Allen College UnityPoint Health

2022-2023 College Goals Achievement Report

2022-2023 Academic Reporting Year

College Goals 2020-2024

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College Goal 1

College Goal
Allen College is committed to preparing outstanding healthcare practitioners who are committed to lifelong learning.
College Goal Status
Active

Admin - Administration

Admin 4.0

AU Outcome
Allen College has appropriate technology for facilities, resources, and education services.
Outcome Status
Active

Measures	Result
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Number of FTEs allocated for instructional technology, media services, and, instructional, designer. **Target:** College provides at least 2.0 FTEs to support faculty technology needs. **Timeframe:** Annually **Responsible Parties:** DOBAS	**Result Date**: 09/30/2023 **Result**: The college currently has 3.0 full time equivalents (FTEs) to support the college technology needs which meets the target of 2 FTEs. 2.0 FTEs are specifically instructional technology, 1.0 FTE is an instructional designer and the other 1.0 FTE is an AV specialist. Both are supervised by the Dean of Nursing. There is a 1.0 FTE who is a SIS coordinator that writes scripts for our student information system, CAMS who is supervised by the Executive Director of Business & Finance. The SIS Coordinator also assists with behind the scenes scripts as needed for Blackboard. [less] **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: The Dean of Nursing and Executive Director of Business & Finance completed the action recommended in the 2021-2022 plan of reviewing the instructional design and AV work volume, and determined that the current FTES were sufficient for our needs. **Actions** **Action**: Action Date: 09/30/2023 Action: Monitor work load of current technology staff and review prior to 2024-25 budget cycle and budget additional staff if deemed necessary. **Follow-up**
Assessment Method Status: Active	**Result Date**: 10/02/2023

Measures	Result
Assessment Type: AD: Report - Internal **Measure:** Number of major requests by Allen College for hardware-software **Target:** 50% of requests approved **Timeframe:** Annually **Responsible Parties:** DOBAS	**Result**: Based on a list of incidents and tasks from UPH IT, 1,774 tickets were opened for variety of Allen College items/issues in 2021. Of those 1,774 items, 30 were closed incomplete which represents 1.7%, leaving 98.3% as closed complete. None of the closed incomplete tickets involved hardware/software requests, which means those were completed at 100%. When compared to prior academic years, the hardware/software requests have been fulfilled at 100%. Furthermore, the closed complete ticket rate for all other items were 98.7% in 2020-21 and are now 98.3% in 2021-22. These are also consistently high completion rates. [more] **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Monitoring the tickets for to ensure the target of 50% is met was sufficient as the completion rates are still consistently high over 90%. **Actions** **Action**: Action Date: 10/02/2023 Action: For the 2023-24 year we will continue to monitor results and work closely with UPH IT regional management to insure our requests are completed/approved. Results will be available going forward as a report was written for Allen College for the needed information can be obtained. Consider changing item to number of major requests (incidents/tasks) completed for Allen College by UPH IT department, with target being 90%, as reporting data has been refined and can now be requested. With the current reporting we can still determine if hardware/software requests are completed at 100%. **Follow-up** **Follow-up**: Consider changing item to number of major requests (incidents/tasks) completed for Allen College by UPH IT department, with target being 90%, as reporting data has been refined and can now be requested. With the current reporting we can still determine if hardware/software requests are completed at 100%.
Assessment Method Status: Active **Assessment Type:** AD: Survey **Measure:** Ruffalo Noel Levitz Student Satisfaction Inventory—Satisfaction with "24. The equipment in the lab facilities is kept up to date." **Target:** 80% of students report satisfied or very satisfied [need to verify target]	**Result Date**: 10/10/2023 **Result**: Lab facilities from the SSI reports that 91% of students rated this item important or very important and 66% were satisfied or very satisfied, indicating a 25% performance gap. When compared to 2021-22 results of 88% of students rated this item important or very important and 75% were satisfied or very satisfied, this is a 3% increase in importance and a 9% decrease in satisfaction which is a downward trend with a goal of at least 80%.

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Measures	Result
Timeframe: Annually **Responsible Parties:** Buildings & Grounds	**Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: The previous action plan from 2021-22 was to continue to update lab facilities for appropriate equipment and setting. The DPT anatomy lab was completed in spring 2023. Simulation equipment including audio visual and manikin equipment are planned for 2023-24 as well as sonography equipment upgrades. Although we cannot identify what caused the decrease in satisfaction, we will continue to collaborate with the hospital and other UPH facilities to acquire lab equipment as well as plan for capital expenses as appropriate. **<u>Actions</u>** **Action**: Continue to update lab facilities for appropriate equipment and setting. The DPT anatomy lab was completed in spring 2023. Simulation equipment including audio visual and manikin equipment are planned for 2023-24 as well as sonography equipment upgrades. We will continue to collaborate with the hospital and other UPH facilities to acquire lab equipment. **<u>Follow-up</u>**
Assessment Method Status: Active **Assessment Type:** AD: Survey **Measure:** Ruffalo Noel Levitz Student Satisfaction Inventory—Satisfaction with "39. On the whole, the school is well-maintained." **Target:** 80% of students report satisfied or very satisfied [need to verify target] **Timeframe:** Annually **Responsible Parties:** Buildings & Grounds	**Result Date**: 10/05/2023 **Result**: The maintaining of the school from the SSI reports that 86% of students rated this item important or very important and 91% were satisfied, indicating a -5% performance gap. When compared to 2021-22 SSI survey results this is a 3% decrease in importance and a 3% decrease in student satisfaction, but still well above the 80% target for satisfaction. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Our 2022-23 action plan was to continue to monitor that the school is well-maintained to make sure it meets the needs of our students. In 2022-23 campus updates such as completion of the DPT anatomy lab and securing the DPT space, as well as some security/card access campus updates are examples of ongoing campus maintenance that most likely contributed to this consistently positive outcome. **<u>Actions</u>** **Action**: Continue to monitor that the school is well-maintained to ensure it meets the needs of our students, which includes planned initiatives such as patio maintenance at McElroy Hall, and additional simulation lab audio visual and simulation equipment. **<u>Follow-up</u>**

Admin - Diversity, Equity, & Inclusion Committee

DEI 2.0

AU Outcome
Diversity education is threaded throughout all levels of college curricula (DEI Goal 2: Curriculum transformation--Incorporate principles of multiculturalism, pluralism, equity, and diversity into Allen College program curricula.)
Outcome Status
Active

Measures	Result
Assessment Method Status: Inactive **Assessment Type:** AD: Report - Internal **Measure:** Curricular Transformation Assessment [Report of assessment of diversity education in courses for which it would be appropriate and feasible to include such content] **Target:** 50% of courses include a diversity component. **Timeframe:** Year 1 **Responsible Parties:** DIS Coordinator	**Result Date**: 02/07/2024 **Result**: The Curricular Transformation Assessment was not conducted during the 2022-2023 academic year. This assessment has not been administered since 2015. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: Per the 2018-2019 CAP report, the proposed action plan going forward was that the Diversity and Inclusion Committee would review ODS goal 2.0 and its measure because of validity concerns identified the last time the assessment was conducted (2014-2015). The concerns pertained to faculty understanding of MPED (multiculturalism, pluralism, equity, and diversity) so per the proposed action plan, MPED should be defined clearly in the Curricular Transformation Assessment before the next administration. **Actions** **Action**: On the previous ODS (DIS) CAP content validation (2018-2019), this measure had a CVI of 1.0, indicating there was 100% agreement that it was a valid measure of the outcome. However, the content validity of outcomes and goals was not evaluated for the 2018-2019 CAP Content Validation task. However, on current DEI CAP Content Validation task, this measure has CVIs of .86 and 1.0 indicating the measure is valid. CVIs were also .86-1.0 for this measure as a measure of the college and gen ed goals. Discussion between the DEI chair and CAP administrator reviewed the survey and identified the need to collect more objective data, such as specific course objectives in program courses as a potentially more valid way to track if DEI curriculum is threaded throughout Allen College programs. **Follow-up**

College Goals 2020-2024

Admin - Teaching & Learning Committee

TLC 1.0

AU Outcome
Allen College courses will reflect Quality Matters standards.
Outcome Status
Active
Start Date
07/01/2015

Measures	Result
Assessment Method Status: Active **Assessment Type:** SL: Survey **Measure:** Mean rating of all 8 items on course evaluation tool completed by students (1.0 = strongly disagree, 2.0 = disagree, 3.0 = agree, 4.0 = strongly agree). The mean rating of each item will be averaged for an overall mean rating for each course. **Target:** 95% of courses will have a mean rating for all 8 items of at least a 3.0 (agree) on a 4.0 (strongly agree) scale. **Timeframe:** Health Sciences courses based on evaluation cycle. Nursing courses based on curriculum course review schedule. **Responsible Parties:** TLC Chair and Committee Members	**Result Date**: 09/08/2023 **Result**: 100% (24/24) of Nursing courses reviewed had an average course evaluation rating of 3.0 or above (agree, strongly agree), demonstrating maintenance of 100% of graduate and undergraduate nursing courses having average course evaluation ratings of 3.0 or above for the 2021-2022 academic year. 97% (102/105) of Health Science Courses reviewed had an average course evaluation rating of 3.0 or above compared to 100% of courses reviewed (60/60) the previous year. This demonstrates achievement of the target for third straight year. EdD 93% (14/15) OT 100% (20/20) PH 100% (2/2) MLS 100% (6/6) ASR 100% (14/14) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: THERE WAS NO PROPOSED ACTION PLAN FOR 2022-2023) **Actions** **Action**: 1. Maintain current target of "95% of courses will have a mean rating for all 8 items of at least a 3.0 (agree) on a 4.0 (strongly agree) scale." 2. Continue to assess the average course evaluation ratings in nursing and health science courses, and consider events or circumstances that might account for less than

Measures	Result
	95% of courses having average course evaluation ratings of 3.0 or higher. **Follow-up**

TLC 3.0

AU Outcome
Graduates will demonstrate commitment to lifelong learning
Outcome Status
Active

Measures	Result
Assessment Method Status: Active **Assessment Type:** AD: Survey **Measure:** Alumni survey lifelong learning item: Which of the following activities have you been involved in since graduating from Allen College? Select all that apply. **Target:** 100% of alumni will report at least one lifelong learning activity since graduating from Allen College. **Timeframe:** Annually **Responsible Parties:** Evaluation and Study Committee/TLC Committee	**Result Date**: 09/08/2023 **Result**: Of the 2021-2022 graduates surveyed (n = 262), 123 returned the alumni survey for their respective programs. Of the 123 alumni who returned the survey, 98 (79.7%) reported engaging in one or more lifelong learning activities since graduating from Allen College. Although these results do not represent achievement of the target for this measure, they do demonstrate improvement since the survey of 2020-2021 graduates (Covid-19 pandemic era), when 75% reported engaging in at least one lifelong learning activity since graduating from Allen College. The results of the survey of 2020-2021 graduates demonstrate a decrease in performance compared to the 2020-2021 academic year when 89% of 2019-2020 grads who received the lifelong learning question on their alumni surveys selected at least one lifelong learning activity. Previous results for comparison: 2020-2021 graduates: 75% 2019-2020 graduates: 89% 2018-2019 graduates: 32% The DPT program had no 2021-2022 graduates, and therefore, no data to report. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No

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Measures	Result
	Action Plan Impact: There was no action plan proposed for the 2022-2023 academic year, and nothing specific was done to facilitate achievement of the target for this measure. The action plan proposed by TLC for the 2021-2022 academic year was to continue to evaluate the measure yearly, and investigate possible reasons and solutions if the target was not met. During TLC meetings prior to the 2021-2022 academic year, it was acknowledged that simply asking the question about lifelong learning on alumni surveys and reporting the lifelong learning data would not instill the value of lifelong learning in Allen College students and ensure that the value was carried forward into graduates' lives. **Related Documents**: [Lifelong Learning Activities Reported by 2021-2022 Grads For 2022-2023 CAP Report.pdf](#) **Actions** **Action Date**: 09/08/2023 **Action**: 1. TLC Committee to attain 5-year trend analysis and identify any programmatic trends. 2. Reach out to directors of programs with specific trends to solicit feedback and input from program faculty and outgoing students. 3. Identify college-level vs. individual academic program-level interventions. **Follow-up**

Program (HS) - Associate of Science in Radiography (ASR)

ASR 1.1

AU Outcome
Students will practice proper radiation protection
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** RA: 135 Competency Testing/CCE Part II, numbers 5, 7, 9, 15, 17 **Target:** Average score of >= 3 (0-4 pt. scale)	**Result Date**: 09/27/2023 **Result**: In Fall 2022, the average score of the RA135 Competency Testing/CCE Part II, numbers 5,7,9,15,17, was 3.96. This year's average score is consistent with prior year's data with no significant change. This data shows that the students continue to practice proper radiation protection at a high level.

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Measures	Result
Timeframe: Level 1-Fall Semester **Responsible Parties:** Lab Instructor/ Program Faculty/HS APG Committee	Fall 2022 = 3.96 (n=16) Previous data: 2021 = 3.95 (n=13) 2020 = 3.94 (n=23) 2019 = 3.91 (n=19) 2018 = 3.90 (n=13) 2017 = 3.97 (n=14) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the instructors continue to have students practice radiation protection in each lab and in the clinical environment. Radiation protection practices and concepts including accurate technical factors and collimation are instructed and reinforced in classes and labs. This instruction assists the students in applying radiation protection concepts in the clinical setting. Students demonstrated clinical competence by applying proper radiation protection. The action plan was effective. A variety of radiation protection practices and principles are emphasized throughout the curriculum. **Actions** **Action**: Action Date: 09/27/2023 Action: ASR faculty will continue to instruct and reinforce radiation protection practices and concepts in classes and labs. The program will continue to use and assess this measurement tool with each new cohort. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** RA: 275 Final Clinical Competency Testing/ CCE Part II, numbers 5,7,9,15,17 **Target:** Average score of >= 3 (0-4 pt. scale) **Timeframe:** Level II-Spring Semester **Responsible Parties:** Clinical Instructors/Program Faculty/HS Curriculum Committee	**Result Date**: 09/27/2023 **Result**: This year's average score of the RA275 Final Clinical Competency Testing/CCE Part II, numbers 5,7,9,15,17, was 3.97. This year's average score is consistent when compared to prior years without a significant change. The consistency in the data shows that the students continue to practice proper radiation protection at a high level consistently. 2023 = 3.97 (n=10) Previous data: 2022 = 4.0 (n=17) 2021= 3.98 (n= 16) 2020 no data to assess, this program requirement was waived for this cohort due to COVID-19. 2019 = 4 (n=12)

Measures	Result
	2018 = 3.96 (n=12) 2017 = 3.96 (n=15) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the program's curriculum continues to integrate radiation protection concepts each semester. The action plan from the 2021-2022 analysis was successful for 2022-2023. The students demonstrated clinical proficiency and competency in providing radiation protection. The program's curriculum integrates radiation protection concepts every semester. Each student's performance demonstrated clinical competence. Clinical instructors continue to instruct students in the clinical setting and evaluate them regarding their level of competency with practicing proper radiation protection. **Actions** **Action**: Action Date: 09/27/2023 Action: To continue to exceed the benchmark for this measure during the Spring 2024 course, the program's curriculum will continue to integrate radiation protection concepts each semester. The recommendation is the continued use of this assessment tool since there are variations in patients and exams. This evaluation will continue to be completed by the clinical instructors. **Follow-up**

ASR 1.2

AU Outcome
Students will apply correct positioning skills
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** RA: 145 Certification Testing/ Part I, numbers 3,12,14,15 **Target:** Average score of >= 3. (0-4 pt. scale)	**Result Date**: 09/27/2023 **Result**: In Spring 2023, the average score of the RA145 Certification Testing/Part I, numbers 3,12,14,15 was 3.94. This is slightly lower than last year's average of 3.98, but the decrease is not considered significant. This data shows that the student's consistently apply correct positioning skills during radiography procedures. 2023= 3.94 (n=14)

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Measures	Result
Timeframe: Level I-Spring Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/ HS Curriculum Committee	Previous data: 2022= 3.98 (n=10) 2021= 3.93 (n=17) 2020= 3.92 (n=16) 2019= 3.88 (n=13) 2018= 3.86 (n=14) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, course instructors continued to assess this item since certification testing is completed at various clinical sites and with different clinical instructors. The action plan from the 2021-2022 analysis was successful for 2022-2023. Students continue to exceed benchmark. All students demonstrated clinical competence while applying correct positioning skills. The clinical instructors encouraged the students to continually practice and review positioning principles. The students demonstrated knowledge of positioning in relation to their level of placement in the program. **Actions** **Action**: Action Date: 09/27/2023 Action: The clinical instructors will continue to work with the students and encourage them to practice and review positioning principles while in the clinical setting. Certification testing continues to be completed at various clinical sites with different clinical instructors. The course instructors recommend continued use of this assessment tool. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** RA: 265 Certification Testing/Part I, numbers 3,12,14,15 **Target:** Average score of >= 3. (0-4 pt. scale) **Timeframe:** Level II-Fall Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/ HS Curriculum Committee	**Result Date**: 09/27/2023 **Result**: In Fall 2021, the average score of the RA265 Certification Testing/Part I, numbers 3,12,14,15, was 3.96. This year's average score is slightly higher at 4.0. This data remains consistent when comparing it to prior data. Students continually exceed benchmark demonstrating their ability to apply correct positioning skills while performing radiography procedures. 2022=4.0 (n=10) Previous data: 2021=3.96 (n=17) 2020=3.95 (n=16) 2019 = 3.9 (n= 10)

Measures	Result
	2018=3.95 (n=12)
	2017=3.90 (n=12)
	Reporting Year: 2022 - 2023 (Year 1)
	Target Met: Yes
	Action Plan Impact: As proposed in the 2021-2022 action plan, the faculty continue to communicate with the clinical instructors and encourage them to select from more advanced and challenging exams to correlate with the student's level in the program. All students demonstrated clinical competence and applied correct positioning skills for the certifications. The students were instructed by the program faculty and demonstrated application of classroom and lab learning activities in the clinical setting.
	Actions
	Action: Action Date: 09/27/2023
	Action: The faculty will continue to communicate with the clinical instructors and encourage them to select from more advanced and challenging exams to correlate with the student's level in the program. Faculty will continue to provide effective instruction in the classroom and lab.
	Follow-up

ASR 2.1

AU Outcome
Students will demonstrate effective communication skills in the clinical setting
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active	**Result Date**: 09/27/2023
Assessment Type: SL: Clinical evaluation tool	**Result**: In Fall 2021, the average score of the RA135 Clinical Instructor/Preceptor Evaluations/Numbers 3,6,10,11, was 3.52. This year's average score of 3.85 is an increase when compared to all prior data. The student's average scores increased in all areas of the performance criteria. This data shows that students are able to demonstrate effective communication skills in the clinical setting.
Measure: RA:135 Clinical Instructor/ Preceptor Evaluations/ Numbers 3, 6, 10,11	
Target: Average score >= 3.5 (0-4 pt. scale)	2022: 3.85 (n=16)
Timeframe: Level I-Fall Semester	Previous data:

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Measures	Result
Responsible Parties: Clinical Instructors/ Program Faculty/ HS Curriculum Committee	2021: 3.52 (n=13) 2020: 3.27(n=22) 2019: 3.47(n=19) 2018: 3.67(n=13) 2017: 3.68(n=14) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the clinical instructors/preceptors continue to provide instruction to students in the areas of patient care, interpersonal relationships, multicultural diversity and age-appropriate care in the clinical setting. The action plan was effective. The clinical site rotations provide each student with the opportunity to work in diverse environments and with diverse patients. The students' average scores increased in all areas of the performance criteria: patient care, interpersonal relationships, multicultural diversity, and age-appropriate care. **Actions** **Action**: Action Date: 09/27/2023 Action: The clinical instructors/preceptors will continue to provide instruction to students in the areas of patient care, interpersonal relationships, multicultural diversity and age-appropriate care in the clinical setting. The ASR faculty will continue to provide diverse clinical sites to all students with the opportunity to work with diverse patients. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** RA:275 Clinical Instructor/ Preceptor Evaluations/Numbers 3, 6,10,11 **Target:** Average score >= 3 (0-4 pt. scale) **Timeframe:** Level II -Spring Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/ HS Curriculum Committee	**Result Date**: 09/27/2023 **Result**: In Spring 2021, the average score of the RA275 Clinical Instructor/Preceptor Evaluations/Numbers 3,6,10,11, was 3.92. This year's average score demonstrated a slight decrease with a score of 3.84. This decrease in score is not significant. Cohorts continue to exceed benchmark each year. Students continue to demonstrate effective communication skills in the clinical setting. Spring 2023 = 3.84 (n=10) Previous data: 2021-2022 = 3.92 (n=17) 2020-2021 = 3.66 (n=16) 2019-2020 = 3.86 (n=10) 2018-2019 = 3.9 (n=12) 2017-2018 = 3.78 (n=12) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes

Measures	Result
	Action Plan Impact: As proposed in the 2021-2022 action plan, the clinical instructors/preceptors continue to instruct students by exhibiting effective communication in the clinical environment. The action plan was effective for 2022-2023 as the clinical instructors/preceptors in the clinical setting provided exceptional instruction and supervision of students to assess their communication skills. Overall, students continue to demonstrate effective communication skills in the clinical setting. Faculty continue to work and communicate with clinical instructors and preceptors to ensure student success in the clinical setting. **Actions** **Action**: Action Date: 09/27/2023 Action: Clinical instructors and preceptors will continue to instruct students by exhibiting effective communication in the clinical environment. Faculty will continue to work and communicate with clinical instructors and preceptors to ensure student success in the clinical setting. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** RA:135 Clinical Competency Evaluation/ Part I – Number 4 Part III- Numbers 1,3,6-8 **Target:** Average score >= 3 (0-4 pt. scale) **Timeframe:** Level I-Fall Semester **Responsible Parties:** Clinical Instructor/Program Faculty/ HS Curriculum Committee	**Result Date**: 09/27/2023 **Result**: This year's average score of the RA135 Clinical Competency Evaluation/Part I Number 4, Part III Numbers 1,3,6-8, was 3.98. This is not a significant increase when compared to last year's score of 3.94. This year's score is very consistent with prior years with students continually receiving an average score of 3.94 or above since Fall 2018. Students continue to demonstrate effective communication skills in the clinical setting. 2022 = 3.98 (n=16) Previous data: 2021 = 3.94 (n=13) 2020 = 3.96 (n=23) 2019 = 3.94 (n=19) 2018 = 3.95 (n=13) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the program faculty continue to provide the students with the skills needed for effective clinical communication. The action plan from the previous academic year was effective for the current academic year. Program faculty instructed and guided the students to enable them to demonstrate effective communication skills. The clinical instructors also provided effective instruction, supervision, and feedback to the students in the clinical

Measures	Result
	settings. The benchmark of 3.5 was exceeded. The students demonstrated effective communication skills reflective of their level in the program. **Actions** **Action**: Action Date: 09/27/2023 Action: The program faculty and clinical instructors will continue to provide effective instruction, supervision, and feedback to the students. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** RA:275 Final Clinical Competency Evaluation/ Part I – Number 4 Part III- Numbers 1,3,6-8 **Target:** Average score >= 3.5 (0-4 pt. scale) **Timeframe:** Level II- Spring Semester **Responsible Parties:** Clinical Instructor/ Program Faculty/ HS Curriculum Committee	**Result Date**: 09/27/2023 **Result**: This year's average score of the RA275 Final Clinical Competency Evaluation/Part I Number 4, Part III Numbers 1,3,6-8, was 4.0 on a 0-4 point scale. Students exceeded benchmark with the highest score possible. This data is consistent with prior years as students have achieved an average score of 3.98 or higher since 2018. Students consistently demonstrate effective communication skills in the clinical setting. 2023 = 4 (n=10) Previous data: 2022 = 4 (n=17) 2021=3.98 (n=16) 2020 no data to assess, this program requirement was waived for this cohort due to COVID-19. 2019=4 (n=12) 2018=3.98 (n=12) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the students continue to be instructed and guided in effective clinical communication skills in every semester of the program. The action plan from 2021-2022 was effective for 2022-2023. Students continue to exceed the benchmark. Students demonstrated excellent communication skills in the clinical setting. Many of this year's final CCEs were performed on patients that required multiple exams and extensive patient communication. **Actions** **Action**: Action Date: 09/27/2023 Action: Students will continue be instructed and guided in effective clinical communication skills in every semester of the ASR program. All clinical instructors and preceptors at all clinical sites assist with this instruction and guidance.

Measures	Result
	Follow-up

ASR 2.2

AU Outcome
Students will practice and demonstrate communication skills (formerly Students will practice written communication skills)
Outcome Status
Active
Start Date
09/25/2023

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** RA: 115 Patient Care Presentation **Target:** Average score of >= 85% **Timeframe:** Level I-Fall Semester **Responsible Parties:** RA: 115 Course Instructor/HS APG Committee	**Result Date**: 09/27/2023 **Result**: In Fall 2021, the average score of the RA115 Patient Care Presentation was 97.7%. This year's average score of 97.7% is the exact same. Students continue to earn an average score of 97% or higher since 2018. This data shows that students consistently continue to practice effective written communication skills. 2022= 97.7% (n=15) Previous data: 2021= 97.7% (n=12) 2020= 96% (n=20) 2019=98% (n=19) 2018=98% (n=13) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the course instructor continues to discuss the paper requirements with the students. The instructor reminds the students of the resources available on the Allen College website. The action plan was effective for 2022-2023. APA format seems to be a struggle for some students. In text citations have gotten better. The student success coordinator has come in and presented on APA. **Actions** **Action**: Action Date: 09/27/2023 Action: The course instructor will continue to discuss the paper requirements with the

Measures	Result
	students and remind them of the resources available on the Allen College website. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** RA:258 Pathology Systems Presentation **Target:** Average score of >= 85% **Timeframe:** Level II-Fall Semester **Responsible Parties:** RA: 258 Course Instructor/ HS APG Committee	**Result Date**: 09/27/2023 **Result**: In Fall 2022, the average score of the RA258 Pathology Systems Presentation was 93.9%. This is slightly lower than last year's average score of 94.8%. This decrease is not considered significant. Students continue to exceed benchmark. The students demonstrate the ability to practice effective written communication skills. 2022=93.9% (n=10) Previous data: 2021=94.8% (n=17) 2020=98% (n=16) 2019=99% (n=10) 2018=99% (n=12) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the course instructor continues to discuss the paper requirements with the students. The action plan was effective for 2022-2023. Each student completes two papers during the course. Most students struggled and had points deducted in the format section of the paper; this was due to spelling errors and APA formatting errors. One student received a zero in this portion due to no APA formatting. Allen College website has multiple resources for writing help and students are informed of these resources by the course instructor. The student success coordinator has offered to come in and give an APA 7 quick guide presentation. **Actions** **Action**: Action Date: 09/27/2023 Action: The course instructor will continue to discuss the paper requirements with the students and encourage them to review APA guidelines. **Follow-up**

ASR 2.3

AU Outcome
Students will demonstrate oral communication skills (deactivated and combined with ASR 2.2 on 09-25-23 for 2023-2024 academic year)

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Outcome Status
Inactive
Inactive Date
09/25/2023

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** RA: 115 Patient Care Presentation **Target:** Average score of >= 85% **Timeframe:** Level I-Fall Semester **Responsible Parties:** RA: 115 Course Instructor/HS APG Committee	**Result Date**: 09/27/2023 **Result**: This year's average score of the RA115 Patient Care Presentation was 94.3%. This is slightly higher than last year's average score of 92.6%. The students continue to exceed benchmark. All students continue to demonstrate effective oral communication skills. 2022=94.3% (n=10) Previous data: 2021=92.6% (n=12) 2020=99% (n=20) 2019=98% (n=19) 2018=99% (n=13) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the course instructor continues to discuss paper requirements with the students. The action plan was successful for 2022-2023. All papers in the RA115 course were presented in person. Four of the students had point reductions due to words being inaccurately stated, most had minimal mistakes. Seven students had point reductions for voice level and speed, the students were very quiet and talked very quickly. These issues can be reduced by having the students practice their presentations before presenting them. **Actions** **Action**: Action Date: 09/27/2023 Action: The course instructor will continue to discuss the paper requirements with the students. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** RA:258 Pathology Systems Presentation **Target:** Average score of >= 85%	**Result Date**: 09/27/2023 **Result**: This year's average score of the RA258 Pathology Systems Presentation was 94.2%. This is consistent with last year's average score of 94.8%. When looking data from 2018-2022, the students consistently average between 94-98%. All students continue to demonstrate effective oral communication skills.

Measures	Result
Timeframe: Level II-Fall Semester **Responsible Parties:** RA: 258 Course Instructor/ HS APG Committee	2022=94.2% (n=10) Previous data: 2021=94.8% (n=17) 2020= 95% (n=16) 2019=98% (n=10) 2018=96% (n=12) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the course instructor continues to discuss the paper requirements with the students. The action plan was successful for 2022-2023. Each student completes two papers during the course. The students overall did a great job on presentations, they need to work on speaking loud enough for everyone to hear and pacing. Several students spoke very quickly and was hard to follow; this led to them not meeting the eight-minute requirement for length. All students demonstrated effective oral communication skills. **Actions** **Action**: Action Date: 09/27/2023 Action: The course instructor will continue to discuss the paper requirements with the students. **Follow-up**

ASR 3.1

AU Outcome
Students will appropriately critique radiographic images
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** RA: 255 Radiographic image analysis worksheets **Target:** Average score of >= 80%	**Result Date**: 09/27/2023 **Result**: This year's average score of the RA255 Radiographic Image Analysis Worksheets was 94.7%. This is higher than last year's average score of 90%. Overall, the students have consistently exceeded benchmark demonstrating their ability to appropriately critique radiographic images.

College Goals 2020-2024

Measures	Result
Timeframe: Level II-Summer Semester **Responsible Parties:** RA: 255 Course Instructors/HS APG Committee	2022 = 94.7% (n=10) Previous data: 2021 = 90% (n=17) 2020 = 91.94% (n=16) 2019 = 92.72% (n=11) 2018 = 93.75% (n=12) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the faculty continue to assign learning opportunities from the new 5th edition textbook. All students demonstrated the ability to apply critical thinking skills while correctly analyzing radiographic images. The students used the most current 5th edition textbook to assist them in completing this assignment. The textbook offers multiple radiographs and tables to assist the students in mastering critically analyzing and critiquing radiographic images. **Actions** **Action**: Action Date: 09/27/2023 Action: The faculty will continue to use the new 5th edition textbook. A variety of learning opportunities will continue to be provided to the students to assist them with critiquing radiographic images. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** RA: 265 Radiographic image analysis worksheets **Target:** Average score of >= 80% **Timeframe:** Level II- Fall Semester **Responsible Parties:** RA: 265 Course Instructors/HS APG Committee	**Result Date**: 09/27/2023 **Result**: In Fall 2022, the average score of the RA265 Radiographic Image Analysis Worksheets was 89.7%. This year's average score is slightly higher than last year's score of 88.88%. This increase is not considered significant. The students consistently demonstrate their ability to appropriately critique radiographic images. 2022=89.7% (n=17) Previous data 2021=88.88% (n=17) 2020 = 91.69% (n=16) 2019 = 88.8% (n = 10) 2018 = 93.33% (n=12)

College Goals 2020-2024

Measures	Result
	Reporting Year: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the faculty continue to assign learning opportunities from the new 5th edition textbook and review each item on the worksheets for clarity and accuracy with the new edition text. The action plan was successful in assisting the students in meeting the benchmark for 2022-2023. All students demonstrated the ability to apply their critical thinking skills and accurately critique radiographic images. The student is permitted two attempts to complete the worksheet and the scores are averaged. Some students chose to only complete one attempt. **Actions** **Action**: Action Date: 09/27/2023 Action: The instructor will continue to review each item on the worksheets for clarity and accuracy with the new edition text. ASR faculty will continue to communicate with the students encouraging them to take advantage of the 2 attempts allowed. **Follow-up**

ASR 3.2

AU Outcome
Students will demonstrate ability to practice critical thinking
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Exam/Quiz - Standardized **Measure:** RA: 203B Corectec exams **Target:** > 80% of the students will achieve a score of 70 or greater on one of the four exams. **Timeframe:** Level II- Spring Semester **Responsible Parties:** RA: 203B Course Instructor/HS Curriculum Committee	**Result Date**: 09/27/2023 **Result**: In Spring 2023, 90% of the students achieved a score of 70 or greater on one of the four Corectec Exams assigned in RA203B. This is a significant improvement from last year's average of 70%. Benchmark was exceeded this year. The students demonstrated their ability to practice critical thinking. 2023 = 90% (n = 10) achieved a 70 or greater on one of the four exams. Previous data: 2022 = 71% (n = 17) 2021 = 69% (n = 16) 2020 = 90% (n=10)

Measures	Result
	2019 = 100% (n=12) 2018 = 100% (n=12) 2017 = 93% (n=15) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the instructor made a few revisions to the guided review assignments. The placement of the exams within the semester remained consistent with two scheduled before student seminar attendance and two after. The instructor shared the Corectec lessons with ASR faculty to assist in verifying their accuracy. To encourage use of all review opportunities for all students, the RA275 Professional Development Practicum course instructors required attendance for both days of the student seminar and applied the mock board score the students earn at the seminar towards the RA275 course grade. Attendance for both days of the seminar and course weight applied to the mock board score assisted the students in meeting benchmark for the RA203B Corectec exams. **Actions** **Action**: Action Date: 09/27/2023 Action: ASR faculty will continue requiring attendance for both days of the student seminar and will apply the mock board score towards the RA275 course grade. Faculty will continue to make revisions to the guided review assignments as needed. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** RA:154 CT Topic Presentation **Target:** Average score of >= 80% **Timeframe:** Level I- Spring Semester **Responsible Parties:** Program Faculty/HS Curriculum Committee	**Result Date**: 09/27/2023 **Result**: In Spring 2022, the average score of the RA154 CT Topic Presentation was 96.4%. This year's average score is consistent with last year's score of 96.75%. Benchmark continues to be exceeded. This is third year that this measurement tool has been used. The students continue to demonstrate their ability to practice critical thinking consistently. Spring 2023 = 96.4% (n=10) Previous data: Spring 2022 = 96.75% (n=8) Spring 2021 = 96.24% (n=13) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021/2022 action plan, the instructor provided each student with a grading rubric and a presentation example within Blackboard. The

Measures	Result
	instructor also had each student conduct 2 peer reviews on their classmate's presentations. Students are expected to use critical thinking skills to help teach the class about specific CT topics. The topics presented this year included various procedures, trauma involving different areas of the body, and pediatrics. Each student is evaluated on presentation format, content, audio/professionalism, and creativity. A presentation example was provided to the students within Blackboard to help them better visualize the instructor's expectations. The entire cohort excelled when it came to format, content and audio/professionalism. Minor points were deducted from a select few presentations for creativity; a few presentations were too "wordy" taking the focus away from the audio portion of the presentation. The student peer review feedback was taken into consideration when the instructor completed the final grade/feedback for each presentation. Through the creation of their presentations, the students did a great job at demonstrating their ability to practice critical thinking in the learning environment. **Actions** **Action**: Action Date: 09/27/2023 Action: The instructor will continue to provide each student with a grading rubric and a presentation example within Blackboard. The instructor will continue to have each student conduct peer reviews on their classmate's presentations. The feedback provided by the students during their peer reviews will be used by the instructor when they complete a final grade for each presentation. **Follow-up**

ASR 3.3

AU Outcome
Students will be able to critically think in the clinical setting
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** RA:145 Clinical Instructor/ Preceptor Evaluations/Numbers 2,4,7,8	**Result Date**: 09/28/2023 **Result**: In Spring 2022, the average score of the RA145 Clinical Instructor/Preceptor Evaluations/Numbers 2,4,7,8 was 3.66. This year's average score is slightly higher at 3.74. All students continue to exceed benchmark with consistently averaging 3.6 and higher for the last 4 years. Students continue to demonstrate their ability to critically think

Measures	Result
Target: Average score >= 3. (0-4 pt. scale) **Timeframe:** Level I-Spring Semester **Responsible Parties:** RA: 145 Course Instructor/HS APG Committee	in the clinical setting. Spring 2023 = 3.74 (N =15) Previous data: 2021-2022 3.66 (N =10) 2020-2021 3.65 (N=18) 2019-2020 3.6 (N=16) 2018-2019 3.36 (N=13) 2017-2018 3.53 (N=14) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the clinical instructors/preceptors in the clinical setting continued to provide excellent instruction and supervision of students to assess their critical thinking skills. This result is an increase compared to the previous year. The student scores were higher than the previous year in the Self-Image for Level in the ASR Program, Ability to follow directions, and Composure and Adaptability. In the area of Applications of Knowledge there was no change over the prior year. The action plan was effective. Students continue to demonstrate their ability to critically think in the clinical setting. <u>**Actions**</u> **Action**: Action Date: 09/28/2023 Action: The clinical instructors/preceptors will continue to provide the needed instruction and supervision of the students to evaluate their critical thinking skills in the clinical setting. <u>**Follow-up**</u>
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** RA:265 Clinical Instructor/ Preceptor Evaluations/Numbers 2,4,7,8 **Target:** Average score >= 3. (0-4 pt. scale) **Timeframe:** Level II- Fall Semester **Responsible Parties:** RA: 265 Course Instructors/HS Curriculum Committee	**Result Date**: 09/28/2023 **Result**: This year's average score of the RA265 Clinical Instructor/Preceptor Evaluations/Numbers 2,4,7,8, was 3.86. This is higher than last year's score of 3.57 and remains consistent with prior year's data. The benchmark continues to be exceeded and the students continue to demonstrate their ability to critically think in the clinical setting. 2022: 3.86 (n=10) Previous Data: 2021: 3.57 (n=17) 2020: 3.75 (n=16) 2019: 3.86 (n=11) 2018: 3.81 (n=12)

Measures	Result
	Reporting Year: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the clinical instructors/preceptors continue to instruct, explain, and demonstrate to students how to practice critically thinking skills in the clinical environment. The action plan was successful for 2022-2023. The students' scores increased in all four performance criteria areas: application of knowledge, ability to follow directions, self-image for Level in the ASR program, and composure and adaptability. Students have immediate access to their completed evaluations on Trajecsys. Students continue to be able to critically think in the clinical setting. **Actions** **Action**: Action Date: 09/28/2023 Action: The clinical instructors/preceptors will continue to instruct, explain. and demonstrate to students how to practice critical thinking skills in the clinical environment. **Follow-up**

ASR 4.1

AU Outcome
Students will integrate leadership skills and construct professional practices
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Service **Measure:** RA:135 Community Service/Service Learning Evaluation **Target:** Average score of >= 80% **Timeframe:** Level I-Fall Semester **Responsible Parties:** RA: 135 Course Instructors/HS Curriculum Committee	**Result Date**: 09/28/2023 **Result**: This year's average score of the RA135 Community Service/Service Learning Evaluation was 86.75%. This is a significant increase from last year's score of 77.46%. Benchmark was exceeded and the students demonstrated their ability to integrate leadership skills and construct professional practices. 2022 = 86.75% (n=16) Previous data: 2021 = 77.46% (n=13) 2020 = 88.80% (n=18)

Measures	Result
	2019 = 87.71% (n=19) 2018 = 83.69% (n=13) 2017 = 94.78 (n=14) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the course instructors continue to assess the assignment instructions and make modifications accordingly. The action plan from the prior academic year was successful in assisting the students in achieving the benchmark for the current academic year. Additional APA resources were provided to the students. Many of the point deductions continue to be in the overall writing category and in the performed independently category of the grade rubric. Some students also provided the bare minimum amount of information in the research portion of the grade rubric. The course instructors believe that the current measurement tool assesses writing, grammar, and research but may not place an emphasis on assessment of the students' demonstration of leadership skills and professionalism. The course instructors might consider a new measurement tool, changes to the current measurement tool or grade rubric, or a new benchmark for the next academic year to better assess this goal and outcome. **Actions** **Action**: Action Date: 09/28/2023 Action: The course instructors will continue to assess the assignment instructions and make modifications accordingly. Additional APA resources will be provided to the students. The course instructors may consider a change to this measurement tool, grade rubric, or a new benchmark all together if it is determined that a better tool could be used to evaluate this outcome. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Service **Measure:** RA: 265 Community Service/Service Learning Evaluation **Target:** Average score of >= 80% **Timeframe:** Level II-Fall Semester **Responsible Parties:** RA: 265 Course Instructors/HS Curriculum Committee	**Result Date**: 09/28/2023 **Result**: This the second consecutive year of not exceeding benchmark. This year's average score of the RA265 Community Service/Service Learning Evaluation was 73.3%. This is a slight increase from last year's score of 71.41%. All students did not demonstrate their ability to integrate leadership skills and construct professional practices. 2022=73.3%(n=10) Previous data: 2021 = 71.41% (n=17)

Measures	Result
	2020 = 84.56% (n=16)
	2019 = 85.6% (n = 10)
	2018: 76.75% (n=12)
	2017: 93.33% (n=12)
	Reporting Year: 2022 - 2023 (Year 1)
	Target Met: No
	Action Plan Impact: As proposed in the 2021-2022 action plan, the instructors placed the paper assignment instructions and the grade rubric within the assignment drop box in the Blackboard course. The instructors also bolded the 9-hour requirement within the grade distribution section of the syllabus and within the assignment drop box in the Blackboard course. Students were also provided with additional APA resources. This action plan was not effective. This was a smaller cohort and multiple submissions did not follow assignment instructions, did not respond to all assignment prompts, provided limited research, and had multiple APA errors. A few students did not complete the minimum 9-hour requirement and therefore received a reduced grade. The service-learning assignment accounts for 15% of the course grade, but some students chose to submit low quality work. The current measurement tool assesses writing, grammar, and research but may not place an emphasis on assessment of the students' demonstration of leadership skills and professionalism.
	Actions
	Action: Action Date: 09/28/2023
	Action: The course instructors will continue to assess the assignment instructions and make modifications accordingly. Additional APA resources will be provided to the students. The course instructors may consider a change to this measurement tool, grade rubric, or a new benchmark all together if it is determined that a better tool could be used to evaluate this outcome.
	Follow-up

ASR 4.2

AU Outcome
Students will practice professionalism
Outcome Status
Active

College Goals 2020-2024

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** RA:135 Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13 **Target:** Average score >= 3 (0-4 pt. scale) **Timeframe:** Level I- Fall Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/HS Curriculum Committee	**Result Date**: 09/28/2023 **Result**: In Fall 2021, the average score of the RA135 Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13, was 3.47. This year's average score was higher at 3.79. I would consider this a significant increase given the data from the prior two years. The benchmark continues to be exceeded and all students continue to demonstrate their ability to practice professionalism. 2022: 3.79 (n=16) Previous data: 2021: 3.47 (n=13) 2020: 3.34 (n=22) 2019: 3.51 (n=19) 2018: 3.68 (n=13) 2017: 3.68 (n=14) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the clinical instructors/preceptors continue to provide instruction to students in the areas of organization of assignments, initiative, appearance, policies and procedures, and ethical and professional behavior. The action plan was effective. The students' average scores increased in all five areas. Overall, the students to continually demonstrate their ability to practice professionalism. **Actions** **Action**: Action Date: 09/28/2023 Action: The clinical instructors/preceptors will continue to provide instruction to students in the areas of organization of assignments, initiative, appearance, policies and procedures, and ethical and professional behavior. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** RA:275 Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13 **Target:** Average score >= 3 (0-4 pt. scale)	**Result Date**: 09/28/2023 **Result**: In Spring 2022, the average score of the RA275 Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13, was 3.86. This year's average score was slightly lower at 3.86. This decrease in not considered significant. The benchmark continues to be exceeded and the students continue to demonstrate their ability to practice professionalism. Spring 2023 = 3.77 (n =10)

Measures	Result
Timeframe: Level II-Spring Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/HS Curriculum Committee	Previous data: 2022 = 3.86 (n =17) 2021: 3.65 (n=16) 2019: 3.51 (n=19) 2018: 3.68 (n=13) 2017: 3.68 (n=14) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the clinical instructors/preceptors continue to deliver prompt feedback to students when issues arise concerning initiative and professionalism. The action plan was successful for 2022-2023. The students' average scores in all areas decreased compared to the prior year by 0.09 points, these include Organization of Assignments, Initiative, Appearance, Policies and Procedures, and Ethical and Professional Behaviors. This is a smaller class sample compared to the prior year. The students continue to demonstrate their ability to practice professionalism. **Actions** **Action**: Action Date: 09/28/2023 Action: The clinical instructors/preceptors will continue to deliver prompt feedback to students when issues arise concerning initiative and professionalism. Faculty will continue to discuss the importance of initiative and professionalism in the clinical setting. **Follow-up**

Program (HS) - Doctor of Education (Ed.D.)

