading, and assessment levels and were intended to strengthen curricular alignment, clarify expectations, improve consistency across clinical levels, and provide more meaningful evidence of student achievement.

Curriculum, Course, and Clinical Alignment

Faculty continued aligning course objectives, clinical expectations, assignments, and assessment measures with the revised BSN Student Learning Outcomes and the 2021 AACN Essentials. Clinical evaluation tools, portfolio expectations, course activities, and student assignments were reviewed or revised to improve consistency across clinical levels and campuses. Faculty also strengthened use of the Clinical Judgment Model in clinical planning and evaluation activities, particularly in NURB 4121.

Clinical Judgment and Evidence-Based Practice

Faculty expanded the use of case-based scenarios, Lippincott clinical case studies, clinical judgment simulations, active-learning strategies, concept mapping, problem-based care planning, and scholarly literature review activities. These actions

strengthened students' ability to apply evidence-based practice, develop individualized plans of care, evaluate patient outcomes, and use clinical reasoning in didactic, laboratory, and clinical settings.

Technology, Informatics, and Patient Safety

Faculty continued using DocuCare, barcode medication-administration technology, Lippincott CoursePoint resources, electronic medical-record activities, medication-administration records, and dosage-calculation practice to strengthen students' safe use of healthcare technologies. These actions supported student learning related to clinical documentation, medication safety, interpretation of laboratory and diagnostic data, risk identification, and patient-safety decision-making.

Population Health, Cultural Responsiveness, and Advocacy

Faculty strengthened community-health learning through increased emphasis on social determinants of health, cultural assessment, community partnerships, and population-focused interventions. The community-health clinical log and evaluation processes were refined to help students identify cultural needs, preferences, and challenges affecting care. Faculty also implemented a graded political web matrix to improve students' legislative literacy, ability to identify appropriate public officials, and understanding of bills, acts, and laws.

Leadership, Interprofessional Collaboration, and Professional Development

Faculty increased the use of CoursePoint leadership modules to strengthen leadership decision-making, delegation, communication, care coordination, and interprofessional collaboration. Students continued to participate in interdisciplinary team-meeting experiences and portfolio reflections focused on teamwork, professional roles, communication, shared decision-making, and patient-centered care. Faculty also reinforced professionalism, ethical conduct, accountability, confidentiality, and lifelong learning through clinical orientation, post-conference activities, leadership coursework, and portfolio development.

Assessment and Program Evaluation

Faculty identified opportunities to strengthen assessment quality by increasing the use of direct measures, focused rubric criteria, clinical-evaluation data, item-level analysis, and validated assessment procedures. The 2025 assessment process also identified the need to improve survey administration, response tracking, measure approval, and documentation of assessment responsibilities. These findings informed planned improvements for the 2026 assessment cycle.

Overall Evidence of Improvement

Students met the established target for 18 of the 20 measures reported in 2025. Measure 5.2 did not meet the expected outcome, and Measure 10.1 could not be evaluated because sufficient graduating-senior survey data were not collected. Evidence of improvement included sustained achievement in culturally responsive care, improved evidence-based research performance, improved clinical planning and evaluation scores, strong performance in technology-supported safety measures, continued achievement in professionalism, and high performance on portfolio reflections related to interprofessional collaboration and personal and professional development.

The findings also identified the need for direct assessment of economic, legal, ethical, and political concepts and stronger procedures for graduating-senior survey administration and response tracking. Collectively, these findings demonstrate faculty's continued use of assessment results to strengthen student learning and advance the cycle of improvement.

Plan of Action Moving Forward

Based on analysis of the 2025 assessment results, the BSN Program will implement the following actions during the 2026 assessment cycle to strengthen student learning, improve the consistency and precision of assessment, and continue the cycle of improvement.

Curriculum and Clinical Learning

Continued alignment of course objectives, learning activities, clinical expectations, assessment measures, and Student Learning Outcomes will support consistency across the BSN curriculum. Case studies, simulation, active-learning strategies, electronic documentation activities, Clinical Judgment Model applications, leadership modules, and community-health experiences will remain integrated throughout the program to strengthen clinical judgment, evidence-based practice, population health, systems-based practice, and safe patient care.

Assessment and Data Collection

Assessment processes will be strengthened by moving from broad assignment-level measures toward focused rubric criteria, direct assessment methods, item-level analysis, and clearer performance descriptors. Data-collection procedures will also be improved through development of an annual assessment calendar, assignment of clear responsibility for survey administration and follow-up, ongoing monitoring of response rates, and maintenance of documentation related to measure approval, expected outcomes, rubrics, data sources, responsible faculty, and reporting timelines.

Student Learning and Support

Clearer expectations, guidance, and feedback will be provided in areas related to clinical judgment, evidence-based practice, cultural responsiveness, advocacy, interprofessional collaboration, healthcare technology, professionalism, and personal and professional development. Student learning will continue to be reinforced through structured reflection, clinical debriefing, simulation, peer discussion, case-based learning, and course-embedded remediation or improvement plans when needed.

Governance and Continuous Improvement

Revised measures, rubrics, and assessment procedures will be finalized and documented through the BSN Program Curriculum Committee governance process. Continued collaboration with the Director of Assessment, Evaluation, and Planning will support greater consistency in assessment, accuracy in reporting, and effective use of results for program improvement.

Implementation of these actions will be monitored throughout the 2026 assessment cycle. Criterion-level results, survey findings, course reports, clinical-evaluation data, and qualitative feedback will be reviewed to determine the effectiveness of implemented

actions and identify whether additional curricular, instructional, or assessment revisions are needed.

Expected Impact

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