EdD 1.1

AU Outcome
Students will demonstrate advanced educator competencies to enact increasingly complex faculty and leadership roles.
Outcome Status
Active

College Goals 2020-2024

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 720: Finance and Fiscal Management – Budget Assignment **Target:** Each student will receive an average score of >80% **Timeframe:** When course is taught (e.g. Spring 2017) **Responsible Parties:** Program Chair/ HS Grad Curriculum Committee	**Result Date**: 08/15/2023 **Result**: Course not active. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: Course not active. **Actions** **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 740: Today's Health Sciences Student: Trends, Issues and Challenges – Final Paper **Target:** 100% of students will receive a score of >= 85% **Timeframe:** When course is taught (e.g., Fall 2016) **Responsible Parties:** Program Chair/ HS Grad Curriculum Committee	**Result Date**: 08/15/2023 **Result**: Fall 2022 – 2 students 100% of students received a score of >85% Overall average score = 92.5% (46.25/50) 2018 (n=1) – target met (overall average = 98.2%) 2020 (n=2) – target met (overall average = 98.5%) These results demonstrate the target (100% of students will receive an average score of >= 85%) has been consistently met (3/3 times) since the 2018-2019 academic year. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: The purpose of this paper was for students to speak to the course objectives which included addressing trends within, the culture of, and solutions/adaptations for health sciences educational environments. This assignment was graded using a rubric based on the writing rubric developed for the EdD program. The action plan from the 2020-2021 academic year indicated students would be reminded of the discussion topics that align with the final paper to help them use feedback to assist with writing the final paper. This is one of the first formal papers students write in the program, depending on when they start the program. A previously recorded writing support session was included in this section. **Actions** **Action**: Action Date: 08/15/2023 Action: Create an updated writing support session align with the course material to assist

Measures	Result
	with writing the final paper. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 780: Integrating Evolving Technology in Health Professions Education --Technology Transcendence Final Project **Target:** 100% of students will receive a score of >= 85% **Timeframe:** When course is taught (e.g., Fall 2015, Fall 2018, etc.) **Responsible Parties:** Program Chair/ HS Grad Curriculum Committee	**Result Date**: 08/15/2023 **Result**: Fall 2022 – 2 students 50% of students received a score of >85% Overall average score = 84.5% (100/100) 2018 (n=4) – target not met (overall average = 86.5%) 2020 (n=4) – target met (overall average = 100%) These results demonstrate the target (100% of students will receive an average score of >= 85%) has been inconsistently met (1/3 times) since the 2018-2019 academic year. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: The 2020-2021 action plan for the 2022-2023 academic year indicated this assignment would be fused with a nearly identical additional assignment to eliminate repetitive work. The student who failed to meet target was missing required elements in their submission which decreased the score. **Actions** **Action**: Action Date: 08/15/2023 Action: A final project overview recording will be created to explain the project criteria along with ideas on how to meet the stated requirements. Additionally, a criterion should be added that addresses APA formatting, mechanics, and spelling. **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** EdD 790: Practicum in Health Professions Education – Let's Get Creative Assignment **Target:** Students will receive an average score of >80% **Timeframe:** When course is taught (e.g., Spring 2017) **Responsible Parties:** Program Chair/ HS Grad	**Result Date**: 08/15/2023 **Result**: Course not offered. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: Course not offered. **Actions** **Follow-up**

Measures	Result
Curriculum Committee	
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** EdD 795: Practicum in Health Professions Education – Let's Get Creative Assignment **Target:** 100% of students will receive a score of >= 85% **Timeframe:** When course is taught **Responsible Parties:** Program Chair/ HS Grad Curriculum Committee	**Result Date**: 08/15/2023 **Result**: Course not offered. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: Course not offered. **Actions** **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 700: Organizational Development and Change in Education – Final Paper **Target:** 100% of students will receive an average score of >=85% **Timeframe:** When course is taught (e.g., Fall 2017) **Responsible Parties:** Program Chair/HS Grad Curriculum Committee	**Result Date**: 08/15/2023 **Result**: Course not offered. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: Course not offered. **Actions** **Follow-up**

EdD 1.2

AU Outcome
Students will assume leadership roles in interprofessional collaboration to improve the health outcomes of individuals, families, and populations through the educational preparation and graduation of health science and nursing professionals.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** EdD 710: Leading a Health	**Result Date**: 08/15/2023 **Result**: This assignment was not included in the spring 2023 section of the course. **Reporting Year**: 2022 - 2023 (Year 1)

College Goals 2020-2024

Measures	Result
Sciences Learning Organization – Case Study: Making Changes in Higher Education **Target:** 100% of students will receive a score of >=85% **Timeframe:** When course is taught (e.g., 2015, 2018, etc.) **Responsible Parties:** Program Chair/ HS Grad Curriculum Committee	**Target Met**: NA **Action Plan Impact**: None **Actions** **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 730: Professional, Ethical and Legal Issues and Trends in Health Professions Education – Literature Review **Target:** Each student will receive an average score of >80% **Timeframe:** When course is taught **Responsible Parties:** Program Chair/ HS Grad Curriculum Committee	**Result Date**: 08/15/2023 **Result**: Course not offered. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: Course not offered. **Actions** **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Service **Measure:** EdD 740: Today's Health Sciences Student: Trends, Issues and Challenges – Service Learning Project **Target:** 100% of students will receive a score of >= 85% **Timeframe:** When course is taught (e.g., Fall 2016) **Responsible Parties:** Program Chair/ HS Grad Curriculum Committee	**Result Date**: 08/15/2023 **Result**: Fall 2022 – 2 students 100% of students received a score of >85% Overall average score = 93.8% (22.5/24) 2020 (n=2) – target met (overall average = 95.8%) 2018 (n=1) – target met (overall average = 97.9%) 2016 – 84.5% (average) These results demonstrate the target (100% of students will receive an average score of >= 85%) has been consistently met (4/4 times) since the 2016-2017 academic year. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: The purpose of this assignment was for students to develop a service-learning project that could be offered in a course. Students use the Engaged Faculty Institute curriculum as a framework to explore service learning. The project

Measures	Result
	requires students to communicate what they learned about service learning and if an activity could be incorporated into their instructional settings. The action plan for the 2020-2021 academic year stated additional resources on virtual service-learning options should be included to continue to support students looking for different activities to incorporate within their courses. In addition to exploring virtual options, this assignment was updated in the spring 2023 section to have students focus on the viability of using service learning in their setting. **Actions** **Action**: Action Date: 08/15/2023 Action: This assignment will continue to be included with no changes. We will also continue to explore virtual service learning as an option for health professions educators. **Follow-up**

EdD 2.1

AU Outcome
Students will facilitate curriculum design, development, and evaluation of program and learner outcomes using evidence-based strategies.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 750: Curriculum Theory and Design in the Health Professions – Final Project **Target:** 100% of students will receive an average score of >=85% **Timeframe:** When course is taught **Responsible Parties:** Program Chair/HS Graduate APG Committee	**Result Date**: 08/15/2023 **Result**: Summer 2022 – 1 student 100% of students received a score of >85% Overall average score = 100% (100/100) Fall 2019 – Met; 100% (average); n=1 These results demonstrate the target (100% of students will receive an average score of >= 85%) has been consistently met (2/2 times) since the 2019-2020 academic year. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: The 2019-2020 action plan for the 2022-2023 academic year

Measures	Result
	indicated no changes would be made to this assignment based on the past successes. The final project requires students to develop a unit of instruction following a curriculum development framework. Students worked on different sections of the project throughout the course and received feedback prior to assembling the final project. This course was taught as an 8-week course for the first time in summer 2022. **Actions** **Action**: Action Date: 08/15/2023 Action: This assignment will be included the next time this course is taught with no revisions. One of the course textbooks will be replaced due to availability issues because of the publish date. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 760: Pedagogy in Health Professions Education – Teaching Evaluation **Target:** 100% of students will receive a score of >=85% **Timeframe:** When course is taught (e.g., 2014, 2017, etc.) **Responsible Parties:** Program Chair/HS Graduate Curriculum Committee	**Result Date**: 08/15/2023 **Result**: Spring 2023 – 2 students 50% of students received a score of >85% Overall average score = 65% (19.5/30) 2020 (n=3) – target met (overall average = 100%) These results demonstrate the target (100% of students will receive an average score of >= 85%) has been inconsistently met (1/2 times) since the 2019-2020 academic year. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: Within each module, students evaluated an existing teaching evaluation tool against the learning theories covered in that module. By the end of the course, each student had created a unique teaching evaluation to use for a peer review. The action plan for the 2019-2020 academic year indicated students would complete a peer review using the evaluation form they created. One student did not follow the instructions for the assignment and did not meet expectations. **Actions** **Action**: Action Date: 08/15/2023 Action: This assignment will be included the next time this course is taught. The instructions for the assignment will be reviewed for clarity. **Follow-up**
Assessment Measure Status: Inactive	**Result Date**: 08/15/2023

College Goals 2020-2024

Measures	Result
Assessment Type: SL: Didactic **Measure:** EdD 790: Practicum in Health Professions Education – Project Conferences **Target:** Students will receive an average score of >80% **Timeframe:** When course is taught (e.g., Spring 2017) **Responsible Parties:** Program Chair/HS Graduate APG Committee	**Result**: Course not offered. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: Course not offered. **Actions** **Follow-up**

EdD 3.1

AU Outcome
Students will demonstrate organizational and systems leadership to advance quality improvement and systems change.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 700: Organizational Development and Change in Education – Discussions **Target:** Students will receive an average score of >90% for all discussions within the course **Timeframe:** When course is taught **Responsible Parties:** Program Chair/HS Graduate APG Committee	**Result Date**: 08/15/2023 **Result**: Course not offered. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: Course not offered. **Actions** **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** EdD 710: Leading a Health Sciences Learning Organization – Strategic Planning Project **Target:** 100% of students will receive a score	**Result Date**: 08/15/2023 **Result**: Spring 2023 – 2 students earned an average of 87.8% 50% of students met target 2020 = 97.1% (1 student)

Measures	Result
of >=85% **Timeframe:** When course is taught (e.g., 2015, 2018, etc.) **Responsible Parties:** Program Chair/ HS Grad Curriculum Committee	2018 = 90.8% (average – 6 students) 2015 = 92.8% (average – 7 students) These results demonstrate the target (100% of students will receive an average score of >= 85%) has been consistently met (3/4 times) since the 2014-2015 academic year, but was not met during the current academic year. One of the students earned below benchmark due to a failure to use an existing program in their assignment. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: The action plan for the 2019-2020 academic year indicated no changes would be made to this assignment since only one student was in that section. **Actions** **Action**: Action Date: 08/15/2023 Action: While the directions state to use an existing program in this assignment, the rubric will be edited to more clearly reflect this. **Follow-up**

EdD 4.1

AU Outcome
Students will apply analytical methods and research to develop best practices and practice guidelines.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 760: Pedagogy in Health Professions Education – Personal Statement of Teaching Philosophy **Target:** 100% of students will receive an average score of >=85% **Timeframe:** When course taught (e.g., spring, Year 1) **Responsible Parties:** Program Chair/HS	**Result Date**: 08/15/2023 **Result**: Spring 2023 – 2 students 100% of students received a score of >85% Overall average score = 99.6% (49.8/50) 2020 (n=3) – target met (overall average = 97.6%) These results demonstrate the target (100% of students will receive an average score

College Goals 2020-2024

Measures	Result
Graduate APG Committee	of >= 85%) has been consistently met (2/2 times) since the 2012-2020 academic year. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Within each module, students completed a journal entry to help capture information about their teaching style to use in the final assignment. Students were allowed flexibility in the format of their submission, and one submitted a website while the other completed an essay. The action plan for the 2019-2020 academic year indicated no changes would be made to this assignment. **Actions** **Action**: Action Date: 08/15/2023 Action: This assignment will be included the next time this course is taught with no revisions. A guidance document with assignment expectations provides information to students, and that will continue to be used. Subsequent sections will be assessed to ensure the target continues to be met. **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** EdD 800: Evidence Based Practice in the Health Professions – Final Written Report **Target:** 100% of students will receive a score of >=85% **Timeframe:** When course is taught (e.g., 2015, 2018, etc.) **Responsible Parties:** Program Chair/ HS Grad Curriculum Committee	**Result Date**: 08/15/2023 **Result**: Course not offered. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: Course not offered. **Actions** **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** EdD 810: Methods of Inquiry – Collaborative Group Activity: Mock Qualitative Research Project **Target:** 100% of students will receive a score of >= 85% **Timeframe:** When course is taught (e.g., 2021, 2024, etc.) **Responsible Parties:** Program Chair/HS	**Result Date**: 08/15/2023 **Result**: Course not offered. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: Course not offered. **Actions** **Follow-up**

College Goals 2020-2024

Measures	Result
Graduate APG Committee	
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** EdD 820: Methods of Inquiry - Quantitative Research – Research Proposal **Target:** Students will receive an average score of at least 80% **Timeframe:** When course is taught (e.g., 2016, 2019, etc.) **Responsible Parties:** Program Chair/HS Graduate APG Committee	**Result Date**: 08/15/2023 **Result**: Course not offered. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: Course not offered. **Actions** **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** EdD 830: Dissertation Seminar – Prospectus **Target:** Students will receive an average score of >80% **Timeframe:** When course is taught (e.g., summer 2016, summer 2017) **Responsible Parties:** Program Chair/HS Graduate APG Committee	**Result Date**: 08/15/2023 **Result**: Course not offered. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: Course not offered. **Actions** **Follow-up**

EdD 5.1

AU Outcome
Students will advance the scholarship of education in a variety of health science and nursing professions.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 780: Integrating Evolving	**Result Date**: 08/15/2023 **Result**: Fall 2022 – 2 students

College Goals 2020-2024

Measures	Result
Technology in Health Professions Education –Tech Topic Assignment **Target:** 100% of students will receive a score of >= 85% **Timeframe:** When course is taught (e.g., 2015, 2018, etc.) **Responsible Parties:** Program Chair/ HS Grad Curriculum Committee	100% of students received a score of >85% Overall average score = 88% (100/100) 2018 (n=4) – target met (overall average = 100%) 2020 (n=42 – target met (overall average = 100%) These results demonstrate the target (100% of students will receive an average score of >= 85%) has been consistently met (3/3 times) since the 2018-2019 academic year. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Per the 2020-2021 action plan for 2020-2021, it was proposed that additional information about the use of virtual solutions should be offered in conjunction with this assignment, but no changes will be made to how the assignment is assessed. The rubric was updated for this course section, but no significant changes were made. **Actions** **Action**: Action Date: 08/15/2023 Action: Students will continue to identify a technology topic to explore during the course and this assignment will be due in Week 7. Students are encouraged to align this topic with their final project. **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** EdD 790: Practicum in Health Professions Education – Course Discussions **Target:** Students will receive an average score of >80% **Timeframe:** When course is taught (e.g., spring 2017) **Responsible Parties:** Program Chair/HS Graduate APG Committee	**Result Date**: 08/15/2023 **Result**: Course not offered. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: Course not offered. **Actions** **Follow-up**

College Goals 2020-2024

EdD 5.2

AU Outcome
Students will evaluate, synthesize, utilize and disseminate the scholarship related to discovery, integration, application, and teaching to further knowledge and competencies of the health science and nursing education professions.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 770: Assessment and Evaluation in Health Sciences Education – Assessment Process Assignment **Target:** Students will receive an average score at least 80% **Timeframe:** When course is taught (e.g., 2016, 2019, etc.) **Responsible Parties:** Program Chair/HS Graduate APG Committee	**Result Date**: 08/15/2023 **Result**: Course not offered. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: Course not offered. **Actions** **Follow-up**

Program (HS) - Masters in Occupational Therapy (MS in OT)

MS in OT 1.0 Critical reasoning community-based systems

AU Outcome
Students will demonstrate appropriate critical reasoning in the provision of evidence-based OT services in community-based systems.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** OT 602 – OT School System Practice, Case Study Intervention Plan **Target:** Average cohort score of 90% or	**Result Date**: 03/24/2024 **Result**: Average cohort score for the Fall 2022 cohort = 88%, goal not met. This is compared to 91.7% during the last data collection year. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No

Measures	Result
higher **Timeframe:** 2nd Year of program, Semester 4 (Fall) **Responsible Parties:** Course Instructor/Program Faculty/HS Grad Curriculum Committee	**Action Plan Impact**: Per the action plan proposed for this measure in the 2021-2022 CAP report faculty developed additional opportunities for students to practice writing intervention plans within school-based case studies to increase experience with this skill during the 2022-2023 year. This action plan appears to have not increased student performance with this cohort. **Actions** **Action Date**: 03/24/2024 **Action**: The course faculty will develop additional opportunities for students to practice writing intervention plans within school-based case studies to increase experience with this skill and therefore increase student success with the performance of the skill. **Follow-up**

MS in OT 2.0 Critical reasoning health care settings

AU Outcome
Students will demonstrate appropriate critical reasoning in the provision of evidence-based OT services in health care settings.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** OT 611 –Clinical Reasoning Assignment **Target:** Average cohort score of 90% or higher **Timeframe:** 2nd Year of program, Semester 5 (Spring) **Responsible Parties:** Course Instructor/Program Faculty/HS Grad Curriculum Committee	**Result Date**: 03/24/2024 **Result**: Average cohort score 90.16 on final written clinical reasoning assignment **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Per the action plan proposed for this measure in the 2021-2022 CAP report, faculty provided students with opportunities for clinical reasoning through hands-on learning experiences and virtual learning opportunities leading to improved average cohort scores. Average cohort score 90.16 on final written clinical reasoning assignment indicating a slight decrease compared to the average cohort score of 91.2% in 2022. **Actions** **Action Date**: 03/24/2024 **Action**: Faculty will provide opportunities for clinical reasoning and discharge planning throughout the semester through multiple experiential learning and virtual learning opportunities.

Measures	Result
	Follow-up

Program (HS) - Medical Imaging (MI)

MI 1.1

AU Outcome
Students will demonstrate appropriate patient preparation for imaging procedures.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** MI: 460 Competency Evaluation/CCE Part I, numbers 4, 5, 6, 7 and CCE Part II, numbers 1, 2 **Target:** Average score of >= 3. (0-4 pt. scale) **Timeframe:** Spring Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/ Health Sciences(HS) Curriculum Committee	**Result Date**: 09/25/2023 **Result**: No current data available for analysis. The student that is currently in the program is following the part-time track. That student will complete the MI 460 course in the next academic year. Previous data: 2022 = 4.0 (n=1) 2021 = 3.88 (n=3) 2020 = 3.88 (n=3) 2019 = 3.96 (n=1) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: The proposed 2021-2022 action plan will remain in effect for the 2023-2024 academic year. The instructor was unable to implement the proposed 2021-2022 action plan due to no enrollment. **Actions** **Action**: Action Date: 09/25/2023 Action: Clinical instructors will continue to educate the students in the MRI clinical environment. Clinical instructors will continue to use an evaluation process throughout the student's clinical rotation to provide them with the opportunity to demonstrate growth. Program faculty will continue to work closely with the clinical instructors to ensure that all staff and students have the tools necessary to provide appropriate care to the patient. The instructor will continue to use the competency evaluation forms as it provides a consistent foundation for all students to learn and grow from.

Measures	Result
	Follow-up
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** MI: 445 Competency Evaluation/CCE Part I, numbers 4, 5, 6 and CCE Part II, numbers 1, 2 **Target:** Average score of >= 3 (0-4 pt. scale). **Timeframe:** Spring Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/ HS Curriculum Committee	**Result Date**: 09/25/2023 **Result**: No current data available for analysis. The student that is currently in the program is following the part-time track. Previous Data 2022 = 4.0 (n=1) 2021 = 3.75 (n=1) 2020 = (n=0) 2019= 3.81 (n=1) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: The proposed 2021-2022 action plan will remain in effect for the 2023-2024 academic year. The instructor was unable to implement the proposed 2021-2022 action plan due to no enrollment. **Actions** **Action**: Action Date: 09/25/2023 Action: Clinical instructors will continue to educate the students in the CT clinical environment. Clinical instructors will continue to use an evaluation process throughout the student's clinical rotation to provide them with the opportunity to demonstrate growth. Program faculty will continue to work closely with the clinical instructors to ensure that all staff and students have the tools necessary to provide appropriate care to the patient. The instructor will continue to use the competency evaluation forms as it provides a consistent foundation for all students to learn and grow from. **Follow-up**

MI 1.2

AU Outcome
Outcome: Students will demonstrate appropriate protocol and parameter selection for imaging procedures.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active	**Result Date**: 09/25/2023

College Goals 2020-2024

Measures	Result
Assessment Type: SL: Didactic **Measure:** MI: 460 Competency Evaluation/CCE Part II, numbers 3, 4, 5 **Target:** Average score of >= 3 (0-4 pt. scale). **Timeframe:** Spring Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/ HS Curriculum Committee	**Result**: No current data available for analysis. The student that is currently in the program is following the part-time track. That student will complete the MI 460 course in the next academic year. Previous data: 2022 = 4.0 (n=1) 2021 = 3.9 (n=3) 2020 = 3.88 (n=3) 2019 = 3.98 (n=1) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: The proposed 2021-2022 action plan will remain in effect for the 2023-2024 academic year. The instructor was unable to implement the proposed 2021-2022 action plan due to no enrollment. <u>**Actions**</u> **Action**: Action Date: 09/25/2023 Action: Clinical instructors will continue to educate the students in the MRI clinical environment. Clinical instructors will continue to use an evaluation process throughout the student's clinical rotation to provide them with the opportunity to demonstrate growth. Program faculty will continue to work closely with the clinical instructors to ensure that all students have adequate/diverse imaging procedures to perform. The instructor will continue to use the competency evaluation forms as it provides a consistent foundation for all students to learn and grow from. <u>**Follow-up**</u>
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** MI: 445 Competency Evaluation/CCE Part II, numbers 3, 4 **Target:** Average score of >= 3. (0-4 pt. scale) **Timeframe:** Spring Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/ HS Curriculum Committee	**Result Date**: 09/25/2023 **Result**: No current data available for analysis. The student that is currently in the program is following the part-time track. Previous data: 2022 = 4.0 (n=1) 2021 = 3.75 (n=1) 2020 = (n=0) 2019= 3.82 (n=1) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: The proposed 2021-2022 action plan will remain in effect for the

Measures	Result
	2023-2024 academic year. The instructor was unable to implement the proposed 2021-2022 action plan due to no enrollment. **Actions** **Action**: Action Date: 09/25/2023 Action: Clinical instructors will continue to educate the students in the CT clinical environment. Clinical instructors will continue to use an evaluation process throughout the student's clinical rotation to provide them with the opportunity to demonstrate growth. Program faculty will continue to work closely with the clinical instructors to ensure that all students have adequate/diverse imaging procedures to perform. The instructor will continue to use the competency evaluation forms as it provides a consistent foundation for all students to learn and grow from. **Follow-up**

Program (HS) - Medical Laboratory Science (MLS)

MLS 1.1

AU Outcome
Students will apply theory and principles related to laboratory testing
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** Exam scores – MLS 440: Clinical Hematology and Hemostasis **Target:** 75% of students will receive an average score of >= 80% **Timeframe:** Annually **Responsible Parties:** Program Chair/HS Curriculum Committee	**Result Date**: 08/15/2023 **Result**: Fall 2022 – (n=12) 33.3% (4/12) earned an average exam score of >80%. Overall average exam score = 66.7% Fall 2021 = 68.75% Fall 2020 = 79.5% Fall 2019 = 71.2% Fall 2018 = 69.2% Fall 2017 = 88.3% Fall 2015 = 91.3% This target has not been met for the last three years, and the percentage of students

Measures	Result
	meeting the target decreased (fall 2021 result was 38.75% [11/16]). **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: Per the 2021-2022 action plan proposed for 2022-2023, a test bank with randomized questions was planned. More virtual lab assignments were also assigned. In looking at the data students performed well on Exams 1, 3, and 4. Exam 1 and 3 had a mandatory virtual session prior to the exam and Exam 4 students were allowed to use 1 page of notes. The final exam had the lowest overall exam scores. An optional final exam review assignment was given to students in week 14. Given the overall average decreased, neither of these actions was effective. **Actions** **Action**: Action Date: 08/15/2023 Action: A mandatory virtual session will be added prior to Exam 2 and the final exam review assignment will be mandatory. A virtual review session will be offered prior to the final exam. Statistics will be used to analyze each individual exam to examine any trends or outside influences on exam scores. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** Clinical Microbiology Exam Scores (formerly Exam Scores – MLS 460: Clinical Microbiology) **Target:** 75% of students will receive an average score of >= 80% **Timeframe:** Annually **Responsible Parties:** Program Chair/HS APG Committee	**Result Date**: 08/15/2023 **Result**: Spring 2023 (n=12) 7/12 (58%) students received an average score of >80% Overall average = 207.4/250 points (82.9%) Spring 2022 (n=16) (75%) Average score = (83.3%) Spring 2021 (n=15) (80%) Average score = 84.7% Spring 2020 (n=6) 33.3% Average score = 80.5% Spring 2019 (n=14) 100% Average score = 88.1% These results demonstrate that the target has been inconsistently met (3/5 times) since the 2018-2019 academic year. This course helps students to apply theory and principles related to microbiology. The multiple-choice exams help prepare students for clinical rotations, where theory and

Measures	Result
	principles of microbiology are applied. A portion of questions in all exams were updated in 2022 and 2023. Prior to 2023, this course included two proctored and two un-proctored exams prior to clinical rotations and a proctored final exam following clinical rotations. However, in 2023, only one exam was un-proctored, which may have led to lower average scores. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: The 2021-2022 CAP stated that the course would include five exams (two unproctored), with updated questions. One change was made – only one exam was unproctored. Despite this change, this target has been inconsistently met over the past five years. Given the achievement of the target for this measure for two years in a row prior to 2023, the action plan seems to be effective, but is dependent on the cohort and number of students. **Actions** **Action**: Action Date: 08/15/2023 Action: This course will continue to include four exams (one unproctored) for the next academic year, with updated questions added. Additionally, a proctored comprehensive exam will be given (for a total of five exams). Student outcomes will be assessed with the same target. **Follow-up**

Program (HS) - Medical Laboratory Science (MLS)

MLS 1.2

AU Outcome
Students will apply concepts and principles of laboratory operations in a clinical setting
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** Affective Evaluation – Microbiology	**Result Date**: 08/15/2023 **Result**: Spring 2023 (n=11)

College Goals 2020-2024

Measures	Result
Target: 75% of students will receive an average score of >= 80% **Timeframe:** Annually **Responsible Parties:** Program Chair/HS Curriculum Committee	10/11 (90.9%) of students received an average score of >80% Overall average = 23.5/25 points (94%) Spring 2022 (n=13) 100% of students received an average score of >80% Overall average = 24.5/25 points (98%) These results demonstrate the target (75% of students will receive an average score of >= 80%) has been met for the last two years. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: This is the second year of measuring this target. This is the final semester for students and the third or fourth rotation as they progress through the program. Results indicate that students are learning and retaining behaviors needed to be successful in a workplace setting. Students are assessed by their clinical instructors on interest in learning, initiative, communication skills, acceptance of constructive criticism, and safety. **Actions** **Action**: Action Date: 08/15/2023 Action: We will evaluate subsequent cohorts of students on this measurement item with the same target. In addition, students will continue to receive a didactic affective evaluation at midterm and the end of each course to continue to promote professional behaviors. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Exam/Quiz - Standardized **Measure:** MediaLab Exam Simulator Scores (formerly MediaLab Exam Simulator Scores – MLS 475: Medical Laboratory Science Review **Target:** 75% of students will achieve a CAT difficulty of 5.0 **Timeframe:** Annually **Responsible Parties:** Program Chair/HS APG Committee	**Result Date**: 08/15/2023 **Result**: Spring 2023 – 10 students 100% (10/10) achieved a CAT difficulty level of at least 5.0 on CAT exams (6 exams) Average level of difficulty = 6.1 Practice CATs = 5.7 Graded CATs = 6.5 2018 – 90%; 5.3 2019 – 83.3%; 5.9 2020 (n=6) • Proctored – 16.7%; 4.5

Measures	Result
	• Non-proctored – 83.3%; 5.8 2021 (n=17); 82.4%; 5.5 2022 (n=16); 100%; 6.8 These results demonstrate the target (75% of students will achieve a CAT difficulty of 5.0) has been met for the last two years. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Exam Simulator (ES) is a preparatory resource we purchase for students to help them prepare for the BOC exam. Students took 6 CAT exams (all non-proctored) during the last 8 weeks of the semester. Our 2021-2022 action plan for 2023-2023 academic year indicated we would update the grading scale for the graded CAT exams. Students earned full points for achieving a difficulty level of 5 or higher. The graded CAT exam average was higher which shows the power of incentivization. Students were provided with information about past student outcomes, different certification exam options, and recommendations on when to schedule their certification exams. **<ins>Actions</ins>** **Action**: Action Date: 08/15/2023 Action: We will continue to require students to complete practice and graded CAT exams. Students will be provided with additional study materials to support their review activities. **<ins>Follow-up</ins>**

MLS 2.1

AU Outcome
Students will demonstrate technical competency in the delivery of quality laboratory service
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** Basic Manual Differential	**Result Date**: 08/15/2023 **Result**: Fall 2022 (n=12)

Measures	Result
Assignments **Target:** 75% of students will receive an average score of >80% (formerly 75% of students will complete all assignments) **Timeframe:** Annually **Responsible Parties:** Program Chair/HS Curriculum Committee	91.7% of students received an average score of >80% Overall average = 28.3/30 points (94.3%) 2021 (n=16) − target met; overall ave. = 99% Target has been met since the measure was first evaluated in 2021. Students are provided with tools and resources to help them learn cellular morphology including a synchronous lab session and practice differentials for which they receive feedback from Cellavision on their performance. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Per the 2020-2021 action plan proposed for 2021-2022 academic year, course faculty covered cell morphology during a virtual lab session (asynchronous for 2022) and provided numerous opportunities for students to practice classifying cells and receive feedback prior to completing a graded assignment. **<u>Actions</u>** **Action**: Action Date: 08/15/2023 Action: We will continue to include these assignments without any revisions. Course faculty will continue to cover cell morphology during a virtual lab session and provide numerous opportunities for students to practice classifying cells and receive feedback prior to completing a graded assignment. **<u>Follow-up</u>**

MLS 2.2

AU Outcome
Students will assess the accuracy of laboratory test results by correlating laboratory data with clinical diagnoses
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical **Measure:** Advanced Manual Differential	**Result Date**: 08/15/2023 **Result**: Fall 2022 − (n=12) 91.7% (11/12) earned an average exam score of >80%.

College Goals 2020-2024

Measures	Result
Assignments **Target:** 75% of students will receive an average score of >80% **Timeframe:** Annually **Responsible Parties:** Program Chair/HS Curriculum Committee	Fall 2021 = 100% Target has been met since the measure was first evaluated in 2021. Students enjoyed the assignment and engaged with this assignment by asking questions. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Per the 2021-2022 action plan proposed for 2022-202 academic year, course faculty created more assignments using this resource and some ungraded, practice assignments were created for students to use as a review. **Actions** **Action**: Action Date: 08/15/2023 Action: We will continue to use this program (CellaVision) to teach and assess advanced cell morphology and competency within this course. No plans to change this assignment. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** Program Comprehensive Exam (FKA: MLS Program Final Exam [formerly MLS 475: Medical Laboratory Science Review - Final Exam]) **Target:** 75% of students will receive a score of >55% (target prior to 2021-2022 = 75% of students will receive an average score of >=80%) **Timeframe:** Annually **Responsible Parties:** Program Chair/HS Faculty Org Committee	**Result Date**: 08/15/2023 **Result**: Spring 2022 – 10 students 100% of students (10/10) received a score of >55% Overall average score = 72.0% Spring 2020 (n=6) • 0 met target • 51.2% average score Spring 2021 (n=17) • 0 met target • 59.1% average score Spring 2022 (n=16) • 12 met target • 65.7% average score These results demonstrate that the target (75% of students will receive an average score of >= 55%) has been met for the last two years. **Reporting Year**: 2022 - 2023 (Year 1)

Measures	Result
	Target Met: Yes
	Action Plan Impact: Our 2021-2022 action plan for the 2022-2023 academic year indicated we would continue to offer the expanded comprehensive final exam and evaluate the subsections of the exam for trends related to course material that we can emphasize during the review section of the course. Both parts of the final exam were minimally updated from spring 2022 to improve question clarity. This allowed us to better compare results from 2021-2022 to 2022-2023. The spring 2023 course included new resources on how to study for a comprehensive exam. Weeks 1-9 allowed students to review summer and fall topics and create study outlines. Weeks 10-15 included subject-specific review activities for all program topics.
	Actions
	Action: Action Date: 08/15/2023
	Action: We will continue to offer the expanded comprehensive final exam and evaluate the subsections of the exam for trends related to course material that we can emphasize during the review section of the course. Additional review materials will be offered in the course.
	Follow-up

Program (HS) - Medical Laboratory Science (MLS)

MLS 3.1

AU Outcome
Students will maintain competency in the laboratory field of study
Outcome Status
Active

Measures	Result
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** Annotated Bibliographies – MLS 426: Evidence-Based Laboratory Medicine **Target:** 75% of students will receive an average score of >80%	**Result Date**: 08/15/2023 **Result**: No result. Course is no longer offered. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: NA **Actions** **Action**: Action Date: 08/15/2023

Measures	Result
Timeframe: Annually **Responsible Parties:** Program Chair/HS APG Committee	Action: This measure should be deleted. **Follow-up**

MLS 3.2

AU Outcome
Students will integrate team-building skills into professional practice
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Service **Measure:** Service Learning Project **Target:** 75% of students will receive an average score of >80% **Timeframe:** Annually **Responsible Parties:** Program Chair/HS APG Committee	**Result Date**: 08/15/2023 **Result**: Fall 2022 66.7% (8/12) of students earned an average score of >80%. Overall average score 24.25/30 = 80.8% Overall Averages 2021 (n=16) = 98.3%; 100% of students met target 2020 (n=15) = 90%; 73% of students met target 2019 (n=6) = 98.9% (target met) 2018 = 98.9% 2017 = 95.5% 2016 = 90.0% 2015 = 92.5% 2014 = 95.6% 2013 = 95.7% 2012 = 97.3% These results demonstrate the target (75% of students will receive an average score of >= 80%) has been consistently met (9/10 times) since the 2012-2013 academic year with the exception of the 2020-2021 academic year. The overall average score for this assignment decreased for the current assessment year, but the project was revised as it

Measures	Result
	is now included in a different course for the 2022-2023 academic year. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Our 2021-2022 action plan for the 2022-2023 academic year indicated this project would move into a new course for the 2022-2023 academic year. The new course covered education and research. As a result, the description of the project changed to align with the new course structure. Students were required to self-assess their work against a provided rubric **Actions** **Action**: Action Date: 08/15/2023 Action: Additional emphasis needs to be placed on research methods within the course. This information will be aligned with the evaluation criterion of the project to help students apply information to the project. Additionally, the project rubric will be further developed to add more description to the scales so students have more information about expectations and can better assess their own work. **Follow-up**

MLS 4.2

AU Outcome
Students will communicate effectively in an online environment
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** Management Topics Discussion Board Posts (formerly Management Section Discussion Board posts – MLS 470: Laboratory Management) **Target:** 75% of students will receive an average score of >= 80% **Timeframe:** Annually **Responsible Parties:** Program Chair/HS APG	**Result Date**: 08/15/2023 **Result**: Spring 2023 (n=11) 100% students earned an average score of >80% (Ave. score = 97.6%) Spring 2022 (n=16): 100% Spring 2021 (n=17): 100% Spring 2020:100% Spring 2019: 98% This target has been consistently met for the past five years. Approximately half of the course modules contained discussion. Any deductions in posts were largely due to APA

Measures	Result
Committee	formatting errors. A new edition textbook was used this year. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Our 2021-2022 action plan for the 2022-2023 academic year indicated a new textbook edition would be used. Use of the new edition textbook and the variety of discussion assignments based on student experiences and perspectives continue to positively impact this target. **Actions** **Action**: Action Date: 08/15/2023 Action: Discussion board assignments will continue to be used in this course to foster student interaction and effective communication skills. **Follow-up**

Program (HS) - Public Health (PH)

PH 1.1

AU Outcome
Student will be able to identify determinants of health and illness
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Exam/Quiz - Teacher-made **Measure:** PH: 430 Final exam **Target:** Average score of >80% **Timeframe:** Fall Semester **Responsible Parties:** Program faculty / HS APG committee	**Result Date**: 04/27/2023 **Result**: In Fall 2022, ten students earned an average of 80% on the final exam. In Fall 2021, three students took the course and earned an average of 75.3% on the final exam, which worse than Fall 2020, when five students took the course and received an average of 81.2% on the final exam. Prior to 2020, the course had a different instructor with all different course materials and exam. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Per the action plan proposed for 2022-2023, a new instructor taught the class in Fall 2022, and test results rose slightly. [Also sepcified in the 2022-2023 action plan was that the new instructor would

Measures	Result
	implement a new course based on the existing course description and objectives and a new final exam would be created. Because the new exam was going to be created, it was anticipated that the results would not be comparable to the results for previous years. Nevertheless, it is noted that the test results rose slightly, implying that the new instructor had an impact on test performance. Was a new final exam created?] **Actions** **Action Date**: 08/21/2023 **Action**: In Fall 2023, the program director will be taking over a newly formatted course which will include required weekly meetings. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** Community needs assessment as part of mid-term project. **Target:** Average score of >80% **Timeframe:** Spring semester **Responsible Parties:** Program faculty / Health Science (HS) Curriculum committee	**Result Date**: 04/27/2023 **Result**: In Summer 2022, four students earned an average of 85% on the project. In Summer 2021, six students earned an average of 88.83% on the community needs assessment. In Spring 2020, students (n=3) scored an average of 91% with all students scoring above the 80% student. In Spring 2019, all (n=7) students scored above 80%, with an average score of 93.33%. In Spring 2018, four students had an average score of 92.25% **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Last year's plan was to allow instructor review of the project prior to submission. The two students who took the opportunity to have the instructor review their draft scored an average of 93.5. While the average fell, it is largely due to one student who scored poorly on the project bringing down the average. [Action plan proposed for 2022-2023: Extra attention will be given to paper formatting since content appears to be consistent year over year, with students being given the option to submit early for instructor review.] **Actions** **Action**: Action Date: 05/15/2023 Action: An outline of the paper will be due along with the proposed data sources two weeks before the final project is due. **Follow-up**

College Goals 2020-2024

PH 1.2

AU Outcome
Student will be able to identify sources of public health data and information
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** Community needs assessment as part of mid-term project. **Target:** Successful completion of report Average score of >80% **Timeframe:** Spring semester **Responsible Parties:** Program faculty / Health Science (HS) Curriculum committee	**Result Date**: 04/27/2023 **Result**: In Summer 2022, four students earned an average of 85% on the project. In Summer 2021, six students earned an average of 88.83% on the community needs assessment. In Spring 2020, students (n=3) scored an average of 91% with all students scoring above the 80% student. In Spring 2019, all (n=7) students scored above 80%, with an average score of 93.33%. In Spring 2018, four students had an average score of 92.25%. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Per the action plan proposed for 2022-2023, students were offered the opportunity to submit the assignment for early review by the instructor, only two students used the opportunity. However, it is largely due to one student who scored poorly on the project. The two students who took the opportunity to have the instructor review their draft scored an average of 93.5. **Actions** **Action Date**: 05/15/2023 **Action**: In Summer 2023, an early draft will be required instead of optional. **Follow-up**

Program (HS) - Public Health (PH)

PH 2.1

AU Outcome
Student will be able to gather information on policy
Outcome Status
Active

College Goals 2020-2024

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Exam/Quiz - Teacher-made **Measure:** PH 495 Final Exam **Target:** Average score >= 80% **Timeframe:** Summer semester **Responsible Parties:** PH 495 Course Instructor/HS Curriculum Committee	**Result Date**: 04/27/2023 **Result**: In summer 2022, four students scored an average of 86% on the final exam. Only two students used the opportunity to retake the exam - as outlined on last year's action plan - to raise their scores for an average of a 3.5%. In Summer 2021, eight students earned an average of 91.25% on the exam. In Summer 2020, students (n=7) earned an average of 91% on the exam. In Summer 2019, 12 students took the final exam and received an average of 83.41%. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Per the proposed 2022-2023 action plan, there was a change in test questions, but it did not have a significant impact on score, though it may account for the downward scores in this session. [The action plan proposed for 2022-2023 was "The course will only be taught by one instructor in Summer 2022 instead of being team-taught. Due to the change in instructors, the test will be altered to account for changes in the material presented to students." Was the course taught by only one instructor summer 2022?] **Actions** **Action Date**: 04/27/2023 **Action**: The instructor will continue to refine the exam and actively encourage students to retake the exam to raise their scores. **Follow-up**

PH 2.2

AU Outcome
Student will be able to identify mechanism to evaluate programs for their quality and effectiveness
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Exam/Quiz - Teacher-made **Measure:** PH 480 Final Exam. (Public Health	**Result Date**: 05/15/2023 **Result**: In Spring 2023, eight student received an average of 91% on the final exam. In Spring 2022, eight student earned an average of 89% on the final exam. In Spring 2021, seven students took the exam and averaged 92.8%. In Spring 2020, eight students took

Measures	Result
Research and Evaluation) **Target:** Average score > 80% **Timeframe:** Spring semester **Responsible Parties:** Program faculty / Health Science (HS) Curriculum committee	the final exam and scored an average of 83.3%. In 2019, 11 students took the course with an average score of 88.1% on the final exam. In 2018, two students took the course with an average score of 83.33%. The results have varied over years due to changing class sizes and different instructors. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As stated in the 2022-2023 action plan proposed in the 2021-2022 CAP report, the instructor reviewed highly-missed questions on the final exam from the previous year. Four questions out of fifty were edited for clarity or rewritten. While exam scores went up from the previous year, it was below the year before showing the intervention did not have much impact. [Proposed 2022-2023 action plan: "The instructor will review all final exam questions missed by more than 30% of the class and address those items either in the curriculum or reformatting the question for improved clarity."] **Actions** **Action Date**: 05/15/2023 **Action**: The contract instructor teaching the course will offer an optional review session before the final exam. **Follow-up**

PH 3.2

AU Outcome
Student should be able to describes the role of governmental and non-governmental organizations in the delivery of community health services
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Exam/Quiz - Teacher-made **Measure:** PH: 410 Final exam **Target:** Average score of >80% **Timeframe:** Fall semester	**Result Date**: 04/27/2023 **Result**: In Fall 2022, ten student earned an average of 79.2% on the final exam. In Fall 2021, seven students earned an average of 78.1% on the final exam. In Fall 2020, eight students earned an average of 74.9% on the final exam. In Fall 2019, seven students received an average of 74.4% on the final exam. Fall 2018, eleven students received an average of 82.6% on the final exam.

Measures	Result
Responsible Parties: Program faculty / HS Faculty Org. committee	**Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: The previous year action plan to update the curriculum with a new textbook was not carried out at Allen College in Fall 2022 due to staff workload issues, so the impact of the action plan on the 2022-2023 results is not applicable. [Action plan proposed for 2022-2023: "A textbook used the in the nursing program by the same authors seems to be more appropriate for undergraduate students. The course will switch to a new textbook in Fall 2022 and a new exam will be created."] **Actions** **Action Date**: 05/15/2023 **Action**: New course materials and final exam were piloted by the program director at Wartburg College in Spring 2023, with implementation in the online setting in Fall 2023 at Allen College. This will include a new final exam. **Follow-up**

PH 4.1

AU Outcome
Student should be able to describe the scientific foundation of the field of public health
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Exam/Quiz - Teacher-made **Measure:** PH: 400 Identify prominent events in the history of public health Midterm Exam and assignments **Target:** Average score of >80% **Timeframe:** Fall semester **Responsible Parties:** Program faculty / HS Curriculum committee	**Result Date**: 04/27/2023 **Result**: In Fall 2022, nine students earned an average of 95% on the midterm exam. In Fall 2021, four students earned an average of 90% on the midterm exam. In Fall 2020, four students earned an average of 100% on the midterm exam. In Fall 2019, three students earned an average of 77.1% on the midterm exam. However, in Fall 2018, seven students earned an average of 91.8% on the midterm exam. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: This was the second year of a new textbook edition and new test, so no changes were made in order to better understand the trend. Three students scoring above 100% raises concerns of the new test being too easy.

Measures	Result
	[Action plan proposed for 2022-2023: "The new course materials appear to be effective and scores are in the desired range. Extra credit questions will be added to the exam and the trend closely monitored." Was a new textbook among the new course materials implemented? Were extra credit questions added to the exam?] **Actions** **Action Date**: 04/17/2023 **Action**: The extra credit questions will be removed since they appear to be unnecessary. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Exam/Quiz - Teacher-made **Measure:** PH: 430 Final exam **Target:** Average score of >80% **Timeframe:** Fall semester **Responsible Parties:** Program faculty / HS Faculty Org. committee	**Result Date**: 04/28/2023 **Result**: In Fall 2022, ten students earned an average of 80% on the final exam. In Fall 2021, three students took the course and earned an average of 75.3% on the final exam, which worse than Fall 2020, when five students took the course and received an average of 81.2% on the final exam. Prior to 2020, the course had a different instructor with all different course materials and exam. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Results improved slightly with a new instructor. Action plan proposed for 2022-2023: "A new instructor is scheduled to take over the class in 2022 and will implement a new course based on the existing course description and objectives. A new final exam will be created, making next years results not comparable to the two previous years." Was a new final exam created?] **Actions** **Action**: Action Date: 04/28/2023 Action: It appears students benefitted from a new instructor and weekly touch-base sessions, but it was a different exam so it can not be directly compared to the results in the two years prior. In Fall 2023, the program director will be taking over a newly formatted course so results will again be difficult to compare year-over-year. **Follow-up**

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

BSN 1.0 Lead

AU Outcome
Provide basic organizational and systems leadership.

College Goals 2020-2024

Outcome Status
Active
Start Date
08/01/2014

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** NU 251 & NU 252 Nursing Leadership Reflection **Target:** 100% of students achieve at least 73% on nursing leadership reflection paper. **Timeframe:** Annually **Responsible Parties:** BSN Curriculum Committee	**Result Date**: 09/17/2023 **Result**: NU 252: Summer 2022, 100% (24/24) of the students achieved at least 75% on the nursing leadership reflection paper. In Fall 2022, 100% (27/27) of the students achieved 75% on the nursing leadership reflection paper. In Spring 2023, 100% (19/19) of the students achieved 75% on the nursing leadership reflection paper. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: These results demonstrate an improvement in performance from the previous year. The nursing leadership paper guidelines were clarified. Clinical scenarios were developed that required students to identify and discuss leadership skills and qualities needed in the scenarios. **Related Documents**: [Outcome 1 NU 251 & 252 Leadership Reflection .docx](#) **Actions** **Action**: Action Date: 09/17/2023 Action: In order to continue to meet the benchmark, clarify paper guidelines and integrate leadership scenarios/group activity into class discussion. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** NU 460 Change Proposal Team Assignment **Target:** 100% of students achieve at least 73% on change proposal team assignment. **Timeframe:** Annually **Responsible Parties:** BSN Curriculum Committee	**Result Date**: 09/22/2023 **Result**: In Summer of 2022 100% (4/4) of the Acc Hybrid track achieved at least a 73% on the change proposal, In Summer of 2022 100% (30/30) of the Acc track achieved at least a 73% on the change proposal, In Fall of 2022 100% (22/22) of the Traditional track achieved at least a 73% on the change proposal, In Fall of 2022 100% (30/30) of the Acc track achieved at least a 73% on the change proposal, & In Spring of 2023 100% (24/24) of the Traditional track achieved at least a 73% on the change proposal. The results show consistent performance from the previous academic year. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: The action plan from the previous year showed students are being given good instruction on the assignment and ample time to ask questions and complete in class while their instructor was available.

Measures	Result
	Related Documents: Outcome 1 NU 460 Change Proposal Team Assignment.docx **Actions** **Action**: Action Date: 09/22/2023 Action: For the next academic year the instructor will continue to discuss the change concepts right before the students will complete the assignment. This will continue to provide the students with resources as they are completing the assignment. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** RN NU 462 Cause and Effect-Root Cause **Target:** 100% of students achieve at least 80% on this assignment **Timeframe:** Annually **Responsible Parties:** BSN Curriculum Committee	**Result Date**: 09/22/2023 **Result**: 78% (7/9) of the students achieved at least 75% on the root cause assignment. These results show a decline in the performance from the previous academic year. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: The students were given 2 weeks to complete the assignment along with an example of a 5 Why's from the IHI website. The students were also given a clinical example. Two students did not complete the entire assignment and left portions of the worksheet blank. **Related Documents**: Outcome 1 NU 462 Root Cause Assignment.pdf **Actions** **Action**: Action Date: 09/22/2023 Action: In order to improve performance, a recording will be completed detailing the assignment and giving a third explanation of how to complete a root cause analysis. **Follow-up**

BSN 2.0 EBP

AU Outcome
Integrate evidence-based practice in nursing care.
Outcome Status
Active
Start Date
08/01/2014

College Goals 2020-2024

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** NU 380 Evidence Appraisal Assignment **Target:** 100% of students achieve at least 73% on Evidence Appraisal Assignment **Timeframe:** Annually **Responsible Parties:** BSN Curriculum Committee	**Result Date**: 09/22/2023 **Result**: In Summer 2022 100% (10/10) students achieved at least 75% on the Evidence Appraisal Assignment. In Fall 2022 100% (40/40) students achieved at least 75% on the Evidence Appraisal Assignment. In Spring 2023 100% (41/41) students achieved at least 75% on the Evidence Appraisal Assignment. These scores are improved from the 2021-2022 scores. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Instructions were added within the modules (this is what you will refer to for your evidence appraisal assignment) and instructions on Evidence Appraisal were made more clear as to expectations/rubric. **Related Documents**: [Outcome 2 Module 7 Evidence Appraisal Table.docx](#); [Outcome 2 NU 380 Module 7 Evidence Appraisal Assignment Instructions.docx](#) **Actions** **Action**: Action Date: 09/22/2023 Action: In order to continue to meet this outcome, course faculty will plan to help students see the connection between this assignment and true EBP in their role as a nurse. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** RN-NU 380 Evidence Appraisal Assignment **Target:** 100% of students will achieve at least 73% on the Evidence Appraisal Assignment **Timeframe:** Annually **Responsible Parties:** BSN Curriculum Committee	**Result Date**: 09/22/2023 **Result**: In Fall 2022 100% (9/9) students achieved at least 75% on the Evidence Appraisal Assignment which was completed in Module 7 of the course. These scores are consistent from the 2021-2022 scores **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Clarification of the instructions and expectations for this assignment allowed for the results to remain consistent this past academic year. Course faculty discussed used of primary and secondary sources in several modules prior to this one to assist with student mastery of this content. **Related Documents**: [Outcome 2 RN NU 380 Evidence Appraisal Assignment Instructions FA 22.docx](#); [Outcome 2 RN NU 380 Module 7 Evidence Appraisal Table Fall 22.docx](#) **Actions** **Action**: Action Date: 09/22/2023 Action: In order to continue to meet this outcome, faculty will focus on providing key

Measures	Result
	information throughout the semester so that students are well-prepared to complete this assignment (i.e. this is information you will use to write your paper and complete your evidence appraisal). **Follow-up**

BSN 3.0 Informatics

AU Outcome
Manage healthcare data, information, knowledge, and technology.
Outcome Status
Active
Start Date
08/01/2015

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** NU335 Clinical Evaluation tool **Target:** 100% of students will achieve rating of "S" in Informatics Competencies on the Clinical Evaluation tool. **Timeframe:** Annually (as of 2019-2020 reporting year; assessed in Year 1 prior to 2019-2020 reporting year) **Responsible Parties:** BSN Curriculum Committee	**Result Date**: 09/22/2023 **Result**: In SU 22 (25/25) of the students met the outcome criteria 100% of students will achieve rating of "S" in Informatics Competencies in the clinical evaluation tool. In FA 22 (27/27) and (30/30) students from traditional and accelerated cohorts met the outcome criteria 100% of students will achieve rating of "S" in Informatics Competencies in the clinical evaluation tool. In SP 23 (39/39) students from traditional cohort met the outcome criteria 100% of students will achieve rating of "S" in Informatics Competencies in the clinical evaluation tool. This year's outcomes were consistent with the 2021-2022 academic year. These results show consistency in meeting this outcome. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: The action plan of requiring students to complete EPIC and Omnicell training via in person and or web-based modules supported the students achieving the outcome. In addition, students utilized ATI EHR product during lab and simulation. EHR documentation reviewed by lab instructors and clinical instructors as part of student's simulation grade. Clinical instructors reviewed EHR documentation weekly on the clinical units. **Related Documents**: Outcome 3 NU 335 Level I &II Final Clinical Evaluation Funds.pdf **Actions**

College Goals 2020-2024

Measures	Result
	Action: Action Date: 09/22/2023 Action: Students will continue to be required to complete institutional EHR training which may include in-person and or online modules. ATI EHR product will continue to be utilized in the lab setting for documentation of learned nursing skills and graded skills testing. Students will continue to utilize their clinical site documentation format with clinical instructors reviewing data inputted by students. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** RN-NU447B informatics competencies paper **Target:** 100% of students will achieve at least 73% on informatics competencies paper **Timeframe:** Annually (starting 2019-2020; assessed Year 4 prior to 2019-2020) **Responsible Parties:** BSN Curriculum Committee	**Result Date**: 09/22/2023 **Result**: In Summer 2023, 100% (8/8 students) achieved at least 75% on the Informatics competencies paper. This is consistent with performance in previous semesters. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Course faculty used a rubric to assist the students in examining the competencies when they complete the assignment. **Related Documents**: [Outcome 3 RN NU 447B Quality Measures and Informatics Competencies.pdf](#) **Actions** **Action**: Action Date: 09/22/2023 Action: In order for students to continue to meet this outcome, faculty will use a rubric to guide the students in examining the competencies and completing this assignment. Faculty will provide the rubric to students well in advance of the assignment deadline. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** NU 460 ATI Informatics and Technology Module **Target:** 100% of students will achieve at least 75% on the ATI informatics and technology module. **Timeframe:** Annually **Responsible Parties:** BSN Curriculum Committee	**Result Date**: 09/22/2023 **Result**: In Summer 2022, 100% (4/4) of the DM Acc students achieved at least 75% on the ATI Informatics and Technology modules, In Summer 2022, 100% (30/30) of the Acc students achieved at least 75% on the ATI Informatics and Technology modules, In Fall 2022, 100% (22/22) of the Traditional students achieved at least 75% on the ATI Informatics and Technology modules, In Fall 2022, 100% (30/30) of the Acc students achieved at least 75% on the ATI Informatics and Technology modules, In Spring 2023, 100% (24/24) of the Traditional students achieved at least 75% on the ATI Informatics and Technology modules. These results are consistent with the performance from the previous academic year. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: The action plan was helpful in keeping the students in touch with what they needed to complete. The students were given the instructions during the

Measures	Result
	course orientation and were checked to make sure they could access the site. The content was reviewed during the informatics lecture. **Actions** **Action**: Action Date: 09/22/2023 Action: For the next academic year the instructor will continue to explain the assignment and review site access. The instructor will look into the informatics lecture to make sure the content is adequately represented. **Follow-up**

BSN 4.0 HC Policy & Finance

AU Outcome
Demonstrate understanding of healthcare policy, finance, and regulatory environments.
Outcome Status
Active
Start Date
08/01/2014

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** NU 251 & NU 252 Health Care Policy and Finance Quiz **Target:** 100% of students will achieve at least 75% on the health care policy and finance quiz. **Timeframe:** Annually **Responsible Parties:** BSN Curriculum Committee	**Result Date**: 09/22/2023 **Result**: NU 252: In Summer 2022, 100% (24/24) of the students achieved at least 75% on the Health Care Policy and Finance Quiz. In Fall 2022, 88% (24/27) of the students achieved at least 75% on the Health Care Policy and Finance Quiz. In Spring 2023, 64% (12/19) achieved at least 75% on the Health Care Policy and Finance Quiz. These results vary from semester to semester with a slight decline in performance from the previous academic year. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: A Health Care Policy and Finance study guide was given to students. An informal debate was done in class discussing health care as a right or privilege. **Actions** **Action**: Action Date: 09/22/2023 Action: The study guide will be used as a review for the Health Care Quiz. Continue to debate the issue of " health care being a right or a privilege." Will plan to administer the quiz as a collaborative quiz in the upcoming academic year.

College Goals 2020-2024

Measures	Result
	Follow-up
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** NU 415 & NU 425 Health Care Issues Assignment **Target:** 100% of students will achieve at least 75% on the health care issues assignment. **Timeframe:** Annually **Responsible Parties:** BSN Curriculum Committee	**Result Date**: 09/22/2023 **Result**: 100% of students in NU 425 in the of Summer 2022 (29/29) and Spring 2023 (21/21) and 100% of students in NU 415 in the Fall 2022 (24/24) and Spring 2023 (22/22) of students achieved at least 75% on the Health Care Issues Presentation. These outcomes mirror the results from the 2021-2022 academic year. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Reviewed the assignment details and questions related to the assignment and the assignment continued to be face to face group presentation. Continued to give detailed instructions about the assignment and the due dates. Encouraged students to email instructor with any questions. Discussed instructions in class and had a in class workday of the presentations if course scheduled allowed. Due to time constraints during the summer, the presentation was delivered virtually. Provided detailed instructions on the requirements for the assignment and its due date. In NU 425 SP23, due to weather related issues, the assignment was changed to an online group presentation from a face to face presentation. **Related Documents**: [Outcome 4 NU 425 Health Care Issues Inforgraphic Presentation.docx](#) **Actions** **Action**: Action Date: 09/22/2023 Action: Will continue to discuss instructions about the presentations in face to face class and will continue to offer an in class workday so students can work the presentations if course schedule allows. Continue to remind students of the due dates and encouraged students to email instructor with questions. Topics will need to re-evaluated periodically to ensure that they are relevant to health care delivery. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** RN-NU 421 Health Care Delivery and Finance Paper **Target:** 100% of the students will achieve at least 73% on the NU 421 Health Care Delivery and Finance Paper **Timeframe:** Annual **Responsible Parties:** BSN Curriculum	**Result Date**: 09/22/2023 **Result**: In Spring 2023, 100% (4/4) of the students achieved at least 75% on the Health Care Delivery and Finance Paper. This data mirror the results from the 2021-2022 academic year. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Reviewed the assignment details with students in the modules and posted announcements about assignment due dates. The assignment instructions/rubric opened in the course when the course opened. Encouraged students to email with any

Measures	Result
Committee	questions about the assignment. **Related Documents**: [Outcome 4 NU 421 Health Care Delievery and Finance Paper.pdf](#) **Actions** **Action**: Action Date: 09/22/2023 Action: Will continue to monitor health care financing and delivery changes within the local and state governments and within the United States government and update the assignment accordingly. Continue to encourage students to email with questions and remind students of due dates. Will also continue to ensure the directions for the assignment are clear and organized in the module directions and that these directions are accessible to students at the start of the semester. **Follow-up**

BSN 5.0 Teamwork & Collaboration

AU Outcome
Facilitate inter-professional communication and collaboration in healthcare teams.
Outcome Status
Active
Start Date
08/01/2014

Measures	Result
Assessment Measure Status: Active **Assessment Type:** AD: Report - Internal **Measure:** BSN Simulation Summary Report **Target:** 100% of students completing simulation will achieve at least 73% on the simulation rubric. **Timeframe:** Annual **Responsible Parties:** BSN curriculum Committee	**Result Date**: 09/22/2023 **Result**: One student did not achieve at least 73% on the simulation rubric during the 2022-2023 academic year. This is a decrease from the prior year when all students met the target. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: Prior to completing the simulations, students were able to review the rubric in Blackboard which allowed them to be better prepared for the experience. **Related Documents**: [Outcome 5 Simulation Summary 2022-2023.docx](#) **Actions** **Action**: Action Date: 09/25/2023

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Measures	Result
	Action: In order to meet this target with the change, simulation and course faculty will ensure that students have received adequate communication in advance of the simulation so that they are well prepared for the experience and questions can be answered before the experience. Simulation and course faculty will complete a lengthy "pre-brief" session with the students discussing the scenario before completing the simulation. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** AD: Report - Internal **Measure:** BSN Collaboration Summary Report **Target:** 100% of students will complete at least one interprofessional collaboration activity during each semester of the BSN program. **Timeframe:** Annual **Responsible Parties:** BSN curriculum Committee	**Result Date**: 09/25/2023 **Result**: The number of interprofessional collaboration activities increased in the BSN program during the 2022-2023 academic year. However, 100% of students did not complete at least one activity during each semester of the program. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: The action plan from the previous year was implemented as planned. The chair of the undergraduate curriculum committee included RN-BSN IPE experiences as an agenda item for a meeting. One IPE collaborative activity was planned in the RN-BSN program during the 2022-2023 academic year in one course. **Related Documents**: [Outcome 5 Interprofessional Collaboration Summary 2022-2023.docx](#) **Actions** **Action**: Action Date: 09/25/2023 Action: In order to meet this goal in the future, the undergraduate curriculum committee will continue to discuss IPE as a regular agenda item and will continue to expand activities in all program tracks. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** RN-NU 497 EBP Summary **Target:** 100% of students will achieve at least 76% on EBP Summary. **Timeframe:** Annually (starting 2019-2020; assessed Year 4 prior to 2019-2020) **Responsible Parties:** BSN Curriculum Committee	**Result Date**: 09/25/2023 **Result**: In Fall 2022 100% (2/2) students achieved the target outcome of 75%. These results are consistent with student performance from the 2021-2022 academic year. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: The course was structured to ensure student success with the use of weekly assignments that prepare students for the specific components of the EBP project summary. The individual assignments are incorporated into the students EBP paper. Students received instructor feedback on each assignment that allowed students to revise or refine content that included in the EBP summary paper. **Related Documents**:

Measures	Result
	[Outcome 5 RN NU 497 EBP Grading Rubric.docx](#); [Outcome 5 RN NU 497 EBP Overview SP 23.docx](#); [Outcome 5 RN NU 497 EBP Paper Directions SP 23.doc](#) **Actions** **Action**: Action Date: 09/25/2023 Action: The course will be structured with weekly learning modules with specific assignments that build upon prior modules. The majority of assignments help students to complete specific sections of the EBP summary paper. **Follow-up**

BSN 8.0 QI

AU Outcome
Use data to monitor outcomes and improve care.
Outcome Status
Active
Start Date
08/01/2014

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** NU320 Nursing Safety Assignment **Target:** 100% of students will achieve at least 73% on Nursing Safety Assignment **Timeframe:** Annually (starting 2019-2020; assessed Year 1 prior to 2019-2020) **Responsible Parties:** BSN Curriculum Committee	**Result Date**: 09/25/2023 **Result**: In Fall 2022 100%, 49/49, achieved at least a 73% on the Nursing Safety Assignment. In Spring 2023, 100%, 46/46, achieved at least a 73% on the Nursing Safety Assignment. These results are consistent with the results from the last academic year. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: This assignment changed this year - students were required to choose a patient whom they cared for during clinical and document the medications they administered to the patient. They were also required to document priority nursing assessments/interventions and patient education related to each medication. The students completed this activity individually, then meet with 3 other classmates to work on this as a group - the group activity required the students to reflect on the following: how the group determined which patient they selected to work on as a group, factors observed during clinical that impact nurses when administering medications, factors that impact students when administering medications and how this assignment increased the

Measures	Result
	students' understanding/learning related to the importance of safe medication administration. The change in this assignment was implemented to bring a clinical aspect to the Pharmacology course. **Related Documents**: [Outcome 8 NU 320 Medication Safety in the Clinical Setting Assigment.docx](#) **Actions** **Action**: Action Date: 09/25/2023 Action: To continue to meet this outcome this assignment will be revised - the students will be required to complete a section focusing on potential interactions related to the prescribed/administered medications. This assignment will also require the students to read an article related to medication administration errors/error prevention (article has not yet been identified), to provide the students with evidence based practices to improve the safety of the medication administration process. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** RN NU 441 Quality Improvement Project Plan **Target:** 100% of students will achieve at least 75% on the quality improvement project plan. **Timeframe:** Annually **Responsible Parties:** BSN Curriculum Committee	**Result Date**: 09/25/2023 **Result**: In Spring 2023, 100% (3/3) of students achieved at least 75% on the quality improvement project plan. These results are consistent with the results from previous academic year. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Course faculty worked with students regarding project choice and contact person for quality improvement project throughout the course to assist with student success at the end of the semester in presenting their quality improvement project. **Related Documents**: [Outcome 8 RN NU 441 Module 8 Quality Improvement Project Plan.docx](#) **Actions** **Action**: Action Date: 09/25/2023 Action: In order to continue to meet this benchmark, faculty will continue to follow up with students on a regular basis to make sure they have selected an appropriate project and have the appropriate resources necessary to be successful in completing this project at the end of the semester. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** NU 460 IHI Quality Improvement	**Result Date**: 09/25/2023 **Result**: In Summer 2022, 100% (4/4) of the Acc Hybrid students achieved a 100% on the IHI Quality Improvement Modules, In Summer 2022, 100% (30/30) of the Acc students

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Measures	Result
Modules **Target:** 100% of students will complete the IHI Quality Improvement modules. **Timeframe:** Annually **Responsible Parties:** BSN Curriculum Committee	achieved a 100% on the IHI Quality Improvement Modules, In Fall 2022, 100% (22/22) of the Traditional students achieved a 100% on the IHI Quality Improvement Modules, In Fall 2022, 100% (30/30) of the Acc students achieved a 100% on the IHI Quality Improvement Modules, In Spring 2023, 100% (24/24) of the Traditional students achieved a 100% on the IHI Quality Improvement Modules. The results show a consistent performance with the previous academic year. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: The action plan from the previous year ensured the students new how to complete the activity and the instructor made sure the students could access the site during course orientation. **Actions** **Action**: Action Date: 09/25/2023 Action: The action plan for this target will be to identify a different measure for this outcome as the IHI website no longer has free access to these modules. These courses will not be available to students for the 2023-2024 academic year. **Follow-up**

BSN 9.0 Safe Care

AU Outcome
Deliver safe care through system effectiveness and individual performance.
Outcome Status
Active
Start Date
08/01/2014

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** NU 320 Nursing Safety Assignment **Target:** 100% of students will achieve at least 73% on Nursing Safety Assignment **Timeframe:** Annually **Responsible Parties:** BSN Curriculum	**Result Date**: 09/25/2023 **Result**: Fall 2022 Safety Check #1 92% (45/49) achieved at least a 73% Fall 2022 Safety Check #2 92% (45/49) achieved at least a 73% Fall 2022 Safety Check #3 86% (42/49) achieved at least a 73% Fall 2022 Safety Check #4 92% (45/49) achieved at least a 73% Spring 2023 Safety Check #1 93% (43/49) achieved at least a 73% Spring 2023 Safety Check #2 91% (42/46) achieved at least a 73%

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Measures	Result
Committee	Spring 2023 Safety Check #3 76% (35/46) achieved at least a 73% Spring 2023 Safety Check #4 89% (41/46 achieved at least a 73% This data is comparable to last academic year - safety check #3 yielded the lowest results this academic year; last year safety check #4 yielded the lowest results. Safety check #1 and #2 are comparable to last academic year. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: Students were required to complete the 4 safety check assignments as course requirements. Students were able to use notes/books/resources to complete these assignments which is why it is difficult to ascertain as to why students to not achieve 100% on these assignments. Students were given 15 minutes to complete 5 questions (3 minutes per question) which faculty feel is a generous amount of time to complete these assignments. The action plan from last academic year did not change considerably. **Related Documents**: Outcome 9 NU320 Safety Check Assignments.docx **Actions** **Action**: Action Date: 09/25/2023 Action: Safety check assignments will continue to be required - will be structured such that each phase of the nursing process will be assessed within each safety check. Scenarios will continue to be clinically focused and require students to implement clinical judgement when completing the assignment. Students will be allowed to use resources when completing these assignments. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Clinical **Measure:** NU405 Safety assessment activity **Target:** 100% of students will achieve at least 80% on safety assessment activity **Timeframe:** Annually (starting 2019-2020; assessed Year 3 prior to 2019-2020) **Responsible Parties:** BSN Curriculum Committee	**Result Date**: 09/25/2023 **Result**: In Summer 2022 4/4 (Accelerated Hybrid) 30/30 (Accelerated On Ground), Fall 2022 30/30 (Accelerated) 20/21 (Traditional), and Spring 2023 23/24 (Traditional), 98% of the students achieved at least 80% on the safety evaluation. These results are not consistent with results from the 2021-2022 academic year. These results show a decline in performance from the previous academic year. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: This assessment was kept as a separate assignment in the theory content, rather than as part of the service learning binder so that it could be scored as an individual assignment and not as part of a larger assignment. **Related Documents**:

Measures	Result
	[Outcome 9 NU 405 Saftey Assessment Assignment.docx](#) **Actions** **Action**: Action Date: 09/25/2023 Action: In order to continue to meet this outcome in the future, the course faculty will spend time in class explaining the assignment to students and answering any questions they may have about the assignment. The course faculty will also post reminders of due dates for course assignments so the outcome can be met in the future. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** RN-NU450 Safety clinical competencies on clinical evaluation tool **Target:** 100% of students will receive "S" rating for Safety clinical competencies on clinical evaluation tool. **Timeframe:** Annually (starting 2019-2020; assessed Year 4 prior to 2019-2020) **Responsible Parties:** BSN Curriculum Committee	**Result Date**: 09/25/2023 **Result**: Spring 2023, 100% (3/3) of the students who completed clinical achieved at least "S" rating for Safety clinical competencies on the clinical evaluation tool. These results are consistent from the previous academic year. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: The instructor and clinical instructor emphasized the importance of safety in different clinical settings. The students were provided the evaluation tool at the beginning of the course and clinical. **Actions** **Action**: Action Date: 09/25/2023 Action: In order to continue meeting this outcome, I will update the orientation Panopto and emphasize the importance of safety in a variety of clinical settings. I will also communicate with clinical staff to stress the importance of safety while the student is with them completing hours. **Follow-up**

BSN 10.0 Synthesis of Knowledge

AU Outcome
Synthesize knowledge from liberal and baccalaureate nursing education to guide generalist practice.
Outcome Status
Active
Start Date
08/01/2014

College Goals 2020-2024

Measures	Result
Assessment Measure Status: Active **Assessment Type:** AD: Report - Internal **Measure:** ATI Summary Report **Target:** 100% of Allen College BSN cohorts will exceed the norming data set by ATI on the ATI Content Mastery proctored assessments. **Timeframe:** Annual **Responsible Parties:** BSN Curriculum Committee	**Result Date**: 09/25/2023 **Result**: The May 2023 cohort did not meet the norming data set by ATI on the Content Mastery proctored assessments in the areas of: Adult Medical-Surgical Nursing, Maternal Newborn Nursing, and Nursing Leadership. The norming data was adjusted for this report to reflect the most recent norming data that ATI has available, thus, the ATI norming data is now slightly higher for some of the content mastery assessments than what it had previously been. This result is a decrease from the past several academic years when all of the cohorts have exceeded the ATI normative data. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: n order to continue to meet this target, faculty will consistently implement that ATI exam policy, encouraging students to prepare for the Content Mastery Assessments by reviewing the content that requires additional remediation. (10/17/2022) **Related Documents**: [Outcome 10 ATI Summary Report 2022-2023.docx](#) <u>**Actions**</u> **Action**: Action Date: 09/25/2023 Action: In order to meet this target in the future, faculty will continue to assess the performance of cohorts on the proctored content mastery assessments. Faculty will identify if there are any significant trends with the aggregate data in future semesters or if the performance of the May 2023 cohort was an outlier. <u>**Follow-up**</u>
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** RN-NU 497 EBP Project **Target:** 100% of students will achieve at least 73% on EBP project **Timeframe:** Annually (starting 2019-2020; assessed Year 4 prior to 2019-2020) **Responsible Parties:** BSN Curriculum Committee	**Result Date**: 09/25/2023 **Result**: In Fall 2022 100% (2/2) students achieved the target outcome of 75%. These results are consistent with student performance from the 2021-2022 academic year. These results are consistent with student performance from the 2021-2022 academic year. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: The course was structured to ensure student success with the use of weekly assignments that prepare students for the specific components of the EBP project summary. The individual assignments are incorporated into the students EBP paper. Students received instructor feedback on each assignment that allowed students to revise or refine content that included in the EBP summary paper. **Related Documents**:

Measures	Result
	[Outcome 10 RN NU 497 EBP Grading Rubric.docx](#); [Outcome 10 RN NU 497 EBP Overview SP 23.docx](#); [Outcome 10 RN NU 497 EBP Paper Directions SP 23.doc](#) **Actions** **Action**: Action Date: 09/25/2023 Action: The course will be structured with weekly learning modules with specific assignments that build upon prior modules. The majority of assignments help students to complete specific sections of the EBP summary paper. **Follow-up**

Program (Nursing) - Doctor of Nursing Practice (DNP)

1.0 Practice at the highest level

AU Outcome
Practice at the highest level of nursing through integration and application of nursing science in clinical practice, management, and education
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Summative Evaluation **Measure:** Summative Evaluation Tool: Practice at the highest level of nursing through integration and application of nursing science in clinical practice, management, and education **Target:** 100% of students achieve an acceptable level (1) on a scale of 0-2 **Timeframe:** Annually upon program completion **Responsible Parties:** Assistant Dean, Graduate Nursing /Graduate Curriculum Committee	**Result Date**: 07/03/2023 **Result**: 100% (4/4) of students achieved an acceptable level (1) on a scale of 0-2 on all criteria included in the DNP Outcome 1.0. Results are consistent with the following academic year (2021-2022) when 100% (1/1) students achieved an acceptable rating on DNP Outcome 1.0 **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Per the 2021-2022 action plan for 2022-2023, summative evaluations were completed for all students. The summative evaluation is completed at program completion and it is expected that all students would demonstrate achievement of program outcomes as reflected in the summative evaluation tool. **Actions** **Action**: Action Date: 07/03/2023 Action: Will continue to monitor this target and follow up on related course and learning activities if target is not met in the 2023-2024 academic year. The number of DNP

Measures	Result
	graduates remains low and it is essential to assure graduates have documented achievement of graduate outcomes. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** NU805 Educational Concepts for Advanced Nursing Practice, Developing an Instructional Module assignment **Target:** 95% of students will achieve 80% or higher on the "Developing an Instructional Module" assignment **Timeframe:** Annually **Responsible Parties:** Graduate Curriculum Committee, Course Faculty	**Result Date**: 09/27/2023 **Result**: Summer 2022 - NA Fall 2023 - NA Spring 2023 - 100% (12/12) of students scored 80% or higher on the assignment. Results are consistent with the results during the 2021-2022 academic year when all students scored 80% or higher on the assignment. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Per the 2021-2022 action plan for 2022-2023, faculty changed the required textbook which better aligns with the course objectives. Faculty will continue to require online, synchronous meetings to encourage discussion and group work. **Actions** **Action**: To continue to meet the target, faculty will develop rubrics for all assignments to provide students with grading criteria for assignments. This course had a change in faculty each semester since 2020, so it can be challenging to provide consistency from semester to semester with assignment criteria; rubrics will assist with ensuring some degree of consistency with grading. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** Clinical Evaluation Tool: "critical thinking" criterion **Target:** 95% of students achieve an acceptable level (1) on all criteria on "critical thinking" criterion on the Faculty Clinical Evaluation tool. **Timeframe:** Annually **Responsible Parties:** Course Faculty	**Result Date**: 02/19/2024 **Result**: 100% of students achieved an acceptable level (1) on all 'critical thinking' criteria on the faculty evaluation tool. See attached report. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: In the previous academic year, BSN-DNP students were captured as part of the MSN CAP and data specific to BSN-DNP students is not available. **Related Documents**: [Final 2022-2023 CAP Summary DNP Outcomes 1,2,6,7.docx](#) **Actions** **Action**: To meet this target for the 2023-2024 academic year, course faculty will review preceptor evaluations and/or assess student performance with OSCE simulation experiences. Contact with preceptors and students will be maintained throughout the course to evaluate progress toward outcomes. **Follow-up**

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2.0 Demonstrate organizational and systems leadership

AU Outcome
Demonstrate organizational and systems leadership to advance quality improvement and systems change
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** NU505 Nursing Leader Exemplar Assignment **Target:** 95% of students will achieve 80% or higher on the Exemplar Leader Assignment **Timeframe:** Annually **Responsible Parties:** Course Faculty	**Result Date**: 02/19/2024 **Result**: Summer 2022 - NA Course not offered Fall 2022 100% (2/2) of students achieved 80% or higher on the assignment. Spring 2023 100% (3/3) of students achieved 80% or higher on the assignment These results are consistent with the 2021-2022 academic year when 100% of students met the target. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: The 2021-2022 action plan proposed for the 2022-2023 academic year was to modify the assignment name to better reflect the assignment criteria and provide an updated rubric to reflecting the associated outcome. To meet this target course faculty assigned the exemplar leader paper with detailed instructions and rubric for thorough completion. The paper referenced graduate outcome #2 to be addressed. <u>**Actions**</u> **Action**: To meet this target in the 2023-2024 academic year, course faculty will provide recorded instructions on how to complete the assignment as well as an explanation on the purpose and goal of the assignment as it relates to their future leadership roles. <u>**Follow-up**</u>
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** NU720 Quality Outcomes for Organizations and Systems CQI Analysis Paper **Target:** 95% of students will achieve 80% or higher on the module 5 discussion question #2 **Timeframe:** Annually **Responsible Parties:** Course Faculty	**Result Date**: 02/19/2024 **Result**: Summer 2022 - NA course not offered Fall 2022 - NA course not offered Spring 2023 - 100% (17/17) of students achieved 80% or higher on the assignment. The results are consistent with the 2021-2022 academic year when 100% of students met the target. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: The 2021-2022 action plan was to review the current assignment for applicability for the assigned outcome. Course faculty reviewed the assignment and

Measures	Result
	found it was applicable and meets outcome #2. Students completed the assignment and feedback was positive. **Actions** **Action**: To meet the target in the next academic year, faculty will continue to use the discussion assignment. Students will be assigned readings to help them learn and understand visual representations of data analysis. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** Clinical Evaluation Tool "Safety/ Outcome" Criterion **Target:** 95% of students achieve an acceptable level on "Safety/ Outcome" criterion on the Faculty Clinical Evaluation Tool **Timeframe:** Annually **Responsible Parties:** Course Faculty	**Result Date**: 02/19/2024 **Result**: 100% of students achieved an acceptable level (1) on all 'safety/outcome' criterion on the faculty evaluation tool. See attached report. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: In the previous academic year, BSN-DNP students were captured as part of the MSN CAP and data specific to BSN-DNP students is not available. **Related Documents**: [Final 2022-2023 CAP Summary DNP Outcomes 1,2,6,7.docx](#) **Actions** **Action**: To meet this target for the 2023-2024 academic year, course faculty will review preceptor evaluations and/or assess student performance with OSCE simulation experiences. Contact with preceptors and students will be maintained throughout the course to evaluate progress toward outcomes. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Summative Evaluation **Measure:** Summative Evaluation Tool: Demonstrate organizational and systems leadership to advance quality improvement and systems change **Target:** 100% of students achieve an acceptable level (1) on a scale of 0-2 **Timeframe:** Annually upon program completion **Responsible Parties:** Assistant Dean, Graduate Nursing /Graduate Curriculum Committee	**Result Date**: 07/03/2023 **Result**: 100% (4/4) of students achieved an acceptable level (1) on a scale of 0-2 on all criteria included in DNP Outcome 2.0. Results are consistent with the following academic year (2021-2022) when 100% (1/1) students achieved an acceptable rating on DNP Outcome 2.0 **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Per the 2021-2022 action plan for 2022-2023, summative evaluations were completed for all students. The summative evaluation is completed at program completion, and it is expected that all students would demonstrate achievement of program outcomes as reflected in the summative evaluation tool. **Actions** **Action**: Action Date: 07/03/2023 Action: Will continue to monitor this target and follow up on related course and learning

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Measures	Result
	activities if target not met since the number of DNP graduates remains low and it is essential to assure graduates have documented achievement of graduate outcomes. **Follow-up**

3.0 Apply analytical methods and research

AU Outcome
Apply analytical methods and research to develop best practices and practice guidelines
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Summative Evaluation **Measure:** Summative Evaluation Tool: Apply analytical methods and research to develop best practices and practice guidelines **Target:** 100% of students achieve an acceptable level (1) on a scale of 0-2 **Timeframe:** Annually upon program completion **Responsible Parties:** Assistant Dean, Graduate Nursing /Graduate Curriculum Committee	**Result Date**: 07/03/2023 **Result**: 100% (4/4) of students achieved an acceptable level (1) on a scale of 0-2 on all criteria included in DNP Outcome 2.0. Results are consistent with the following academic year (2021-2022) when 100% (1/1) students achieved an acceptable rating on DNP Outcome 3.0 **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Per the 2021-2022 action plan for 2022-2023, summative evaluations were completed for all students. The summative evaluation is completed at program completion, and it is expected that all students would demonstrate achievement of program outcomes as reflected in the summative evaluation tool. **Actions** **Action**: Action Date: 07/03/2023 Action: Will continue to monitor this target and follow up on related course and learning activities if target not met since the number of DNP graduates remains low and it is essential to assure graduates have documented achievement of graduate outcomes. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** NU535 Evidence Synthesis Assignment **Target:** 95% of students will achieve at least 80% on the Evidence Synthesis assignment	**Result Date**: 05/18/2023 **Result**: Summer 2022: All DNP students (n = 3) scored 89.6%-97.5% on assignment. Fall 2022: 10/11 DNP students completed assignment and all 10 (100%) scored 89.5%-97.0% on

Measures	Result
Timeframe: Annually **Responsible Parties:** Course Faculty: NU535 Evidence-Based Practice I: Finding & Appraising Evidence	assignment. Spring 2023: 3/4 DNP students completed assignment and all 3 (100%) scored 86.0%-92.5% on assignment. Summary: 60/62 (97%) students scored > 80% on assignment. These results are consistent with the results during the 2021-2022 academic year when all students scored 80% or higher on the assignment. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: The 2021-2022 action plan proposed for 2022-2023 was to incorporate research methods and statistics case studies into their respective online meetings. This strategy seems to have helped students succeed on the assignment and exceed the target. Overall, students performed well on the assignment and seemed to struggle less with research design and statistical analysis during the 2022-2023 academic year, suggesting case studies and other teaching strategies were helpful. However, some students failed the Module 4 (design) quiz and most failed the Module 5 (statistics) quiz, suggesting different strategies are needed to facilitate understanding of research designs and statistical analyses. **Actions** **Action**: Action Date: 05/18/2023 Action: To continue to achieve or exceed the target the following strategies will be implemented during the 2023-2024 academic year: 1.　　In collaboration with Dana Clasen, DNP program director, the decision was made to replace the current textbook (Melnyk & Fineout-Overholt) with the Iowa Model (Iowa Model Revised: Evidence-Based Practice to Promote Excellence in Health Care), as described in Evidence-Based Practice in Action: Comprehensive Strategies, Tools, and Tips from University of Iowa Hospitals & Clinics (Cullen et al., 2023). 2.　　Continue to search for and implement effective teaching strategies to facilitate student understanding of research methods and statistics. 3.　　Redesign learning activities and assignments to incorporate concepts and tools of the Iowa Model. **Follow-up**
Assessment Measure Status: Active	**Result Date**: 02/19/2024

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Measures	Result
Assessment Type: SL: Didactic **Measure:** NU536 Paper 3 (Graduate Project EBP Proposal) **Target:** 95% of students will achieve 80% or better on Paper 3 **Timeframe:** Annually **Responsible Parties:** Course faculty	**Result**: Summer 2022 100% (1/1) of students achieved 80% or higher on the assignment. Fall 2022 75% (3/4) of students achieved 80% or higher on the assignment. Spring 2023 100% (9/9) of students achieved 80% or higher on the assignment. For the 2022-2023 academic year, 93% (13/14) students achieved 80% or higher on the assignment. These results fall below the 2021-2022 academic year when 100% of students met the target. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: The 2021-2022 action plan proposed for 2022-2023 was to incorporate Panopto or another platform to provide a brief introduction to each module and offer synchronous online forums with lead faculty for questions in addition to the Ask your Professor forum. Lead faculty in the course provided an overview of the course in module 1 and course faculty met regularly with students in their assigned groups to ensure understanding of the assignment. <ins>**Actions**</ins> **Action**: To continue to achieve or exceed the target in the 2023-2024 academic year, course faculty will update the course textbook, include recorded lectures, and review course assignments. <ins>**Follow-up**</ins>
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** NU741 Analytic Methods for Evidence-Based Practice I Literature Synthesis Table **Target:** 95% of students will achieve 80% or higher on the Literature Synthesis Table Assignment 100% of students will achieve 80% or higher on the Literature Synthesis Table Assignment (Target changed 100% of students to 95% for 2021-2022; Target changed from score of 83% to 80% for 2020-2021) **Timeframe:** Annually **Responsible Parties:** Course Faculty	**Result Date**: 02/19/2024 **Result**: Summer 2022 - NA Course not offered Fall 2022 - 100% (6/6) of students achieved 80% or higher on the assignment. Spring 2023 - NA Course not offered. These results are consistent with results of the 2021-2022 academic year when 100% of students met the target. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: The 2021-2022 action plan proposed for the 2022-2023 academic year was to incorporate recorded lectures related to the literature review process, and review course assignments. Course assignments were reviewed and found to be effective in meeting course objectives and to address outcome 3. Panopto recordings were not used in the course, however, midterm check in with course faculty was required. Faculty also met with students to ensure understanding of literature review process. <ins>**Actions**</ins> **Action**: To continue to meet the target for the 2023-2024 academic year, course faculty will add recorded lectures related to the literature review search and synthesize process

Measures	Result
	and continue to review current assignments and update as needed to ensure understanding of finding evidence to support the proposed practice change. **Follow-up**

4.0 Use information systems and technology-based resources

AU Outcome
Use information systems and technology-based resources to support clinical and administrative decision making and to improve the health care of individuals, families, and populations
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Summative Evaluation **Measure:** Summative Evaluation Tool: Use information systems and technology-based resources to support clinical and administrative decision making and to improve the health care of individuals, families, and populations **Target:** 100% of students achieve an acceptable level (1) on a scale of 0-2 **Timeframe:** Annually upon program completion **Responsible Parties:** Assistant Dean, Graduate Nursing /Graduate Curriculum Committee	**Result Date**: 07/03/2023 **Result**: 100% (4/4) of students achieved an acceptable level (1) on a scale of 0-2 on all criteria included in DNP Outcome 2.0. Results are consistent with the following academic year (2021-2022) when 100% (1/1) students achieved an acceptable rating on DNP Outcome 4.0. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Per the 2021-2022 action plan for 2022-2023, summative evaluations were completed for all students. The summative evaluation is completed at program completion, and it is expected that all students would demonstrate achievement of program outcomes as reflected in the summative evaluation tool. **Actions** **Action**: Action Date: 07/03/2023 Action: Will continue to monitor this target and follow up on related course and learning activities if target not met since the number of DNP graduates remains low and it is essential to assure graduates have documented achievement of graduate outcomes. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** NU541 Literature Synthesis and Critical Response Assignment [Formerly called Health Care Informatics Annotated	**Result Date**: 02/19/2024 **Result**: Summer 2022 - 100% (1/1) of students achieved 80% or higher on the assignment. Fall 2022 - 100% (2/2) of students achieved 80% or higher on the assignment. Spring 2023 - NA course not offered.

Measures	Result
Bibliography and Critical Response assignment; assignment title change for 2021-2022 academic year) **Target:** 95% of students will achieve 80% or higher on the Annotated Bibliography and Critical Response assignment (Target was decreased from "100% of students will achieve 85% or higher on ... assignment" for 2020-2021). **Timeframe:** Annually **Responsible Parties:** Course Faculty	The results improved from the 2021-2022 academic year when 88% (7/8) students met the target. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: The 2021-2022 action plan proposed for the 2022-2023 academic year was to update assignment instructions via Panopto and answer questions about the assignment in the discussion forum. The action was completed and course faculty provided multiple strategies for the assignment instructions through a Panopto to detail and explain the requirements as well as a discussion forum for questions. **Actions** **Action**: To meet the target for the 2023-2024 academic year course faculty will change instructions to clarify sources that may be used and include further information about the 'patient care' section of the paper. **Follow-up**

5.0 Advocate for healthcare change

AU Outcome
Advocate for healthcare change through policy development and evaluation.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Summative Evaluation **Measure:** Summative Evaluation Tool: Advocate for healthcare change through policy development and evaluation. **Target:** 100% of students achieve an acceptable level (1) on a scale of 0-2 **Timeframe:** Annually upon program completion **Responsible Parties:** Assistant Dean, Graduate Nursing /Graduate Curriculum	**Result Date**: 07/03/2023 **Result**: 100% (4/4) of students achieved an acceptable level (1) on a scale of 0-2 on all criteria included in DNP Outcome 2.0. Results are consistent with the following academic year (2021-2022) when 100% (1/1) students achieved an acceptable rating on DNP Outcome 5.0. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Per the 2021-2022 action plan for 2022-2023, summative evaluations were completed for all students. The summative evaluation is completed at program completion, and it is expected that all students would demonstrate achievement of program outcomes as reflected in the summative evaluation tool. **Actions**

Measures	Result
Committee	**Action**: Action Date: 07/03/2023 Action: Will continue to monitor this target and follow up on related course and learning activities if target not met since the number of DNP graduates remains low and it is essential to assure graduates have documented achievement of graduate outcomes. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** NU520 Policy, Organization, and Financing of Health Care Paper III: Health Care Policy Brief **Target:** 95% of students will achieve 80% or higher on Paper III: Health Care Policy Brief (Target decreased from "100% of students will achieve 83% or higher on" assignment for 2020-2021). **Timeframe:** Annually **Responsible Parties:** Course Faculty	**Result Date**: 02/19/2024 **Result**: Summer 2022 - 86% (6/7) of students achieved 80% or higher on the assignment Fall 2022 - 100% (2/2) of students achieved 80% or higher on the assignment. Spring 2023 - 100% (6/6) of student achieved 80% or higher on the assignment. The results are below the 2021-2022 result when 100% of the students achieved 80% or higher on the assignment. Overall for the 2022-2023 academic year, 93% (14/15) students achieved 80% or higher on the assignment. The student who failed to meet the target did not follow the instructions for the issue brief and instead wrote an academic paper and did not utilize the sample template in the course or follow the assignment rubric. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: The 2021-2022 action plan for the 2022-2023 academic year was to continue to use the newly developed Issue Brief template and rubric. Course faculty used the template and rubric which students found to be helpful in the past. Students also commented on the helpfulness of feedback on written assignments earlier in the course that were used to complete this assignment. A Panopto overview was provided in the Spring 2023 course offering. **Actions** **Action**: To meet this target in the 2023-2024 academic year, course faculty will continue to use the updated Brief (Paper III) template and rubric, and continue to offer targeted feedback to students on Papers I and II that build on Paper III. Will continue to use Panopto to provide overview of Issue Brief. **Follow-up**

Program (Nursing) - Doctor of Nursing Practice (DNP)

6.0 Assume leadership roles in interprofessional collaboration

AU Outcome
Assume leadership roles in interprofessional collaboration to improve the health outcomes of individuals, families, and populations

College Goals 2020-2024

Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Summative Evaluation **Measure:** Summative Evaluation Tool: Assume leadership roles in interprofessional collaboration to improve the health outcomes of individuals, families, and populations **Target:** 100% of students achieve an acceptable level (1) on a scale of 0-2 **Timeframe:** Annually upon program completion **Responsible Parties:** Assistant Dean, Graduate Nursing /Graduate Curriculum Committee	**Result Date**: 07/03/2023 **Result**: 100% (4/4) of students achieved an acceptable level (1) on a scale of 0-2 on all criteria included in DNP Outcome 2.0. Results are consistent with the following academic year (2021-2022) when 100% (1/1) students achieved an acceptable rating on DNP Outcome 6.0. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Per the 2021-2022 action plan for 2022-2023, summative evaluations were completed for all students. The summative evaluation is completed at program completion, and it is expected that all students would demonstrate achievement of program outcomes as reflected in the summative evaluation tool. **Actions** **Action**: Action Date: 07/03/2023 Action: Will continue to monitor this target and follow up on related course and learning activities if target not met since the number of DNP graduates remains low and it is essential to assure graduates have documented achievement of graduate outcomes. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** NU750 Leadership and Collaboration Service-Learning Project assignment **Target:** 95% of students will achieve 80% or higher on the Service-Learning Project assignment (Target changed from "100% of students will achieve 80% or higher on the Service-Learning Project assignment" for 2021-2022). **Timeframe:** Annually **Responsible Parties:** Course Faculty	**Result Date**: 02/19/2024 **Result**: Summer 2022 - NA course not offered. Fall 2022 - 100% (12/12) of students achieved at least 80% or higher on the assignment. Spring 2023 - NA course not offered. These results are consistent with the 2021-2022 academic year when 100% of students met the target. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: The 2021-2022 action plan for the 2022-2023 academic year was to update the IOM assignment as appropriate to facilitate learning and add updated/clearer expectations to enhance understanding of the Service-Learning assignment. Course faculty updated the IOM assignment with current literature. The Service Learning Project instructions and rubric were provided earlier in the semester to allow more time for assignment completion. **Actions** **Action**: To meet the target in the 2023-2024 academic year, course faculty will provide

Measures	Result
	recorded instructions on the Service Learning Project. The printed and recorded instructions will be available to students earlier in the semester and students will be given the option of completing the project alone or with a partner. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** Clinical Evaluation Tool "collaboration" criterion **Target:** 95% of students will achieve an acceptable level on "collaboration" criterion on the faculty clinical evaluation tool **Timeframe:** Annually **Responsible Parties:** Course Faculty	**Result Date**: 02/19/2024 **Result**: 100% of students achieved an acceptable level (1) on all 'collaboration' criteria on the faculty evaluation tool. See attached report. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: In the previous academic year, BSN-DNP students were captured as part of the MSN CAP and data specific to BSN-DNP students is not available. **Related Documents**: Final 2022-2023 CAP Summary DNP Outcomes 1,2,6,7.docx **Actions** **Action**: To meet this target for the 2023-2024 academic year, course faculty will review preceptor evaluations and/or assess student performance with OSCE simulation experiences. Contact with preceptors and students will be maintained throughout the course to evaluate progress toward outcomes. **Follow-up**

7.0 Incorporate a firm conceptual foundation

AU Outcome
Incorporate a firm conceptual foundation for clinical prevention and population health.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Summative Evaluation **Measure:** Summative Evaluation Tool: Incorporate a firm conceptual foundation for clinical prevention and population health. **Target:** 100% of students achieve an acceptable level (1) on a scale of 0-2	**Result Date**: 07/03/2023 **Result**: 100% (4/4) of students achieved an acceptable level (1) on a scale of 0-2 on all criteria included in DNP Outcome 2.0. Results are consistent with the following academic year (2021-2022) when 100% (1/1) students achieved an acceptable rating on DNP Outcome 7.0. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes

College Goals 2020-2024

Measures	Result
Timeframe: Annually upon program completion **Responsible Parties:** Assistant Dean, Graduate Nursing /Graduate Curriculum Committee	**Action Plan Impact**: Per the 2021-2022 action plan for 2022-2023, summative evaluations were completed for all students. The summative evaluation is completed at program completion, and it is expected that all students would demonstrate achievement of program outcomes as reflected in the summative evaluation tool. **Actions** **Action**: Action Date: 07/03/2023 Action: Will continue to monitor this target and follow up on related course and learning activities if target not met since the number of DNP graduates remains low and it is essential to assure graduates have documented achievement of graduate outcomes. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** NU530 Population Health Issues Paper assignment **Target:** 95% of students will achieve at least 80% on Population Health Issues Paper assignment **Timeframe:** Annually **Responsible Parties:** Course faculty	**Result Date**: 02/19/2024 **Result**: Summer 2022 - NA course not offered Fall 2022 - 100% (1/1) of students achieved 80% or higher on the assignment. Spring 2023 - 67% (4/6) of students achieved 80% or higher on the assignment. The results are below the 2021-2022 academic year when 100% of students met the target. Overall, for the 2022-2023 academic year, 71% (5/7) of students achieved 80% or higher on the assignment. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: The 2021-2022 action plan proposed for the 2022-2023 academic year was to utilize student comments to improve the course, review assignments and rubrics, and develop a Panopto describing the assignment. Course faculty followed through on the action plan and used student comments from the course evaluations as a guide to make adjustments to the course. A Panopto was developed to explain the assignment and an example of a table was provided within the course. **Actions** **Action**: To meet the target in the 2023-2024 academic year, course faculty will review the assignment instructions and criteria. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** NU731 Epidemiology and Biostatistics Epidemiology Application Brief written assignment #2 **Target:** 95% of students will achieve 80% or	**Result Date**: 02/19/2024 **Result**: Summer 2022 - NA Course not offered. Fall 2022 - 100% (10/10) of students achieved 80% or higher on the assignment. Spring 2023 - Course not offered. The results exceed the previous academic year 2021-2022 when 88% (7/8) of students achieved 80% or higher on the assignment due to one student not participating in class. **Reporting Year**: 2022 - 2023 (Year 1)

Measures	Result
higher on Epidemiology Application Brief written assignment (Target decreased from "100% of students will achieve 73% or higher on Epidemiology Application Brief written assignment" for 2020-2021 academic year). **Timeframe:** Annually **Responsible Parties:** Course Faculty	**Target Met**: Yes **Action Plan Impact**: The 2021-2022 action plan proposed for the 2022-2023 academic year was to evaluate current epidemiology concerns during the course and adjust topic briefs to include current information. Course faculty followed through on the action plan by modification of topic briefs to include current information which was associated with all students exceeding the target of achieving 80& or higher on the assignment. **Actions** **Action**: To meet the target for the 2023-2024 academic year, course faculty will incorporate additional case studies in the epidemiology modules and include optional reading resources related to current epidemiological issues. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** Clinical Evaluation Tool "patient-centered care" criterion **Target:** 95% of students will achieve an acceptable level on "patient centered care" criterion on the faculty clinical evaluation tool. **Timeframe:** Annually **Responsible Parties:** Course Faculty	**Result Date**: 02/19/2024 **Result**: 100% of students achieved an acceptable level (1) on the 'patient-centered care' criterion on the faculty evaluation tool. See attached report. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: In the previous academic year, BSN-DNP students were captured as part of the MSN CAP and data specific to BSN-DNP students is not available. **Related Documents**: Final 2022-2023 CAP Summary DNP Outcomes 1,2,6,7.docx **Actions** **Action**: To meet this target for the 2023-2024 academic year, course faculty will review preceptor evaluations and /or assess student performance with OSCE simulation experiences. Contact with preceptors and students will be maintained throughout the course to evaluate progress toward outcomes. **Follow-up**

8.0 Synthesize advanced practice nursing knowledge

AU Outcome
Synthesize advanced practice nursing knowledge and competencies into the practice role.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Summative Evaluation **Measure:** Summative Evaluation Tool: Synthesize advanced practice nursing knowledge and competencies into the practice role. **Target:** 100% of students achieve an acceptable level (1) on a scale of 0-2 **Timeframe:** Annually upon program completion **Responsible Parties:** Assistant Dean, Graduate Nursing /Graduate Curriculum Committee	**Result Date**: 07/03/2023 **Result**: 100% (4/4) of students achieved an acceptable level (1) on a scale of 0-2 on all criteria included in DNP Outcome 2.0. Results are consistent with the following academic year (2021-2022) when 100% (1/1) students achieved an acceptable rating on DNP Outcome 8.0. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Per the 2021-2022 action plan for 2022-2023, summative evaluations were completed for all students. The summative evaluation is completed at program completion, and it is expected that all students would demonstrate achievement of program outcomes as reflected in the summative evaluation tool. **Actions** **Action**: Action Date: 07/03/2023 Action: Will continue to monitor this target and follow up on related course and learning activities since the number of DNP graduates remains low and it is essential to assure graduates have documented achievement of graduate outcomes. **Follow-up**

Program (Nursing) - Master of Science in Nursing (MSN)

MSN 1.0

AU Outcome
Synthesize knowledge from nursing science and related disciplines in order to develop a foundation to guide practice.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** Clinical Evaluations-Critical thinking" criterion **Target:** 95% of students achieve an acceptable level (1) on all criteria on "Critical thinking" criterion on the faculty clinical	**Result Date**: 07/01/2023 **Result**: Target met with all clinical courses except NU 550 Spring 23 (16 of 17, 94%) See attached report - 2022-2023 CAP Summary MSN Outcomes 1,3,7,8 Reflection on results and action plan from previous year: Results are improved from last reporting year (2021-2022)

College Goals 2020-2024

Measures	Result
evaluation tool. **Timeframe:** Annually **Responsible Parties:** MSN Program Director / Graduate Curriculum Committee	**Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Faculty continued to review preceptor evaluations and/or assess with OSCE/Lab performance experiences. Faculty maintained contact with preceptors. These actions seem to be effective for assessing and evaluating demonstration of critical thinking in clinical experiences. **Related Documents**: 2022-2023 CAP Summary MSN Outcomes 1,3,7,8.pdf **Actions** **Action**: Action Date: 07/01/2023 Action: To meet this target for the 2023-2024 academic year course faculty will review preceptor evaluations and/or assess student performance with OSCE/Lab simulation experiences. Contact with preceptors and students will be maintained throughout the course to evaluate progress toward outcomes **Follow-up**

MSN 2.0

AU Outcome
Provide organizational and systems leadership in practice, service and scholarship.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** NU505 Exemplar Leader Assignment **Target:** 95% of students will achieve 80% or better **Timeframe:** Annually **Responsible Parties:** Graduate Curriculum Committee	**Result Date**: 07/01/2023 **Result**: Summer 2022 - N/A Course not offered Fall 2022 - 100% (13 of 13) achieved at least an 80% Spring 2023 - 100% (18 of 18) achieved at least 80% Cumulative 100% achieved at least 80%. Results same as last reporting year (2021-2022) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Faculty provided students with detailed instructions and rubric for thorough completion of the exemplar leader paper. Faculty provided students with

Measures	Result
	assigned readings, lecture slides, and activities related to the content. **Actions** **Action**: Action Date: 07/01/2023 Action: In order to meet this target with all groups next year, course faculty will provide recorded instructions on how to complete the assignment as well as an explanation on the purpose and goal of the assignment as it relates to their future leadership roles. **Follow-up**

Program (Nursing) - Master of Science in Nursing (MSN)

MSN 3.0

AU Outcome
Apply quality principles to promote patient safety and positive individual and systems outcomes.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** Clinical Evaluations- "Safety/Outcomes" criterion **Target:** 95% of students achieve an acceptable level (1) on "Safety/Outcomes" criterion on Faculty Clinical Evaluation Tool **Timeframe:** Annually **Responsible Parties:** MSN Program Director / Graduate Curriculum Committee	**Result Date**: 07/01/2023 **Result**: Target met with all clinical courses except NU 550 Spring 23 (16 of 17, 94%) See attached report - 2022-2023 CAP Summary MSN Outcomes 1,3,7,8 Reflection on results and action plan from previous year: Results are improved from last reporting year (2021-2022) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Faculty continued to review preceptor evaluations and/or assess with OSCE/Lab performance experiences. Faculty maintained contact with preceptors. These actions seem to be effective for assessing and evaluating demonstration of critical thinking in clinical experiences. **Related Documents**: 2022-2023 CAP Summary MSN Outcomes 1,3,7,8.pdf **Actions** **Action**: Action Date: 07/01/2023 Action: To meet this target for the 2023-2024 academic year course faculty will review

Measures	Result
	preceptor evaluations and/or assess student performance with OSCE/Lab simulation experiences. Contact with preceptors and students will be maintained throughout the course to evaluate progress toward outcomes **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** AD: Report - Internal **Measure:** Graduate Project Evaluation Form - Item #3 Apply quality principles to promote patient safety and positive outcomes **Target:** 100% of students achieve an acceptable level (1) on both paper and presentation **Timeframe:** Annually **Responsible Parties:** Assistant Dean, Graduate Nursing / Graduate Curriculum Committee	**Result Date**: 07/03/2023 **Result**: 100% (29 of 29) students achieved an acceptable level (1) on both paper and presentation. This is consistent with outcomes from all previous academic years and as expected for an end-of-program project that is guided by a faculty mentor and approved prior to the final presentation. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: This measure will be discontinued after this year. The MSN graduate projects have been modified to be completed within a course. With the upcoming revisions to the graduate curriculum, a new measure is anticipated within the next two years. **Actions** **Follow-up**

MSN 4.0

AU Outcome
Use scholarly inquiry and evidence to advance the practice of nursing.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** NU535: Evidence-Based Practice I: Finding and Appraising Evidence, Evidence Synthesis Assignment (Appraisal & Synthesis Assignment Summer 2023) **Target:** At least 95% of student will achieve a score of 80% or higher on the assignment (Target increased from 73% to 80% for 2020-	**Result Date**: 05/18/2023 **Result**: Summer 2022: All MSN students (n = 3) scored 92.0%-97.5% on assignment. Fall 2022: All MSN students (n = 11) scored 81.0%-98.5% on assignment. Spring 2023: All MSN students (n = 10/12) scored 92.5%-99.25% on assignment. These results demonstrate improvement compared to the previous academic year when, cumulatively, 97% of students scored 80% or higher on the assignment. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: The 2021-2022 action plan proposed for 2022-2023 was to

Measures	Result
2021) **Timeframe:** Annual **Responsible Parties:** NU535 Course Instructor, Graduate Curriculum Committee	incorporate research design and statistics case studies during online meetings, which seems to have helped students succeed on the assignment and exceed the target. Overall, students performed well on assignment and seemed to struggle less with research design and statistical analysis during the 2022-2023 academic year, suggesting case studies and other teaching strategies were helpful. However, some students failed the Module 4 (design) quiz and most failed the Module 5 (statistics) quiz, suggesting different strategies are needed to facilitate understanding of research designs and statistical analyses. **Actions** **Action**: Action Date: 05/18/2023 Action: To continue to meet or exceed the target duruing the 2023-2024 academic year, the following strategies will be implemented: 1. In collaboration with Dana Clasen, DNP program director, the decision was made to replace the current textbook (Melnyk & Fineout-Overholt) with the Iowa Model (Iowa Model Revised: Evidence-Based Practice to Promote Excellence in Health Care), as described in Evidence-Based Practice in Action: Comprehensive Strategies, Tools, and Tips from University of Iowa Hospitals & Clinics (Cullen et al., 2023). 2. Continue to search for and implement effective teaching strategies to facilitate student understanding of research methods and statistics. 3. Redesign learning activities and assignments to incorporate concepts and tools of the Iowa Model. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** NU536: Evidence-Based Practice II: Applying Evidence for Practice Change Final Paper (Formerly Paper 3: First Draft of MSN Grad Project Proposal) **Target:** 95% of students will achieve 80% or better on Final Paper (Formerly Paper 3: First Draft of MSN Grad Project Proposal). **Timeframe:** Annual **Responsible Parties:** NU536 Course Instructor, Graduate Curriculum Committee	**Result Date**: 07/03/2023 **Result**: Summer 2022 - 88% (7 of 8) achieved 80% or better Fall 22 - 100% (9 of 9) achieved 80% or better Spring 23 - 100% (13 of 13) achieved 80% or better Cumulative - 97% (29 of 30) achieved 80% Results are similar to the previous year (2021-2022). **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Target unmet in Summer of 2022 due to lack of submission of final paper and sub sequential course failure. An overview of the course is provided in Module 1 and course faculty meet regularly with students individually **Actions**

Measures	Result
	Action: Action Date: 07/03/2023 Action: In order to meet this target with all groups next year, course faculty will update the course textbook, include recorded lectures, and review course assignments. **Follow-up**

MSN 5.0

AU Outcome
Use informatics and healthcare technologies to enhance patient care and to improve healthcare systems.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** NU541 Health Care Informatics Literature Synthesis and Critical Response (formerly called "Health Care Informatics Annotated Bibliography and Critical Response assignment;" Assignment title changed for 2021-2022 academic year). **Target:** 95% of students will achieve an average of 80% or higher on the Annotated Bibliography and Critical Response assignment. (Target increased from 73% to 80% for 2020-2021) **Timeframe:** Annually **Responsible Parties:** Graduate Curriculum Committee	**Result Date**: 07/01/2023 **Result**: Summer 2022 - 100% (15 of 15) achieved 80% on assignment Fall 2022 - 58% (7 of 12) achieved at least 80% on assignment Spring 2023 - N/A Course not offered Cumulative - 81% (22 of 27) achieved at least 80% Compared to 2020-2021 the results are lower **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: Faculty created a Panopto to detail and explain the requirements of the paper. Additionally, content related to the topics was presented via PowerPoint Presentations. A discussion forum for questions was created with minimal student questions. **Actions** **Action**: Action Date: 07/01/2023 Action: In order to meet this target with all groups next year, course faculty will change instructions to clarify sources that may be used and include further information about the "Patient Care" section of the paper. **Follow-up**

College Goals 2020-2024

MSN 6.0

AU Outcome
Employ advocacy strategies to influence health policy and to improve outcomes of care.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** NU520 Policy, Organization, and Financing of Health Care Paper III: Health Care Policy Brief **Target:** 95% of students achieve 80% or higher on Paper III: Health Care Policy Brief. (Target increased from 73% to 80% for 2020-2021) **Timeframe:** Annually **Responsible Parties:** Graduate Curriculum Committee	**Result Date**: 07/01/2023 **Result**: Summer 2022 - 93.75% (14 of 15) achieved at least 80% on the Paper III Health Care Policy Brief Fall 2022 - 84.62% (11 of 13) achieved at least 80% on the Paper III Health Care Policy Brief Spring 2023 - 100% (15 of 15) achieved at least 80% on the Paper III Health Care Policy Brief Cumulative - 93% (40 of 43) achieved at least 80% Results are improved from the last reporting year (2021-2022) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: Faculty used updated Issue Brief (Paper III) template and rubric, which students found helpful in the past. Students also commented on helpfulness of feedback on written assignments during virtual presentations. Written assignments information was provided earlier in the course. Panopto was provided in the Spring '23.The one student in Summer 2022 failed to follow the instructions on creating an issue brief where student missed information needed that was required for the issue brief. The one student in Fall '22 did not complete any further work in the course after the third module, Paper III is due in module 6. The other student in Fall '22 did not follow the rubric and wrote the issue brief as an academic paper as well as missed following instructions on rubric. **Actions** **Action**: Action Date: 07/01/2023 Action: In order to meet this target with all groups next year, course faculty will continue to use the updated Issue Brief (Paper III) template and rubric. Course faculty will continue to give targeted feedback to students on Papers I and II that build to Paper III. Will continue to use Panopto to provide overview and discuss issue brief.

College Goals 2020-2024

Measures	Result
	Follow-up

MSNO 7.0

AU Outcome
Collaborate within inter-professional teams to manage and improve health care services for individuals, families and populations.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** Clinical Evaluations-Collaboration Criterion **Target:** 95% of students achieve an acceptable level (1) on "Collaboration" criterion on Faculty Clinical Evaluation tool. **Timeframe:** Annually **Responsible Parties:** MSN Program Director / Graduate Curriculum Committee	**Result Date**: 07/01/2023 **Result**: Target met with all clinical courses except NU 550 Spring 23 (16 of 17, 94%) See attached report - 2022-2023 CAP Summary MSN Outcomes 1,3,7,8 Reflection on results and action plan from previous year: Results are improved from last reporting year (2021-2022) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Faculty continued to review preceptor evaluations and/or assess with OSCE/Lab performance experiences. Faculty maintained contact with preceptors. These actions seem to be effective for assessing and evaluating demonstration of critical thinking in clinical experiences. **Related Documents**: 2022-2023 CAP Summary MSN Outcomes 1,3,7,8.pdf **Actions** **Action**: Action Date: 07/01/2023 Action: To meet this target for the 2023-2024 academic year course faculty will review preceptor evaluations and/or assess student performance with OSCE/Lab simulation experiences. Contact with preceptors and students will be maintained throughout the course to evaluate progress toward outcomes **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** AD: Report - Internal **Measure:** Graduate Project Evaluation Form -	**Result Date**: 07/03/2023 **Result**: 100% (29 of 29) students achieved an acceptable level (1) on both paper and presentation. This is consistent with outcomes from all previous academic years and as

Measures	Result
Item #7 Collaborate within interprofessional teams. **Target:** 100% of students achieve an acceptable level (1) on both paper and presentation **Timeframe:** Annually **Responsible Parties:** Assistant Dean, Graduate Nursing / Graduate Curriculum Committee	expected for an end-of-program project that is guided by a faculty mentor and approved prior to the final presentation. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: This measure will be discontinued after this year. The MSN graduate projects have been modified to be completed within a course. With the upcoming revisions to the graduate curriculum, a new measure is anticipated within the next two years. **Actions** **Follow-up**

MSN 8.0

AU Outcome
Integrate patient-centered and culturally responsive strategies into the delivery of clinical prevention, health promotion, and population-focused services.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** Clinical Evaluations-"Patient-Centered Care" criterion **Target:** 95% of students achieve an acceptable level (1) on "Patient-Centered Care" criterion on Faculty Clinical Evaluation tool. **Timeframe:** Annually **Responsible Parties:** MSN Program Director / Graduate Curriculum Committee	**Result Date**: 07/01/2023 **Result**: Target met with all clinical courses except NU 550 Spring 23 (16 of 17, 94%) See attached report - 2022-2023 CAP Summary MSN Outcomes 1,3,7,8 Reflection on results and action plan from previous year: Results are improved from last reporting year (2021-2022) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Faculty continued to review preceptor evaluations and/or assess with OSCE/Lab performance experiences. Faculty maintained contact with preceptors. These actions seem to be effective for assessing and evaluating demonstration of critical thinking in clinical experiences. **Related Documents**: 2022-2023 CAP Summary MSN Outcomes 1,3,7,8.pdf **Actions**

Measures	Result
	Action: Action Date: 07/01/2023 Action: To meet this target for the 2023-2024 academic year course faculty will review preceptor evaluations and/or assess student performance with OSCE/Lab simulation experiences. Contact with preceptors and students will be maintained throughout the course to evaluate progress toward outcomes **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** NU530 Population Health Issues Paper **Target:** 95% of students will achieve 80% or better on Population Health Issues Paper. (Target increased from 73% to 80% for 2020-2021) **Timeframe:** Annually **Responsible Parties:** Graduate Curriculum Committee	**Result Date**: 07/01/2023 **Result**: Summer 2022- N/A Course not offered Fall 2023 - 93% (13 of 14) achieved at least 80% on the Population Health Issues Paper Spring 2023 - 82% (9 of 11) achieved at least 80% on the Population Health Issues Paper Cumulative - 88% (22 of 25) achieved at least 80% Results are better than the previous reporting year (2021-2022) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: The course faculty utilized the action plan from the previous year and used student comments from the course evaluations as a guide to make adjustments to course. A Panopto was developed to explain assignment and an example of a table was provided within the BB course **Actions** **Action**: Action Date: 07/01/2023 Action: In order to meet this target with all groups next year, course faculty will review the assignment instructions and criteria. **Follow-up**

Program (Nursing) - Post-Graduate Certificate APRN

PGC 1.0

AU Outcome
Synthesize knowledge from nursing science and related disciplines in order to develop a foundation to guide practice
Outcome Status
Active

College Goals 2020-2024

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical **Measure:** Clinical evaluation tool Clinical Evaluations-"Critical Thinking" criterion **Target:** 95% of students achieve an acceptable level on all criteria on "Critical thinking" criterion on the Faculty Clinical Evaluation Tool. **Timeframe:** Annually **Responsible Parties:** Director MSN Program / Graduate Curriculum Committee	**Result Date**: 07/01/2023 **Result**: Target met with all clinical courses at 100%. See attached report -2022-2023 CAP Summary PGC Outcomes 1,2,3,4. 2021-2022 Results are the same. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Faculty continued to review preceptor evaluations and/or assess with OSCE performance experiences. Faculty maintained contact with preceptors. These actions seem to be effective for assessing and evaluating demonstration of critical thinking in clinical experiences. **Related Documents**: [2022-2023 CAP Summary PGC Outcomes 1,2 3, 4.pdf](#) **Actions** **Action**: Action Date: 07/01/2023 Action: To meet this target for the 2023-2024 academic year course faculty will review preceptor evaluations and/or assess student performance with OSCE simulation experiences. Contact with preceptors and students will be maintained throughout the course to evaluate progress toward outcomes **Follow-up**

Program (Nursing) - Post-Graduate Certificate APRN

PGC 2.0

AU Outcome
Apply quality principles to promote patient safety and positive individual and systems outcomes
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** Clinical evaluation tool Clinical Evaluations-"Safety Outcomes" criterion	**Result Date**: 07/01/2023 **Result**: Target met with all clinical courses at 100%. See attached report -2022-2023 CAP Summary PGC Outcomes 1,2,3,4.

College Goals 2020-2024

Measures	Result
Target: 95% of students achieve an acceptable level on "Safety/Outcomes" criterion on Faculty Clinical Evaluation Tool. **Timeframe:** Annually **Responsible Parties:** Director MSN Program / Graduate Curriculum Committee	2021-2022 Results are the same. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Faculty continued to review preceptor evaluations and/or assess with OSCE performance experiences. Faculty maintained contact with preceptors. These actions seem to be effective for assessing and evaluating demonstration of critical thinking in clinical experiences. **Related Documents**: [2022-2023 CAP Summary PGC Outcomes 1,2 3, 4.pdf](#) **Actions** **Action**: Action Date: 07/01/2023 Action: To meet this target for the 2023-2024 academic year course faculty will review preceptor evaluations and/or assess student performance with OSCE simulation experiences. Contact with preceptors and students will be maintained throughout the course to evaluate progress toward outcomes **Follow-up**

PGC 3.0

AU Outcome
Collaborate within inter-professional teams to manage and improve health care services for individuals, families and populations
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** Clinical evaluation tool Clinical Evaluations-"Collaboration" criterion **Target:** 95% of students achieve an acceptable level on "Collaboration" criterion on Faculty Clinical Evaluation Tool. **Timeframe:** Annually **Responsible Parties:** Director MSN Program / Graduate Curriculum Committee	**Result Date**: 07/01/2023 **Result**: Target met with all clinical courses at 100%. See attached report -2022-2023 CAP Summary PGC Outcomes 1,2,3,4. 2021-2022 Results are the same. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Faculty continued to review preceptor evaluations and/or assess with OSCE performance experiences. Faculty maintained contact with preceptors. These actions seem to be effective for assessing and evaluating demonstration of critical

Measures	Result
	thinking in clinical experiences. **Related Documents**: [2022-2023 CAP Summary PGC Outcomes 1,2 3, 4.pdf](#) **Actions** Action: Action Date: 07/01/2023 Action: To meet this target for the 2023-2024 academic year course faculty will review preceptor evaluations and/or assess student performance with OSCE simulation experiences. Contact with preceptors and students will be maintained throughout the course to evaluate progress toward outcomes. **Follow-up**

PGC 4.0

AU Outcome
Integrate patient-centered and culturally responsive strategies into the delivery of clinical prevention, health promotion, and population-focused services.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** Clinical evaluation tool Clinical Evaluations-"Patient-Centered Care" criterion. **Target:** 95% of students achieve an acceptable level on all criteria on "Patient-Centered Care" criterion on the Faculty Clinical Evaluation Tool. **Timeframe:** Annually **Responsible Parties:** Director MSN Program / Graduate Curriculum Committee	**Result Date**: 07/01/2023 **Result**: Target met with all clinical courses at 100%. See attached report -2022-2023 CAP Summary PGC Outcomes 1,2,3,4. 2021-2022 Results are the same. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Faculty continued to review preceptor evaluations and/or assess with OSCE performance experiences. Faculty maintained contact with preceptors. These actions seem to be effective for assessing and evaluating demonstration of critical thinking in clinical experiences. **Related Documents**: [2022-2023 CAP Summary PGC Outcomes 1,2 3, 4.pdf](#) **Actions** **Action**: Action Date: 07/01/2023

Measures	Result
	Action: To meet this target for the 2023-2024 academic year course faculty will review preceptor evaluations and/or assess student performance with OSCE simulation experiences. Contact with preceptors and students will be maintained throughout the course to evaluate progress toward outcomes **Follow-up**

College Goal 2

College Goal
Allen College is committed to developing and implementing accessible academic programs of excellence that are responsive to the workforce needs of Iowa and the nation.

College Goal Status
Active

Admin - Administration

Admin 4.0

AU Outcome
Allen College has appropriate technology for facilities, resources, and education services.
Outcome Status
Active

Measures	Result
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Number of FTEs allocated for instructional technology, media services, and, instructional, designer. **Target:** College provides at least 2.0 FTEs to support faculty technology needs. **Timeframe:** Annually **Responsible Parties:** DOBAS	**Result Date**: 09/30/2023 **Result**: The college currently has 3.0 full time equivalents (FTEs) to support the college technology needs which meets the target of 2 FTEs. 2.0 FTEs are specifically instructional technology, 1.0 FTE is an instructional designer and the other 1.0 FTE is an AV specialist. Both are supervised by the Dean of Nursing. There is a 1.0 FTE who is a SIS coordinator that writes scripts for our student information system, CAMS who is supervised by the Executive Director of Business & Finance. The SIS Coordinator also assists with behind the scenes scripts as needed for Blackboard. [less] **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes

Measures	Result
	Action Plan Impact: The Dean of Nursing and Executive Director of Business & Finance completed the action recommended in the 2021-2022 plan of reviewing the instructional design and AV work volume, and determined that the current FTES were sufficient for our needs. **Actions** **Action**: Action Date: 09/30/2023 Action: Monitor work load of current technology staff and review prior to 2024-25 budget cycle and budget additional staff if deemed necessary. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Number of major requests by Allen College for hardware-software **Target:** 50% of requests approved **Timeframe:** Annually **Responsible Parties:** DOBAS	**Result Date**: 10/02/2023 **Result**: Based on a list of incidents and tasks from UPH IT, 1,774 tickets were opened for variety of Allen College items/issues in 2021. Of those 1,774 items, 30 were closed incomplete which represents 1.7%, leaving 98.3% as closed complete. None of the closed incomplete tickets involved hardware/software requests, which means those were completed at 100%. When compared to prior academic years, the hardware/software requests have been fulfilled at 100%. Furthermore, the closed complete ticket rate for all other items were 98.7% in 2020-21 and are now 98.3% in 2021-22. These are also consistently high completion rates. [more] **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Monitoring the tickets for to ensure the target of 50% is met was sufficient as the completion rates are still consistently high over 90%. **Actions** **Action**: Action Date: 10/02/2023 Action: For the 2023-24 year we will continue to monitor results and work closely with UPH IT regional management to insure our requests are completed/approved. Results will be available going forward as a report was written for Allen College for the needed information can be obtained. Consider changing item to number of major requests (incidents/tasks) completed for Allen College by UPH IT department, with target being 90%, as reporting data has been refined and can now be requested. With the current reporting we can still determine if hardware/software requests are completed at 100%. **Follow-up** **Follow-up**: Consider changing item to number of major requests (incidents/tasks) completed for Allen College by UPH IT department, with target being 90%, as reporting

College Goals 2020-2024

Measures	Result
	data has been refined and can now be requested. With the current reporting we can still determine if hardware/software requests are completed at 100%.
Assessment Method Status: Active **Assessment Type:** AD: Survey **Measure:** Ruffalo Noel Levitz Student Satisfaction Inventory—Satisfaction with "24. The equipment in the lab facilities is kept up to date." **Target:** 80% of students report satisfied or very satisfied [need to verify target] **Timeframe:** Annually **Responsible Parties:** Buildings & Grounds	**Result Date**: 10/10/2023 **Result**: Lab facilities from the SSI reports that 91% of students rated this item important or very important and 66% were satisfied or very satisfied, indicating a 25% performance gap. When compared to 2021-22 results of 88% of students rated this item important or very important and 75% were satisfied or very satisfied, this is a 3% increase in importance and a 9% decrease in satisfaction which is a downward trend with a goal of at least 80%. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: The previous action plan from 2021-22 was to continue to update lab facilities for appropriate equipment and setting. The DPT anatomy lab was completed in spring 2023. Simulation equipment including audio visual and manikin equipment are planned for 2023-24 as well as sonography equipment upgrades. Although we cannot identify what caused the decrease in satisfaction, we will continue to collaborate with the hospital and other UPH facilities to acquire lab equipment as well as plan for capital expenses as appropriate. **Actions** **Action**: Continue to update lab facilities for appropriate equipment and setting. The DPT anatomy lab was completed in spring 2023. Simulation equipment including audio visual and manikin equipment are planned for 2023-24 as well as sonography equipment upgrades. We will continue to collaborate with the hospital and other UPH facilities to acquire lab equipment. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Survey **Measure:** Ruffalo Noel Levitz Student Satisfaction Inventory—Satisfaction with "39. On the whole, the school is well-maintained." **Target:** 80% of students report satisfied or very satisfied [need to verify target] **Timeframe:** Annually **Responsible Parties:** Buildings & Grounds	**Result Date**: 10/05/2023 **Result**: The maintaining of the school from the SSI reports that 86% of students rated this item important or very important and 91% were satisfied, indicating a -5% performance gap. When compared to 2021-22 SSI survey results this is a 3% decrease in importance and a 3% decrease in student satisfaction, but still well above the 80% target for satisfaction. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes

Measures	Result
	Action Plan Impact: Our 2022-23 action plan was to continue to monitor that the school is well-maintained to make sure it meets the needs of our students. In 2022-23 campus updates such as completion of the DPT anatomy lab and securing the DPT space, as well as some security/card access campus updates are examples of ongoing campus maintenance that most likely contributed to this consistently positive outcome. **Actions** **Action**: Continue to monitor that the school is well-maintained to ensure it meets the needs of our students, which includes planned initiatives such as patio maintenance at McElroy Hall, and additional simulation lab audio visual and simulation equipment. **Follow-up**

Admin 5.0

AU Outcome
Classroom and Lab facilities are available for students
Outcome Status
Active

Measures	Result
Assessment Method Status: Active **Assessment Type:** AD: Survey **Measure:** Ruffalo Noel Levitz Student Satisfaction Inventory (replaced Allen College Student Opinion Survey spring 2021)— Satisfaction with Classrooms **Target:** 80% of students report satisfied or very satisfied [need to verify target] **Timeframe:** Annually **Responsible Parties:** Buildings & Grounds	**Result Date**: 10/06/2023 **Result**: Question 46 - Classrooms from the SSI reports that 85% of students rated this item important or very important and 85% were satisfied or very satisfied, indicating a 0% performance gap. In 2021-22 this item was rated important or very important by 83% of students and 89% were satisfied or very satisfied. This is an increase of 2% in importance and a decrease of 4% in student satisfaction from the 2021-22 SSI survey, but still meets the goal of 80% satisfaction rate. (10/06/2023) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Our 2022-23 action plan was to continue to monitor and maintain classroom furniture and technology to ensure classrooms meet the needs of our students. Among the items that were monitored, the main switcher in Baskins and McBride classrooms failed and had to be repaired. During the year the podium switchers

College Goals 2020-2024

Measures	Result
	also had to be repaired and we have a spare on hand in these situations. **Actions** **Action**: Continue to monitor and maintain classroom furniture and technology to ensure classrooms meet the needs of our students. Planned initiatives for this effort are to replace failed AV equipment as needed. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Survey **Measure:** Ruffalo Noel Levitz Student Satisfaction Inventory—"18. Computer labs are adequate and accessible." **Target:** 80% of students report satisfied or very satisfied [need to verify target] **Timeframe:** Annually **Responsible Parties:** Buildings & Grounds	**Result Date**: 10/06/2023 **Result**: Results from the Spring 2023 RNLSSI survey indicate students' level of importance and satisfaction that computers and/or Wi-Fi are adequate and accessible. 91% indicate that this is important or very important and 87% indicate that they are satisfied or very satisfied, indicating a performance gap favoring importance of 4%. This satisfaction still meets the goal of 80% satisfaction rate. This is an improvement in importance by 11% and in student satisfaction by 2% when comparing to the 2021-22 SSI survey results. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: The plan for 2022-23 was to continue to monitor and maintain our computer labs and Wi-Fi to ensure they meet the needs of our students. Because students require laptops for their studies, printing is the main reason for campus computer use in the lab and library. One initiative still in progress is the ability for students to print from their own devices. The UPH IT department is working on a print server for this purpose, which should be available in 2023-24 as plans are underway to complete this initiative. Another plan is to monitor computer use in the lab and library through quarterly/annual reports to determine sufficient computer/printer availability while being good stewards of our resources, this has not yet been done. **Actions** **Action**: We will continue to monitor and maintain our computer labs to ensure they meet the needs of our students. The print server completion for printing from your own device completion is planned for fall 2023 or spring 2024. Quarterly reports for lab and library use to determine sufficient computer/printer availability while being good stewards of our resources is planned for fall 2023 and all of 2024. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Survey	**Result Date**: 10/06/2023 **Result**: Results from 2023 RNLSSI item percentages report: 79% rated this item

College Goals 2020-2024

Measures	Result
Measure: Ruffalo Noel Levitz Student Satisfaction Inventory –"21. The amount of student parking space is adequate." **Target:** 80% of students report satisfied or very satisfied [need to verify target] **Timeframe:** Annually **Responsible Parties:** Buildings & Grounds	important or very important and 89% were satisfied with adequacy of parking space, indicating a performance gap favoring satisfaction of -10%. When compared to last year's SSI report, this is a decrease in importance by 4% in student satisfaction by 3% but still well above the satisfaction threshold of 80%. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: The 2022-23 action plan was to continue to monitor our parking space to make sure they meet the needs of our students. Based on less students on campus due to more an increase in virtual offerings (DPT) as well as when compared to prior year headcount, this has eased parking constrictions. **<u>Actions</u>** **Action**: We will continue to monitor our parking space to make sure they meet the needs of our students. **<u>Follow-up</u>**
Assessment Method Status: Active **Assessment Type:** AD: Survey **Measure:** Ruffalo Noel Levitz Student Satisfaction Inventory—Satisfaction with "10. Parking lots are well-lighted and secure." **Target:** 80% of students report satisfied or very satisfied [need to verify target] **Timeframe:** Annually **Responsible Parties:** Buildings & Grounds	**Result Date**: 10/06/2023 **Result**: Results from the spring 2023 RNL SSI where the students think that the parking lots are well lighted and secure: 80% think it is important or very important and 94% are satisfied or very satisfied. This indicates a performance gab favoring satisfaction of -14%. When compared to the 2022 RNL SSI the importance of 81% and satisfaction of 90% shows a decrease in importance of 1% and a satisfaction increase of 4%. These results continue to be well over the 80% target. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: The action plan for 2022-23 was to continue to monitor the parking lots to ensure that they are well-lighted and secure for our students. Updated LED lighting was added to the parking lots and sidewalks several years ago, which continues to increase the light and security on campus. **<u>Actions</u>** **Action**: The 2023-24 plan is to continue to monitor the parking lots to keep them well lighted and secure. UPH Security does regular rounds in our parking lots daily to monitor the safety of our lots.

Measures	Result
	Follow-up
Assessment Method Status: Active **Assessment Type:** AD: Survey **Measure:** Ruffalo Noel Levitz Student Satisfaction Inventory (replaced Allen College Student Opinion Survey spring 2021)--Satisfaction with Study Areas **Target:** 80% of students report satisfied or very satisfied [need to verify target] **Timeframe:** Annually **Responsible Parties:** Buildings & Grounds	**Result Date**: 10/06/2023 **Result**: Question 45 - Study Areas from the SSI reports that 83% of students rated this item important or very important and 76% were satisfied or very satisfied, indicating a 7% performance gap. 2021-22 SSI reports that 84% of students rated this item important or very important and 82% were satisfied or very satisfied, indicating a decrease in importance of 1% and a decrease in satisfaction of 6%. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: The action plan for 2022-23 was to continue to monitor and maintain study areas to ensure that they meet the needs of our students. We added white noise generators to the library private study areas along with headphones that can be checked out. **Actions** **Action**: For 2023-24 continue to monitor and maintain study areas for student use and review the current study spaces with the ability to add more if needed. Providing private study spaces can be challenging due to limited campus space; however, we are working with faculty, staff, and students to improve our study space offerings. **Follow-up**

Admin - Teaching & Learning Committee

TLC 1.0

AU Outcome
Allen College courses will reflect Quality Matters standards.
Outcome Status
Active
Start Date
07/01/2015

College Goals 2020-2024

Measures	Result
Assessment Method Status: Active **Assessment Type:** SL: Survey **Measure:** Mean rating of all 8 items on course evaluation tool completed by students (1.0 = strongly disagree, 2.0 = disagree, 3.0 = agree, 4.0 = strongly agree). The mean rating of each item will be averaged for an overall mean rating for each course. **Target:** 95% of courses will have a mean rating for all 8 items of at least a 3.0 (agree) on a 4.0 (strongly agree) scale. **Timeframe:** Health Sciences courses based on evaluation cycle. Nursing courses based on curriculum course review schedule. **Responsible Parties:** TLC Chair and Committee Members	**Result Date**: 09/08/2023 **Result**: 100% (24/24) of Nursing courses reviewed had an average course evaluation rating of 3.0 or above (agree, strongly agree), demonstrating maintenance of 100% of graduate and undergraduate nursing courses having average course evaluation ratings of 3.0 or above for the 2021-2022 academic year. 97% (102/105) of Health Science Courses reviewed had an average course evaluation rating of 3.0 or above compared to 100% of courses reviewed (60/60) the previous year. This demonstrates achievement of the target for third straight year. EdD 93% (14/15) OT 100% (20/20) PH 100% (2/2) MLS 100% (6/6) ASR 100% (14/14) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: THERE WAS NO PROPOSED ACTION PLAN FOR 2022-2023) **Actions** **Action**: 1. Maintain current target of "95% of courses will have a mean rating for all 8 items of at least a 3.0 (agree) on a 4.0 (strongly agree) scale." 2. Continue to assess the average course evaluation ratings in nursing and health science courses, and consider events or circumstances that might account for less than 95% of courses having average course evaluation ratings of 3.0 or higher. **Follow-up**

Program (HS) - Associate of Science in Radiography (ASR)

ASR 1.1

AU Outcome
Students will practice proper radiation protection
Outcome Status
Active

College Goals 2020-2024

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** RA: 135 Competency Testing/CCE Part II, numbers 5, 7, 9, 15, 17 **Target:** Average score of >= 3 (0-4 pt. scale) **Timeframe:** Level 1-Fall Semester **Responsible Parties:** Lab Instructor/ Program Faculty/HS APG Committee	**Result Date**: 09/27/2023 **Result**: In Fall 2022, the average score of the RA135 Competency Testing/CCE Part II, numbers 5,7,9,15,17, was 3.96. This year's average score is consistent with prior year's data with no significant change. This data shows that the students continue to practice proper radiation protection at a high level. Fall 2022 = 3.96 (n=16) Previous data: 2021 = 3.95 (n=13) 2020 = 3.94 (n=23) 2019 = 3.91 (n=19) 2018 = 3.90 (n=13) 2017 = 3.97 (n=14) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the instructors continue to have students practice radiation protection in each lab and in the clinical environment. Radiation protection practices and concepts including accurate technical factors and collimation are instructed and reinforced in classes and labs. This instruction assists the students in applying radiation protection concepts in the clinical setting. Students demonstrated clinical competence by applying proper radiation protection. The action plan was effective. A variety of radiation protection practices and principles are emphasized throughout the curriculum. **Actions** **Action**: Action Date: 09/27/2023 Action: ASR faculty will continue to instruct and reinforce radiation protection practices and concepts in classes and labs. The program will continue to use and assess this measurement tool with each new cohort. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** RA: 275 Final Clinical Competency Testing/ CCE Part II, numbers 5,7,9,15,17 **Target:** Average score of >= 3 (0-4 pt. scale) **Timeframe:** Level II-Spring Semester	**Result Date**: 09/27/2023 **Result**: This year's average score of the RA275 Final Clinical Competency Testing/CCE Part II, numbers 5,7,9,15,17, was 3.97. This year's average score is consistent when compared to prior years without a significant change. The consistency in the data shows that the students continue to practice proper radiation protection at a high level consistently. 2023 = 3.97 (n=10)

College Goals 2020-2024

Measures	Result
Responsible Parties: Clinical Instructors/Program Faculty/HS Curriculum Committee	Previous data: 2022 = 4.0 (n=17) 2021= 3.98 (n= 16) 2020 no data to assess, this program requirement was waived for this cohort due to COVID-19. 2019 = 4 (n=12) 2018 = 3.96 (n=12) 2017 = 3.96 (n=15) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the program's curriculum continues to integrate radiation protection concepts each semester. The action plan from the 2021-2022 analysis was successful for 2022-2023. The students demonstrated clinical proficiency and competency in providing radiation protection. The program's curriculum integrates radiation protection concepts every semester. Each student's performance demonstrated clinical competence. Clinical instructors continue to instruct students in the clinical setting and evaluate them regarding their level of competency with practicing proper radiation protection. **Actions** **Action**: Action Date: 09/27/2023 Action: To continue to exceed the benchmark for this measure during the Spring 2024 course, the program's curriculum will continue to integrate radiation protection concepts each semester. The recommendation is the continued use of this assessment tool since there are variations in patients and exams. This evaluation will continue to be completed by the clinical instructors. **Follow-up**

ASR 1.2

AU Outcome
Students will apply correct positioning skills
Outcome Status
Active

College Goals 2020-2024

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** RA: 145 Certification Testing/ Part I, numbers 3,12,14,15 **Target:** Average score of >= 3. (0-4 pt. scale) **Timeframe:** Level I-Spring Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/ HS Curriculum Committee	**Result Date**: 09/27/2023 **Result**: In Spring 2023, the average score of the RA145 Certification Testing/Part I, numbers 3,12,14,15 was 3.94. This is slightly lower than last year's average of 3.98, but the decrease is not considered significant. This data shows that the student's consistently apply correct positioning skills during radiography procedures. 2023= 3.94 (n=14) Previous data: 2022= 3.98 (n=10) 2021= 3.93 (n=17) 2020= 3.92 (n=16) 2019= 3.88 (n=13) 2018= 3.86 (n=14) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, course instructors continued to assess this item since certification testing is completed at various clinical sites and with different clinical instructors. The action plan from the 2021-2022 analysis was successful for 2022-2023. Students continue to exceed benchmark. All students demonstrated clinical competence while applying correct positioning skills. The clinical instructors encouraged the students to continually practice and review positioning principles. The students demonstrated knowledge of positioning in relation to their level of placement in the program. **<u>Actions</u>** **Action**: Action Date: 09/27/2023 Action: The clinical instructors will continue to work with the students and encourage them to practice and review positioning principles while in the clinical setting. Certification testing continues to be completed at various clinical sites with different clinical instructors. The course instructors recommend continued use of this assessment tool. **<u>Follow-up</u>**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** RA: 265 Certification Testing/Part I, numbers 3,12,14,15	**Result Date**: 09/27/2023 **Result**: In Fall 2021, the average score of the RA265 Certification Testing/Part I, numbers 3,12,14,15, was 3.96. This year's average score is slightly higher at 4.0. This data remains consistent when comparing it to prior data. Students continually exceed benchmark demonstrating their ability to apply correct positioning skills while performing

Measures	Result
Target: Average score of >= 3. (0-4 pt. scale) **Timeframe:** Level II-Fall Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/ HS Curriculum Committee	radiography procedures. 2022=4.0 (n=10) Previous data: 2021=3.96 (n=17) 2020=3.95 (n=16) 2019 = 3.9 (n= 10) 2018=3.95 (n=12) 2017=3.90 (n=12) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the faculty continue to communicate with the clinical instructors and encourage them to select from more advanced and challenging exams to correlate with the student's level in the program. All students demonstrated clinical competence and applied correct positioning skills for the certifications. The students were instructed by the program faculty and demonstrated application of classroom and lab learning activities in the clinical setting. **Actions** **Action**: Action Date: 09/27/2023 Action: The faculty will continue to communicate with the clinical instructors and encourage them to select from more advanced and challenging exams to correlate with the student's level in the program. Faculty will continue to provide effective instruction in the classroom and lab. **Follow-up**

ASR 2.1

AU Outcome
Students will demonstrate effective communication skills in the clinical setting
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool	**Result Date**: 09/27/2023 **Result**: In Fall 2021, the average score of the RA135 Clinical Instructor/Preceptor

College Goals 2020-2024

Measures	Result
Measure: RA:135 Clinical Instructor/ Preceptor Evaluations/ Numbers 3, 6, 10,11 **Target:** Average score >= 3.5 (0-4 pt. scale) **Timeframe:** Level I-Fall Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/ HS Curriculum Committee	Evaluations/Numbers 3,6,10,11, was 3.52. This year's average score of 3.85 is an increase when compared to all prior data. The student's average scores increased in all areas of the performance criteria. This data shows that students are able to demonstrate effective communication skills in the clinical setting. 2022: 3.85 (n=16) Previous data: 2021: 3.52 (n=13) 2020: 3.27(n=22) 2019: 3.47(n=19) 2018: 3.67(n=13) 2017: 3.68(n=14) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the clinical instructors/preceptors continue to provide instruction to students in the areas of patient care, interpersonal relationships, multicultural diversity and age-appropriate care in the clinical setting. The action plan was effective. The clinical site rotations provide each student with the opportunity to work in diverse environments and with diverse patients. The students' average scores increased in all areas of the performance criteria: patient care, interpersonal relationships, multicultural diversity, and age-appropriate care. **<u>Actions</u>** **Action**: Action Date: 09/27/2023 Action: The clinical instructors/preceptors will continue to provide instruction to students in the areas of patient care, interpersonal relationships, multicultural diversity and age-appropriate care in the clinical setting. The ASR faculty will continue to provide diverse clinical sites to all students with the opportunity to work with diverse patients. **<u>Follow-up</u>**
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** RA:275 Clinical Instructor/ Preceptor Evaluations/Numbers 3, 6,10,11 **Target:** Average score >= 3 (0-4 pt. scale) **Timeframe:** Level II -Spring Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/ HS Curriculum Committee	**Result Date**: 09/27/2023 **Result**: In Spring 2021, the average score of the RA275 Clinical Instructor/Preceptor Evaluations/Numbers 3,6,10,11, was 3.92. This year's average score demonstrated a slight decrease with a score of 3.84. This decrease in score is not significant. Cohorts continue to exceed benchmark each year. Students continue to demonstrate effective communication skills in the clinical setting. Spring 2023 = 3.84 (n=10) Previous data: 2021-2022 = 3.92 (n=17)

Measures	Result
	2020-2021 = 3.66 (n=16) 2019-2020 = 3.86 (n=10) 2018-2019 = 3.9 (n=12) 2017-2018 = 3.78 (n=12) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the clinical instructors/preceptors continue to instruct students by exhibiting effective communication in the clinical environment. The action plan was effective for 2022-2023 as the clinical instructors/preceptors in the clinical setting provided exceptional instruction and supervision of students to assess their communication skills. Overall, students continue to demonstrate effective communication skills in the clinical setting. Faculty continue to work and communicate with clinical instructors and preceptors to ensure student success in the clinical setting. <u>**Actions**</u> **Action**: Action Date: 09/27/2023 Action: Clinical instructors and preceptors will continue to instruct students by exhibiting effective communication in the clinical environment. Faculty will continue to work and communicate with clinical instructors and preceptors to ensure student success in the clinical setting. <u>**Follow-up**</u>
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** RA:135 Clinical Competency Evaluation/ Part I – Number 4 Part III-Numbers 1,3,6-8 **Target:** Average score >= 3 (0-4 pt. scale) **Timeframe:** Level I-Fall Semester **Responsible Parties:** Clinical Instructor/Program Faculty/ HS Curriculum Committee	**Result Date**: 09/27/2023 **Result**: This year's average score of the RA135 Clinical Competency Evaluation/Part I Number 4, Part III Numbers 1,3,6-8, was 3.98. This is not a significant increase when compared to last year's score of 3.94. This year's score is very consistent with prior years with students continually receiving an average score of 3.94 or above since Fall 2018. Students continue to demonstrate effective communication skills in the clinical setting. 2022 = 3.98 (n=16) Previous data: 2021 = 3.94 (n=13) 2020 = 3.96 (n=23) 2019 = 3.94 (n=19) 2018 = 3.95 (n=13) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes

Measures	Result
	Action Plan Impact: As proposed in the 2021-2022 action plan, the program faculty continue to provide the students with the skills needed for effective clinical communication. The action plan from the previous academic year was effective for the current academic year. Program faculty instructed and guided the students to enable them to demonstrate effective communication skills. The clinical instructors also provided effective instruction, supervision, and feedback to the students in the clinical settings. The benchmark of 3.5 was exceeded. The students demonstrated effective communication skills reflective of their level in the program. **Actions** **Action**: Action Date: 09/27/2023 Action: The program faculty and clinical instructors will continue to provide effective instruction, supervision, and feedback to the students. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** RA:275 Final Clinical Competency Evaluation/ Part I – Number 4 Part III- Numbers 1,3,6-8 **Target:** Average score >= 3.5 (0-4 pt. scale) **Timeframe:** Level II- Spring Semester **Responsible Parties:** Clinical Instructor/ Program Faculty/ HS Curriculum Committee	**Result Date**: 09/27/2023 **Result**: This year's average score of the RA275 Final Clinical Competency Evaluation/Part I Number 4, Part III Numbers 1,3,6-8, was 4.0 on a 0-4 point scale. Students exceeded benchmark with the highest score possible. This data is consistent with prior years as students have achieved an average score of 3.98 or higher since 2018. Students consistently demonstrate effective communication skills in the clinical setting. 2023 = 4 (n=10) Previous data: 2022 = 4 (n=17) 2021=3.98 (n=16) 2020 no data to assess, this program requirement was waived for this cohort due to COVID-19. 2019=4 (n=12) 2018=3.98 (n=12) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the students continue to be instructed and guided in effective clinical communication skills in every semester of the program. The action plan from 2021-2022 was effective for 2022-2023. Students continue to exceed the benchmark. Students demonstrated excellent communication skills in the clinical setting. Many of this year's final CCEs were performed on patients

Measures	Result
	that required multiple exams and extensive patient communication. **Actions** **Action**: Action Date: 09/27/2023 Action: Students will continue be instructed and guided in effective clinical communication skills in every semester of the ASR program. All clinical instructors and preceptors at all clinical sites assist with this instruction and guidance. **Follow-up**

ASR 2.2

AU Outcome
Students will practice and demonstrate communication skills (formerly Students will practice written communication skills)
Outcome Status
Active
Start Date
09/25/2023

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** RA: 115 Patient Care Presentation **Target:** Average score of >= 85% **Timeframe:** Level I-Fall Semester **Responsible Parties:** RA: 115 Course Instructor/HS APG Committee	**Result Date**: 09/27/2023 **Result**: In Fall 2021, the average score of the RA115 Patient Care Presentation was 97.7%. This year's average score of 97.7% is the exact same. Students continue to earn an average score of 97% or higher since 2018. This data shows that students consistently continue to practice effective written communication skills. 2022= 97.7% (n=15) Previous data: 2021= 97.7% (n=12) 2020= 96% (n=20) 2019=98% (n=19) 2018=98% (n=13) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the course instructor continues to discuss the paper requirements with the students. The instructor reminds the students of the resources available on the Allen College website. The action plan was

Measures	Result
	effective for 2022-2023. APA format seems to be a struggle for some students. In text citations have gotten better. The student success coordinator has come in and presented on APA. **Actions** **Action**: Action Date: 09/27/2023 Action: The course instructor will continue to discuss the paper requirements with the students and remind them of the resources available on the Allen College website. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** RA:258 Pathology Systems Presentation **Target:** Average score of >= 85% **Timeframe:** Level II-Fall Semester **Responsible Parties:** RA: 258 Course Instructor/ HS APG Committee	**Result Date**: 09/27/2023 **Result**: In Fall 2022, the average score of the RA258 Pathology Systems Presentation was 93.9%. This is slightly lower than last year's average score of 94.8%. This decrease is not considered significant. Students continue to exceed benchmark. The students demonstrate the ability to practice effective written communication skills. 2022=93.9% (n=10) Previous data: 2021=94.8% (n=17) 2020=98% (n=16) 2019=99% (n=10) 2018=99% (n=12) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the course instructor continues to discuss the paper requirements with the students. The action plan was effective for 2022-2023. Each student completes two papers during the course. Most students struggled and had points deducted in the format section of the paper; this was due to spelling errors and APA formatting errors. One student received a zero in this portion due to no APA formatting. Allen College website has multiple resources for writing help and students are informed of these resources by the course instructor. The student success coordinator has offered to come in and give an APA 7 quick guide presentation. **Actions** **Action**: Action Date: 09/27/2023 Action: The course instructor will continue to discuss the paper requirements with the students and encourage them to review APA guidelines. **Follow-up**

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ASR 2.3

AU Outcome
Students will demonstrate oral communication skills (deactivated and combined with ASR 2.2 on 09-25-23 for 2023-2024 academic year)
Outcome Status
Inactive
Inactive Date
09/25/2023

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** RA: 115 Patient Care Presentation **Target:** Average score of >= 85% **Timeframe:** Level I-Fall Semester **Responsible Parties:** RA: 115 Course Instructor/HS APG Committee	**Result Date**: 09/27/2023 **Result**: This year's average score of the RA115 Patient Care Presentation was 94.3%. This is slightly higher than last year's average score of 92.6%. The students continue to exceed benchmark. All students continue to demonstrate effective oral communication skills. 2022=94.3% (n=10) Previous data: 2021=92.6% (n=12) 2020=99% (n=20) 2019=98% (n=19) 2018=99% (n=13) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the course instructor continues to discuss paper requirements with the students. The action plan was successful for 2022-2023. All papers in the RA115 course were presented in person. Four of the students had point reductions due to words being inaccurately stated, most had minimal mistakes. Seven students had point reductions for voice level and speed, the students were very quiet and talked very quickly. These issues can be reduced by having the students practice their presentations before presenting them. **Actions** **Action**: Action Date: 09/27/2023 Action: The course instructor will continue to discuss the paper requirements with the students. **Follow-up**

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** RA:258 Pathology Systems Presentation **Target:** Average score of >= 85% **Timeframe:** Level II-Fall Semester **Responsible Parties:** RA: 258 Course Instructor/ HS APG Committee	**Result Date**: 09/27/2023 **Result**: This year's average score of the RA258 Pathology Systems Presentation was 94.2%. This is consistent with last year's average score of 94.8%. When looking data from 2018-2022, the students consistently average between 94-98%. All students continue to demonstrate effective oral communication skills. 2022=94.2% (n=10) Previous data: 2021=94.8% (n=17) 2020= 95% (n=16) 2019=98% (n=10) 2018=96% (n=12) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the course instructor continues to discuss the paper requirements with the students. The action plan was successful for 2022-2023. Each student completes two papers during the course. The students overall did a great job on presentations, they need to work on speaking loud enough for everyone to hear and pacing. Several students spoke very quickly and was hard to follow; this led to them not meeting the eight-minute requirement for length. All students demonstrated effective oral communication skills. **Actions** **Action**: Action Date: 09/27/2023 Action: The course instructor will continue to discuss the paper requirements with the students. **Follow-up**

ASR 3.1

AU Outcome
Students will appropriately critique radiographic images
Outcome Status
Active

College Goals 2020-2024

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** RA: 255 Radiographic image analysis worksheets **Target:** Average score of >= 80% **Timeframe:** Level II-Summer Semester **Responsible Parties:** RA: 255 Course Instructors/HS APG Committee	**Result Date**: 09/27/2023 **Result**: This year's average score of the RA255 Radiographic Image Analysis Worksheets was 94.7%. This is higher than last year's average score of 90%. Overall, the students have consistently exceeded benchmark demonstrating their ability to appropriately critique radiographic images. 2022 = 94.7% (n=10) Previous data: 2021 = 90% (n=17) 2020 = 91.94% (n=16) 2019 = 92.72% (n=11) 2018 = 93.75% (n=12) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the faculty continue to assign learning opportunities from the new 5th edition textbook. All students demonstrated the ability to apply critical thinking skills while correctly analyzing radiographic images. The students used the most current 5th edition textbook to assist them in completing this assignment. The textbook offers multiple radiographs and tables to assist the students in mastering critically analyzing and critiquing radiographic images. **Actions** **Action**: Action Date: 09/27/2023 Action: The faculty will continue to use the new 5th edition textbook. A variety of learning opportunities will continue to be provided to the students to assist them with critiquing radiographic images. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** RA: 265 Radiographic image analysis worksheets **Target:** Average score of >= 80% **Timeframe:** Level II- Fall Semester	**Result Date**: 09/27/2023 **Result**: In Fall 2022, the average score of the RA265 Radiographic Image Analysis Worksheets was 89.7%. This year's average score is slightly higher than last year's score of 88.88%. This increase is not considered significant. The students consistently demonstrate their ability to appropriately critique radiographic images. 2022=89.7% (n=17) Previous data 2021=88.88% (n=17)

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Measures	Result
Responsible Parties: RA: 265 Course Instructors/HS APG Committee	2020 = 91.69% (n=16) 2019 = 88.8% (n = 10) 2018 = 93.33% (n=12) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the faculty continue to assign learning opportunities from the new 5th edition textbook and review each item on the worksheets for clarity and accuracy with the new edition text. The action plan was successful in assisting the students in meeting the benchmark for 2022-2023. All students demonstrated the ability to apply their critical thinking skills and accurately critique radiographic images. The student is permitted two attempts to complete the worksheet and the scores are averaged. Some students chose to only complete one attempt. **Actions** **Action**: Action Date: 09/27/2023 Action: The instructor will continue to review each item on the worksheets for clarity and accuracy with the new edition text. ASR faculty will continue to communicate with the students encouraging them to take advantage of the 2 attempts allowed. **Follow-up**

ASR 3.2

AU Outcome
Students will demonstrate ability to practice critical thinking
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Exam/Quiz - Standardized **Measure:** RA: 203B Corectec exams **Target:** > 80% of the students will achieve a	**Result Date**: 09/27/2023 **Result**: In Spring 2023, 90% of the students achieved a score of 70 or greater on one of the four Corectec Exams assigned in RA203B. This is a significant improvement from last year's average of 70%. Benchmark was exceeded this year. The students demonstrated their ability to practice critical thinking.

Measures	Result
score of 70 or greater on one of the four exams. **Timeframe:** Level II- Spring Semester **Responsible Parties:** RA: 203B Course Instructor/HS Curriculum Committee	2023 = 90% (n = 10) achieved a 70 or greater on one of the four exams. Previous data: 2022 = 71% (n = 17) 2021 = 69% (n = 16) 2020 = 90% (n=10) 2019 = 100% (n=12) 2018 = 100% (n=12) 2017 = 93% (n=15) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the instructor made a few revisions to the guided review assignments. The placement of the exams within the semester remained consistent with two scheduled before student seminar attendance and two after. The instructor shared the Corectec lessons with ASR faculty to assist in verifying their accuracy. To encourage use of all review opportunities for all students, the RA275 Professional Development Practicum course instructors required attendance for both days of the student seminar and applied the mock board score the students earn at the seminar towards the RA275 course grade. Attendance for both days of the seminar and course weight applied to the mock board score assisted the students in meeting benchmark for the RA203B Corectec exams. **Actions** **Action**: Action Date: 09/27/2023 Action: ASR faculty will continue requiring attendance for both days of the student seminar and will apply the mock board score towards the RA275 course grade. Faculty will continue to make revisions to the guided review assignments as needed. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** RA:154 CT Topic Presentation **Target:** Average score of >= 80% **Timeframe:** Level I- Spring Semester **Responsible Parties:** Program Faculty/HS Curriculum Committee	**Result Date**: 09/27/2023 **Result**: In Spring 2022, the average score of the RA154 CT Topic Presentation was 96.4%. This year's average score is consistent with last year's score of 96.75%. Benchmark continues to be exceeded. This is third year that this measurement tool has been used. The students continue to demonstrate their ability to practice critical thinking consistently. Spring 2023 = 96.4% (n=10) Previous data: Spring 2022 = 96.75% (n=8)

Measures	Result
	Spring 2021 = 96.24% (n=13) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021/2022 action plan, the instructor provided each student with a grading rubric and a presentation example within Blackboard. The instructor also had each student conduct 2 peer reviews on their classmate's presentations. Students are expected to use critical thinking skills to help teach the class about specific CT topics. The topics presented this year included various procedures, trauma involving different areas of the body, and pediatrics. Each student is evaluated on presentation format, content, audio/professionalism, and creativity. A presentation example was provided to the students within Blackboard to help them better visualize the instructor's expectations. The entire cohort excelled when it came to format, content and audio/professionalism. Minor points were deducted from a select few presentations for creativity; a few presentations were too "wordy" taking the focus away from the audio portion of the presentation. The student peer review feedback was taken into consideration when the instructor completed the final grade/feedback for each presentation. Through the creation of their presentations, the students did a great job at demonstrating their ability to practice critical thinking in the learning environment. **Actions** **Action**: Action Date: 09/27/2023 Action: The instructor will continue to provide each student with a grading rubric and a presentation example within Blackboard. The instructor will continue to have each student conduct peer reviews on their classmate's presentations. The feedback provided by the students during their peer reviews will be used by the instructor when they complete a final grade for each presentation. **Follow-up**

ASR 3.3

AU Outcome
Students will be able to critically think in the clinical setting
Outcome Status
Active

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Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** RA:145 Clinical Instructor/ Preceptor Evaluations/Numbers 2,4,7,8 **Target:** Average score >= 3. (0-4 pt. scale) **Timeframe:** Level I-Spring Semester **Responsible Parties:** RA: 145 Course Instructor/HS APG Committee	**Result Date**: 09/28/2023 **Result**: In Spring 2022, the average score of the RA145 Clinical Instructor/Preceptor Evaluations/Numbers 2,4,7,8 was 3.66. This year's average score is slightly higher at 3.74. All students continue to exceed benchmark with consistently averaging 3.6 and higher for the last 4 years. Students continue to demonstrate their ability to critically think in the clinical setting. Spring 2023 = 3.74 (N =15) Previous data: 2021-2022 3.66 (N =10) 2020-2021 3.65 (N=18) 2019-2020 3.6 (N=16) 2018-2019 3.36 (N=13) 2017-2018 3.53 (N=14) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the clinical instructors/preceptors in the clinical setting continued to provide excellent instruction and supervision of students to assess their critical thinking skills. This result is an increase compared to the previous year. The student scores were higher than the previous year in the Self-Image for Level in the ASR Program, Ability to follow directions, and Composure and Adaptability. In the area of Applications of Knowledge there was no change over the prior year. The action plan was effective. Students continue to demonstrate their ability to critically think in the clinical setting. **Actions** **Action**: Action Date: 09/28/2023 Action: The clinical instructors/preceptors will continue to provide the needed instruction and supervision of the students to evaluate their critical thinking skills in the clinical setting. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** RA:265 Clinical Instructor/ Preceptor Evaluations/Numbers 2,4,7,8 **Target:** Average score >= 3. (0-4 pt. scale)	**Result Date**: 09/28/2023 **Result**: This year's average score of the RA265 Clinical Instructor/Preceptor Evaluations/Numbers 2,4,7,8, was 3.86. This is higher than last year's score of 3.57 and remains consistent with prior year's data. The benchmark continues to be exceeded and the students continue to demonstrate their ability to critically think in the clinical setting. 2022: 3.86 (n=10)

Measures	Result
Timeframe: Level II- Fall Semester **Responsible Parties:** RA: 265 Course Instructors/HS Curriculum Committee	Previous Data: 2021: 3.57 (n=17) 2020: 3.75 (n=16) 2019: 3.86 (n=11) 2018: 3.81 (n=12) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the clinical instructors/preceptors continue to instruct, explain, and demonstrate to students how to practice critically thinking skills in the clinical environment. The action plan was successful for 2022-2023. The students' scores increased in all four performance criteria areas: application of knowledge, ability to follow directions, self-image for Level in the ASR program, and composure and adaptability. Students have immediate access to their completed evaluations on Trajecsys. Students continue to be able to critically think in the clinical setting. **Actions** **Action**: Action Date: 09/28/2023 Action: The clinical instructors/preceptors will continue to instruct, explain. and demonstrate to students how to practice critical thinking skills in the clinical environment. **Follow-up**

ASR 4.1

AU Outcome
Students will integrate leadership skills and construct professional practices
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Service **Measure:** RA:135 Community Service/Service Learning Evaluation	**Result Date**: 09/28/2023 **Result**: This year's average score of the RA135 Community Service/Service Learning Evaluation was 86.75%. This is a significant increase from last year's score of 77.46%. Benchmark was exceeded and the students demonstrated their ability to integrate

College Goals 2020-2024

Measures	Result
Target: Average score of >= 80% **Timeframe:** Level I-Fall Semester **Responsible Parties:** RA: 135 Course Instructors/HS Curriculum Committee	leadership skills and construct professional practices. 2022 = 86.75% (n=16) Previous data: 2021 = 77.46% (n=13) 2020 = 88.80% (n=18) 2019 = 87.71% (n=19) 2018 = 83.69% (n=13) 2017 = 94.78 (n=14) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the course instructors continue to assess the assignment instructions and make modifications accordingly. The action plan from the prior academic year was successful in assisting the students in achieving the benchmark for the current academic year. Additional APA resources were provided to the students. Many of the point deductions continue to be in the overall writing category and in the performed independently category of the grade rubric. Some students also provided the bare minimum amount of information in the research portion of the grade rubric. The course instructors believe that the current measurement tool assesses writing, grammar, and research but may not place an emphasis on assessment of the students' demonstration of leadership skills and professionalism. The course instructors might consider a new measurement tool, changes to the current measurement tool or grade rubric, or a new benchmark for the next academic year to better assess this goal and outcome. **Actions** **Action**: Action Date: 09/28/2023 Action: The course instructors will continue to assess the assignment instructions and make modifications accordingly. Additional APA resources will be provided to the students. The course instructors may consider a change to this measurement tool, grade rubric, or a new benchmark all together if it is determined that a better tool could be used to evaluate this outcome. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Service **Measure:** RA: 265 Community Service/Service Learning Evaluation	**Result Date**: 09/28/2023 **Result**: This the second consecutive year of not exceeding benchmark. This year's average score of the RA265 Community Service/Service Learning Evaluation was 73.3%. This is a slight increase from last year's score of 71.41%. All students did not

Measures	Result
Target: Average score of >= 80% **Timeframe:** Level II-Fall Semester **Responsible Parties:** RA: 265 Course Instructors/HS Curriculum Committee	demonstrate their ability to integrate leadership skills and construct professional practices. 2022=73.3%(n=10) Previous data: 2021 = 71.41% (n=17) 2020 = 84.56% (n=16) 2019 = 85.6% (n = 10) 2018: 76.75% (n=12) 2017: 93.33% (n=12) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: As proposed in the 2021-2022 action plan, the instructors placed the paper assignment instructions and the grade rubric within the assignment drop box in the Blackboard course. The instructors also bolded the 9-hour requirement within the grade distribution section of the syllabus and within the assignment drop box in the Blackboard course. Students were also provided with additional APA resources. This action plan was not effective. This was a smaller cohort and multiple submissions did not follow assignment instructions, did not respond to all assignment prompts, provided limited research, and had multiple APA errors. A few students did not complete the minimum 9-hour requirement and therefore received a reduced grade. The service-learning assignment accounts for 15% of the course grade, but some students chose to submit low quality work. The current measurement tool assesses writing, grammar, and research but may not place an emphasis on assessment of the students' demonstration of leadership skills and professionalism. **<u>Actions</u>** **Action**: Action Date: 09/28/2023 Action: The course instructors will continue to assess the assignment instructions and make modifications accordingly. Additional APA resources will be provided to the students. The course instructors may consider a change to this measurement tool, grade rubric, or a new benchmark all together if it is determined that a better tool could be used to evaluate this outcome. **<u>Follow-up</u>**

College Goals 2020-2024

ASR 4.2

AU Outcome
Students will practice professionalism
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** RA:135 Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13 **Target:** Average score >= 3 (0-4 pt. scale) **Timeframe:** Level I- Fall Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/HS Curriculum Committee	**Result Date**: 09/28/2023 **Result**: In Fall 2021, the average score of the RA135 Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13, was 3.47. This year's average score was higher at 3.79. I would consider this a significant increase given the data from the prior two years. The benchmark continues to be exceeded and all students continue to demonstrate their ability to practice professionalism. 2022: 3.79 (n=16) Previous data: 2021: 3.47 (n=13) 2020: 3.34 (n=22) 2019: 3.51 (n=19) 2018: 3.68 (n=13) 2017: 3.68 (n=14) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the clinical instructors/preceptors continue to provide instruction to students in the areas of organization of assignments, initiative, appearance, policies and procedures, and ethical and professional behavior. The action plan was effective. The students' average scores increased in all five areas. Overall, the students to continually demonstrate their ability to practice professionalism. **Actions** **Action**: Action Date: 09/28/2023 Action: The clinical instructors/preceptors will continue to provide instruction to students in the areas of organization of assignments, initiative, appearance, policies and procedures, and ethical and professional behavior. **Follow-up**

College Goals 2020-2024

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** RA:275 Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13 **Target:** Average score >= 3 (0-4 pt. scale) **Timeframe:** Level II-Spring Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/HS Curriculum Committee	**Result Date**: 09/28/2023 **Result**: In Spring 2022, the average score of the RA275 Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13, was 3.86. This year's average score was slightly lower at 3.86. This decrease in not considered significant. The benchmark continues to be exceeded and the students continue to demonstrate their ability to practice professionalism. Spring 2023 = 3.77 (n =10) Previous data: 2022 = 3.86 (n =17) 2021: 3.65 (n=16) 2019: 3.51 (n=19) 2018: 3.68 (n=13) 2017: 3.68 (n=14) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the clinical instructors/preceptors continue to deliver prompt feedback to students when issues arise concerning initiative and professionalism. The action plan was successful for 2022-2023. The students' average scores in all areas decreased compared to the prior year by 0.09 points, these include Organization of Assignments, Initiative, Appearance, Policies and Procedures, and Ethical and Professional Behaviors. This is a smaller class sample compared to the prior year. The students continue to demonstrate their ability to practice professionalism. **Actions** **Action**: Action Date: 09/28/2023 Action: The clinical instructors/preceptors will continue to deliver prompt feedback to students when issues arise concerning initiative and professionalism. Faculty will continue to discuss the importance of initiative and professionalism in the clinical setting. **Follow-up**

College Goals 2020-2024

Program (HS) - Diagnostic Medical Sonography (DMS)

DMS 1.1

AU Outcome
Students will show knowledge of ultrasound transducers
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** Ultrasound Transducer Exam **Target:** Students will receive an average score of >= 80% **Timeframe:** Annually **Responsible Parties:** Program Chair HS Curriculum Committee	**Result Date**: 09/01/2023 **Result**: Result improved from previous year. 2022-2023: 100% (7of7) = 80% 2021-2022: 71% (5of7) = 80% 2020-2021: 100% students scored > than 80%; n=8 2019-2020: 85.7 % students scored = 80% (n=6) Spring 2019:100% of students scored = 80% (n=6) Spring 2018:100% of students scored = 80%. (n=8) Spring 2017 :100% of students scored = 80%. Per the 2021-2022 action plan, faculty provided additional learning experiences to facilitate student performance on this assignment and offered tutoring sessions to provide more time for topic review and an opportunity for students/faculty to ask/answer questions, **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: The 2021-2022 action plan identified using a variety of lecture and assignments reinforce concepts and any at risk students were refer them to the Student Success Coordinator for assistance. Student grades and progress were reviewed; any at-risk students were referred to the Success Coordinator as early as possible. **Actions** **Action**: No action plan for 2023-2024 proposed. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** Students will construct transducer	**Result Date**: 09/01/2023 **Result**: Result comparable to previous years. 2022-2023 100% of students received greater than 80% (n=7)

Measures	Result
model **Target:** Each student will receive a score of >= 80% **Timeframe:** Annually **Responsible Parties:** Program Chair HS Curriculum Committee	2021-2022 100% of students received greater than 80% (n=7) 2020-2021 100% of students received greater than 80%, all students scored >90% (n=8) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Per the 2021-2022 action plan, faculty would continue to ensure that students understand the concepts of transducers as well as the components of the grading rubric for successful project submission as students prepare to construct the transducer model. This action plan appears to have been effective in promoting student success on this assignment. **Actions** **Action**: Action Date: 09/01/2023 Action: To meet the target during 2023-2024, faculty will continue to ensure that students understand the concepts of transducers as well as the components of the grading rubric for successful project submission as students prepare to construct the transducer model. **Follow-up**

DMS 1.2

AU Outcome
Students will apply correct scanning skills
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Lab **Measure:** Final Lab Practical **Target:** Students will achieve an average score of >= 80%. **Timeframe:** Didactic Level - Fall Semester	**Result Date**: 09/01/2023 **Result**: Result were comparable to previous years. Fall 2022 100% = 80% (n=7) Fall 2021 100% = 80% (n=7) Fall 2020 100% = 80% (8/8) **Reporting Year**: 2022 - 2023 (Year 1)

College Goals 2020-2024

Measures	Result
Responsible Parties: Program Faculty/ HS Curriculum Committee	**Target Met**: Yes **Action Plan Impact**: Action Plan Impact: Per the 2021-2022 action plan, faculty members provided instruction in areas of basic anatomy, sonographic anatomy, imaging techniques and instrumentation, and protocols though demonstration, verbal and written instruction, and individual and group image and technique review. Faulty required scanning sessions and offered additional scanning sessions supervised by various instructors. This action plan appears to have been effective in helping students be successful on the assignment. **Actions** **Action**: Action Date: 09/01/2023 Action: The action plan recommended that DMS faculty provide feedback on scanning quality and techniques to the students as well as provide time for extra scanning sessions beyond the regular class time. To continue to meet or exceed the target/benchmark for this measure during the 20223-24 academic year, will continue to use these options. Student outcomes will be assessed with the same target. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Lab **Measure:** Practical Testing in Laboratory on Thyroid: Exam Protocol **Target:** >=90% of students will pass lab practical on 1st attempt **Timeframe:** Didactic Level - Spring Semester **Responsible Parties:** Program Faculty/HS Curriculum Committee	**Result Date**: 09/01/2023 **Result**: Result comparable to previous years. Students adequately demonstrated appropriate knowledge of anatomy, exam protocols and imaging techniques. Spring 2023 100% (7/7) passed of students lab practical on 1st attempt Spring 2022 100% (6/6) Spring 2021 100% (8/8) Spring 2020 100% (7/7) Spring 2019-100% (9/9) Spring 2018 100% (9/9) Spring 2017 100% (8/8) Spring 2016 100% (5/5) Spring 2015- 83% (5/6) Spring 2014-83% (5/6) Spring 2013-50% Spring 2012- 72%

Measures	Result
	Reporting Year: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Per the 2021-2022 action plan, DMS faculty provided feedback on scanning quality and techniques to the students as well as provide time for extra scanning sessions beyond the regular class time. This action plan appears to have been effective in helping students be successful on the assignment. **Actions** **Action**: Action Date: 09/01/2023 Action: To meet the target during 2023-2024, faculty will continue to provide a variety of methods to enhance student's knowledge and imaging skills, including utilizing PTA's, interactive feedback/assessment and options for additional scan sessions. **Follow-up**

DMS 2.1

AU Outcome
Students will demonstrate effective communication skills in the imaging lab setting
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** DMS:408 Clinical Instructor/Preceptor Evaluations 2, 3, 10, 11,17 **Target:** On a scale from 1-5, 5 being the highest rating, the average of all the responses >=4 **Timeframe:** Didactic Level-Fall Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/HS Curriculum Committee	**Result Date**: 09/01/2023 **Result**: Scores remain high and comparable to previous years. Students continue to demonstrate effective communication in the clinical setting Fall 2022 avg score is 4.84(n=6) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Per the 2021-2022 action plan, faculty continued to obtain and assess feedback from clinical instructors. At each site visit, the program faculty reviewed evaluations with clinical instructors and the student. Any areas of concern were identified and if necessary, a recommendation/plan of action for student improvement developed. This action plan appears to have been effective in helping students be successful in the clinical setting. **Actions** **Action**: Action Date: 09/01/2023

Measures	Result
	Action: To continue to meet or exceed the target/benchmark for this measure during the 2023-2024 academic year, clinical instructors/preceptors will continue to instruct students by exhibiting effective communication in the clinical environment **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** DMS:409 Clinical Instructor/Preceptor Evaluations 2, 3, 10, 11, 17 **Target:** On a scale from 1-5, 5 being the highest rating, the average of all the responses >=4 **Timeframe:** Didactic Level - Spring Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/HS Curriculum Committee	**Result Date**: 09/01/2023 **Result**: Scores remain high and comparable to previous years. Students continue to demonstrate effective communication in the clinical setting. Spring 2023 average >4 4.94 Spring 2022 average >4 Spring 2021 average >4 Spring 2020 avg score is 4.79 (n=6) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Per the 2021-2022, faculty continued to obtain and assess feedback from clinical instructors. At each site visit, the program faculty reviewed evaluations with clinical instructors and the student. Any areas of concern were identified and if necessary, a recommendation/plan of action for student improvement was developed. This action plan appears to have been effective in helping students be successful in the clinical setting and achieve the target. The previous action plan also included a recommendation that a change be made to this measure due to a change in the rating scale on the evaluation tool; however, due to many changes at clinical sites, faculty opted to not implement a new rubric at this time but to continue using metrics currently in place. **Actions** **Action**: Action Date: 09/01/2023 Action: To meet the target during the 2023-2024, faculty will continue to use same metrics as well. Faculty will continue to obtain and assess feedback from clinical instructors for any areas of concern that needs to be identified and a recommendation/plan of action for student improvement will be developed, if necessary **Follow-up**

Program (HS) - Diagnostic Medical Sonography (DMS)

DMS 2.2

AU Outcome
Students will successfully obtain patient history

College Goals 2020-2024

Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** DMS:408 Clinical Instructor/Preceptor Evaluations Number 1 **Target:** On a scale from 1-5, 5 being the highest rating, the average of all the responses >=4 **Timeframe:** Didactic Level - Fall Semester **Responsible Parties:** DMS:408 Course Instructor/Program Faculty/HS Curriculum Committee	**Result Date**: 09/01/2023 **Result**: Scores remain high and comparable to previous years. Students continue to demonstrate ability to communicate effectively with patient to obtain history pertinent to the exam. Fall 2022 avg 4.67 Fall 2021 avg 4.65 Fall 2020 avg 4.6 Fall 2019 avg 4.72 Fall 2018 avg 4.62 Fall 2017 avg. 4.94 **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Per the 2022-2023 action plan, faculty continued to receive feedback from clinical instructors and met with clinical instructors and student at each site visit and identified /made recommendations for student improvement. This appears to have been effective in helping students be successful in the clinical setting and in achieving the target for this measure. **Actions** **Action**: Action Date: 09/01/2023 Action: To meet the target during the 2023-2024, Faculty will continue to use same metrics as well. Faculty will continue to obtain and assess feedback from clinical instructors for any areas of concern that needs to be identified and a recommendation/plan of action for student improvement will be developed, if necessary. **Follow-up**

DMS 3.1

AU Outcome
Students will successfully analyze sonographic images
Outcome Status
Active

College Goals 2020-2024

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** Ultrasound Imaging Imaging Portfolio **Target:** Each student will receive score >= 80% **Timeframe:** Didactic Level - Fall Semester **Responsible Parties:** Course Instructor/ Program Faculty/ HS Faculty Org. Committee	**Result Date**: 09/01/2023 **Result**: Result decreased from previous years. Fall 2022 42% scored =80% n=7 (3/7) Fall 2021 100% scored =80% n=7 Fall 2020 100% scored =80% n=8 Fall 2019 100% scored =80% n=7 **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: Per 2021-2022 action plan, faculty required image portfolios to be submitted with expectations that students would demonstrate the necessary skills to acquire quality diagnostic images, which in turn would require that students could successfully analyze those sonographic images for instrumentation factors and diagnostic quality. The opportunity for faculty and students to identify what factors contributed to make an exam "diagnostic" appears to have been effective in helping students be successful on the assignment and achieve the target. However, some members of this cohort did not demonstrate knowledge of imaging/scanning parameters. **Actions** **Action**: Action Date: 09/01/2023 Action: To meet or exceed the target for this measure during the 2023-2024 academic year, faculty will continue to require the image portfolio with expectations that students demonstrate the necessary skills to acquire quality diagnostic images, which in turn requires that students can successfully analyze those sonographic images for instrumentation factors and diagnostic quality. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** ABD II Thyroid Image Assessment **Target:** Each student will receive score >= 80% **Timeframe:** Annually-Spring semester **Responsible Parties:** ABD II Course Instructor	**Result Date**: 09/01/2023 **Result**: Result comparable to previous years. Sp 2023 100% scored =80% Sp 2022 100% scored =80% n=6 Sp 2021 100% (8/8) scored =80% Sp 2020 no results due to Corvid 19 **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Per the 2021-2022 action plan, faculty would continue to include

Measures	Result
	both didactic and labs sessions to enhance the student's knowledge and skills level to evaluate images successfully. The consistent results for this measure demonstrate that this action plan is effective. **Actions** **Action**: Action Date: 09/01/2023 Action: To continue to meet or exceed the target for this measure during the 2023-2024 academic year, faculty will continue to include both didactic and labs sessions to enhance the student's knowledge and skills level to evaluate images successfully. Faculty will also distribute an image assessment rubric and will also demonstrate the image assessment process prior to submission of the image assessment assignment **Follow-up**

DMS 3.2

AU Outcome
Students will be able to critically reflect on their performance in the clinical lab
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** DMS:408 Student Self Evaluation **Target:** On a scale from 0-4, 4 being the highest rating, the average of all the responses >= 3 **Timeframe:** Didactic Level - Fall Semester **Responsible Parties:** Clinical Instructor/Program Faculty/HS Curriculum Committee	**Result Date**: 09/01/2023 **Result**: Results increased from previous year. Fall 2022 avg − 3.17 (n=6) Fall 2021 avg − 2.86 (n=7) Fall 2020 avg -3.4 (n=5) Fall 2019 avg - 3.35 (n=6) Fall 2018 avg.- 3.56 (n=9) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Per the 2022-2023 action plan, faculty will continue use of current self- evaluation forms to assess student self -assess. This process is effective in helping students identify areas of concern so that the outcome will be that the student can be successful in the clinical setting. **Actions**

Measures	Result
	Action: Action Date: 09/01/2023 Action: To meet the target during the 2023-2024, faculty will continue use of current self-evaluation forms. Faculty will continue to obtain and assess self-evaluations from students and compare them to the evaluations from clinical instructors. Faculty will continue to review evaluations with students at each site visit, and identify areas of concern, and make recommendations/plan for student improvement. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** DMS:409 Student Self evaluation **Target:** On a scale from 0-4, 4 being the highest rating, the average of all the responses >= 3 **Timeframe:** Didactic Level Spring Semester **Responsible Parties:** Program Faculty/HS Curriculum Committee	**Result Date**: 09/01/2023 **Result**: This score is consistent with previous years. Spring 2023 avg- 3.37 (n= 6) Spring 2022 avg- 3.43 (n= 6) Spring 2021 avg =3.56 (n=5) Spring 2020 avg. 3.52(n=6) Spring 2019 avg. 3.68 (n=9) Spring 2018 avg 3.42(n=7) Spring 2017 avg 3.57 (n=4 **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Per the 2022-2023 action plan, faculty continued use of current self-evaluation so that areas of concern could be reviewed and addressed by faculty, student and clinical instructors. This appears to have been effective in helping students be successful in the clinical setting and in achieving the target for this measure **Actions** **Action**: Action Date: 09/01/2023 Action: To meet the target during the 2023-2024, faculty will continue use of current self-evaluation forms/process. Faculty will continue to obtain and assess self-evaluations from students and compare them to the evaluations from clinical instructors. Faculty will continue to review evaluations with students at each site visit, and identify areas of concern, and make recommendations/plan for student improvement **Follow-up**

DMS 4.1

AU Outcome
Students will demonstrate professional growth or learning

College Goals 2020-2024

Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** Innovations in Sonography - Presentation **Target:** Each student will receive score >= 90% **Timeframe:** Annually **Responsible Parties:** Program Faculty/HS Curriculum Committee	**Result Date**: 05/01/2024 **Result**: Result comparable to previous years. Spring 2023 100% of students receive score = 90% (n=7) Spring 2022 100% of students receive score = 90% (n=6) Spring 2021 100% of students receive score = 90% (n=8) Spring 2020 100% of students receive score = 90% (n=7) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Per the 2021-2022 action plan, Faculty continued to provide constructive feedback regarding presentations, which contributes to students' professional growth. This action plan appears to have been effective in helping students be successful on the assignment and achieve the target. **Actions** **Action**: To continue to meet or exceed the target/benchmark for this measure during the next academic year, faculty will continue to provide feedback and tips on development of presentations. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** B- Sonography webinar **Target:** Each student will receive score >= 90% **Timeframe:** Annually **Responsible Parties:** Program Faculty/HS Curriculum Committee	**Result Date**: 05/01/2024 **Result**: Result comparable to previous years. Sp 2023 100% (7/7) received score = 90% Sp 2022 100% received score = 90% (n=6) Sp 2021 100% (8/8) received score = 90% **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes

Measures	Result
	Action Plan Impact: Per the action plan of 2021-2022, faculty continued to require students to view webinar and complete a worksheet as a course assignment which assisted the students in their professional growth and learning. **Actions** **Action**: To meet or exceed the target for this measure during the 2023=2024 school year academic year, faculty will continue to use the same activity/ requirement for the course **Follow-up**

DMS 4.2

AU Outcome
Students will practice professionalism in the clinical lab setting
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** DMS:408 Clinical Instructor/ Preceptor Evaluations Numbers 1,2,10-13,15-19 **Target:** On a scale from 1-5, 5 being the highest rating, the average of all the responses >=4 **Timeframe:** Didactic Level - Fall Semester **Responsible Parties:** DMS 408 Instructor/ Program Faculty/HS Curriculum Committee	**Result Date**: 05/01/2024 **Result**: Scores remain high. Students continue to demonstrate professional in the clinical setting. Fall 2022 average score 4.86 (n=6) Fall 2021 avg 4.88 Fall 2020 average score 4.975 (n=5) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Per the 2021-2022 action plan, faculty evaluated feedback from clinical instructors. At each site visit, faculty reviewed evaluations with clinical instructors and the student. Areas of concern were identified and recommendations for student improvement were developed. This action plan appears to have been effective in helping students be successful in the clinical setting. **Actions** **Action**: To continue to meet or exceed the target/benchmark for this measure during the 2023-2024 academic year, the clinical instructors/preceptors in the clinical setting will continue to provide excellent instruction and supervision of students to assess their

Measures	Result
	critical thinking skills. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** DMS:409 Clinical Instructor/ Preceptor Evaluations Numbers 1,2,10-13,15-19 **Target:** On a scale from 1-5, 5 being the highest rating, the average of all the responses >=4 **Timeframe:** Didactic Level - Spring Semester **Responsible Parties:** DMS 408 Instructor/ Program Faculty/HS Curriculum Committee	**Result Date**: 05/01/2024 **Result**: Scores remain high and are comparable to previous years Students continue to demonstrate professional in the clinical setting. Spring 2023 average score 4.94 (n=6) Spring 2022 avg 4.91 Spring 2021 average score 5.0 (n=5) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Per the 2021-2022 action plan, faculty evaluated feedback from clinical instructors. At each site visit, faculty reviewed evaluations with clinical instructors and the student. Areas of concern were identified and recommendations for student improvement were developed. This action plan appears to have been effective in helping students be successful in the clinical setting. **Actions** **Action**: To continue to meet or exceed the target/benchmark for this measure during the 2023-2024 academic year, Faculty will continue to review the evaluation forms from the CI's evaluations and talk with students at each site visit, and identify areas of concern, and make recommendations/plan for student improvement. **Follow-up**

Program (HS) - Doctor of Education (Ed.D.)

EdD 1.1

AU Outcome
Students will demonstrate advanced educator competencies to enact increasingly complex faculty and leadership roles.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active	**Result Date**: 08/15/2023

College Goals 2020-2024

Measures	Result
Assessment Type: SL: Didactic **Measure:** EdD 720: Finance and Fiscal Management – Budget Assignment **Target:** Each student will receive an average score of >80% **Timeframe:** When course is taught (e.g. Spring 2017) **Responsible Parties:** Program Chair/ HS Grad Curriculum Committee	**Result**: Course not active. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: Course not active. <u>**Actions**</u> <u>**Follow-up**</u>
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 740: Today's Health Sciences Student: Trends, Issues and Challenges – Final Paper **Target:** 100% of students will receive a score of >= 85% **Timeframe:** When course is taught (e.g., Fall 2016) **Responsible Parties:** Program Chair/ HS Grad Curriculum Committee	**Result Date**: 08/15/2023 **Result**: Fall 2022 – 2 students 100% of students received a score of >85% Overall average score = 92.5% (46.25/50) 2018 (n=1) – target met (overall average = 98.2%) 2020 (n=2) – target met (overall average = 98.5%) These results demonstrate the target (100% of students will receive an average score of >= 85%) has been consistently met (3/3 times) since the 2018-2019 academic year. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: The purpose of this paper was for students to speak to the course objectives which included addressing trends within, the culture of, and solutions/adaptations for health sciences educational environments. This assignment was graded using a rubric based on the writing rubric developed for the EdD program. The action plan from the 2020-2021 academic year indicated students would be reminded of the discussion topics that align with the final paper to help them use feedback to assist with writing the final paper. This is one of the first formal papers students write in the program, depending on when they start the program. A previously recorded writing support session was included in this section. <u>**Actions**</u> **Action**: Action Date: 08/15/2023 Action: Create an updated writing support session align with the course material to assist with writing the final paper.

College Goals 2020-2024

Measures	Result
	Follow-up
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 780: Integrating Evolving Technology in Health Professions Education --Technology Transcendence Final Project **Target:** 100% of students will receive a score of >= 85% **Timeframe:** When course is taught (e.g., Fall 2015, Fall 2018, etc.) **Responsible Parties:** Program Chair/ HS Grad Curriculum Committee	**Result Date**: 08/15/2023 **Result**: Fall 2022 – 2 students 50% of students received a score of >85% Overall average score = 84.5% (100/100) 2018 (n=4) – target not met (overall average = 86.5%) 2020 (n=4) – target met (overall average = 100%) These results demonstrate the target (100% of students will receive an average score of >= 85%) has been inconsistently met (1/3 times) since the 2018-2019 academic year. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: The 2020-2021 action plan for the 2022-2023 academic year indicated this assignment would be fused with a nearly identical additional assignment to eliminate repetitive work. The student who failed to meet target was missing required elements in their submission which decreased the score. **Actions** **Action**: Action Date: 08/15/2023 Action: A final project overview recording will be created to explain the project criteria along with ideas on how to meet the stated requirements. Additionally, a criterion should be added that addresses APA formatting, mechanics, and spelling. **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** EdD 790: Practicum in Health Professions Education – Let's Get Creative Assignment **Target:** Students will receive an average score of >80% **Timeframe:** When course is taught (e.g., Spring 2017) **Responsible Parties:** Program Chair/ HS Grad Curriculum Committee	**Result Date**: 08/15/2023 **Result**: Course not offered. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: Course not offered. **Actions** **Follow-up**

Measures	Result
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** EdD 795: Practicum in Health Professions Education – Let's Get Creative Assignment **Target:** 100% of students will receive a score of >= 85% **Timeframe:** When course is taught **Responsible Parties:** Program Chair/ HS Grad Curriculum Committee	**Result Date**: 08/15/2023 **Result**: Course not offered. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: Course not offered. **Actions** **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 700: Organizational Development and Change in Education – Final Paper **Target:** 100% of students will receive an average score of >=85% **Timeframe:** When course is taught (e.g., Fall 2017) **Responsible Parties:** Program Chair/HS Grad Curriculum Committee	**Result Date**: 08/15/2023 **Result**: Course not offered. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: Course not offered. **Actions** **Follow-up**

EdD 1.2

AU Outcome
Students will assume leadership roles in interprofessional collaboration to improve the health outcomes of individuals, families, and populations through the educational preparation and graduation of health science and nursing professionals.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** EdD 710: Leading a Health Sciences Learning Organization – Case	**Result Date**: 08/15/2023 **Result**: This assignment was not included in the spring 2023 section of the course. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA

Measures	Result
Study: Making Changes in Higher Education **Target:** 100% of students will receive a score of >=85% **Timeframe:** When course is taught (e.g., 2015, 2018, etc.) **Responsible Parties:** Program Chair/ HS Grad Curriculum Committee	**Action Plan Impact**: None **Actions** **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 730: Professional, Ethical and Legal Issues and Trends in Health Professions Education – Literature Review **Target:** Each student will receive an average score of >80% **Timeframe:** When course is taught **Responsible Parties:** Program Chair/ HS Grad Curriculum Committee	**Result Date**: 08/15/2023 **Result**: Course not offered. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: Course not offered. **Actions** **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Service **Measure:** EdD 740: Today's Health Sciences Student: Trends, Issues and Challenges – Service Learning Project **Target:** 100% of students will receive a score of >= 85% **Timeframe:** When course is taught (e.g., Fall 2016) **Responsible Parties:** Program Chair/ HS Grad Curriculum Committee	**Result Date**: 08/15/2023 **Result**: Fall 2022 – 2 students 100% of students received a score of >85% Overall average score = 93.8% (22.5/24) 2020 (n=2) – target met (overall average = 95.8%) 2018 (n=1) – target met (overall average = 97.9%) 2016 – 84.5% (average) These results demonstrate the target (100% of students will receive an average score of >= 85%) has been consistently met (4/4 times) since the 2016-2017 academic year. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: The purpose of this assignment was for students to develop a service-learning project that could be offered in a course. Students use the Engaged Faculty Institute curriculum as a framework to explore service learning. The project requires students to communicate what they learned about service learning and if an

Measures	Result
	activity could be incorporated into their instructional settings. The action plan for the 2020-2021 academic year stated additional resources on virtual service-learning options should be included to continue to support students looking for different activities to incorporate within their courses. In addition to exploring virtual options, this assignment was updated in the spring 2023 section to have students focus on the viability of using service learning in their setting. **Actions** **Action**: Action Date: 08/15/2023 Action: This assignment will continue to be included with no changes. We will also continue to explore virtual service learning as an option for health professions educators. **Follow-up**

EdD 2.1

AU Outcome
Students will facilitate curriculum design, development, and evaluation of program and learner outcomes using evidence-based strategies.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 750: Curriculum Theory and Design in the Health Professions – Final Project **Target:** 100% of students will receive an average score of >=85% **Timeframe:** When course is taught **Responsible Parties:** Program Chair/HS Graduate APG Committee	**Result Date**: 08/15/2023 **Result**: Summer 2022 – 1 student 100% of students received a score of >85% Overall average score = 100% (100/100) Fall 2019 – Met; 100% (average); n=1 These results demonstrate the target (100% of students will receive an average score of >= 85%) has been consistently met (2/2 times) since the 2019-2020 academic year. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: The 2019-2020 action plan for the 2022-2023 academic year indicated no changes would be made to this assignment based on the past successes.

Measures	Result
	The final project requires students to develop a unit of instruction following a curriculum development framework. Students worked on different sections of the project throughout the course and received feedback prior to assembling the final project. This course was taught as an 8-week course for the first time in summer 2022. **Actions** **Action**: Action Date: 08/15/2023 Action: This assignment will be included the next time this course is taught with no revisions. One of the course textbooks will be replaced due to availability issues because of the publish date. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 760: Pedagogy in Health Professions Education – Teaching Evaluation **Target:** 100% of students will receive a score of >=85% **Timeframe:** When course is taught (e.g., 2014, 2017, etc.) **Responsible Parties:** Program Chair/HS Graduate Curriculum Committee	**Result Date**: 08/15/2023 **Result**: Spring 2023 – 2 students 50% of students received a score of >85% Overall average score = 65% (19.5/30) 2020 (n=3) – target met (overall average = 100%) These results demonstrate the target (100% of students will receive an average score of >= 85%) has been inconsistently met (1/2 times) since the 2019-2020 academic year. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: Within each module, students evaluated an existing teaching evaluation tool against the learning theories covered in that module. By the end of the course, each student had created a unique teaching evaluation to use for a peer review. The action plan for the 2019-2020 academic year indicated students would complete a peer review using the evaluation form they created. One student did not follow the instructions for the assignment and did not meet expectations. **Actions** **Action**: Action Date: 08/15/2023 Action: This assignment will be included the next time this course is taught. The instructions for the assignment will be reviewed for clarity. **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic	**Result Date**: 08/15/2023 **Result**: Course not offered.

College Goals 2020-2024

Measures	Result
Measure: EdD 790: Practicum in Health Professions Education – Project Conferences **Target:** Students will receive an average score of >80% **Timeframe:** When course is taught (e.g., Spring 2017) **Responsible Parties:** Program Chair/HS Graduate APG Committee	**Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: Course not offered. **Actions** **Follow-up**

EdD 3.1

AU Outcome
Students will demonstrate organizational and systems leadership to advance quality improvement and systems change.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 700: Organizational Development and Change in Education – Discussions **Target:** Students will receive an average score of >90% for all discussions within the course **Timeframe:** When course is taught **Responsible Parties:** Program Chair/HS Graduate APG Committee	**Result Date**: 08/15/2023 **Result**: Course not offered. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: Course not offered. **Actions** **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** EdD 710: Leading a Health Sciences Learning Organization – Strategic Planning Project **Target:** 100% of students will receive a score of >=85%	**Result Date**: 08/15/2023 **Result**: Spring 2023 – 2 students earned an average of 87.8% 50% of students met target 2020 = 97.1% (1 student) 2018 = 90.8% (average – 6 students)

Measures	Result
Timeframe: When course is taught (e.g., 2015, 2018, etc.) **Responsible Parties:** Program Chair/ HS Grad Curriculum Committee	2015 = 92.8% (average − 7 students) These results demonstrate the target (100% of students will receive an average score of >= 85%) has been consistently met (3/4 times) since the 2014-2015 academic year, but was not met during the current academic year. One of the students earned below benchmark due to a failure to use an existing program in their assignment. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: The action plan for the 2019-2020 academic year indicated no changes would be made to this assignment since only one student was in that section. **Actions** **Action**: Action Date: 08/15/2023 Action: While the directions state to use an existing program in this assignment, the rubric will be edited to more clearly reflect this. **Follow-up**

EdD 4.1

AU Outcome
Students will apply analytical methods and research to develop best practices and practice guidelines.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 760: Pedagogy in Health Professions Education − Personal Statement of Teaching Philosophy **Target:** 100% of students will receive an average score of >=85% **Timeframe:** When course taught (e.g., spring, Year 1) **Responsible Parties:** Program Chair/HS Graduate APG Committee	**Result Date**: 08/15/2023 **Result**: Spring 2023 − 2 students 100% of students received a score of >85% Overall average score = 99.6% (49.8/50) 2020 (n=3) − target met (overall average = 97.6%) These results demonstrate the target (100% of students will receive an average score of >= 85%) has been consistently met (2/2 times) since the 2012-2020 academic year.

College Goals 2020-2024

Measures	Result
	Reporting Year: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Within each module, students completed a journal entry to help capture information about their teaching style to use in the final assignment. Students were allowed flexibility in the format of their submission, and one submitted a website while the other completed an essay. The action plan for the 2019-2020 academic year indicated no changes would be made to this assignment. **Actions** **Action**: Action Date: 08/15/2023 Action: This assignment will be included the next time this course is taught with no revisions. A guidance document with assignment expectations provides information to students, and that will continue to be used. Subsequent sections will be assessed to ensure the target continues to be met. **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** EdD 800: Evidence Based Practice in the Health Professions – Final Written Report **Target:** 100% of students will receive a score of >=85% **Timeframe:** When course is taught (e.g., 2015, 2018, etc.) **Responsible Parties:** Program Chair/ HS Grad Curriculum Committee	**Result Date**: 08/15/2023 **Result**: Course not offered. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: Course not offered. **Actions** **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** EdD 810: Methods of Inquiry – Collaborative Group Activity: Mock Qualitative Research Project **Target:** 100% of students will receive a score of >= 85% **Timeframe:** When course is taught (e.g., 2021, 2024, etc.) **Responsible Parties:** Program Chair/HS Graduate APG Committee	**Result Date**: 08/15/2023 **Result**: Course not offered. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: Course not offered. **Actions** **Follow-up**

College Goals 2020-2024

Measures	Result
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** EdD 820: Methods of Inquiry - Quantitative Research – Research Proposal **Target:** Students will receive an average score of at least 80% **Timeframe:** When course is taught (e.g., 2016, 2019, etc.) **Responsible Parties:** Program Chair/HS Graduate APG Committee	**Result Date**: 08/15/2023 **Result**: Course not offered. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: Course not offered. **Actions** **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** EdD 830: Dissertation Seminar – Prospectus **Target:** Students will receive an average score of >80% **Timeframe:** When course is taught (e.g., summer 2016, summer 2017) **Responsible Parties:** Program Chair/HS Graduate APG Committee	**Result Date**: 08/15/2023 **Result**: Course not offered. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: Course not offered. **Actions** **Follow-up**

EdD 5.1

AU Outcome
Students will advance the scholarship of education in a variety of health science and nursing professions.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 780: Integrating Evolving Technology in Health Professions Education	**Result Date**: 08/15/2023 **Result**: Fall 2022 – 2 students 100% of students received a score of >85%

Measures	Result
−Tech Topic Assignment **Target:** 100% of students will receive a score of >= 85% **Timeframe:** When course is taught (e.g., 2015, 2018, etc.) **Responsible Parties:** Program Chair/ HS Grad Curriculum Committee	Overall average score = 88% (100/100) 2018 (n=4) − target met (overall average = 100%) 2020 (n=42 − target met (overall average = 100%) These results demonstrate the target (100% of students will receive an average score of >= 85%) has been consistently met (3/3 times) since the 2018-2019 academic year. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Per the 2020-2021 action plan for 2020-2021, it was proposed that additional information about the use of virtual solutions should be offered in conjunction with this assignment, but no changes will be made to how the assignment is assessed. The rubric was updated for this course section, but no significant changes were made. **Actions** **Action**: Action Date: 08/15/2023 Action: Students will continue to identify a technology topic to explore during the course and this assignment will be due in Week 7. Students are encouraged to align this topic with their final project. **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** EdD 790: Practicum in Health Professions Education − Course Discussions **Target:** Students will receive an average score of >80% **Timeframe:** When course is taught (e.g., spring 2017) **Responsible Parties:** Program Chair/HS Graduate APG Committee	**Result Date**: 08/15/2023 **Result**: Course not offered. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: Course not offered. **Actions** **Follow-up**

EdD 5.2

AU Outcome
Students will evaluate, synthesize, utilize and disseminate the scholarship related to discovery, integration, application, and teaching to further knowledge and competencies of the health science and nursing education professions.

College Goals 2020-2024

Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 770: Assessment and Evaluation in Health Sciences Education – Assessment Process Assignment **Target:** Students will receive an average score at least 80% **Timeframe:** When course is taught (e.g., 2016, 2019, etc.) **Responsible Parties:** Program Chair/HS Graduate APG Committee	**Result Date**: 08/15/2023 **Result**: Course not offered. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: Course not offered. **Actions** **Follow-up**

Program (HS) - Masters in Occupational Therapy (MS in OT)

MS in OT 3.0 Incorporate models of practice

AU Outcome
Students will incorporate models of practice/frames of reference with client-centered strategies that consider a variety of underlying factors.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** OT 601 –Care Plan Assignment **Target:** Average cohort score of 90% or higher **Timeframe:** 2nd Year of program, Semester 4 (Fall) **Responsible Parties:** Course Instructor/ OT Faculty /HS Grad Curriculum Committee	**Result Date**: 03/24/2024 **Result**: Cohort completed Evaluation/Treatment plan assignment with average percentage of 96%. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Completed action plan which included implementing Live Case studies for this assignment FA2022. Volunteer Children attended campus and were evaluated within a group of 4 students in which students then independently wrote the report. This allowed for hands on and in person reactions with the child and the caregiver. This action plan resulted in a significant increase in student performance from

Measures	Result
	94% during the past reporting period to 96% this reporting period. **Actions** **Action Date**: 03/24/2024 **Action**: Continue to implement live case study, to allow students to ask questions of therapists or be present with intervention. Consider use of electronic documentation method via EPIC training platform if possible for upcoming years. Live lab maybe scheduled outside of of class and lab times as a means of achieving more volunteers allowing students to perform evaluation within smaller groups. The write up assignment will maintain being an individual assignment. **Follow-up**

MS in OT 4.0 Collaborative decision-making

AU Outcome
Students will demonstrate collaborative approaches to decision-making with patients/clients/consumers/families that includes client-specific culture and context.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical **Measure:** OT 523 Care Plan/Occupational Profile **Target:** Average cohort score of 90% or higher **Timeframe:** 1st Year of program, Semester 3 (Summer) **Responsible Parties:** Course Instructor/ OT Faculty /HS Grad Curriculum Committee	**Result Date**: 03/24/2024 **Result**: This outcome was addressed in the Client Plan of Care assignment. The average score for this assignment was 96%, compared to 92% in the 2021-2022 data collection period. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Per the action plan proposed for this measure in the 2021-2022 CAP report faculty provided changes to the outcome measure to better assess student skill during the 2022-2023 year. The average score for this assignment this collection period was 96%, compared to 92% in the 2021-2022 data collection period. **Actions** **Action Date**: 03/24/2024 **Action**: Faculty will determine the need to include the final exam questions as part of this report. **Follow-up**

College Goals 2020-2024

MS in OT 7.0 Adaptive equipment

AU Outcome
Students will demonstrate the ability to select and apply appropriate adaptive equipment/technology in treatment.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Exam/Quiz - Teacher-made **Measure:** Final Exam Video Case **Target:** Average cohort score of 90% or higher **Timeframe:** 1st Year of program, Semester 3 (Summer) **Responsible Parties:** Course Instructor/ OT Faculty /HS Grad Curriculum Committee	**Result Date**: 03/24/2024 **Result**: Average cohort score 91.6 %, compared to a cohort score of 93% in 2021-2022. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Per the action plan proposed for this measure faculty will continued to review the exam and make appropriate changes to capture student learning. Lab opportunities for clinical reasoning and practice with justification for assistive technology recommendations were be modified and implemented. This action plan did not result in an increase in student performance however the goal is still met and result acceptable. **Actions** **Action Date**: 03/24/2024 **Action**: Faculty will continue to review the exam and make appropriate changes to capture student learning. Lab opportunities for clinical reasoning and practice with justification for assistive technology recommendations will be modified and implemented. **Follow-up**

MS in OT 8.0 Ability to modify environments

AU Outcome
Students demonstrate the ability to modify environments to support best outcomes in care.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active	**Result Date**: 03/24/2024

College Goals 2020-2024

Measures	Result
Assessment Type: SL: Didactic **Measure:** OT 523 – Case Study Assignment **Target:** Average cohort score of 90% or higher **Timeframe:** 1st Year of program, Semester 3 (Summer) **Responsible Parties:** Course Instructor/ OT Faculty /HS Grad Curriculum Committee	**Result**: Average score 100%, compared to Average cohort score 96% in 2021-2022. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Action plan to continue to work other course instructors with no specific changes to the assignment was successful with 100% average meeting goal. **<u>Actions</u>** **Action Date**: 03/24/2024 **Action**: Faculty will continue to coordinate with other course instructors to ensure the information is appropriate and foundational for the other course with similar information. It is not anticipated the assignment will change at this time. **<u>Follow-up</u>**

MS in OT 11.0 Collaborate to meet patient outcomes

AU Outcome
Students will collaborate with interdisciplinary care teams in determining appropriate occupational therapy service delivery to meet patient outcomes.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Exam/Quiz - Teacher-made **Measure:** OT 611 – Documentation Assessment for IPE Experience **Target:** Average cohort score of 90% or higher **Timeframe:** 2nd Year of program, Semester 5 (Spring) **Responsible Parties:** Course Instructor/ OT Faculty /HS Grad Curriculum Committee	**Result Date**: 03/25/2024 **Result**: Average cohort score is 93%, this outcome is a slight decrease from a 2022 average of 95%. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: The action plan to develop continued experiential interprofessional clinical reasoning opportunities and participate in interprofessional OSCE on an annual basis was successfully implemented, however, this action plan does not appear to have resulted in improved student performance. Goal was still met however. **<u>Actions</u>** **Action Date**: 03/24/2024 **Action**: Faculty will continue to modify this assignment develop continued experiential interprofessional clinical reasoning opportunities, and facilitate interprofessional OSCEs on an annual basis.

Measures	Result
	Follow-up

MS in OT 12.0 Collaborate to meet education outcomes

AU Outcome
Students will collaborate with an interdisciplinary educational team in determining appropriate occupational therapy service delivery to meet student-client educational outcomes.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** OT 602 Case Study Evaluation Report **Target:** Average cohort score of 90% or higher **Timeframe:** 2nd Year of program, Semester 4 (Fall) **Responsible Parties:** Course Instructor/ OT Faculty /HS Grad Curriculum Committee	**Result Date**: 03/25/2024 **Result**: Average cohort score of 87%, goal not met compared to the 2021-2022 reporting period (91.1%). **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: This cohort demonstrated a decrease in performance despite action plan to provide an example of a completed school-based evaluation report and additional opportunities for question and answer along with opportunities to practice completion of this assignment. **Actions** **Action Date**: 03/24/2024 **Action**: The faculty of the course will review lessons to offer examples of a completed school-based evaluation report and additional opportunities for question and answer and peer review along with opportunities to practice completion of this assignment in lab activities. The assignment will be positioned after fieldwork opportunities with a class day for question and answers with course instructor to allow students to experience this type of report within the natural environment of the school-based OT practice with their clinical instructors. **Follow-up**

College Goals 2020-2024

Program (HS) - Medical Imaging (MI)

MI 2.1

AU Outcome
Students will demonstrate effective communication skills in the clinical setting.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** AD: Report - Internal **Measure:** MI: 480 Clinical Instructor Evaluations Numbers 3, 6,10,11 **Target:** Average score >= 3 (0-4 pt. scale) **Timeframe:** Summer Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/HS Curriculum Committee	**Result Date**: 09/25/2023 **Result**: No current data available for analysis. The student that is currently in the program is following the part-time track. That student will complete the MI 480 course in the next academic year. Previous data: 2022 = 4.0 (n=1) 2021 = 3.54 (n=3) 2020 = 3.75 (n=3) 2019 (n=0) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: The proposed 2021-2022 action plan will remain in effect for the 2023-2024 academic year. The instructor was unable to implement the proposed 2021-2022 action plan due to no enrollment. <u>**Actions**</u> **Action**: Action Date: 09/25/2023 Action: The clinical instructors will continue to work with each individual student in the clinical environment while providing direct patient care. The evaluation process will remain in effect as it has proven to be beneficial to the student's ability to show growth. Moving forward, program faculty will continue working on revising the curriculum for primary pathway students to provide additional clinical coursework with a patient care focus. <u>**Follow-up**</u>
Assessment Measure Status: Active **Assessment Type:** AD: Report - Internal **Measure:** MI: 465 Clinical Instructor	**Result Date**: 09/25/2023 **Result**: No current data available for analysis. The student that is currently in the program is following the part-time track.

Measures	Result
Evaluations Numbers 3, 6,10,11 **Target:** Average score >= 3 (0-4 pt. scale) **Timeframe:** Summer Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/ HS Curriculum Committee	Previous data: 2022 = 3.38 (n=1) 2021 (n=0) 2020 (n=0) 2019 = 4 (n=1) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: The proposed 2021-2022 action plan will remain in effect for the 2023-2024 academic year. The instructor was unable to implement the proposed 2021-2022 action plan due to no enrollment. **Actions** **Action**: Action Date: 09/25/2023 Action: The clinical instructors will continue to work with each individual student in the clinical environment while providing direct patient care. The evaluation process will remain in effect as it has proven to be beneficial to the student's ability to show growth. **Follow-up**

MI 2.2

AU Outcome
Students will practice written communication skills.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Measure:** MI: 410 Research PowerPoint Presentation (MRI) **Target:** Average score of >= 80% **Timeframe:** Fall Semester **Responsible Parties:** MI: 410 Course Instructor/HS Curriculum Committee	**Result Date**: 09/25/2023 **Result**: No current data available for analysis. The student that is currently in the program is following the part-time track. That student will complete the MI 410 course in the next academic year. Previous data: 2021 = 96% (n=1) 2020 = 98.2% (n=4) 2019 = 94% (n=3) 2018 = 97% (n=1)

College Goals 2020-2024

Measures	Result
	Reporting Year: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: The proposed 2021-2022 action plan will remain in effect for the 2023-2024 academic year. The instructor was unable to implement the proposed 2021-2022 action plan due to no enrollment. **Actions** **Action**: Action Date: 09/25/2023 Action: The instructor will continue to provide a detailed rubric so each student understands how they will be graded with regards to APA formatting. The instructor will continue to provide APA formatting examples within their Blackboard course. The instructor will continue to require each student to submit a partial submission part way through the semester for feedback. APA will remain a focus moving forward even though this cohort did not struggle in that area. **Follow-up**
Assessment Measure Status: Active **Measure:** MI: 435 CT Procedures I Reflection Paper **Target:** Average score of >= 80% **Timeframe:** Spring Semester **Responsible Parties:** MI: 435 Course Instructor/ HS Curriculum Committee	**Result Date**: 09/25/2023 **Result**: No current data available for analysis. The student that is currently in the program is following the part-time track. Previous data: 2022 = 100% (n=1) 2021 = 100% (n=1) 2020 = (n=0) 2019 = 100% (n=3) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: The proposed 2021-2022 action plan will remain in effect for the 2023-2024 academic year. The instructor was unable to implement the proposed 2021-2022 action plan due to no enrollment. **Actions** **Action**: Action Date: 09/25/2023 Action: The instructor will create a detailed rubric to ensure that each student is reflecting on what they learned throughout the course. The instructor will implement APA requirements within the rubric to ensure that each student follows proper APA format. **Follow-up**

College Goals 2020-2024

Program (HS) - Medical Laboratory Science (MLS)

MLS 1.1

AU Outcome
Students will apply theory and principles related to laboratory testing
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** Exam scores – MLS 440: Clinical Hematology and Hemostasis **Target:** 75% of students will receive an average score of >= 80% **Timeframe:** Annually **Responsible Parties:** Program Chair/HS Curriculum Committee	**Result Date**: 08/15/2023 **Result**: Fall 2022 – (n=12) 33.3% (4/12) earned an average exam score of >80%. Overall average exam score = 66.7% Fall 2021 = 68.75% Fall 2020 = 79.5% Fall 2019 = 71.2% Fall 2018 = 69.2% Fall 2017 = 88.3% Fall 2015 = 91.3% This target has not been met for the last three years, and the percentage of students meeting the target decreased (fall 2021 result was 38.75% [11/16]). **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: Per the 2021-2022 action plan proposed for 2022-2023, a test bank with randomized questions was planned. More virtual lab assignments were also assigned. In looking at the data students performed well on Exams 1, 3, and 4. Exam 1 and 3 had a mandatory virtual session prior to the exam and Exam 4 students were allowed to use 1 page of notes. The final exam had the lowest overall exam scores. An optional final exam review assignment was given to students in week 14. Given the overall average decreased, neither of these actions was effective. **Actions** **Action**: Action Date: 08/15/2023 Action: A mandatory virtual session will be added prior to Exam 2 and the final exam review assignment will be mandatory. A virtual review session will be offered prior to the final exam. Statistics will be used to analyze each individual exam to examine any trends

Measures	Result
	or outside influences on exam scores. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** Clinical Microbiology Exam Scores (formerly Exam Scores – MLS 460: Clinical Microbiology) **Target:** 75% of students will receive an average score of >= 80% **Timeframe:** Annually **Responsible Parties:** Program Chair/HS APG Committee	**Result Date**: 08/15/2023 **Result**: Spring 2023 (n=12) 7/12 (58%) students received an average score of >80% Overall average = 207.4/250 points (82.9%) Spring 2022 (n=16) (75%) Average score = (83.3%) Spring 2021 (n=15) (80%) Average score = 84.7% Spring 2020 (n=6) 33.3% Average score = 80.5% Spring 2019 (n=14) 100% Average score = 88.1% These results demonstrate that the target has been inconsistently met (3/5 times) since the 2018-2019 academic year. This course helps students to apply theory and principles related to microbiology. The multiple-choice exams help prepare students for clinical rotations, where theory and principles of microbiology are applied. A portion of questions in all exams were updated in 2022 and 2023. Prior to 2023, this course included two proctored and two un-proctored exams prior to clinical rotations and a proctored final exam following clinical rotations. However, in 2023, only one exam was un-proctored, which may have led to lower average scores. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: The 2021-2022 CAP stated that the course would include five exams (two unproctored), with updated questions. One change was made – only one exam was unproctored. Despite this change, this target has been inconsistently met over the past five years. Given the achievement of the target for this measure for two years in a row prior to 2023, the action plan seems to be effective, but is dependent on the cohort and number of students. **Actions**

Measures	Result
	Action: Action Date: 08/15/2023 Action: This course will continue to include four exams (one unproctored) for the next academic year, with updated questions added. Additionally, a proctored comprehensive exam will be given (for a total of five exams). Student outcomes will be assessed with the same target. **Follow-up**

Program (HS) - Medical Laboratory Science (MLS)

MLS 1.2

AU Outcome
Students will apply concepts and principles of laboratory operations in a clinical setting
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** Affective Evaluation – Microbiology **Target:** 75% of students will receive an average score of >= 80% **Timeframe:** Annually **Responsible Parties:** Program Chair/HS Curriculum Committee	**Result Date**: 08/15/2023 **Result**: Spring 2023 (n=11) 10/11 (90.9%) of students received an average score of >80% Overall average = 23.5/25 points (94%) Spring 2022 (n=13) 100% of students received an average score of >80% Overall average = 24.5/25 points (98%) These results demonstrate the target (75% of students will receive an average score of >= 80%) has been met for the last two years. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: This is the second year of measuring this target. This is the final semester for students and the third or fourth rotation as they progress through the program. Results indicate that students are learning and retaining behaviors needed to be successful in a workplace setting. Students are assessed by their clinical instructors

Measures	Result
	on interest in learning, initiative, communication skills, acceptance of constructive criticism, and safety. **Actions** **Action**: Action Date: 08/15/2023 Action: We will evaluate subsequent cohorts of students on this measurement item with the same target. In addition, students will continue to receive a didactic affective evaluation at midterm and the end of each course to continue to promote professional behaviors. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Exam/Quiz - Standardized **Measure:** MediaLab Exam Simulator Scores (formerly MediaLab Exam Simulator Scores – MLS 475: Medical Laboratory Science Review **Target:** 75% of students will achieve a CAT difficulty of 5.0 **Timeframe:** Annually **Responsible Parties:** Program Chair/HS APG Committee	**Result Date**: 08/15/2023 **Result**: Spring 2023 – 10 students 100% (10/10) achieved a CAT difficulty level of at least 5.0 on CAT exams (6 exams) Average level of difficulty = 6.1 Practice CATs = 5.7 Graded CATs = 6.5 2018 – 90%; 5.3 2019 – 83.3%; 5.9 2020 (n=6) • Proctored – 16.7%; 4.5 • Non-proctored – 83.3%; 5.8 2021 (n=17); 82.4%; 5.5 2022 (n=16); 100%; 6.8 These results demonstrate the target (75% of students will achieve a CAT difficulty of 5.0) has been met for the last two years. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Exam Simulator (ES) is a preparatory resource we purchase for students to help them prepare for the BOC exam. Students took 6 CAT exams (all non-proctored) during the last 8 weeks of the semester. Our 2021-2022 action plan for 2023-2023 academic year indicated we would update the grading scale for the graded CAT exams. Students earned full points for achieving a difficulty level of 5 or higher. The graded CAT exam average was higher which shows the power of incentivization. Students were provided with information about past student outcomes, different

Measures	Result
	certification exam options, and recommendations on when to schedule their certification exams. **Actions** **Action**: Action Date: 08/15/2023 Action: We will continue to require students to complete practice and graded CAT exams. Students will be provided with additional study materials to support their review activities. **Follow-up**

MLS 2.1

AU Outcome
Students will demonstrate technical competency in the delivery of quality laboratory service
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** Basic Manual Differential Assignments **Target:** 75% of students will receive an average score of >80% (formerly 75% of students will complete all assignments) **Timeframe:** Annually **Responsible Parties:** Program Chair/HS Curriculum Committee	**Result Date**: 08/15/2023 **Result**: Fall 2022 (n=12) 91.7% of students received an average score of >80% Overall average = 28.3/30 points (94.3%) 2021 (n=16) – target met; overall ave. = 99% Target has been met since the measure was first evaluated in 2021. Students are provided with tools and resources to help them learn cellular morphology including a synchronous lab session and practice differentials for which they receive feedback from Cellavision on their performance. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Per the 2020-2021 action plan proposed for 2021-2022 academic year, course faculty covered cell morphology during a virtual lab session (asynchronous for 2022) and provided numerous opportunities for students to practice classifying cells

Measures	Result
	and receive feedback prior to completing a graded assignment. **Actions** **Action**: Action Date: 08/15/2023 Action: We will continue to include these assignments without any revisions. Course faculty will continue to cover cell morphology during a virtual lab session and provide numerous opportunities for students to practice classifying cells and receive feedback prior to completing a graded assignment. **Follow-up**

MLS 2.2

AU Outcome
Students will assess the accuracy of laboratory test results by correlating laboratory data with clinical diagnoses
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical **Measure:** Advanced Manual Differential Assignments **Target:** 75% of students will receive an average score of >80% **Timeframe:** Annually **Responsible Parties:** Program Chair/HS Curriculum Committee	**Result Date**: 08/15/2023 **Result**: Fall 2022 – (n=12) 91.7% (11/12) earned an average exam score of >80%. Fall 2021 = 100% Target has been met since the measure was first evaluated in 2021. Students enjoyed the assignment and engaged with this assignment by asking questions. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Per the 2021-2022 action plan proposed for 2022-202 academic year, course faculty created more assignments using this resource and some ungraded, practice assignments were created for students to use as a review. **Actions** **Action**: Action Date: 08/15/2023 Action: We will continue to use this program (CellaVision) to teach and assess advanced cell morphology and competency within this course. No plans to change this assignment.

College Goals 2020-2024

Measures	Result
	Follow-up
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** Program Comprehensive Exam (FKA: MLS Program Final Exam [formerly MLS 475: Medical Laboratory Science Review - Final Exam]) **Target:** 75% of students will receive a score of >55% (target prior to 2021-2022 = 75% of students will receive an average score of >=80%) **Timeframe:** Annually **Responsible Parties:** Program Chair/HS Faculty Org Committee	**Result Date**: 08/15/2023 **Result**: Spring 2022 – 10 students 100% of students (10/10) received a score of >55% Overall average score = 72.0% Spring 2020 (n=6) • 0 met target • 51.2% average score Spring 2021 (n=17) • 0 met target • 59.1% average score Spring 2022 (n=16) • 12 met target • 65.7% average score These results demonstrate that the target (75% of students will receive an average score of >= 55%) has been met for the last two years. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Our 2021-2022 action plan for the 2022-2023 academic year indicated we would continue to offer the expanded comprehensive final exam and evaluate the subsections of the exam for trends related to course material that we can emphasize during the review section of the course. Both parts of the final exam were minimally updated from spring 2022 to improve question clarity. This allowed us to better compare results from 2021-2022 to 2022-2023. The spring 2023 course included new resources on how to study for a comprehensive exam. Weeks 1-9 allowed students to review summer and fall topics and create study outlines. Weeks 10-15 included subject-specific review activities for all program topics. **Actions** **Action**: Action Date: 08/15/2023 Action: We will continue to offer the expanded comprehensive final exam and evaluate the subsections of the exam for trends related to course material that we can emphasize during the review section of the course. Additional review materials will be offered in the

Measures	Result
	course. **Follow-up**

MLS 3.2

AU Outcome
Students will integrate team-building skills into professional practice
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Service **Measure:** Service Learning Project **Target:** 75% of students will receive an average score of >80% **Timeframe:** Annually **Responsible Parties:** Program Chair/HS APG Committee	**Result Date**: 08/15/2023 **Result**: Fall 2022 66.7% (8/12) of students earned an average score of >80%. Overall average score 24.25/30 = 80.8% Overall Averages 2021 (n=16) = 98.3%; 100% of students met target 2020 (n=15) = 90%; 73% of students met target 2019 (n=6) = 98.9% (target met) 2018 = 98.9% 2017 = 95.5% 2016 = 90.0% 2015 = 92.5% 2014 = 95.6% 2013 = 95.7% 2012 = 97.3% These results demonstrate the target (75% of students will receive an average score of >= 80%) has been consistently met (9/10 times) since the 2012-2013 academic year with the exception of the 2020-2021 academic year. The overall average score for this assignment decreased for the current assessment year, but the project was revised as it is now included in a different course for the 2022-2023 academic year. **Reporting Year**: 2022 - 2023 (Year 1)

Measures	Result
	Target Met: Yes **Action Plan Impact**: Our 2021-2022 action plan for the 2022-2023 academic year indicated this project would move into a new course for the 2022-2023 academic year. The new course covered education and research. As a result, the description of the project changed to align with the new course structure. Students were required to self-assess their work against a provided rubric **Actions** **Action**: Action Date: 08/15/2023 Action: Additional emphasis needs to be placed on research methods within the course. This information will be aligned with the evaluation criterion of the project to help students apply information to the project. Additionally, the project rubric will be further developed to add more description to the scales so students have more information about expectations and can better assess their own work. **Follow-up**

MLS 4.2

AU Outcome
Students will communicate effectively in an online environment
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** Management Topics Discussion Board Posts (formerly Management Section Discussion Board posts – MLS 470: Laboratory Management) **Target:** 75% of students will receive an average score of >= 80% **Timeframe:** Annually **Responsible Parties:** Program Chair/HS APG Committee	**Result Date**: 08/15/2023 **Result**: Spring 2023 (n=11) 100% students earned an average score of >80% (Ave. score = 97.6%) Spring 2022 (n=16): 100% Spring 2021 (n=17): 100% Spring 2020:100% Spring 2019: 98% This target has been consistently met for the past five years. Approximately half of the course modules contained discussion. Any deductions in posts were largely due to APA formatting errors. A new edition textbook was used this year. **Reporting Year**: 2022 - 2023 (Year 1)

Measures	Result
	Target Met: Yes **Action Plan Impact**: Our 2021-2022 action plan for the 2022-2023 academic year indicated a new textbook edition would be used. Use of the new edition textbook and the variety of discussion assignments based on student experiences and perspectives continue to positively impact this target. **Actions** **Action**: Action Date: 08/15/2023 Action: Discussion board assignments will continue to be used in this course to foster student interaction and effective communication skills. **Follow-up**

Program (HS) - Public Health (PH)

PH 1.1

AU Outcome
Student will be able to identify determinants of health and illness
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Exam/Quiz - Teacher-made **Measure:** PH: 430 Final exam **Target:** Average score of >80% **Timeframe:** Fall Semester **Responsible Parties:** Program faculty / HS APG committee	**Result Date**: 04/27/2023 **Result**: In Fall 2022, ten students earned an average of 80% on the final exam. In Fall 2021, three students took the course and earned an average of 75.3% on the final exam, which worse than Fall 2020, when five students took the course and received an average of 81.2% on the final exam. Prior to 2020, the course had a different instructor with all different course materials and exam. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Per the action plan proposed for 2022-2023, a new instructor taught the class in Fall 2022, and test results rose slightly. [Also sepcified in the 2022-2023 action plan was that the new instructor would implement a new course based on the existing course description and objectives and a new final exam would be created. Because the new exam was going to be created, it was

Measures	Result
	anticipated that the results would not be comparable to the results for previous years. Nevertheless, it is noted that the test results rose slightly, implying that the new instructor had an impact on test performance. Was a new final exam created?] **Actions** **Action Date**: 08/21/2023 **Action**: In Fall 2023, the program director will be taking over a newly formatted course which will include required weekly meetings. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** Community needs assessment as part of mid-term project. **Target:** Average score of >80% **Timeframe:** Spring semester **Responsible Parties:** Program faculty / Health Science (HS) Curriculum committee	**Result Date**: 04/27/2023 **Result**: In Summer 2022, four students earned an average of 85% on the project. In Summer 2021, six students earned an average of 88.83% on the community needs assessment. In Spring 2020, students (n=3) scored an average of 91% with all students scoring above the 80% student. In Spring 2019, all (n=7) students scored above 80%, with an average score of 93.33%. In Spring 2018, four students had an average score of 92.25% **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Last year's plan was to allow instructor review of the project prior to submission. The two students who took the opportunity to have the instructor review their draft scored an average of 93.5. While the average fell, it is largely due to one student who scored poorly on the project bringing down the average. [Action plan proposed for 2022-2023: Extra attention will be given to paper formatting since content appears to be consistent year over year, with students being given the option to submit early for instructor review.] **Actions** **Action**: Action Date: 05/15/2023 Action: An outline of the paper will be due along with the proposed data sources two weeks before the final project is due. **Follow-up**

PH 1.2

AU Outcome
Student will be able to identify sources of public health data and information

College Goals 2020-2024

Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** Community needs assessment as part of mid-term project. **Target:** Successful completion of report Average score of >80% **Timeframe:** Spring semester **Responsible Parties:** Program faculty / Health Science (HS) Curriculum committee	**Result Date**: 04/27/2023 **Result**: In Summer 2022, four students earned an average of 85% on the project. In Summer 2021, six students earned an average of 88.83% on the community needs assessment. In Spring 2020, students (n=3) scored an average of 91% with all students scoring above the 80% student. In Spring 2019, all (n=7) students scored above 80%, with an average score of 93.33%. In Spring 2018, four students had an average score of 92.25%. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Per the action plan proposed for 2022-2023, students were offered the opportunity to submit the assignment for early review by the instructor, only two students used the opportunity. However, it is largely due to one student who scored poorly on the project. The two students who took the opportunity to have the instructor review their draft scored an average of 93.5. **Actions** **Action Date**: 05/15/2023 **Action**: In Summer 2023, an early draft will be required instead of optional. **Follow-up**

PH 1.3

AU Outcome
Student will be able to analyze data
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Exam/Quiz - Teacher-made **Measure:** PH: 430 Final exam	**Result Date**: 04/28/2023 **Result**: In Fall 2022, ten students earned an average of 80% on the final exam. In Fall 2021, three students took the course and earned an average of 75.3% on the final exam, which worse than Fall 2020, when five students took the course and received an average

Measures	Result
Target: Average score of >80% **Timeframe:** Fall semester **Responsible Parties:** Program faculty / HS Faculty Org. committee	of 81.2% on the final exam. Prior to 2020, the course had a different instructor with all different course materials and exam. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Per the action plan proposed for 2022-2023, a new instructor taught the class in Fall 2022 and test results rose slightly. [Also sepcified in the 2022-2023 action plan was that the new instructor would implement a new course based on the existing course description and objectives and a new final exam would be created. Because the new exam was going to be created, it was anticipated that the results would not be comparable to the results for previous years. Nevertheless, it is noted that the test results rose slightly, implying that the new instructor had an impact on test performance. Was a new final exam created?] **Actions** **Action Date**: 08/21/2023 **Action**: In Fall 2023, the program director will be taking over a newly formatted course which will include required weekly meetings. **Follow-up**

PH 2.2

AU Outcome
Student will be able to identify mechanism to evaluate programs for their quality and effectiveness
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Exam/Quiz - Teacher-made **Measure:** PH 480 Final Exam. (Public Health Research and Evaluation) **Target:** Average score > 80% **Timeframe:** Spring semester **Responsible Parties:** Program faculty /	**Result Date**: 05/15/2023 **Result**: In Spring 2023, eight student received an average of 91% on the final exam. In Spring 2022, eight student earned an average of 89% on the final exam. In Spring 2021, seven students took the exam and averaged 92.8%. In Spring 2020, eight students took the final exam and scored an average of 83.3%. In 2019, 11 students took the course with an average score of 88.1% on the final exam. In 2018, two students took the course with an average score of 83.33%. The results have varied over years due to changing class sizes and different instructors.

Measures	Result
Health Science (HS) Curriculum committee	**Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As stated in the 2022-2023 action plan proposed in the 2021-2022 CAP report, the instructor reviewed highly-missed questions on the final exam from the previous year. Four questions out of fifty were edited for clarity or rewritten. While exam scores went up from the previous year, it was below the year before showing the intervention did not have much impact. [Proposed 2022-2023 action plan: "The instructor will review all final exam questions missed by more than 30% of the class and address those items either in the curriculum or reformatting the question for improved clarity."] **<u>Actions</u>** **Action Date**: 05/15/2023 **Action**: The contract instructor teaching the course will offer an optional review session before the final exam. **<u>Follow-up</u>**

Program (HS) - Public Health (PH)

PH 3.1

AU Outcome
Student will be able to recognizes the role of cultural factors in the delivery of public health services
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** PH: 420 Final report **Target:** Average score of >80% **Timeframe:** Fall semester **Responsible Parties:** Program faculty / HS Curriculum committee	**Result Date**: 04/27/2023 **Result**: In Summer 2022, four students took the course and earned an average of 95.4%. In Summer 2021, seven students took the course and received an average of 85%. In Summer 2020 students (n=4) earned an average of 92% on their final report. In Summer 2019, seven students taking the course received average of 91.3% on their final report. In Summer 2018, three students took the course and received an average of 81.3%. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes

Measures	Result
	Action Plan Impact: Per the proposed 2022-2023 action plan, a checklist was added to the assignment to help students better organize the assignment and make sure no parts were missing. It appears to have helped students better organize their project, with scores improving significantly year-over-year and hitting the highest five-year average. **Actions** **Action Date**: 04/27/2023 **Action**: While there is a little room to improve student success, the project itself will be evaluated for relevance to the course objectives including Culturally and Lingusitically Appropriate Services (CLAS) standards. **Follow-up**

PH 3.2

AU Outcome
Student should be able to describes the role of governmental and non-governmental organizations in the delivery of community health services
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Exam/Quiz - Teacher-made **Measure:** PH: 410 Final exam **Target:** Average score of >80% **Timeframe:** Fall semester **Responsible Parties:** Program faculty / HS Faculty Org. committee	**Result Date**: 04/27/2023 **Result**: In Fall 2022, ten student earned an average of 79.2% on the final exam. In Fall 2021, seven students earned an average of 78.1% on the final exam. In Fall 2020, eight students earned an average of 74.9% on the final exam. In Fall 2019, seven students received an average of 74.4% on the final exam. Fall 2018, eleven students received an average of 82.6% on the final exam. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: The previous year action plan to update the curriculum with a new textbook was not carried out at Allen College in Fall 2022 due to staff workload issues, so the impact of the action plan on the 2022-2023 results is not applicable. [Action plan proposed for 2022-2023: "A textbook used the in the nursing program by the same authors seems to be more appropriate for undergraduate students. The course will switch to a new textbook in Fall 2022 and a new exam will be created."] **Actions**

Measures	Result
	Action Date: 05/15/2023 **Action**: New course materials and final exam were piloted by the program director at Wartburg College in Spring 2023, with implementation in the online setting in Fall 2023 at Allen College. This will include a new final exam. **Follow-up**

PH 4.1

AU Outcome
Student should be able to describe the scientific foundation of the field of public health
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Exam/Quiz - Teacher-made **Measure:** PH: 400 Identify prominent events in the history of public health Midterm Exam and assignments **Target:** Average score of >80% **Timeframe:** Fall semester **Responsible Parties:** Program faculty / HS Curriculum committee	**Result Date**: 04/27/2023 **Result**: In Fall 2022, nine students earned an average of 95% on the midterm exam. In Fall 2021, four students earned an average of 90% on the midterm exam. In Fall 2020, four students earned an average of 100% on the midterm exam. In Fall 2019, three students earned an average of 77.1% on the midterm exam. However, in Fall 2018, seven students earned an average of 91.8% on the midterm exam. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: This was the second year of a new textbook edition and new test, so no changes were made in order to better understand the trend. Three students scoring above 100% raises concerns of the new test being too easy. [Action plan proposed for 2022-2023: "The new course materials appear to be effective and scores are in the desired range. Extra credit questions will be added to the exam and the trend closely monitored." Was a new textbook among the new course materials implemented? Were extra credit questions added to the exam?] **Actions** **Action Date**: 04/17/2023 **Action**: The extra credit questions will be removed since they appear to be unnecessary. **Follow-up**
Assessment Measure Status: Active	**Result Date**: 04/28/2023

Measures	Result
Assessment Type: SL: Exam/Quiz - Teacher-made **Measure:** PH: 430 Final exam **Target:** Average score of >80% **Timeframe:** Fall semester **Responsible Parties:** Program faculty / HS Faculty Org. committee	**Result**: In Fall 2022, ten students earned an average of 80% on the final exam. In Fall 2021, three students took the course and earned an average of 75.3% on the final exam, which worse than Fall 2020, when five students took the course and received an average of 81.2% on the final exam. Prior to 2020, the course had a different instructor with all different course materials and exam. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Results improved slightly with a new instructor. Action plan proposed for 2022-2023: "A new instructor is scheduled to take over the class in 2022 and will implement a new course based on the existing course description and objectives. A new final exam will be created, making next years results not comparable to the two previous years." Was a new final exam created?] **Actions** **Action**: Action Date: 04/28/2023 Action: It appears students benefitted from a new instructor and weekly touch-base sessions, but it was a different exam so it can not be directly compared to the results in the two years prior. In Fall 2023, the program director will be taking over a newly formatted course so results will again be difficult to compare year-over-year. **Follow-up**

College Goal 3

College Goal
Allen College is committed to recruiting and retaining highly qualified and engaged students, faculty, and staff who represent diverse populations and who embrace diversity, cultural and global awareness, and the inclusion of all its members.

College Goal Status
Active

Admin - Administration

Admin 2.0

AU Outcome
Environment encourages Allen College employees to maximize their performance

College Goals 2020-2024

Outcome Status
Active

Measures	Result
Assessment Method Status: Active **Assessment Type:** AD: Report - External **Measure:** Salary comparison tools (e.g., IAICU, etc.) **Target:** Faculty salaries will be at the average comparable salary for rank at peer institutions. **Timeframe:** Annually **Responsible Parties:** DOBAS	**Result Date**: 08/15/2023 **Result**: Allen College is at or above 2021-22 average salaries for all ranks when compared to Iowa colleges with nursing pre-licensure programs. Iowa private colleges (IAICU) was used and for the pre-licensure colleges that reported, Allen salaries met or exceeded the average in all ranks. These results are comparable to those of the previous reporting year, during which the target was also met. Faculty salary market adjustments were made based on our data. Staff salary comparisons were not completed in 2023 as the system was not giving any adjustments in 2023 to staff due to budget constraints. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Allen College compared all data as indicated in our action plan for comparison data which resulted in a few market adjustments being needed for faculty. The 2022-2023 results were influenced by the 2021-2022 action plan by conducting the annual salary audit using all available sources of information and presenting the findings to the Allen College President who made the final determinations of appropriate adjustments. **Related Documents**: [VI.A. UPH Allen College 2023-24 Faculty Salary Review BOT.pptx](#) **Actions** **Action**: Action Date: 08/15/2023 Action: Continue to compare annually faculty and staff salaries with state, regional and national data if available. Make salary market adjustments as necessary based on data and trends if budget allows. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Annual report of Faculty Goal Achievement-short term teaching goals **Target:** 85% of faculty completely meet short-term teaching goals **Timeframe:** Annually **Responsible Parties:** Provost	**Result Date**: 06/29/2023 **Result**: 96.2% (51/53) met the short-term teaching goals. These results are comparable to 2021-2022 where 91.8% (50/51) faculty met the short-term teaching goals. As described in the 2019-2020 action plan, the academic leadership, including both academic Deans, communicated the information to faculty during the fall semester. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: The strategy of discussing at time of evaluation has proven to be a successful strategy in continuing to meet this goal.

Measures	Result
	Actions **Action**: Action Date: 06/29/2023 Action: For the next academic year, the academic deans will continue to discuss short-term teaching goals during the faculty evaluation process. Providing examples will also be implemented for newer faculty members. The results will be analyzed during the next reporting cycle. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Annual report of Faculty Goal Achievement-progress on scholarly enrichment **Target:** 85% of faculty demonstrate progress on scholarly enrichment plans. **Timeframe:** Annually **Responsible Parties:** Provost	**Result Date**: 06/29/2023 **Result**: 98.1% (51/52) of faculty demonstrated progress on scholarly enrichment plans. One faculty did not demonstrate progress. These results compare favorably to 2021-2022 where 91.8% of faculty made progress on plans. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: The strategy of discussing with faculty at the time of evaluation has proven to be an effective strategy in meeting this goal. **Actions** **Action**: Action Date: 06/29/2023 Action: For the 2023-2024 academic year, the academic deans will continue to discuss the individual needs of faculty and importance of long-term goals in the academic setting. Timing this with annual evaluations is appropriate, as these take place during the first two months of the calendar year. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Summary of Expenditures for Faculty and Staff Professional Development [e.g., total dollars spent for meetings, travel, and educational expenses]. **Target:** College provided financial support to college faculty and staff to attend educational and/or professional development activities **Timeframe:** Annually **Responsible Parties:** DOBAS	**Result Date**: 08/15/2023 **Result**: In 2022 we budgeted for our education and travel expenses and were successful as $15,068 was spent on tuition assistance for faculty and staff and $32,603 was spent on conference and meeting travel totaling $47,671 for faculty and staff. For 2023 there was $139,815 budgeted for education and travel. These results met target but have decreased when compared with prior year due to less educational assistance requested and mitigation efforts reduced travel compared to prior year. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As mentioned in the 2021 action plan, the College appropriately budgets for professional development opportunities. In the event of revenue shortfalls, the executive leaders determine if and how much savings can be mitigated from the

Measures	Result
	professional development/travel budgets. **Actions** **Action**: Action Date: 08/15/2023 Action: Continue to budget education and travel expenses annually for faculty and staff professional development. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Professional Development and Welfare (PDW) committee annual scholarly recognition report. **Target:** 55% of faculty and staff are recognized for their service and scholarly accomplishments **Timeframe:** Annually **Responsible Parties:** PDW Committee Chair	**Result Date**: 03/23/2024 **Result**: 22/69 (32%) of faculty and staff were recognized for 2022 scholarly achievements (down 2 percentage points from 2021). 20/69 (29%) of faculty and staff were recognized for 2022 service (up 13% from 2021). Previous results for comparison: 2021-2022: 35% of faculty and staff were recognized for 2021 scholarly achievement and 16% were recognized for 2021 service. 2020-2021: 35% of faculty and staff were recognized for 2020 scholarly achievement and 20.3% were recognized for 2020 service. 2019-2020: 33.3% of faculty and staff were recognized for 2019 scholarly achievement and 22.8% were recognized for 2019 service. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: During the 2022-2023 academic year, scholarship activities were collected using Microsoft Forms (instead of the "Google poll" specified in the 2021-2022 action plan proposed for 2022-2023). An email with the link to the form was sent every three months with the final collection being in January 2023. The information was exported to a spreadsheet for easy tracking. **Actions** **Action**: During the 2023-2024 academic year, data will continue to be collected every three months using Microsoft forms. Data collection for recognition of 2023 scholarly and service activities will end in January of 2024 when faculty and staff will report activities for October-December). It is important to note that some faculty may complete scholarly activities but do not report them despite the ease of filling out a prescribed form. **Follow-up**

College Goals 2020-2024

Admin 3.0

AU Outcome
College receives external monetary contributions in the form of grants, scholarships, and gifts
Outcome Status
Active

Measures	Result

Assessment Method Status: Active
Assessment Type: AD: Report - Internal
Measure: Internal Total Donations to College for Year
Target: Amount of monetary donations increase.
Timeframe: Annually
Responsible Parties: President
	Result Date: 08/18/2023
	Result: Allen College and UnityPoint Health – Waterloo Foundation were not able to increase the monetary amount donated 2022-2023 comparted to 2019-2020 and 2020-2021
	
	June 1, 2022 – May 31, 2023: Allen College received the following gifts:
	    Cash: $891,045
	    Gift-in-Kind: $9,821
	    Pledges: $42,682
	    Stock/Property: $46,885
	    Other:
	    Total: $990,434
	
	2021-2022
	June 1, 2021 – May 31, 2022: Allen College received the following gifts:
	    Cash: $935,602
	    Gift-in-Kind: $13,528
	    Pledges: $78,514
	    Stock/Property: $29,772
	    Other:
	    Total: $1,057,418
	
	2020-2021
	June 1, 2020 – May 31, 2021: Allen College received the following gifts:
	    Cash: $1,571,863.08
	    Gift-in-Kind: $5,908.00
	    Pledges: $291,635.40
	    Stock/Property: $6,592.68

Measures	Result
	Other: Total: $1,875,999.16 2019-2020 June 1, 2019 – May 31, 2020: Allen College received the following gifts: Cash: $313,726.42 Gift-in-Kind: $4,065.08 Pledges: $410,181.82 Stock/Property: $470.95 Other: Total: $728,444.27 **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: Based upon the 2021-2022 action plan the College and Foundation developed a "wish book" that listed some areas of donor opportunities that the Foundation staff could share during donor visits. This was a new concept and how effective it is in raising additional donor support is still unknown. In addition to the wish book, the Foundation has been scheduling monthly stewardship lunches with donors and if the donor is interested in the College, the Allen College president attends. Between these efforts and an improved market environment, the amount of donations for 2023-2024 should exceed the 2022-2023 amount. **Actions** **Action**: Action Date: 08/18/2023 Action: The target for this action has not been met for the second year in a row. As mentioned in the 2021-2022 CAP report, the unfavorable market conditions were projected to continue into 2022-2023 and that occurred. Comparing the numbers from the prior year to this year, all donated values were comparable with the exception of "pledges" which was almost 40% lower in 2022-2023 versus 2021-2022. The College's leadership will work with the UnityPoint Health – Allen Foundation to identify why the donation pledges were decreased in 2022-2023 compared to the prior year. The market conditions were improving by the end of the 2022-2023 reporting cycle so the donor support should stabilize and increase moving into 2023-2024. **Follow-up**

College Goals 2020-2024

Admin - Diversity, Equity, & Inclusion Committee

DEI 1.1

AU Outcome
Recruit and retain a diverse student body [DEI Goal 1: Representational Diversity--Recruit, retain, advance, recognize, and promote ...]
Outcome Status
Active

Measures	Result
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Ethnic Diversity Assessment [Report of, based on ethnic diversity data obtained from Student Services and compared to most recent Iowa figures.] **Target:** Ethnicity of student body reflects the diversity of the state of Iowa (e.g., if 5.5% of the Iowa population is comprised of Hispanics or Latinos, then the AC Hispanic-Latino Target for the student body would be 5.5%) **Timeframe:** Year 1, Year 3 **Responsible Parties:** DEI Committee Chair **Related Documents:** Dashboards 2018-2019.doc	**Result Date**: 02/07/2024 **Result**: During the 22-23 academic year, the college had 48/497 minority students (9.7%) The number and percentage of ethnic minority students increased from the 20-21 academic year, Allen College had 52/634, or 8.2% minority. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: The 20-21 plan was to Identify members of the faculty and staff to participate in the DEI (Diversity, Equity, and Inclusion) initiative. The identified members of the DEI initiative can report to the Diversity & Inclusion Committee. The DEI committee identified subcommittees in 2022 for individuals to work on targeted interventions specific to the subcommittees, one of these committees is Student Recruitment. This subcommittee worked in conjunction with admissions and the rural grant coordinator to target initiatives such as hosting rural high schoolers and local admission counselors at Allen College. Allen College was able to hire a rural grant coordinator through the Rural Grant. To recruit students on a national basis, partnerships were formed for both OT and PT therapy programs with Iowa Private Schools. To obtain a greater number of geographically diverse students, the number of partner schools needs to increase. Locally the Rural High School Counselor Day April 28,2023 and additional Day In The Life for rural schools March 24, 2023 where about 75 New Hartford sophomores, juniors, and seniors will visit Allen College. (02/13/2023) **Actions** **Action**: Continue using resources from the rural grant to increase outreach to rural areas for a diversity of prospective students (01/22/2024) **Follow-up**
Assessment Method Status: Active	**Result Date**: 02/07/2024

College Goals 2020-2024

Measures	Result
Assessment Type: AD: Report - Internal **Measure:** Student Gender Diversity Assessment [Report based on gender diversity data obtained from Student Services and compared to most recent figures for each profession] **Target:** Gender diversity of student body reflects that of the professions represented by Allen College academic programs (e.g., if males represent 8% of the nursing profession, then males will represent 8% of the student composition of the nursing program) **Timeframe:** Year 1; Year 3 **Responsible Parties:** DEI Committee Chair	**Result**: The target was not met due to male representation in nursing of 30%, PT 30%, and occupational therapy 20%. Overall respectively 30% of healthcare professionals are at 30% nationally. During the 22-23 academic year, the Health Sciences school had 14/63 male students (22%) and the Nursing school had 16/147 male students (11%) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: The 20-21 plan was to work with the Waterloo Career Center and CAPS by asking male students or current nurses to present during those high school programs. (05/24/2021). However, this initiative was not followed through due to impact of COVID and transitioning of leadership within the DEI committee; therefore the action plan had no impact on the 2022-2023 results **Actions** **Action**: Continue with library events highlighting minority populations in healthcare which includes the male gender. This academic year DEI subcommittees will also focus on retention activities such as mentorship and guest speaker representation of minority groups.(01/22/2024) **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Student Recruitment Assessment [Report of efforts to recruit students who represent traditionally under-represented groups, e.g., males, Hispanics, African Americans, etc.] **Target:** There will be evidence of regular activities designed to recruit students who represent under-represented groups (e.g., student recruiters attend or host 6 recruitment events annually in settings where contact with underrepresented groups is possible). **Timeframe:** Annually **Responsible Parties:** Admissions Counselors (Data Source); DEI Committee Chair (trends, action plan impact, action plans)	**Result Date**: 02/07/2024 **Result**: During the 22-23 academic year, the college had 48/497 minority students (9.7%) The number and percentage of ethnic minority students increased from the 20-21 academic year, Allen College had 52/634, or 8.2% minority. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: During the 21-22 resources from the rural grant allowed additional events such as the Rural High School Counselor Day April 28,2023 and additional Day In The Life for rural schools March 24, 2023 where about 75 New Hartford sophomores, juniors, and seniors will visit Allen College. (02/13/2023) **Actions** **Action**: The DEI committee has plans for an additional speaker for CFO meeting in May of 2024 as well as the following planned events. This speaker identifies as a minority POC and PT who will share his lived experience as a PT student POC to provide insight to administration and faculty on how to attract and support students who identify as POC. Have a voice in the UPH DEI Committee (Kara Howard) & Blue Crew (Monica Berning). Communicate with the CommUNITY groups to collaborate on events/activities (Shanna Pikora). Outreach to UNI, Wartburg, and Hawkeye DEI Officers for collaboration (Monica Berning). Blue Crew Events/Activities

College Goals 2020-2024

Measures	Result
	CommUNITY Groups. Nursing Ambassadors/Recruitment Group **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Pipeline Program Development Report [Report of DEI efforts to recruit students who represent traditionally under-represented groups, e.g., males, Hispanics, African Americans, etc.] **Target:** There will be evidence of regular activities designed to recruit students who represent under-represented groups (e.g., at least 6 career days for surrounding communities annually; annual summer nurse camp for at least 25 students). **Timeframe:** Annually **Responsible Parties:** DEI Committee Chair	**Result Date**: 02/07/2024 **Result**: During the 22-23 academic year, the college had 48/497 minority students (9.7%) The number and percentage of ethnic minority students increased from the 20-21 academic year, Allen College had 52/634, or 8.2% minority. Additional recruitment events were scheduled using the rural grant and increased efforts of events post COVID pandemic restrictions. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: According to the action plan proposed for this measure for 2022-2023, the admissions and enrollment departments planned an additional Day in the Life events specific to rural schools. Approximately 75 New Hartford HS sophomores, juniors, and seniors were expected to visit Allen (College Hospital?) on March 24, and a rural high school counselor day was planned for April 28, 2023 **Actions** **Action**: For the 2023-2024 academic year the DEI committee has continued to plan outreach and DEI events on Allen Campus (01/22/2024) **Follow-up**

DEI 1.2

AU Outcome
Recruit and retain a diverse faculty, staff, and administration (DEI Goal 1: Representational Diversity--Recruit, retain, advance, recognize, and promote ...)
Outcome Status
Active

Measures	Result
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Associate Recruitment Assessment [Report of efforts to recruit associates who represent under-represented groups for open positions and success of those efforts; e.g.,	**Result Date**: 02/07/2024 **Result**: This academic year of 2022-2023 there were 4 new faculty/staff positions filled, three were white/non-Hispanic; 1 was Chinese; 3 female and 1 male. This compares with the academic year of 2021-2022 there were 5 new faculty/staff positions filled, all were white/non-Hispanic; 4 female and 1 male. **Reporting Year**: 2022 - 2023 (Year 1)

Measures	Result
number of newly hired associates who represent underrepresented groups]. **Target:** There will be evidence of regular activities designed to recruit associates who represent under-represented groups to fill open positions (e.g., advertisements in male nurse journals to recruit male faculty; advertisements in African American publications to recruit Black faculty and staff) **Timeframe:** Annual **Responsible Parties:** Provost (data source); DEI Committee Chair (trends, action plan impact, action plans)	**Target Met**: Yes **Action Plan Impact**: Per the action plan proposed in the 2021-2022 CAP report for the 2022-2023 academic year, advertising would continue in HERC, Indeed, and on higher education sites. Also, a subcommittee of the DEI would focus on streamlining access to the job application link on the Allen College website to ensure easier access from outside diverse applicants, creating a "highlight corner" on the Allen College website landing page to insert videos or slide shows showing students, faculty, and staff working with and volunteering in a variety of diverse communities, and creating a short descriptive text banner that describes the main focus of Allen College's commitment to service and how it to increase diversity in the healthcare community. The website revamping was not implemented until 2024, however the initiatives of advertising on HERC and Indeed appears to have impacted the current results. **Actions** **Action**: The academic 2023-2024 the college will continue the past action plans of advertising in HERC, Indeed, and higher education sites. In addition a subcommittee of the DEI is specifically focused on streamlining access to the job application link on the Allen College website to ensure easier access from outside diverse applicants. (01/22/2024) **Follow-up**

Admin - Enrollment Management

EM 1.0

AU Outcome
Retain Students

Outcome Status
Active

Measures	Result
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Program Completion Rates	**Result Date**: 07/07/2023 **Result**: Spring 18 MSN/PGC: 37/49, or 76% completed their program

College Goals 2020-2024

Measures	Result
(Graduation Rates Spreadsheet) **Target:** 70% of graduate students complete their program **Timeframe:** Annually **Responsible Parties:** Dean of Enrollment Management	Fall 18 MSN/PGC: 41/53, or 77% completed their program Spring 19 DNP: 1/3, or 33% completed their program Fall 19 DNP: 5/5, or 100% completed their program Fall 19 MS in OT: 24/24, or 100% completed their program Fall 17 EdD: 2/3, or 67% completed their program DPT (no data yet) Total: 110/137, or 80% completed their program Last year, the overall data reported in graduate programs was 73%, so this year more students completed their program than in the past year. However, this year all graduate programs were incorporated into this item where before only graduate nursing programs were included. The graduate health sciences programs retained their students at a higher rate than the graduate nursing program. During the 2022-23 academic year, the Dean of Enrollment Management will review the data as follows: 1. Did recruitment webinar attendance impact whether a student completed an application or matriculated? Recruitment webinars were discontinued due to lack of attendance. 2. Did attendance at a post-admission webinar impact whether the student matriculated or was retained from semester 1 to semester 2? **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Of the 33 students admitted to a graduate nursing program for fall 2022, 32 matriculated (97%) and 23 were retained through the spring of 2023 (70%). Of the 33 students admitted, six students attended the "I've Been Admitted, Now What"

Measures	Result
	webinar. Of those six students, 100% matriculated and 100% were retained through the spring of 2023 . Of the 27 students who did not attend the webinar, 26 matriculated (96%) and 17 were retained through the spring of 2023 (63%) There is not enough information to determine whether attendance at the webinar made an impact on matriculation or retention. **Actions** **Action**: Action Date: 07/07/2023 Action: Track the attendance at the "Health Careers Night Out" events to determine if there is an impact on matriculation and retention of students who attend vs. those who do not attend. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Graduation Rates within 150% **Target:** 70% of undergraduate students complete their program within 150% of the program completion time. **Timeframe:** Annually **Responsible Parties:** Dean of Enrollment Management	**Result Date**: 07/13/2023 **Result**: This year's results: School of Health Sciences (2019 cohorts): ASR – 76% MLS – 94% DMS – 71% PH – 50% MI – 75% School of Nursing Accelerated BSN – 97% (summer and fall starts) Traditional BSN - 92% (fall and spring starts) RN-BSN – 17% (67% finished within 200% of the program length) Six out of eight programs had graduation rates above 70%. Goal met.

Measures	Result
	The Public Health Program admits students in year two of their Dental Hygiene program with various partner schools. Therefore, the student may have completed the public health program, but has not graduated. This will impact the completion rate and should be removed from this goal. School of Health Sciences (2018 cohorts): ASR – 86% down to 76% MLS – 75% - up to 94% DMS – 86% - down to 71% PH – 100% - down to 50%*** (Note that most Public Health students come to Allen first and then complete the Dental Hygiene 2-year program at Hawkeye. These figures do not represent the true degree completion rate) MI – 100% down to 75% School of Nursing Accelerated BSN – 86% - up to 97% Traditional BSN - 86% - up to 92% RN-BSN – 75% down to 17% The goal is to have 70% of undergraduate students complete their degrees within 150% of the program length. Out of the 7 programs reporting (and removing the Public Health program as described above), 6/7, or 86% completed their degree within 150%. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: The following information regarding the Action Plan Impact is from program directors: Nursing: The STARS program was not running in 2019, so the action plan had no

Measures	Result
	influence on the outcome. MLS: Yes, I do think our action plan positively affected our success. In addition to us communicating more regularly with struggling students, we were also able to see Shanna's notes which helped us better understand what was going on with students who were having academic issues. We are going to continue with the same action plan for 2023-2024. ASR: The previous action plan did have an impact on success. With the advisors establishing communication upon admission, the students were able to get all of their questions answered as they worked through their admissions requirements. The Student Success Coordinator worked with the students in the classroom to try and establish good study habits and improved use of APA formatting. Referrals were made to the Student Success Coordinator throughout each semester when students displayed lower test scores or demonstrated challenges/struggles in the classroom. The majority of students who withdrawal from the program prior to completion are due to personal reasons that are out of the control of the faculty. MI: MI faculty are unable to determine the impact of the previous action plan since there have not been any additional students admitted into the program who do not have a radiology background. Success is still evident through the data. A curriculum revision is being established that should take effect in Fall 2024 to assist all students without a radiology background. Students with a radiology background continue to have success with program completion, job placement, and board completion. **Actions** **Action**: Action Date: 07/13/2023 Action: Action Plans were provided by program directors as follows: New MLS Action Plan: All MLS courses have a mid-course check-in All MLS courses display a mid-semester grade for best practices If any student's grade drops below 75% at any point in the semester, we refer them to the Coordinator of Student Success and Engagement Close the loop when students are referred to student success to ensure the student has met with that office.

Measures	Result
	New ASR Action Plan: Advisors will continue to establish communication with students upon admission. All students will be asked to review the Student Handbook and the curriculum prior to attending program orientation. The Student Success Coordinator will work with the students in the classroom to discuss study habits and APA formatting. Referrals will continue to be made to the Student Success Coordinator for any student who needs additional resources or assistance. Students will attend a 90-minute program orientation in May and another 45-minute program orientation at the start of the program where policies and procedures are reviewed, expectations are discussed, and all students questions can be addressed. New MI Action Plan: A curriculum revision is being established and should take effect in Fall 2024. This revision to provide additional hands-on experience for those students coming into the program without any radiology experience. Referrals will be made to the Student Success Coordinator for any student who needs additional resources or assistance. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Retention Plan--Tutoring Outcomes **Target:** 100% of tutees achieve a C or higher in tutored courses **Timeframe:** Annually **Responsible Parties:** Student Success Coordinator	**Result Date**: 08/23/2023 **Result**: Summer 2022: 71% of Patho tutees passed the course Fall 2022: 73% of Patho tutees passed the course 84% of Pharm tutees passed the course 100% of Funds tutees passed the course Spring 2023: 95% of Patho tutees passed the course 89% of Pharm tutees passed the course There were no students tutored in Funds. Previous year's information: Summer and Fall 2021: not tracked during summer or fall 21 due to lack of staffing Spring 2022:

College Goals 2020-2024

Measures	Result
	100% of Patho tutees passed the course 72% of Pharm tutees passed the course During the 22-23 year, patho students were less likely to pass the course, while pharm students were more likely to pass. That data is opposite of the 21-22 year. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: Last year's action plan included offering peer tutors and orientation session and a handbook. The peer tutors were also added to the Blackboard course they tutored to make sure they were aware of the content covered and resources available to the students. The impact of last year's plan on this year's results are not clear. **Related Documents**: Copy of Student Success CAP Academic Year Data.xlsx **Actions** **Action**: Action Date: 08/23/2023 Action: Invite the Student Success and Engagement Coordinator to present the information at the undergraduate nursing APG committee meeting. In addition, the Student Success and Engagement Coordinator can discuss the results with the faculty members of Patho and Pharm. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** First Year Retention Rates **Target:** 90% of first year students retained in all programs. **Timeframe:** Annually **Responsible Parties:** Dean of Enrollment Management	**Result Date**: 08/23/2023 **Result**: Fall 2022 retention rates: The retention rate for all first-year college students between fall 2022 - fall 2023 was 87% Previous results: The retention rate for all college students between fall 2021 – fall 2022 was 87% **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: The action plan for this year was to review the retention rates of graduate students specifically to determine if students who attended a post-admissions webinar called "I've Been Admitted, Now What" were more likely to be retained. Only one webinar was conducted during this time frame, so it is unlikely attendance was impactful

Measures	Result
	on the retention rates. **Actions** **Action**: Action Date: 08/23/2023 Action: During the 2023-24 academic year, the admissions office and student success office are evaluating the process between admission, matriculation, and retention during the first semester. This includes meeting with program directors to get their input on what each group (admissions, student success, and faculty) can do to encourage completing admission applications, enrolling in the program and remaining there. **Follow-up**
Assessment Method Status: Inactive **Assessment Type:** AD: Report - Internal **Measure:** Admissions Reports; Dashboard Statistics, Census Report found at http://quickfacts.census.gov/qfd/states/19/19013.html **Target:** Diverse population at Allen College is equal to the diverse population of Black Hawk County. **Timeframe:** Annually **Responsible Parties:** Dean of Student Services	**Result Date**: 06/23/2023 **Result**: September 15, 2022 - 48/497 (9.7%) students were ethnically diverse (College) July 1, 2021 – 16.3% (Black Hawk County) Although the target was not met this year, there was an increase in ethnic minority students from 38 to 48 students and a percentage increase from 6.9 - 9.7 percent. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: The D & I committee formed sub-committees, including a prospective student, current student, and outreach committee. New efforts coming from those committees included the following: " National Night Out " Cultural Fair (OT event) " LGBTQ+ Pride month activities " Community "Trunk or Treat" " The weekly student newsletter will include "DEI Corner" " Kindness Week " MedCon proposal " Celebrated Chinese New Year " Rural student Day in the Life Event " Diversity Passport, including a service day " Rural high school counselor visit In addition, the D & I subcommittees related to faculty and staff recruitment and development aligned with HERC, an advisory council that recruits minority applicants for open positions. While there is no direct evidence of these activities impacting the number of ethnically diverse students on campus, there were many new opportunities on campus for inclusion

Measures	Result
	than there were in the past. **Actions** **Action**: Action Date: 09/18/2023 Action: The Diversity, Equity, and Inclusion Committee will add "Retention" as a standing agenda item. **Follow-up**
Assessment Method Status: Inactive **Assessment Type:** AD: Report - Internal **Measure:** Admissions Reports; Dashboard Statistics **Target:** Diverse population at Allen College has increased by 1% since last college census date. **Timeframe:** Annually **Responsible Parties:** Dean of Enrollment Management	**Result Date**: 08/23/2023 **Result**: During the 22-23 academic year, the college had 48/497 minority students (9.7%) The number and percentage of ethnic minority students increased from 38 to 48 students, or 6.9% to 9.7%. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: To recruit students on a national basis, partnerships were formed for both therapy programs with Iowa Private Schools. Although Allen College does not have a marketing budget that can cover national recruitment expenses, the Iowa private partner schools are recruiting nationally. To obtain a greater number of geographically diverse students, the number of partner schools needs to increase. **Related Documents**: Dashboard - Student Body Profile 22-23.xlsx **Actions** **Action**: Action Date: 08/23/2023 Action: Enter into at least two new partnerships during the academic year. **Follow-up**

EM 2.0

AU Outcome
Offer a variety of student activities

Outcome Status
Active

College Goals 2020-2024

Measures	Result
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Ruffalo Noel Levitz Student Satisfaction Inventory (replaced Allen College Student Opinion Survey spring 2021)—Satisfaction with College sponsored social activities (e.g., student lunches, movie nights) **Target:** [Options: 80% of students will report satisfied or very satisfied on scale of not satisfied at all (1), not very satisfied (2), somewhat dissatisfied (3) neutral (4), somewhat satisfied (5), satisfied (6), or very satisfied (7). Satisfaction-Importance gap is < .50 (-.14). although item is not flagged as a strength, it is also not flagged as a challenge. Item not flagged as a challenge (defined as Item above median for importance (top half) but in 25th percentile for satisfaction OR item above the median for importance (top half) but in the top quartile (75th percentile) for performance gap).] (Target prior to 2020-2021: 80% of students report satisfied or very satisfied on a scale of very satisfied, satisfied, dissatisfied, very dissatisfied, or unaware/have not used). **Timeframe:** Annually **Responsible Parties:** Director of Student Success and Engagement	**Result Date**: 08/25/2023 **Result**: This year's results showed that the importance of Extra Curricular Activities was 5.23 and the satisfaction was higher, at 5.96. This year's data show an increase in student satisfaction in college-sponsored events from last year. How did last year's action plan contribute to the success or lack of success? The utilization of the different sub-committees for the student ambassadors was not as effective as we would have liked. We had troubles with our fundraising committee as well as recruitment/alumni committee due to lack of participation and availability for connections to those who oversee such events. The Special Events Committee, Mentoring Committee, and Green Committee did well this term. Mentoring was added and showed a positive impact on students who utilized the mentoring (based on surveys). **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: An additional co-adviser was added for the oversight of the student ambassadors to help keep the committees on track with their term goals and activity plans. Additionally, certain committees are required to meet monthly with staff to aid in participation and goals (I.e. social media committee, mentoring committee). Co-advisors will also plan to connect with individual committees throughout the month (outside of the monthly meetings) to ensure they are following up on their goals. The goals are determined by their goal sheets (planned by co-advisors) as well as goals the sub-committees made for themselves. New expectations were put in place for the committees as well as incentives for the ambassadors to continue to participate and plan for student engagement. **Actions** **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Survey **Measure:** Ruffalo Noel Levitz Student	**Result Date**: 08/25/2023 **Result**: This year's results showed that the importance of Extra Curricular Activities was 5.23 and the satisfaction was higher, at 5.96. This year's data show an increase in

College Goals 2020-2024

Measures	Result
Satisfaction Inventory—Satisfaction with "Extracurricular activities (e.g., chorus, Nurses Christian Fellowship)" **Target:** 80% of students report satisfied or very satisfied **Timeframe:** Annually **Responsible Parties:** Director of Student Success and Engagement	student satisfaction with extracurricular activities. This year's data show that the student's satisfaction of college sponsored events exceeded the importance of them. Last year's data: On the 2022 RNLSSI, students rated their satisfaction with college sponsored events at a 5.51. The importance of college sponsored events was rated at 5.22. Although the benchmark of 6.0 or < was not met, the satisfaction was higher than the importance.?? **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Tracking the attendance at events was helpful in determining which events were most attended and best times for events for students, faculty, and staff. In addition, events that were hosted over in McElroy Hall engaged a variety of the students who take classes in that building and helped them feel included in student life. Marketing efforts, particularly the digital screens and flyers were the most successful. We are continuing the newsletter with dates of importance for activities, though we are unable to judge if students are utilizing it to get information about events. Overall, the actions aided in encouraging more students to participate in student activities on campus as well as helping students learn of events offered. **<u>Actions</u>** **Action**: Action Date: 09/19/2023 Action: Student Success and Engagement will be working to ensure there are a variety of events and activities on campus. Actions to ensure student participation include: use of digital screens and flyers – as well as making them more visually appealing, continuing to update the weekly newsletter (which has been rebranded as The Pulse), utilizing Mongoose as a texting system for larger events to keep students informed, ensuring communication with our student ambassadors to help spread the word among the cohorts. Attendance will continue to be tracked. Additionally, more events will be hosted by the student ambassador sub-committees in hopes of garnering student interest and participation on campus.

Measures	Result
	Student Success will also be working with committees (CELL and DEI) to assist in the creation of additional events and opportunities for students to engage on campus. **Follow-up**
Assessment Method Status: Inactive **Assessment Type:** AD: Report - Internal **Measure:** Allen College Student Opinion Survey--Satisfaction with accuracy of recruiting materials [moved to EM Goal 3 for 2022-2023] **Target:** 80% of students report satisfied or very satisfied **Timeframe:** Annually **Responsible Parties:** Associate Director of Admissions	**Result Date**: 08/25/2023 **Result**: There are no data to report - this should be eliminated completely as there are other ways to measure recruiting materials. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: There is no data and no previous action plan. **Actions** **Action**: Action Date: 08/25/2023 Action: There is no future action plan. This item should be eliminated. **Follow-up**

EM 3.0

AU Outcome
Admissions policies and processes are fair and timely

Outcome Status
Active

Measures	Result
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Orientation Survey-Satisfaction with new student orientation **Target:** 90% of students report being satisfied or very satisfied with new student orientation [Target prior to 2022-2023 was 80% of students report being satisfied or very	**Result Date**: 09/12/2023 **Result**: Fall students – 100% Spring students – 100% Summer students – 100% 100% of students responded that they orientation helpful or very helpful. This is a new measure with a new tool, so comparison data is not available. Last year's results using the old tool:

College Goals 2020-2024

Measures	Result
satisfied with new student orientation] **Timeframe:** Annually **Responsible Parties:** Admissions	The students rated their satisfaction with admissions counselors accurately portraying program offerings in recruitment practices as 6.1 on a 7.0 scale. The students rated the importance of this item as 6.38. There is a gap of .28 between the importance and the satisfaction, which is below the goal of <.50 **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: While the action plan did not contribute to the success of orientation, the method by which we collected data is more relevant and timelier so changes can be made, if needed. **Related Documents**: Orientation Survey Results 22-23.xlsx **Actions** **Action**: Action Date: 09/12/2023 Action: To obtain a higher percentage return rate, surveys will be built into the student's schedules. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Survey **Measure:** Admissions Survey-Satisfaction with admissions process **Target:** 90% of students report being satisfied or very satisfied **Timeframe:** Annually **Responsible Parties:** Admissions	**Result Date**: 08/25/2023 **Result**: This year's results (used 9/7/22 - 6/30/23) Admitted students − 3.23 average (n = 60) Students admitted but did not matriculate (WDAA) 3.40 average (n = 5) Applicants who did not complete the application process (WDBA) - 2.0 (n = 1) Denied students - 2.33 average (n = 3) There is not a comparison from last year as we changed the measurement tool to include all students, not just those students who are admitted. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Last year's action plan included using the new surveys, but adjust them so they are accessible via mobile phone. In addition, admitted students are asked to complete their surveys on admissions processes before orientation. There is no evidence that last year's action plan had any impact on anything. **Related Documents**: Admissions Survey Results 22-23.xlsx **Actions**

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Measures	Result
	Action: Action Date: 08/25/2023 Action: Adjust the surveys so they can be sent via text and completed on smart phones. Admitted students are asked to complete their surveys before orientation. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Survey **Measure:** Admissions Survey-Satisfaction with "Communication with the admissions office during the application process was timely." **Target:** 90% of students report being satisfied or very satisfied. **Timeframe:** Annually **Responsible Parties:** Admissions	**Result Date**: 09/12/2023 **Result**: Admitted Students = 98% (59/60) Students admitted but did not matriculate (WDAA) 80% (4/5) Applicants who did not complete the application process (WDBA) N/A Denied students - 2.33 average (n = 3) 33% (1/3) Total surveyed - 64/68 – 94% reported being satisfied or very satisfied with "Communication with the admissions office during the application process was timely." How do they compare to last year? This is a new tool, so there is not data to compare. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: There is no known impact on the data. **Actions** **Action**: Action Date: 09/12/2023 Action: Since this is a new measure and goal, during the 23-24 academic year, we will monitor comments in the survey related to communication from the admissions office and determine better ways to communicate, if appropriate. In addition, to increase the numbers of students to complete their applications, the Admissions office is communicating more often with students who have applied to the college but are not quickly finishing their applications or materials. This is tracked through a cleverly named process called "Numbers to Names." **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Survey **Measure:** Admissions Survey-Satisfaction with "If I had questions, I could reach someone in the admissions office." **Target:** 90% of students report being satisfied	**Result Date**: 09/19/2023 **Result**: Admitted Students = 98% (59/60) Students admitted but did not matriculate (WDAA) N/A Applicants who did not complete the application process (WDBA) N/A Denied students -?2.33 average (n = 3)?67% (2/3)

Measures	Result
or very satisfied **Timeframe:** Annually **Responsible Parties:** Admissions	Total surveyed - 61/63 – 97% reported being satisfied or very satisfied with "If I had questions, I could reach someone in the admissions office." How do they compare to last year? This is a new tool, so there is no data to compare. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: No impact **Actions** **Action**: Action Date: 09/19/2023 Action: Since this is a new measure and new tool, during the 23-24 academic year, we will monitor comments in the survey related to reaching admissions staff and make changes as applicable. **Follow-up**
Assessment Method Status: Inactive **Assessment Type:** AD: Survey **Measure:** Ruffalo Noel Levitz Student Satisfaction Inventory—Satisfaction with "7. Admissions staff provide personalized attention prior to enrollment." **Target:** Gap between importance and satisfaction < .50 **Timeframe:** Annually **Responsible Parties:** Director of Admissions	**Result Date**: 09/18/2023 **Result**: The importance was 6.30 and the satisfaction was 6.03. This score is within the gap. Goal met. This is a new tool there are no data to compare. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: There is no evidence that an action plan had impact on this goal's success. **Actions** **Action**: Action Date: 09/18/2023 Action: Review comments on future surveys and use that information to better provide personalized attention to students prior to enrollment. **Follow-up**
Assessment Method Status: Inactive **Assessment Type:** AD: Survey **Measure:** Ruffalo Noel Levitz Student Satisfaction Inventory—Satisfaction with "17. Admissions counselors accurately portray program offerings in their recruiting practices"	**Result Date**: 09/18/2023 **Result**: The importance is 6.46 and the satisfaction is 6.17. Goal met. We need to transition this item to use the admissions survey, which is given to all students regardless of enrollment. This will capture all students, not just those who are accepted and matriculate.

Measures	Result
Target: Gap between importance and satisfaction < .50 **Timeframe:** Annually **Responsible Parties:** Director of Admissions	The accuracy of admission materials question was given to two groups of students - those who were admitted and chose not to come to Allen College and those who applied to Allen College but did not complete their admissions file. Of those students: WDAA - 3.40 (2 very positive, 3 positve) n=5 WDBA - 1.0 (1 Very negative) n=1 **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: There is no evidence of the action plan contributing to meeting this goal. **Actions** **Action**: Action Date: 09/18/2023 Action: Change the tool from RNLSSI to the Admissions survey and make sure all four groups of students are surveyed. Review student comments to make changes to the portrayal of program offerings. **Follow-up**

EM 5.0

AU Outcome
Registration policies and processes are fair and timely

Outcome Status
Active

Measures	Result
Assessment Method Status: Inactive **Assessment Type:** AD: Report - Internal **Measure:** Allen College Student Opinion Survey--satisfaction with automated registration process **Target:** 80% of students report satisfied or very satisfied with the automated registration process.	**Result Date**: 08/25/2023 **Result**: Question 9: I am able to register for classes I need with few conflicts = importance = 6.66, satisfaction of 6.35, GAP = .31 Question 19: Registration processes and procedures are convenient = importance = 6.51, satisfaction of 6.25, GAP = .26 The satisfaction on question 9 was slightly higher than last year. Question 19 was not

Measures	Result
Timeframe: Annually **Responsible Parties:** Registrar	evaluated last year, so there is not a comparison **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Last year's action plan was continuing to monitor comments in the survey related to registration policies and processes. We will then determine whether this goal is valuable. Monitoring comments does not have any impact on the results. **Actions** **Action**: Action Date: 09/12/2023 Action: During the 23-24 academic year, we will monitor comments in the survey related to registration policies and processes. We will then determine whether this goal is valuable. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Ruffalo Noel Levitz Student Satisfaction Inventory (replaced Allen College Student Opinion Survey spring 2021)—Satisfaction with academic calendar **Target:** Gap between importance and satisfaction <.50 (previous target = 80% of students report they are satisfied or very satisfied with the academic calendar) **Timeframe:** Annually **Responsible Parties:** Registrar	**Result Date**: 08/25/2023 **Result**: 6.17 satisfaction Last year's satisfaction – 6.34 The satisfaction with the academic calendar is slightly less than last year. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Last year's action plan: Continue sending links to the calendar and schedule book during registration. In addition to updating the academic calendar each semester and providing nine future semesters for the purposes of student planning, I will compare the academic calendar with the building calendar to ensure building closures and campus closures match and that there are no discrepancies between the two. **Related Documents**: [Copy of Student Success CAP Academic Year Data.xlsx](#) **Actions** **Action**: Action Date: 09/12/2023 Action: Continue sending links to the calendar and schedule book during registration. In addition to updating the academic calendar each semester and providing nine future semesters for the purposes of student planning, I will compare the academic calendar with the building calendar to ensure building closures and campus closures match and that there are no discrepancies between the two. **Follow-up**
Assessment Method Status: Active	**Result Date**: 08/25/2023

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Measures	Result
Assessment Type: AD: Survey **Measure:** Ruffalo Noel Levitz Student Satisfaction Inventory—Satisfaction with "19. Registration processes and procedures are convenient." **Target:** Gap between importance and satisfaction <.50 **Timeframe:** Annually **Responsible Parties:** Registrar	**Result**: Question 9: I am able to register for classes I need with few conflicts = importance = 6.66, satisfaction of 6.35, GAP = .31 Question 19: Registration processes and procedures are convenient = importance = 6.51, satisfaction of 6.25, GAP = .26 The satisfaction on question 9 was slightly higher than last year. Question 19 was not evaluated last year, so there is not a comparison. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Last year's action plan: During the 22-23 academic year, we will monitor comments in the survey related to registration policies and processes. We will then determine whether this goal is valuable. There is no impact from monitoring comments and the satisfaction of students with the registration process. **Related Documents**: [Copy of Student Success CAP Academic Year Data.xlsx](#) **Actions** **Action**: Action Date: 09/12/2023 Action: During the 23-24 academic year, we will monitor comments in the survey related to registration policies and processes. We will then determine whether this goal is valuable. **Follow-up**

EM 6.0

AU Outcome
Allen College students are treated with respect

Outcome Status
Active

Measures	Result
Assessment Method Status: Active	**Result Date**: 08/25/2023

College Goals 2020-2024

Measures	Result
Assessment Type: AD: Report - Internal **Measure:** Ruffalo Noel Levitz Student Satisfaction Inventory (replaced Allen College Student Opinion Survey spring 2021)—Satisfaction with policies related to student conduct **Target:** Gap between importance and satisfaction <.50 (previous target = 80% of students report they are satisfied or very satisfied) **Timeframe:** Annually **Responsible Parties:** Dean of Enrollment Management	**Result**: Students scored 6.10 on a 7.0 scale when asked if they satisfied with policies related to student conduct. Last year students scored their satisfaction as 6.19. This year's results are not as positive as last year's results. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: It is not clear whether the action plan contributed the decrease from last year to this year. When there are themes in comments by the students, they are evaluated by the executive leadership team. **Actions** **Action**: Action Date: 08/25/2023 Action: Student conduct policies will be reviewed as scheduled and we will continue to review student comments for statements related to those policies. Concerns will be brought to the Leadership Team. **Follow-up**
Assessment Method Status: Inactive **Assessment Type:** AD: Report - Internal **Measure:** Allen College Student Opinion Survey--Staff attitude towards students **Target:** 80% of students report satisfied or very satisfied **Timeframe:** Annually **Responsible Parties:** Dean of Enrollment Management	**Result Date**: 09/14/2023 **Result**: This year's results This year's RNLSSI score for "Students are made to feel welcome here" was 6.69 How do they compare to last year? Unknown – this is a new question being used to evaluate student's satisfaction with staff attitudes towards students. How did last year's action plan contribute to the success or lack of success? Last year's action plan did not speak to this. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: The action plan from last year focused on new students. This year we are widening the audience to "all students." **Actions** **Action**: Action Date: 09/14/2023 Action: Host at least one event per semester to make students feel welcome on campus. **Follow-up**
Assessment Method Status: Inactive	**Result Date**: 09/18/2023

Measures	Result
Assessment Type: AD: Report - Internal **Measure:** Allen College Student Opinion Survey item--Inclusiveness and acceptance of diversity **Target:** 80% of students report satisfied or very satisfied **Timeframe:** Annually **Responsible Parties:** Dean of Enrollment Management	**Result**: There are no results for this item, as the RNLSSI does not ask a question that is relevant. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: There was no impact. **Actions** **Action**: Action Date: 09/18/2023 Action: It is recommended to remove this an item for Goal 6 or to find a new tool so it can be measured. This item will be discussed with the Data Coordinator. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Survey **Measure:** Ruffalo Noel Levitz Student Satisfaction Inventory—Satisfaction with "1. The school staff are caring and helpful." **Target:** Gap between importance and satisfaction <.50 (previous target = 80% of students report they are satisfied or very satisfied) **Timeframe:** Annually **Responsible Parties:** Leadership (President, Provost, Deans, CFO)	**Result Date**: 08/25/2023 **Result**: Student satisfaction was 6.06 and importance was 6.78. There is a GAP of .72, which is higher than .5. Student satisfaction with how they are treated is slightly lower than last year. The importance is the same. The GAP is .72 and was not reported last year. The student's importance is 6.78, but the satisfaction was 6.19 last year. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: Last year's action plan: The Dean of Enrollment Management will incorporate the ideas of other staff members, specifically Student Financial Services, to determine ways to increase the satisfaction of students. There is no evidence that the action plan had impact on the gap. **Actions** **Action**: Action Date: 09/14/2023 Action: Contact new students at the beginning of each semester to see how we can help. **Follow-up**

College Goals 2020-2024

EM 7.0

AU Outcome
Qualified students are admitted to college programs

Outcome Status
Active

Measures	Result
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Program Enrollment (Admissions Report; Correspondence Spreadsheet; Dashboard Statistics) **Target:** Allen College programs are 100% enrolled (Formerly "Fill programs with qualified students as follows: School of Health Sciences—100%, Accelerated BSN—100% Upper Division BSN—100%) **Timeframe:** Annually **Responsible Parties:** Dean of Enrollment Management	**Result Date**: 08/23/2023 **Result**: Programs Capacities: Summer 2022 ASR – 83% (up from 64%) MLS – 75% (down from 100%) ABSN-SU – 69% (up from 78%) Fall 2022 DMS – 100% (up from 87%) PH – 200% (up from 50%) MI – 50% (up from 25%) MS in OT – 67% (down from 82%) EdD – 50% (up from 31%) ABSN – 84% (down from 86%) TBSN – 115% (up from 86%) RN-BSN – 67% (up from 15%) ACPNP – 0% (Down from 3%) AGACNP – 300% (Up from 63%) FNP – 250% (up from 58%) PMHNP – 200% (up from 45%) Lead – 50% (up from 17%) DNP – 50% (up from 37%) Spring 2023

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Measures	Result
	DPT – 50% (up from 31%) TBSN – 53% (not calculated by semester last year, so cannot evaluate this year) RN-BSN – 3% (not calculated by semester last year, so cannot evaluate this year) ACPNP – 20% (not calculated by semester last year, so cannot evaluate this year) AGACNP – 0% (not calculated by semester last year, so cannot evaluate this year) FNP – 46% (not calculated by semester last year, so cannot evaluate this year) PMHNP – 13% (not calculated by semester last year, so cannot evaluate this year) Lead – 60% (not calculated by semester last year, so cannot evaluate this year) DNP – 60% (not calculated by semester last year, so cannot evaluate this year) There are differences in programs from last year. Some program admissions filled their programs and then some, while other programs did not get any students. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: Last year's action plan had no impact on the success or lack thereof. Although student engagement met the goals of the action plan, admissions counselors were not able to focus efforts entirely on prospective students due to lack of staff. There was progress made on moving clinical tasks and tracking to academics. It was identified that a communications position would help with social media and prospective student communications. **Actions** **Action**: Action Date: 08/30/2023 Action: During the 23-24 academic year, key efforts include: Develop a plan for a position in communications for enrollment management. Apply to become an ACAC College Fair Site Host for College night for the 24-25 academic year, which will result in high school students coming to campus. Other colleges will have booths as well. Include more high schools in the High School Counselor Visit Day, including schools that will be part of the expanded rural grant. Add at least one additional health sciences club for high school or college students. **Follow-up**

Measures	Result
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Increase in enrollment per Dashboard statistics [prior to 2022-2023: Enrollment increases in under enrolled programs (Admissions Report; Correspondence Spreadsheet; Dashboard Statistics)Enrollment increases in under enrolled programs)] **Target:** 10% enrollment increase in graduate programs 5% enrollment increase in undergraduate nursing programs 5% enrollment increase in Radiography program 5% enrollment increase in MLS program [Prior to 2022-2023, target was "increase enrollment;" Prior to 2021-2022 target was "Admit students to underenrolled programs at the graduate level. Increase enrollment by 25% in the following programs: NMT, RN-BSN/MSN, MSN-Edu, MSN-CPH, MSN-Lead and DNP.] **Timeframe:** Annually **Responsible Parties:** Reporting: Dean of Enrollment Management Action plan and tracking: Enrollment Management	**Result Date**: 08/23/2023 **Result**: Graduate Nursing: fall 21 enrollment - 175 fall 22 enrollment – 156 Change: -11% (Goal not met) Undergraduate Nursing: fall 21 enrollment – 245 fall 22 enrollment – 214 Change: -13% (Goal not met) Radiography: fall 21 enrollment – 31 fall 22 enrollment – 27 Change: -13% (Goal not met) MLS: fall 21 enrollment – 16 fall 22 enrollment – 12 Change: -25% (Goal not met) This is a new goal, so there is nothing to compare from the prior year. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: There was not an action plan. <u>**Actions**</u> **Action**: Action Date: 08/30/2023 Action: UPH Marketing has taken a central role in marketing for college programs. We will evaluate the effectiveness of the marketing tactics and compare those to admissions numbers. <u>**Follow-up**</u>
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Customer Relations Management System (CRM): Increase in prospective students	**Result Date**: 08/23/2023 **Result**: During the 2020-21 academic year, there were 1066 prospective students based on CRM activity. During 2021-22 academic year, there were 2854 prospective students based on CRM activity. This is an increase of 160%, well above the 25% increase.

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Measures	Result
Target: 25% increase in prospective students **Timeframe:** Annually **Responsible Parties:** Admissions	How do they compare to last year? The CRM is a new tool to track prospective students and develop communication plans with them during the college decision process and beyond. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Last year's action plan, to plan a marketing and recruitment engagement process likely had a key role in the results. Moving from a manual tracking and communication system to an automated CRM allows for better communication between students and the admissions office. **Actions** **Action**: Action Date: 09/14/2023 Action: Additional communication plans are in development based on the changing needs of post-pandemic prospective students. **Follow-up**
Assessment Method Status: Inactive **Assessment Type:** AD: Report - Internal **Measure:** Google Website Analytics Report **Target:** An average of 9000 unique hits per month between January 1 - December 31. **Timeframe:** Annually **Responsible Parties:** Dean of Enrollment Management	**Result Date**: 08/23/2023 **Result**: There is no data to evaluate. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: Remove this measure/target. **Actions** **Action**: Action Date: 08/23/2023 Action: Remove this target/measure. **Follow-up**
Assessment Method Status: Inactive **Assessment Type:** AD: Report - Internal **Measure:** Google Website Analytics Report **Target:** An average of 8500 unique hits per month between January 1 - December 31. **Timeframe:** Annually **Responsible Parties:** Dean of Enrollment Management	**Result Date**: 08/23/2023 **Result**: There are no results - this is an old measure/target. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: this is an old measure/target. **Actions** **Action**: Action Date: 08/23/2023 Action: this is an old measure/target. **Follow-up**

College Goals 2020-2024

EM 8.0

AU Outcome
Increase the number of underrepresented students enrolled at Allen College.

Outcome Status
Active

Measures	Result
Assessment Method Status: Inactive **Assessment Type:** AD: Report - Internal **Measure:** Retention of ethnic minority and male students (Recruitment Plan; Retention Plan; Graduation Rates; Dashboard Statistics) **Target:** Retention rates of ethnic minority and male students are equal to or greater than the entire Allen College population. **Timeframe:** Annually **Responsible Parties:** Dean of Enrollment Management Action plan and tracking: Diversity & Inclusion	**Result Date**: 09/07/2023 **Result**: This year, the retention rate for all college students was higher than last year The retention rate for all college students between fall 2022 - fall 2023 was 93% The retention rate of ethnic minority students between fall 2022 - fall 2023 was 90% The retention rate of male students between fall 2022 – fall 2023 was 92% The retention of ethnic minority students increased from 84% to 90% from last year to this year, and the retention of males remained the same. However, both ethnic minority students and male students were not retained at the rate of all college students. Previous Results The retention rate for all college students between fall 2021 – fall 2022 was 94% The retention rate of ethnic minority students between fall 2021 – fall 2022 was 84% The retention rate of male students between fall 2021 – fall 2022 was 92% **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: In the 2021-2022 CAP report, there was not a solid action plan proposed for 2022-2023. The action plan was to "Defer to the Diversity and Inclusion Committee for future action plans," but the measure was not moved. **Related Documents**: Dashboards 2022-2023.doc; Dashboard - Student Body Profile 22-23.xlsx **Actions** **Action**: Transfer measure to the DEI CAP. DEI will be responsible for future assessment of this measure and proposing action plans. Enrollment management will provide the data for assessment. **Follow-up**
Assessment Method Status: Active	**Result Date**: 09/07/2023

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Measures	Result
Assessment Type: AD: Report - Internal **Measure:** Admissions Reports; Dashboard Statistics, Census Report found at http://quickfacts.census.gov/qfd/states/19/19013.html **Target:** Diverse population at Allen College is equal to the diverse population of Black Hawk County. **Timeframe:** Annually **Responsible Parties:** Dean of Enrollment Management	**Result**: September 15, 2022 - 48/497 (9.7%) students were ethnically diverse (College) July 1, 2021 – 16.3% (Black Hawk County) September 15, 2021 – 6.9% (Allen College) July 1, 2021 – 16.3% (Black Hawk County) Although the target was not met this year, there was an increase in ethnic minority students from 38 to 48 students and a percentage increase from 6.9 - 9.7 percent. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: The D & I committee formed sub-committees, including a prospective student, current student, and outreach committee. New efforts coming from those committees included the following: National Night Out Cultural Fair (OT event) LGBTQ+ Pride month activities Community "Trunk or Treat" The weekly student newsletter will include "DEI Corner" Kindness Week MedCon proposal Celebrated Chinese New Year Rural student Day in the Life Event Diversity Passport, including a service day Rural high school counselor visit In addition, the D & I subcommittees related to faculty and staff recruitment and

Measures	Result
	development aligned with HERC, an advisory council that recruits minority applicants for open positions. While there is no direct evidence of these activities impacting the number of ethnically diverse students on campus, there were many new opportunities on campus for inclusion than there were in the past. **Actions** **Action**: Action Date: 09/07/2023 Action: The DEI committee plans to focus on retaining students this year. Retention will be a standing agenda item. **Follow-up**
Assessment Method Status: Inactive **Assessment Type:** AD: Report - Internal **Measure:** Use of services provided by the retention office (Retention Plan) **Target:** 25% of students identified as ethnic minority or male attend services provided from retention services. **Timeframe:** Annually **Responsible Parties:** Student Success Coordinator	**Result Date**: 09/14/2023 **Result**: 49% of ethnic minority and/or male students participated in activities sponsored by the student success office. Unfortunately, the data from 21-22 is not available. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: There is no evidence that the previous action plan contributed to the success. **Actions** **Action**: Action Date: 09/14/2023 Action: Offer workshops focusing on Academic Skills to current and future students. **Follow-up**
Assessment Method Status: Inactive **Assessment Type:** AD: Report - Internal **Measure:** Retention of economically or educationally disadvantaged students (Recruitment Plan; Retention Plan; Graduation Rates; Dashboard Statistics) **Target:** Retention rates of economically or educationally disadvantaged students are equal to or greater than the entire Allen College population.	**Result Date**: 09/19/2023 **Result**: "Economically or educationally" diversity was not tracked during the 22-23 academic year. There is no data to report **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: There was no action plan. **Actions** **Action**: Action Date: 09/19/2023 Action: Remove this from CAP as it is tracked only during grant periods. **Follow-up**

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Measures	Result
Timeframe: Annually **Responsible Parties:** Dean of Student Services	
Assessment Method Status: Inactive **Assessment Type:** AD: Report - Internal **Measure:** Student awareness of services provided by retention services (Retention Plan) **Target:** 90% of students identified as ethnic minority or male are aware of services provided from retention services. **Timeframe:** Bi-Annually **Responsible Parties:** Student Success Coordinator	**Result Date**: 09/14/2023 **Result**: Duplicate **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: Duplicate **Actions** **Action**: Action Date: 09/14/2023 Action: Duplicate - remove item **Follow-up**
Assessment Method Status: Inactive **Assessment Type:** AD: Report - Internal **Measure:** Student awareness of services provided by retention services (Retention Plan) **Target:** 90% of students identified as economically or educationally disadvantaged are aware of services provided from retention services. **Timeframe:** Bi-Annually **Responsible Parties:** Retention Coordinator Director of Student Services	**Result Date**: 09/07/2023 **Result**: Duplicate **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: Duplicate **Actions** **Follow-up**
Assessment Method Status: Inactive **Assessment Type:** AD: Report - Internal **Measure:** Use of services provided by the retention office (Retention Plan)	**Result Date**: 09/07/2023 **Result**: Duplicate **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA

Measures	Result
Target: 25% of students identified as economically or educationally disadvantaged attend services provided from retention services. **Timeframe:** Annually **Responsible Parties:** Retention Coordinator Director of Student Services	**Action Plan Impact**: Duplicate **Actions** **Follow-up** **Result Date**: 09/07/2023 **Result**: Duplicate **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: Duplicate **Actions** **Follow-up**

ASR 2.1

AU Outcome
Students will demonstrate effective communication skills in the clinical setting
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** RA:135 Clinical Instructor/ Preceptor Evaluations/ Numbers 3, 6, 10,11 **Target:** Average score >= 3.5 (0-4 pt. scale) **Timeframe:** Level I-Fall Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/ HS Curriculum Committee	**Result Date**: 09/27/2023 **Result**: In Fall 2021, the average score of the RA135 Clinical Instructor/Preceptor Evaluations/Numbers 3,6,10,11, was 3.52. This year's average score of 3.85 is an increase when compared to all prior data. The student's average scores increased in all areas of the performance criteria. This data shows that students are able to demonstrate effective communication skills in the clinical setting. 2022: 3.85 (n=16) Previous data: 2021: 3.52 (n=13) 2020: 3.27(n=22) 2019: 3.47(n=19) 2018: 3.67(n=13) 2017: 3.68(n=14) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes

College Goals 2020-2024

Measures	Result
	Action Plan Impact: As proposed in the 2021-2022 action plan, the clinical instructors/preceptors continue to provide instruction to students in the areas of patient care, interpersonal relationships, multicultural diversity and age-appropriate care in the clinical setting. The action plan was effective. The clinical site rotations provide each student with the opportunity to work in diverse environments and with diverse patients. The students' average scores increased in all areas of the performance criteria: patient care, interpersonal relationships, multicultural diversity, and age-appropriate care. **Actions** **Action**: Action Date: 09/27/2023 Action: The clinical instructors/preceptors will continue to provide instruction to students in the areas of patient care, interpersonal relationships, multicultural diversity and age-appropriate care in the clinical setting. The ASR faculty will continue to provide diverse clinical sites to all students with the opportunity to work with diverse patients. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** RA:275 Clinical Instructor/ Preceptor Evaluations/Numbers 3, 6,10,11 **Target:** Average score >= 3 (0-4 pt. scale) **Timeframe:** Level II -Spring Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/ HS Curriculum Committee	**Result Date**: 09/27/2023 **Result**: In Spring 2021, the average score of the RA275 Clinical Instructor/Preceptor Evaluations/Numbers 3,6,10,11, was 3.92. This year's average score demonstrated a slight decrease with a score of 3.84. This decrease in score is not significant. Cohorts continue to exceed benchmark each year. Students continue to demonstrate effective communication skills in the clinical setting. Spring 2023 = 3.84 (n=10) Previous data: 2021-2022 = 3.92 (n=17) 2020-2021 = 3.66 (n=16) 2019-2020 = 3.86 (n=10) 2018-2019 = 3.9 (n=12) 2017-2018 = 3.78 (n=12) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the clinical instructors/preceptors continue to instruct students by exhibiting effective communication in the clinical environment. The action plan was effective for 2022-2023 as the clinical instructors/preceptors in the clinical setting provided exceptional instruction and supervision of students to assess their communication skills. Overall, students continue to demonstrate effective communication skills in the clinical setting. Faculty continue to work and communicate with clinical instructors and preceptors to

College Goals 2020-2024

Measures	Result
	ensure student success in the clinical setting. **Actions** **Action**: Action Date: 09/27/2023 Action: Clinical instructors and preceptors will continue to instruct students by exhibiting effective communication in the clinical environment. Faculty will continue to work and communicate with clinical instructors and preceptors to ensure student success in the clinical setting. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** RA:135 Clinical Competency Evaluation/ Part I – Number 4 Part III- Numbers 1,3,6-8 **Target:** Average score >= 3 (0-4 pt. scale) **Timeframe:** Level I-Fall Semester **Responsible Parties:** Clinical Instructor/Program Faculty/ HS Curriculum Committee	**Result Date**: 09/27/2023 **Result**: This year's average score of the RA135 Clinical Competency Evaluation/Part I Number 4, Part III Numbers 1,3,6-8, was 3.98. This is not a significant increase when compared to last year's score of 3.94. This year's score is very consistent with prior years with students continually receiving an average score of 3.94 or above since Fall 2018. Students continue to demonstrate effective communication skills in the clinical setting. 2022 = 3.98 (n=16) Previous data: 2021 = 3.94 (n=13) 2020 = 3.96 (n=23) 2019 = 3.94 (n=19) 2018 = 3.95 (n=13) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the program faculty continue to provide the students with the skills needed for effective clinical communication. The action plan from the previous academic year was effective for the current academic year. Program faculty instructed and guided the students to enable them to demonstrate effective communication skills. The clinical instructors also provided effective instruction, supervision, and feedback to the students in the clinical settings. The benchmark of 3.5 was exceeded. The students demonstrated effective communication skills reflective of their level in the program. **Actions** **Action**: Action Date: 09/27/2023 Action: The program faculty and clinical instructors will continue to provide effective instruction, supervision, and feedback to the students. **Follow-up**

College Goals 2020-2024

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** RA:275 Final Clinical Competency Evaluation/ Part I – Number 4 Part III- Numbers 1,3,6-8 **Target:** Average score >= 3.5 (0-4 pt. scale) **Timeframe:** Level II- Spring Semester **Responsible Parties:** Clinical Instructor/ Program Faculty/ HS Curriculum Committee	**Result Date**: 09/27/2023 **Result**: This year's average score of the RA275 Final Clinical Competency Evaluation/Part I Number 4, Part III Numbers 1,3,6-8, was 4.0 on a 0-4 point scale. Students exceeded benchmark with the highest score possible. This data is consistent with prior years as students have achieved an average score of 3.98 or higher since 2018. Students consistently demonstrate effective communication skills in the clinical setting. 2023 = 4 (n=10) Previous data: 2022 = 4 (n=17) 2021=3.98 (n=16) 2020 no data to assess, this program requirement was waived for this cohort due to COVID-19. 2019=4 (n=12) 2018=3.98 (n=12) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the students continue to be instructed and guided in effective clinical communication skills in every semester of the program. The action plan from 2021-2022 was effective for 2022-2023. Students continue to exceed the benchmark. Students demonstrated excellent communication skills in the clinical setting. Many of this year's final CCEs were performed on patients that required multiple exams and extensive patient communication. **<u>Actions</u>** **Action**: Action Date: 09/27/2023 Action: Students will continue be instructed and guided in effective clinical communication skills in every semester of the ASR program. All clinical instructors and preceptors at all clinical sites assist with this instruction and guidance. **<u>Follow-up</u>**

ASR 2.2

AU Outcome
Students will practice and demonstrate communication skills (formerly Students will practice written communication skills)

College Goals 2020-2024

Outcome Status
Active
Start Date
09/25/2023

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** RA: 115 Patient Care Presentation **Target:** Average score of >= 85% **Timeframe:** Level I-Fall Semester **Responsible Parties:** RA: 115 Course Instructor/HS APG Committee	**Result Date**: 09/27/2023 **Result**: In Fall 2021, the average score of the RA115 Patient Care Presentation was 97.7%. This year's average score of 97.7% is the exact same. Students continue to earn an average score of 97% or higher since 2018. This data shows that students consistently continue to practice effective written communication skills. 2022= 97.7% (n=15) Previous data: 2021= 97.7% (n=12) 2020= 96% (n=20) 2019=98% (n=19) 2018=98% (n=13) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the course instructor continues to discuss the paper requirements with the students. The instructor reminds the students of the resources available on the Allen College website. The action plan was effective for 2022-2023. APA format seems to be a struggle for some students. In text citations have gotten better. The student success coordinator has come in and presented on APA. **Actions** **Action**: Action Date: 09/27/2023 Action: The course instructor will continue to discuss the paper requirements with the students and remind them of the resources available on the Allen College website. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** RA:258 Pathology Systems Presentation **Target:** Average score of >= 85% **Timeframe:** Level II-Fall Semester	**Result Date**: 09/27/2023 **Result**: In Fall 2022, the average score of the RA258 Pathology Systems Presentation was 93.9%. This is slightly lower than last year's average score of 94.8%. This decrease is not considered significant. Students continue to exceed benchmark. The students demonstrate the ability to practice effective written communication skills. 2022=93.9% (n=10)

Measures	Result
Responsible Parties: RA: 258 Course Instructor/ HS APG Committee	Previous data: 2021=94.8% (n=17) 2020=98% (n=16) 2019=99% (n=10) 2018=99% (n=12) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the course instructor continues to discuss the paper requirements with the students. The action plan was effective for 2022-2023. Each student completes two papers during the course. Most students struggled and had points deducted in the format section of the paper; this was due to spelling errors and APA formatting errors. One student received a zero in this portion due to no APA formatting. Allen College website has multiple resources for writing help and students are informed of these resources by the course instructor. The student success coordinator has offered to come in and give an APA 7 quick guide presentation. **Actions** **Action**: Action Date: 09/27/2023 Action: The course instructor will continue to discuss the paper requirements with the students and encourage them to review APA guidelines. **Follow-up**

ASR 2.3

AU Outcome
Students will demonstrate oral communication skills (deactivated and combined with ASR 2.2 on 09-25-23 for 2023-2024 academic year)
Outcome Status
Inactive
Inactive Date
09/25/2023

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic	**Result Date**: 09/27/2023 **Result**: This year's average score of the RA115 Patient Care Presentation was 94.3%.

College Goals 2020-2024

Measures	Result
Measure: RA: 115 Patient Care Presentation **Target:** Average score of >= 85% **Timeframe:** Level I-Fall Semester **Responsible Parties:** RA: 115 Course Instructor/HS APG Committee	This is slightly higher than last year's average score of 92.6%. The students continue to exceed benchmark. All students continue to demonstrate effective oral communication skills. 2022=94.3% (n=10) Previous data: 2021=92.6% (n=12) 2020=99% (n=20) 2019=98% (n=19) 2018=99% (n=13) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the course instructor continues to discuss paper requirements with the students. The action plan was successful for 2022-2023. All papers in the RA115 course were presented in person. Four of the students had point reductions due to words being inaccurately stated, most had minimal mistakes. Seven students had point reductions for voice level and speed, the students were very quiet and talked very quickly. These issues can be reduced by having the students practice their presentations before presenting them. **Actions** **Action**: Action Date: 09/27/2023 Action: The course instructor will continue to discuss the paper requirements with the students. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** RA:258 Pathology Systems Presentation **Target:** Average score of >= 85% **Timeframe:** Level II-Fall Semester **Responsible Parties:** RA: 258 Course Instructor/ HS APG Committee	**Result Date**: 09/27/2023 **Result**: This year's average score of the RA258 Pathology Systems Presentation was 94.2%. This is consistent with last year's average score of 94.8%. When looking data from 2018-2022, the students consistently average between 94-98%. All students continue to demonstrate effective oral communication skills. 2022=94.2% (n=10) Previous data: 2021=94.8% (n=17) 2020= 95% (n=16) 2019=98% (n=10) 2018=96% (n=12)

Measures	Result
	Reporting Year: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the course instructor continues to discuss the paper requirements with the students. The action plan was successful for 2022-2023. Each student completes two papers during the course. The students overall did a great job on presentations, they need to work on speaking loud enough for everyone to hear and pacing. Several students spoke very quickly and was hard to follow; this led to them not meeting the eight-minute requirement for length. All students demonstrated effective oral communication skills. **Actions** **Action**: Action Date: 09/27/2023 Action: The course instructor will continue to discuss the paper requirements with the students. **Follow-up**

ASR 3.2

AU Outcome
Students will demonstrate ability to practice critical thinking
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Exam/Quiz - Standardized **Measure:** RA: 203B Corectec exams **Target:** > 80% of the students will achieve a score of 70 or greater on one of the four exams. **Timeframe:** Level II- Spring Semester **Responsible Parties:** RA: 203B Course Instructor/HS Curriculum Committee	**Result Date**: 09/27/2023 **Result**: In Spring 2023, 90% of the students achieved a score of 70 or greater on one of the four Corectec Exams assigned in RA203B. This is a significant improvement from last year's average of 70%. Benchmark was exceeded this year. The students demonstrated their ability to practice critical thinking. 2023 = 90% (n = 10) achieved a 70 or greater on one of the four exams. Previous data: 2022 = 71% (n = 17) 2021 = 69% (n = 16) 2020 = 90% (n=10) 2019 = 100% (n=12) 2018 = 100% (n=12)

Measures	Result
	2017 = 93% (n=15) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the instructor made a few revisions to the guided review assignments. The placement of the exams within the semester remained consistent with two scheduled before student seminar attendance and two after. The instructor shared the Corectec lessons with ASR faculty to assist in verifying their accuracy. To encourage use of all review opportunities for all students, the RA275 Professional Development Practicum course instructors required attendance for both days of the student seminar and applied the mock board score the students earn at the seminar towards the RA275 course grade. Attendance for both days of the seminar and course weight applied to the mock board score assisted the students in meeting benchmark for the RA203B Corectec exams. **Actions** **Action**: Action Date: 09/27/2023 Action: ASR faculty will continue requiring attendance for both days of the student seminar and will apply the mock board score towards the RA275 course grade. Faculty will continue to make revisions to the guided review assignments as needed. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** RA:154 CT Topic Presentation **Target:** Average score of >= 80% **Timeframe:** Level I- Spring Semester **Responsible Parties:** Program Faculty/HS Curriculum Committee	**Result Date**: 09/27/2023 **Result**: In Spring 2022, the average score of the RA154 CT Topic Presentation was 96.4%. This year's average score is consistent with last year's score of 96.75%. Benchmark continues to be exceeded. This is third year that this measurement tool has been used. The students continue to demonstrate their ability to practice critical thinking consistently. Spring 2023 = 96.4% (n=10) Previous data: Spring 2022 = 96.75% (n=8) Spring 2021 = 96.24% (n=13) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021/2022 action plan, the instructor provided each student with a grading rubric and a presentation example within Blackboard. The instructor also had each student conduct 2 peer reviews on their classmate's presentations. Students are expected to use critical thinking skills to help teach the class

Measures	Result
	about specific CT topics. The topics presented this year included various procedures, trauma involving different areas of the body, and pediatrics. Each student is evaluated on presentation format, content, audio/professionalism, and creativity. A presentation example was provided to the students within Blackboard to help them better visualize the instructor's expectations. The entire cohort excelled when it came to format, content and audio/professionalism. Minor points were deducted from a select few presentations for creativity; a few presentations were too "wordy" taking the focus away from the audio portion of the presentation. The student peer review feedback was taken into consideration when the instructor completed the final grade/feedback for each presentation. Through the creation of their presentations, the students did a great job at demonstrating their ability to practice critical thinking in the learning environment. **Actions** **Action**: Action Date: 09/27/2023 Action: The instructor will continue to provide each student with a grading rubric and a presentation example within Blackboard. The instructor will continue to have each student conduct peer reviews on their classmate's presentations. The feedback provided by the students during their peer reviews will be used by the instructor when they complete a final grade for each presentation. **Follow-up**

ASR 3.3

AU Outcome
Students will be able to critically think in the clinical setting
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** RA:145 Clinical Instructor/ Preceptor Evaluations/Numbers 2,4,7,8 **Target:** Average score >= 3. (0-4 pt. scale) **Timeframe:** Level I-Spring Semester	**Result Date**: 09/28/2023 **Result**: In Spring 2022, the average score of the RA145 Clinical Instructor/Preceptor Evaluations/Numbers 2,4,7,8 was 3.66. This year's average score is slightly higher at 3.74. All students continue to exceed benchmark with consistently averaging 3.6 and higher for the last 4 years. Students continue to demonstrate their ability to critically think in the clinical setting. Spring 2023 = 3.74 (N =15)

Measures	Result
Responsible Parties: RA: 145 Course Instructor/HS APG Committee	Previous data: 2021-2022 3.66 (N =10) 2020-2021 3.65 (N=18) 2019-2020 3.6 (N=16) 2018-2019 3.36 (N=13) 2017-2018 3.53 (N=14) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the clinical instructors/preceptors in the clinical setting continued to provide excellent instruction and supervision of students to assess their critical thinking skills. This result is an increase compared to the previous year. The student scores were higher than the previous year in the Self-Image for Level in the ASR Program, Ability to follow directions, and Composure and Adaptability. In the area of Applications of Knowledge there was no change over the prior year. The action plan was effective. Students continue to demonstrate their ability to critically think in the clinical setting. **<u>Actions</u>** **Action**: Action Date: 09/28/2023 Action: The clinical instructors/preceptors will continue to provide the needed instruction and supervision of the students to evaluate their critical thinking skills in the clinical setting. **<u>Follow-up</u>**
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** RA:265 Clinical Instructor/ Preceptor Evaluations/Numbers 2,4,7,8 **Target:** Average score >= 3. (0-4 pt. scale) **Timeframe:** Level II- Fall Semester **Responsible Parties:** RA: 265 Course Instructors/HS Curriculum Committee	**Result Date**: 09/28/2023 **Result**: This year's average score of the RA265 Clinical Instructor/Preceptor Evaluations/Numbers 2,4,7,8, was 3.86. This is higher than last year's score of 3.57 and remains consistent with prior year's data. The benchmark continues to be exceeded and the students continue to demonstrate their ability to critically think in the clinical setting. 2022: 3.86 (n=10) Previous Data: 2021: 3.57 (n=17) 2020: 3.75 (n=16) 2019: 3.86 (n=11) 2018: 3.81 (n=12) **Reporting Year**: 2022 - 2023 (Year 1)

Measures	Result
	Target Met: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the clinical instructors/preceptors continue to instruct, explain, and demonstrate to students how to practice critically thinking skills in the clinical environment. The action plan was successful for 2022-2023. The students' scores increased in all four performance criteria areas: application of knowledge, ability to follow directions, self-image for Level in the ASR program, and composure and adaptability. Students have immediate access to their completed evaluations on Trajecsys. Students continue to be able to critically think in the clinical setting. **Actions** **Action**: Action Date: 09/28/2023 Action: The clinical instructors/preceptors will continue to instruct, explain. and demonstrate to students how to practice critical thinking skills in the clinical environment. **Follow-up**

ASR 4.1

AU Outcome
Students will integrate leadership skills and construct professional practices
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Service **Measure:** RA:135 Community Service/Service Learning Evaluation **Target:** Average score of >= 80% **Timeframe:** Level I-Fall Semester **Responsible Parties:** RA: 135 Course Instructors/HS Curriculum Committee	**Result Date**: 09/28/2023 **Result**: This year's average score of the RA135 Community Service/Service Learning Evaluation was 86.75%. This is a significant increase from last year's score of 77.46%. Benchmark was exceeded and the students demonstrated their ability to integrate leadership skills and construct professional practices. 2022 = 86.75% (n=16) Previous data: 2021 = 77.46% (n=13) 2020 = 88.80% (n=18) 2019 = 87.71% (n=19) 2018 = 83.69% (n=13)

Measures	Result
	2017 = 94.78 (n=14)
	Reporting Year: 2022 - 2023 (Year 1)
	Target Met: Yes
	Action Plan Impact: As proposed in the 2021-2022 action plan, the course instructors continue to assess the assignment instructions and make modifications accordingly. The action plan from the prior academic year was successful in assisting the students in achieving the benchmark for the current academic year. Additional APA resources were provided to the students. Many of the point deductions continue to be in the overall writing category and in the performed independently category of the grade rubric. Some students also provided the bare minimum amount of information in the research portion of the grade rubric. The course instructors believe that the current measurement tool assesses writing, grammar, and research but may not place an emphasis on assessment of the students' demonstration of leadership skills and professionalism. The course instructors might consider a new measurement tool, changes to the current measurement tool or grade rubric, or a new benchmark for the next academic year to better assess this goal and outcome.
	Actions
	Action: Action Date: 09/28/2023
	Action: The course instructors will continue to assess the assignment instructions and make modifications accordingly. Additional APA resources will be provided to the students. The course instructors may consider a change to this measurement tool, grade rubric, or a new benchmark all together if it is determined that a better tool could be used to evaluate this outcome.
	Follow-up
Assessment Measure Status: Active **Assessment Type:** SL: Service **Measure:** RA: 265 Community Service/Service Learning Evaluation **Target:** Average score of >= 80% **Timeframe:** Level II-Fall Semester **Responsible Parties:** RA: 265 Course Instructors/HS Curriculum Committee	**Result Date**: 09/28/2023 **Result**: This the second consecutive year of not exceeding benchmark. This year's average score of the RA265 Community Service/Service Learning Evaluation was 73.3%. This is a slight increase from last year's score of 71.41%. All students did not demonstrate their ability to integrate leadership skills and construct professional practices. 2022=73.3%(n=10) Previous data: 2021 = 71.41% (n=17) 2020 = 84.56% (n=16) 2019 = 85.6% (n = 10)

Measures	Result
	2018: 76.75% (n=12)
	2017: 93.33% (n=12)
	Reporting Year: 2022 - 2023 (Year 1)
	Target Met: No
	Action Plan Impact: As proposed in the 2021-2022 action plan, the instructors placed the paper assignment instructions and the grade rubric within the assignment drop box in the Blackboard course. The instructors also bolded the 9-hour requirement within the grade distribution section of the syllabus and within the assignment drop box in the Blackboard course. Students were also provided with additional APA resources. This action plan was not effective. This was a smaller cohort and multiple submissions did not follow assignment instructions, did not respond to all assignment prompts, provided limited research, and had multiple APA errors. A few students did not complete the minimum 9-hour requirement and therefore received a reduced grade. The service-learning assignment accounts for 15% of the course grade, but some students chose to submit low quality work. The current measurement tool assesses writing, grammar, and research but may not place an emphasis on assessment of the students' demonstration of leadership skills and professionalism.
	<u>**Actions**</u>
	Action: Action Date: 09/28/2023
	Action: The course instructors will continue to assess the assignment instructions and make modifications accordingly. Additional APA resources will be provided to the students. The course instructors may consider a change to this measurement tool, grade rubric, or a new benchmark all together if it is determined that a better tool could be used to evaluate this outcome.
	<u>**Follow-up**</u>

ASR 4.2

AU Outcome
Students will practice professionalism
Outcome Status
Active

College Goals 2020-2024

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** RA:135 Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13 **Target:** Average score >= 3 (0-4 pt. scale) **Timeframe:** Level I- Fall Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/HS Curriculum Committee	**Result Date**: 09/28/2023 **Result**: In Fall 2021, the average score of the RA135 Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13, was 3.47. This year's average score was higher at 3.79. I would consider this a significant increase given the data from the prior two years. The benchmark continues to be exceeded and all students continue to demonstrate their ability to practice professionalism. 2022: 3.79 (n=16) Previous data: 2021: 3.47 (n=13) 2020: 3.34 (n=22) 2019: 3.51 (n=19) 2018: 3.68 (n=13) 2017: 3.68 (n=14) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the clinical instructors/preceptors continue to provide instruction to students in the areas of organization of assignments, initiative, appearance, policies and procedures, and ethical and professional behavior. The action plan was effective. The students' average scores increased in all five areas. Overall, the students to continually demonstrate their ability to practice professionalism. **Actions** **Action**: Action Date: 09/28/2023 Action: The clinical instructors/preceptors will continue to provide instruction to students in the areas of organization of assignments, initiative, appearance, policies and procedures, and ethical and professional behavior. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** RA:275 Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13 **Target:** Average score >= 3 (0-4 pt. scale) **Timeframe:** Level II-Spring Semester	**Result Date**: 09/28/2023 **Result**: In Spring 2022, the average score of the RA275 Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13, was 3.86. This year's average score was slightly lower at 3.86. This decrease in not considered significant. The benchmark continues to be exceeded and the students continue to demonstrate their ability to practice professionalism. Spring 2023 = 3.77 (n =10) Previous data:

Measures	Result
Responsible Parties: Clinical Instructors/ Program Faculty/HS Curriculum Committee	2022 = 3.86 (n =17) 2021: 3.65 (n=16) 2019: 3.51 (n=19) 2018: 3.68 (n=13) 2017: 3.68 (n=14) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the clinical instructors/preceptors continue to deliver prompt feedback to students when issues arise concerning initiative and professionalism. The action plan was successful for 2022-2023. The students' average scores in all areas decreased compared to the prior year by 0.09 points, these include Organization of Assignments, Initiative, Appearance, Policies and Procedures, and Ethical and Professional Behaviors. This is a smaller class sample compared to the prior year. The students continue to demonstrate their ability to practice professionalism. **Actions** **Action**: Action Date: 09/28/2023 Action: The clinical instructors/preceptors will continue to deliver prompt feedback to students when issues arise concerning initiative and professionalism. Faculty will continue to discuss the importance of initiative and professionalism in the clinical setting. **Follow-up**

Program (HS) - Doctor of Education (Ed.D.)

EdD 1.1

AU Outcome
Students will demonstrate advanced educator competencies to enact increasingly complex faculty and leadership roles.
Outcome Status
Active

College Goals 2020-2024

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 720: Finance and Fiscal Management – Budget Assignment **Target:** Each student will receive an average score of >80% **Timeframe:** When course is taught (e.g. Spring 2017) **Responsible Parties:** Program Chair/ HS Grad Curriculum Committee	**Result Date**: 08/15/2023 **Result**: Course not active. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: Course not active. **Actions** **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 740: Today's Health Sciences Student: Trends, Issues and Challenges – Final Paper **Target:** 100% of students will receive a score of >= 85% **Timeframe:** When course is taught (e.g., Fall 2016) **Responsible Parties:** Program Chair/ HS Grad Curriculum Committee	**Result Date**: 08/15/2023 **Result**: Fall 2022 – 2 students 100% of students received a score of >85% Overall average score = 92.5% (46.25/50) 2018 (n=1) – target met (overall average = 98.2%) 2020 (n=2) – target met (overall average = 98.5%) These results demonstrate the target (100% of students will receive an average score of >= 85%) has been consistently met (3/3 times) since the 2018-2019 academic year. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: The purpose of this paper was for students to speak to the course objectives which included addressing trends within, the culture of, and solutions/adaptations for health sciences educational environments. This assignment was graded using a rubric based on the writing rubric developed for the EdD program. The action plan from the 2020-2021 academic year indicated students would be reminded of the discussion topics that align with the final paper to help them use feedback to assist with writing the final paper. This is one of the first formal papers students write in the program, depending on when they start the program. A previously recorded writing support session was included in this section. **Actions** **Action**: Action Date: 08/15/2023 Action: Create an updated writing support session align with the course material to assist

College Goals 2020-2024

Measures	Result
	with writing the final paper. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 780: Integrating Evolving Technology in Health Professions Education --Technology Transcendence Final Project **Target:** 100% of students will receive a score of >= 85% **Timeframe:** When course is taught (e.g., Fall 2015, Fall 2018, etc.) **Responsible Parties:** Program Chair/ HS Grad Curriculum Committee	**Result Date**: 08/15/2023 **Result**: Fall 2022 – 2 students 50% of students received a score of >85% Overall average score = 84.5% (100/100) 2018 (n=4) – target not met (overall average = 86.5%) 2020 (n=4) – target met (overall average = 100%) These results demonstrate the target (100% of students will receive an average score of >= 85%) has been inconsistently met (1/3 times) since the 2018-2019 academic year. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: The 2020-2021 action plan for the 2022-2023 academic year indicated this assignment would be fused with a nearly identical additional assignment to eliminate repetitive work. The student who failed to meet target was missing required elements in their submission which decreased the score. **Actions** **Action**: Action Date: 08/15/2023 Action: A final project overview recording will be created to explain the project criteria along with ideas on how to meet the stated requirements. Additionally, a criterion should be added that addresses APA formatting, mechanics, and spelling. **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** EdD 790: Practicum in Health Professions Education – Let's Get Creative Assignment **Target:** Students will receive an average score of >80% **Timeframe:** When course is taught (e.g., Spring 2017) **Responsible Parties:** Program Chair/ HS Grad	**Result Date**: 08/15/2023 **Result**: Course not offered. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: Course not offered. **Actions** **Follow-up**

Measures	Result
Curriculum Committee	
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** EdD 795: Practicum in Health Professions Education – Let's Get Creative Assignment **Target:** 100% of students will receive a score of >= 85% **Timeframe:** When course is taught **Responsible Parties:** Program Chair/ HS Grad Curriculum Committee	**Result Date**: 08/15/2023 **Result**: Course not offered. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: Course not offered. **Actions** **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 700: Organizational Development and Change in Education – Final Paper **Target:** 100% of students will receive an average score of >=85% **Timeframe:** When course is taught (e.g., Fall 2017) **Responsible Parties:** Program Chair/HS Grad Curriculum Committee	**Result Date**: 08/15/2023 **Result**: Course not offered. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: Course not offered. **Actions** **Follow-up**

EdD 1.2

AU Outcome
Students will assume leadership roles in interprofessional collaboration to improve the health outcomes of individuals, families, and populations through the educational preparation and graduation of health science and nursing professionals.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** EdD 710: Leading a Health	**Result Date**: 08/15/2023 **Result**: This assignment was not included in the spring 2023 section of the course. **Reporting Year**: 2022 - 2023 (Year 1)

College Goals 2020-2024

Measures	Result
Sciences Learning Organization – Case Study: Making Changes in Higher Education **Target:** 100% of students will receive a score of >=85% **Timeframe:** When course is taught (e.g., 2015, 2018, etc.) **Responsible Parties:** Program Chair/ HS Grad Curriculum Committee	**Target Met**: NA **Action Plan Impact**: None **Actions** **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 730: Professional, Ethical and Legal Issues and Trends in Health Professions Education – Literature Review **Target:** Each student will receive an average score of >80% **Timeframe:** When course is taught **Responsible Parties:** Program Chair/ HS Grad Curriculum Committee	**Result Date**: 08/15/2023 **Result**: Course not offered. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: Course not offered. **Actions** **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Service **Measure:** EdD 740: Today's Health Sciences Student: Trends, Issues and Challenges – Service Learning Project **Target:** 100% of students will receive a score of >= 85% **Timeframe:** When course is taught (e.g., Fall 2016) **Responsible Parties:** Program Chair/ HS Grad Curriculum Committee	**Result Date**: 08/15/2023 **Result**: Fall 2022 – 2 students 100% of students received a score of >85% Overall average score = 93.8% (22.5/24) 2020 (n=2) – target met (overall average = 95.8%) 2018 (n=1) – target met (overall average = 97.9%) 2016 – 84.5% (average) These results demonstrate the target (100% of students will receive an average score of >= 85%) has been consistently met (4/4 times) since the 2016-2017 academic year. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: The purpose of this assignment was for students to develop a service-learning project that could be offered in a course. Students use the Engaged Faculty Institute curriculum as a framework to explore service learning. The project

Measures	Result
	requires students to communicate what they learned about service learning and if an activity could be incorporated into their instructional settings. The action plan for the 2020-2021 academic year stated additional resources on virtual service-learning options should be included to continue to support students looking for different activities to incorporate within their courses. In addition to exploring virtual options, this assignment was updated in the spring 2023 section to have students focus on the viability of using service learning in their setting. **Actions** Action: Action Date: 08/15/2023 Action: This assignment will continue to be included with no changes. We will also continue to explore virtual service learning as an option for health professions educators. **Follow-up**

EdD 2.1

AU Outcome
Students will facilitate curriculum design, development, and evaluation of program and learner outcomes using evidence-based strategies.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 750: Curriculum Theory and Design in the Health Professions – Final Project **Target:** 100% of students will receive an average score of >=85% **Timeframe:** When course is taught **Responsible Parties:** Program Chair/HS Graduate APG Committee	**Result Date**: 08/15/2023 **Result**: Summer 2022 – 1 student 100% of students received a score of >85% Overall average score = 100% (100/100) Fall 2019 – Met; 100% (average); n=1 These results demonstrate the target (100% of students will receive an average score of >= 85%) has been consistently met (2/2 times) since the 2019-2020 academic year. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: The 2019-2020 action plan for the 2022-2023 academic year

Measures	Result
	indicated no changes would be made to this assignment based on the past successes. The final project requires students to develop a unit of instruction following a curriculum development framework. Students worked on different sections of the project throughout the course and received feedback prior to assembling the final project. This course was taught as an 8-week course for the first time in summer 2022. **Actions** **Action**: Action Date: 08/15/2023 Action: This assignment will be included the next time this course is taught with no revisions. One of the course textbooks will be replaced due to availability issues because of the publish date. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 760: Pedagogy in Health Professions Education – Teaching Evaluation **Target:** 100% of students will receive a score of >=85% **Timeframe:** When course is taught (e.g., 2014, 2017, etc.) **Responsible Parties:** Program Chair/HS Graduate Curriculum Committee	**Result Date**: 08/15/2023 **Result**: Spring 2023 – 2 students 50% of students received a score of >85% Overall average score = 65% (19.5/30) 2020 (n=3) – target met (overall average = 100%) These results demonstrate the target (100% of students will receive an average score of >= 85%) has been inconsistently met (1/2 times) since the 2019-2020 academic year. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: Within each module, students evaluated an existing teaching evaluation tool against the learning theories covered in that module. By the end of the course, each student had created a unique teaching evaluation to use for a peer review. The action plan for the 2019-2020 academic year indicated students would complete a peer review using the evaluation form they created. One student did not follow the instructions for the assignment and did not meet expectations. **Actions** **Action**: Action Date: 08/15/2023 Action: This assignment will be included the next time this course is taught. The instructions for the assignment will be reviewed for clarity. **Follow-up**
Assessment Measure Status: Inactive	**Result Date**: 08/15/2023

College Goals 2020-2024

Measures	Result
Assessment Type: SL: Didactic **Measure:** EdD 790: Practicum in Health Professions Education – Project Conferences **Target:** Students will receive an average score of >80% **Timeframe:** When course is taught (e.g., Spring 2017) **Responsible Parties:** Program Chair/HS Graduate APG Committee	**Result**: Course not offered. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: Course not offered. **Actions** **Follow-up**

EdD 3.1

AU Outcome
Students will demonstrate organizational and systems leadership to advance quality improvement and systems change.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 700: Organizational Development and Change in Education – Discussions **Target:** Students will receive an average score of >90% for all discussions within the course **Timeframe:** When course is taught **Responsible Parties:** Program Chair/HS Graduate APG Committee	**Result Date**: 08/15/2023 **Result**: Course not offered. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: Course not offered. **Actions** **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** EdD 710: Leading a Health Sciences Learning Organization – Strategic Planning Project **Target:** 100% of students will receive a score	**Result Date**: 08/15/2023 **Result**: Spring 2023 – 2 students earned an average of 87.8% 50% of students met target 2020 = 97.1% (1 student)

Measures	Result
of >=85% **Timeframe:** When course is taught (e.g., 2015, 2018, etc.) **Responsible Parties:** Program Chair/ HS Grad Curriculum Committee	2018 = 90.8% (average − 6 students) 2015 = 92.8% (average − 7 students) These results demonstrate the target (100% of students will receive an average score of >= 85%) has been consistently met (3/4 times) since the 2014-2015 academic year, but was not met during the current academic year. One of the students earned below benchmark due to a failure to use an existing program in their assignment. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: The action plan for the 2019-2020 academic year indicated no changes would be made to this assignment since only one student was in that section. **Actions** **Action**: Action Date: 08/15/2023 Action: While the directions state to use an existing program in this assignment, the rubric will be edited to more clearly reflect this. **Follow-up**

EdD 4.1

AU Outcome
Students will apply analytical methods and research to develop best practices and practice guidelines.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 760: Pedagogy in Health Professions Education − Personal Statement of Teaching Philosophy **Target:** 100% of students will receive an average score of >=85% **Timeframe:** When course taught (e.g., spring, Year 1) **Responsible Parties:** Program Chair/HS	**Result Date**: 08/15/2023 **Result**: Spring 2023 − 2 students 100% of students received a score of >85% Overall average score = 99.6% (49.8/50) 2020 (n=3) − target met (overall average = 97.6%) These results demonstrate the target (100% of students will receive an average score

Measures	Result
Graduate APG Committee	of >= 85%) has been consistently met (2/2 times) since the 2012-2020 academic year. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Within each module, students completed a journal entry to help capture information about their teaching style to use in the final assignment. Students were allowed flexibility in the format of their submission, and one submitted a website while the other completed an essay. The action plan for the 2019-2020 academic year indicated no changes would be made to this assignment. **Actions** **Action**: Action Date: 08/15/2023 Action: This assignment will be included the next time this course is taught with no revisions. A guidance document with assignment expectations provides information to students, and that will continue to be used. Subsequent sections will be assessed to ensure the target continues to be met. **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** EdD 800: Evidence Based Practice in the Health Professions – Final Written Report **Target:** 100% of students will receive a score of >=85% **Timeframe:** When course is taught (e.g., 2015, 2018, etc.) **Responsible Parties:** Program Chair/ HS Grad Curriculum Committee	**Result Date**: 08/15/2023 **Result**: Course not offered. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: Course not offered. **Actions** **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** EdD 810: Methods of Inquiry – Collaborative Group Activity: Mock Qualitative Research Project **Target:** 100% of students will receive a score of >= 85% **Timeframe:** When course is taught (e.g., 2021, 2024, etc.) **Responsible Parties:** Program Chair/HS	**Result Date**: 08/15/2023 **Result**: Course not offered. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: Course not offered. **Actions** **Follow-up**

Measures	Result
Graduate APG Committee	
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** EdD 820: Methods of Inquiry - Quantitative Research – Research Proposal **Target:** Students will receive an average score of at least 80% **Timeframe:** When course is taught (e.g., 2016, 2019, etc.) **Responsible Parties:** Program Chair/HS Graduate APG Committee	**Result Date**: 08/15/2023 **Result**: Course not offered. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: Course not offered. **Actions** **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** EdD 830: Dissertation Seminar – Prospectus **Target:** Students will receive an average score of >80% **Timeframe:** When course is taught (e.g., summer 2016, summer 2017) **Responsible Parties:** Program Chair/HS Graduate APG Committee	**Result Date**: 08/15/2023 **Result**: Course not offered. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: Course not offered. **Actions** **Follow-up**

EdD 5.1

AU Outcome
Students will advance the scholarship of education in a variety of health science and nursing professions.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 780: Integrating Evolving	**Result Date**: 08/15/2023 **Result**: Fall 2022 – 2 students

College Goals 2020-2024

Measures	Result
Technology in Health Professions Education –Tech Topic Assignment **Target:** 100% of students will receive a score of >= 85% **Timeframe:** When course is taught (e.g., 2015, 2018, etc.) **Responsible Parties:** Program Chair/ HS Grad Curriculum Committee	100% of students received a score of >85% Overall average score = 88% (100/100) 2018 (n=4) – target met (overall average = 100%) 2020 (n=42 – target met (overall average = 100%) These results demonstrate the target (100% of students will receive an average score of >= 85%) has been consistently met (3/3 times) since the 2018-2019 academic year. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Per the 2020-2021 action plan for 2020-2021, it was proposed that additional information about the use of virtual solutions should be offered in conjunction with this assignment, but no changes will be made to how the assignment is assessed. The rubric was updated for this course section, but no significant changes were made. **Actions** **Action**: Action Date: 08/15/2023 Action: Students will continue to identify a technology topic to explore during the course and this assignment will be due in Week 7. Students are encouraged to align this topic with their final project. **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** EdD 790: Practicum in Health Professions Education – Course Discussions **Target:** Students will receive an average score of >80% **Timeframe:** When course is taught (e.g., spring 2017) **Responsible Parties:** Program Chair/HS Graduate APG Committee	**Result Date**: 08/15/2023 **Result**: Course not offered. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: Course not offered. **Actions** **Follow-up**

College Goals 2020-2024

EdD 5.2

AU Outcome
Students will evaluate, synthesize, utilize and disseminate the scholarship related to discovery, integration, application, and teaching to further knowledge and competencies of the health science and nursing education professions.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 770: Assessment and Evaluation in Health Sciences Education – Assessment Process Assignment **Target:** Students will receive an average score at least 80% **Timeframe:** When course is taught (e.g., 2016, 2019, etc.) **Responsible Parties:** Program Chair/HS Graduate APG Committee	**Result Date**: 08/15/2023 **Result**: Course not offered. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: Course not offered. **Actions** **Follow-up**

Program (HS) - Medical Imaging (MI)

MI 3.1

AU Outcome
Students will demonstrate critical thinking skills in the clinical environment.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Measure:** MI: 480 Clinical Instructor Evaluations Numbers 2, 4, 7, 8 **Target:** Average score >= 3 (0-4 pt. scale)	**Result Date**: 09/25/2023 **Result**: No current data available for analysis. The student that is currently in the program is following the part-time track. That student will complete the MI 480 course in the next academic year. Previous data:

College Goals 2020-2024

Measures	Result
Timeframe: Summer Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/ HS Curriculum Committee	2022 = 4.0 (n=1) 2021 = 3.46 (n=3) 2020 = 3.63 (n=3) 2019 (n=0) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: The proposed 2021-2022 action plan will remain in effect for the 2023-2024 academic year. The instructor was unable to implement the proposed 2021-2022 action plan due to no enrollment. **<u>Actions</u>** **Action**: Action Date: 09/25/2023 Action: The clinical instructors will continue to work with each student to ensure they are provided with the opportunities needed to enhance their critical thinking skills in the clinical environment. The evaluation process will remain in effect as it has proven to be beneficial to the student's ability to show growth. **<u>Follow-up</u>**
Assessment Measure Status: Active **Measure:** MI: 465 Clinical Instructor Evaluations Numbers 2, 4, 7, 8 **Target:** Average score >= 3 (0-4 pt. scale) **Timeframe:** Summer Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/ HS Curriculum Committee	**Result Date**: 09/25/2023 **Result**: No current data available for analysis. The student that is currently in the program is following the part-time track. Previous data: 2022 = 3.13 (n=1) 2021 (n=0) 2020 (n=0) 2019 = 4 (n=1) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: The proposed 2021-2022 action plan will remain in effect for the 2023-2024 academic year. The instructor was unable to implement the proposed 2021-2022 action plan due to no enrollment. **<u>Actions</u>** **Action**: Action Date: 09/25/2023 Action: The clinical instructors will continue to work with each student to ensure they are provided with the opportunities needed to enhance their critical thinking skills in the clinical environment. The evaluation process will remain in effect as it has proven to be

Measures	Result
	beneficial to the student's ability to show growth. **Follow-up**

MI 3.2

AU Outcome
Students will demonstrate the ability to practice critical thinking skills.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Measure:** MI: 480 Board Review Exam (MRI) **Target:** >= 80% of the students will achieve a passing score of 75 or greater on one of the three exams. **Timeframe:** Summer Semester **Responsible Parties:** MI: 480 Course Instructor/HS Curriculum Committee	**Result Date**: 09/25/2023 **Result**: No current data available for analysis. The student that is currently in the program is following the part-time track. That student will complete the MI 480 course in the next academic year. Previous data: 2022 (n=0) 2021 (n=2) 100% 2020 (n=3) 100% 2019 (n=0) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: The proposed 2021-2022 action plan will remain in effect for the 2023-2024 academic year. The instructor was unable to implement the proposed 2021-2022 action plan due to no enrollment. **Actions** **Action**: Action Date: 09/25/2023 Action: The instructor will continue to begin the registry review assignments in the spring semester. The instructor will continue to provide structured quizzes and exams in each of the four key categories to help students prepare for the mock board exams. The instructor will discuss with the students the importance of completing all registry review assignments and mock board exams. **Follow-up**
Assessment Measure Status: Active	**Result Date**: 09/25/2023

Measures	Result
Measure: MI: 465 Board Review Exam (CT) **Target:** >= 80% of the students will achieve a passing score of 75 or greater on one of the three exams. **Timeframe:** Summer Semester **Responsible Parties:** MI: 465 Course Instructor/HS Curriculum Committee	**Result**: No current data available for analysis. The student that is currently in the program is following the part-time track. Previous data: 2022 (n=1) 100% 2021 (n=0) 2020 (n=0) 2019 (n=1) 100% **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: The proposed 2021-2022 action plan will remain in effect for the 2023-2024 academic year. The instructor was unable to implement the proposed 2021-2022 action plan due to no enrollment. **Actions** **Action**: Action Date: 09/25/2023 Action: The instructor will continue to begin the registry review assignments in the spring semester. Structured quizzes that include questions from each of the four categories will be assigned to help each student prepare for the mock board exams. **Follow-up**

Program (HS) - Medical Laboratory Science (MLS)

MLS 1.1

AU Outcome
Students will apply theory and principles related to laboratory testing
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** Exam scores − MLS 440: Clinical Hematology and Hemostasis **Target:** 75% of students will receive an	**Result Date**: 08/15/2023 **Result**: Fall 2022 − (n=12) 33.3% (4/12) earned an average exam score of >80%. Overall average exam score = 66.7% Fall 2021 = 68.75%

Measures	Result
average score of >= 80% **Timeframe:** Annually **Responsible Parties:** Program Chair/HS Curriculum Committee	Fall 2020 = 79.5% Fall 2019 = 71.2% Fall 2018 = 69.2% Fall 2017 = 88.3% Fall 2015 = 91.3% This target has not been met for the last three years, and the percentage of students meeting the target decreased (fall 2021 result was 38.75% [11/16]). **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: Per the 2021-2022 action plan proposed for 2022-2023, a test bank with randomized questions was planned. More virtual lab assignments were also assigned. In looking at the data students performed well on Exams 1, 3, and 4. Exam 1 and 3 had a mandatory virtual session prior to the exam and Exam 4 students were allowed to use 1 page of notes. The final exam had the lowest overall exam scores. An optional final exam review assignment was given to students in week 14. Given the overall average decreased, neither of these actions was effective. **Actions** **Action**: Action Date: 08/15/2023 Action: A mandatory virtual session will be added prior to Exam 2 and the final exam review assignment will be mandatory. A virtual review session will be offered prior to the final exam. Statistics will be used to analyze each individual exam to examine any trends or outside influences on exam scores. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** Clinical Microbiology Exam Scores (formerly Exam Scores – MLS 460: Clinical Microbiology) **Target:** 75% of students will receive an average score of >= 80% **Timeframe:** Annually **Responsible Parties:** Program Chair/HS APG Committee	**Result Date**: 08/15/2023 **Result**: Spring 2023 (n=12) 7/12 (58%) students received an average score of >80% Overall average = 207.4/250 points (82.9%) Spring 2022 (n=16) (75%) Average score = (83.3%) Spring 2021 (n=15) (80%) Average score = 84.7% Spring 2020 (n=6) 33.3% Average score = 80.5% Spring 2019 (n=14) 100%

Measures	Result
	Average score = 88.1%
	These results demonstrate that the target has been inconsistently met (3/5 times) since the 2018-2019 academic year.
	This course helps students to apply theory and principles related to microbiology. The multiple-choice exams help prepare students for clinical rotations, where theory and principles of microbiology are applied. A portion of questions in all exams were updated in 2022 and 2023. Prior to 2023, this course included two proctored and two un-proctored exams prior to clinical rotations and a proctored final exam following clinical rotations. However, in 2023, only one exam was un-proctored, which may have led to lower average scores.
	Reporting Year: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: The 2021-2022 CAP stated that the course would include five exams (two unproctored), with updated questions. One change was made – only one exam was unproctored. Despite this change, this target has been inconsistently met over the past five years. Given the achievement of the target for this measure for two years in a row prior to 2023, the action plan seems to be effective, but is dependent on the cohort and number of students. **Actions** **Action**: Action Date: 08/15/2023 Action: This course will continue to include four exams (one unproctored) for the next academic year, with updated questions added. Additionally, a proctored comprehensive exam will be given (for a total of five exams). Student outcomes will be assessed with the same target. **Follow-up**

Program (HS) - Medical Laboratory Science (MLS)

MLS 1.2

AU Outcome
Students will apply concepts and principles of laboratory operations in a clinical setting
Outcome Status
Active

College Goals 2020-2024

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** Affective Evaluation – Microbiology **Target:** 75% of students will receive an average score of >= 80% **Timeframe:** Annually **Responsible Parties:** Program Chair/HS Curriculum Committee	**Result Date**: 08/15/2023 **Result**: Spring 2023 (n=11) 10/11 (90.9%) of students received an average score of >80% Overall average = 23.5/25 points (94%) Spring 2022 (n=13) 100% of students received an average score of >80% Overall average = 24.5/25 points (98%) These results demonstrate the target (75% of students will receive an average score of >= 80%) has been met for the last two years. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: This is the second year of measuring this target. This is the final semester for students and the third or fourth rotation as they progress through the program. Results indicate that students are learning and retaining behaviors needed to be successful in a workplace setting. Students are assessed by their clinical instructors on interest in learning, initiative, communication skills, acceptance of constructive criticism, and safety. **Actions** **Action**: Action Date: 08/15/2023 Action: We will evaluate subsequent cohorts of students on this measurement item with the same target. In addition, students will continue to receive a didactic affective evaluation at midterm and the end of each course to continue to promote professional behaviors. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Exam/Quiz - Standardized **Measure:** MediaLab Exam Simulator Scores (formerly MediaLab Exam Simulator Scores – MLS 475: Medical Laboratory Science Review **Target:** 75% of students will achieve a CAT	**Result Date**: 08/15/2023 **Result**: Spring 2023 – 10 students 100% (10/10) achieved a CAT difficulty level of at least 5.0 on CAT exams (6 exams) Average level of difficulty = 6.1 Practice CATs = 5.7 Graded CATs = 6.5

Measures	Result
difficulty of 5.0 **Timeframe:** Annually **Responsible Parties:** Program Chair/HS APG Committee	2018 – 90%; 5.3 2019 – 83.3%; 5.9 2020 (n=6) • Proctored – 16.7%; 4.5 • Non-proctored – 83.3%; 5.8 2021 (n=17); 82.4%; 5.5 2022 (n=16); 100%; 6.8 These results demonstrate the target (75% of students will achieve a CAT difficulty of 5.0) has been met for the last two years. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Exam Simulator (ES) is a preparatory resource we purchase for students to help them prepare for the BOC exam. Students took 6 CAT exams (all non-proctored) during the last 8 weeks of the semester. Our 2021-2022 action plan for 2023-2023 academic year indicated we would update the grading scale for the graded CAT exams. Students earned full points for achieving a difficulty level of 5 or higher. The graded CAT exam average was higher which shows the power of incentivization. Students were provided with information about past student outcomes, different certification exam options, and recommendations on when to schedule their certification exams. **Actions** **Action**: Action Date: 08/15/2023 Action: We will continue to require students to complete practice and graded CAT exams. Students will be provided with additional study materials to support their review activities. **Follow-up**

MLS 2.1

AU Outcome
Students will demonstrate technical competency in the delivery of quality laboratory service
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** Basic Manual Differential Assignments **Target:** 75% of students will receive an average score of >80% (formerly 75% of students will complete all assignments) **Timeframe:** Annually **Responsible Parties:** Program Chair/HS Curriculum Committee	**Result Date**: 08/15/2023 **Result**: Fall 2022 (n=12) 91.7% of students received an average score of >80% Overall average = 28.3/30 points (94.3%) 2021 (n=16) – target met; overall ave. = 99% Target has been met since the measure was first evaluated in 2021. Students are provided with tools and resources to help them learn cellular morphology including a synchronous lab session and practice differentials for which they receive feedback from Cellavision on their performance. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Per the 2020-2021 action plan proposed for 2021-2022 academic year, course faculty covered cell morphology during a virtual lab session (asynchronous for 2022) and provided numerous opportunities for students to practice classifying cells and receive feedback prior to completing a graded assignment. **<u>Actions</u>** **Action**: Action Date: 08/15/2023 Action: We will continue to include these assignments without any revisions. Course faculty will continue to cover cell morphology during a virtual lab session and provide numerous opportunities for students to practice classifying cells and receive feedback prior to completing a graded assignment. **<u>Follow-up</u>**

MLS 2.2

AU Outcome
Students will assess the accuracy of laboratory test results by correlating laboratory data with clinical diagnoses
Outcome Status
Active

College Goals 2020-2024

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical **Measure:** Advanced Manual Differential Assignments **Target:** 75% of students will receive an average score of >80% **Timeframe:** Annually **Responsible Parties:** Program Chair/HS Curriculum Committee	**Result Date**: 08/15/2023 **Result**: Fall 2022 – (n=12) 91.7% (11/12) earned an average exam score of >80%. Fall 2021 = 100% Target has been met since the measure was first evaluated in 2021. Students enjoyed the assignment and engaged with this assignment by asking questions. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Per the 2021-2022 action plan proposed for 2022-202 academic year, course faculty created more assignments using this resource and some ungraded, practice assignments were created for students to use as a review. **Actions** **Action**: Action Date: 08/15/2023 Action: We will continue to use this program (CellaVision) to teach and assess advanced cell morphology and competency within this course. No plans to change this assignment. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** Program Comprehensive Exam (FKA: MLS Program Final Exam [formerly MLS 475: Medical Laboratory Science Review - Final Exam]) **Target:** 75% of students will receive a score of >55% (target prior to 2021-2022 = 75% of students will receive an average score of >=80%) **Timeframe:** Annually **Responsible Parties:** Program Chair/HS Faculty Org Committee	**Result Date**: 08/15/2023 **Result**: Spring 2022 – 10 students 100% of students (10/10) received a score of >55% Overall average score = 72.0% Spring 2020 (n=6) • 0 met target • 51.2% average score Spring 2021 (n=17) • 0 met target • 59.1% average score Spring 2022 (n=16) • 12 met target • 65.7% average score

Measures	Result
	These results demonstrate that the target (75% of students will receive an average score of >= 55%) has been met for the last two years. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Our 2021-2022 action plan for the 2022-2023 academic year indicated we would continue to offer the expanded comprehensive final exam and evaluate the subsections of the exam for trends related to course material that we can emphasize during the review section of the course. Both parts of the final exam were minimally updated from spring 2022 to improve question clarity. This allowed us to better compare results from 2021-2022 to 2022-2023. The spring 2023 course included new resources on how to study for a comprehensive exam. Weeks 1-9 allowed students to review summer and fall topics and create study outlines. Weeks 10-15 included subject-specific review activities for all program topics. **Actions** **Action**: Action Date: 08/15/2023 Action: We will continue to offer the expanded comprehensive final exam and evaluate the subsections of the exam for trends related to course material that we can emphasize during the review section of the course. Additional review materials will be offered in the course. **Follow-up**

MLS 3.2

AU Outcome
Students will integrate team-building skills into professional practice
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Service **Measure:** Service Learning Project **Target:** 75% of students will receive an average score of >80% **Timeframe:** Annually	**Result Date**: 08/15/2023 **Result**: Fall 2022 66.7% (8/12) of students earned an average score of >80%. Overall average score 24.25/30 = 80.8%

College Goals 2020-2024

Measures	Result
Responsible Parties: Program Chair/HS APG Committee	Overall Averages 2021 (n=16) = 98.3%; 100% of students met target 2020 (n=15) = 90%; 73% of students met target 2019 (n=6) = 98.9% (target met) 2018 = 98.9% 2017 = 95.5% 2016 = 90.0% 2015 = 92.5% 2014 = 95.6% 2013 = 95.7% 2012 = 97.3% These results demonstrate the target (75% of students will receive an average score of >= 80%) has been consistently met (9/10 times) since the 2012-2013 academic year with the exception of the 2020-2021 academic year. The overall average score for this assignment decreased for the current assessment year, but the project was revised as it is now included in a different course for the 2022-2023 academic year. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Our 2021-2022 action plan for the 2022-2023 academic year indicated this project would move into a new course for the 2022-2023 academic year. The new course covered education and research. As a result, the description of the project changed to align with the new course structure. Students were required to self-assess their work against a provided rubric **Actions** **Action**: Action Date: 08/15/2023 Action: Additional emphasis needs to be placed on research methods within the course. This information will be aligned with the evaluation criterion of the project to help students apply information to the project. Additionally, the project rubric will be further developed to add more description to the scales so students have more information about expectations and can better assess their own work. **Follow-up**

College Goals 2020-2024

MLS 4.2

AU Outcome
Students will communicate effectively in an online environment
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** Management Topics Discussion Board Posts (formerly Management Section Discussion Board posts – MLS 470: Laboratory Management) **Target:** 75% of students will receive an average score of >= 80% **Timeframe:** Annually **Responsible Parties:** Program Chair/HS APG Committee	**Result Date**: 08/15/2023 **Result**: Spring 2023 (n=11) 100% students earned an average score of >80% (Ave. score = 97.6%) Spring 2022 (n=16): 100% Spring 2021 (n=17): 100% Spring 2020:100% Spring 2019: 98% This target has been consistently met for the past five years. Approximately half of the course modules contained discussion. Any deductions in posts were largely due to APA formatting errors. A new edition textbook was used this year. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Our 2021-2022 action plan for the 2022-2023 academic year indicated a new textbook edition would be used. Use of the new edition textbook and the variety of discussion assignments based on student experiences and perspectives continue to positively impact this target. **Actions** **Action**: Action Date: 08/15/2023 Action: Discussion board assignments will continue to be used in this course to foster student interaction and effective communication skills. **Follow-up**

Program (HS) - Public Health (PH)

PH 3.1

AU Outcome
Student will be able to recognizes the role of cultural factors in the delivery of public health services

Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** PH: 420 Final report **Target:** Average score of >80% **Timeframe:** Fall semester **Responsible Parties:** Program faculty / HS Curriculum committee	**Result Date**: 04/27/2023 **Result**: In Summer 2022, four students took the course and earned an average of 95.4%. In Summer 2021, seven students took the course and received an average of 85%. In Summer 2020 students (n=4) earned an average of 92% on their final report. In Summer 2019, seven students taking the course received average of 91.3% on their final report. In Summer 2018, three students took the course and received an average of 81.3%. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Per the proposed 2022-2023 action plan, a checklist was added to the assignment to help students better organize the assignment and make sure no parts were missing. It appears to have helped students better organize their project, with scores improving significantly year-over-year and hitting the highest five-year average. **Actions** **Action Date**: 04/27/2023 **Action**: While there is a little room to improve student success, the project itself will be evaluated for relevance to the course objectives including Culturally and Lingusitically Appropriate Services (CLAS) standards. **Follow-up**

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

BSN 6.0 Patient-Centered Care

AU Outcome
Use patient-centered strategies when delivering care to diverse individuals and populations.
Outcome Status
Active
Start Date
08/01/2014

Measures	Result
Assessment Measure Status: Active	**Result Date**: 09/25/2023

College Goals 2020-2024

Measures	Result
Assessment Type: SL: Exam/Quiz - Standardized **Measure:** Proctored ATI Fundamentals exam **Target:** Group score of at least 75% in the QSEN Category of Patient-Centered Care on proctored ATI Fundamentals exam **Timeframe:** Annually (starting 2019-2020; assessed Year 2 prior to 2019-2020) **Responsible Parties:** BSN Curriculum Committee	**Result**: Accelerated Track: In Fall 22, the group score for the QSEN Category of Patient-Centered Care on the Proctored ATI Fundamentals Exam was 73.6%. In Spring 23, the group score for the QSEN Category of Patient-Centered Care on the Proctored ATI Fundamentals Exam was 72.0%. Traditional Track: In the Fall of 2022 students scored a 70.5% (22/22) in the Traditional track on Patient-Centered Care, In the Spring of 2023 students scored a 72.3% (22/22) in the Traditional track on Patient-Centered Care. These results are fairly consistent with performance from the previous academic year. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: Active learning activities were implemented in the classroom, but do not appear to have had much of an impact to improve scores. **<u>Actions</u>** **Action**: Action Date: 09/25/2023 Action: Course faculty will plan to continue to incorporate active learning activities, case studies, discussion, and CJ Sim into the classroom as well as try to utilize ATI case studies in class. **<u>Follow-up</u>**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** RN-NU 421 Ethical and Legal Case Study **Target:** 100 % of the students will achieve at least 73% on the Ethical and Legal Case Study. **Timeframe:** Annually (starting 2019-2020; assessed Year 4 prior to 2019-2020) **Responsible Parties:** BSN Curriculum Committee	**Result Date**: 09/25/2023 **Result**: In Spring 2023, 100% (4/4) of the students achieved at least 73% on the Legal and Ethical Case Study. This data mirrors the results from the 2021-2022 academic year. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Reviewed the assignment details and questions related to the paper. Continued to evaluate the ethics videos. Continued to evaluate the journal articles regarding ethics, genetics, and legal issues. Evaluated the current Power Point about documentation and legal issues surrounding documentation. Evaluated Panoptos about legal issues that nurses may encounter in practice. Continued to give detailed instructions about the assignment and the due dates. **Related Documents**: [Outcome 6 NU 421 Ethical and Legal Case Study.pdf](#) **<u>Actions</u>** **Action**: Action Date: 09/25/2023 Action: Continue to give detailed instructions about the assignment and the due dates. Encourage students to email instructor with questions about details of assignment and due dates. Review and evaluate the current educational strategies and methods that were provided in the modules to see if they were effective. Ensure that the assignment

Measures	Result
	instructions/rubric are available to students at the start of the semester. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** NU450 Community Assessment paper **Target:** 100% of students will achieve at least 75% on community assessment paper. **Timeframe:** Year 3 **Responsible Parties:** BSN Curriculum Committee	**Result Date**: 09/25/2023 **Result**: In Summer 2022 100% (41/41) of students achieved at least 75% on the Community Assessment paper. In Fall 2022 100% (45/45) of students achieved at least 75% on the Community Assessment paper. In Spring 2023 100% (24/24) of students achieved at least 75% on the Community Assessment paper. The target of 75% was consistently met in the 2021-2022 and the 2022-2023 academic years. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: In the 2022-2023 academic year work sessions for the completion on the paper and initial planning for the subsequent project were scheduled on the student's calendars, which allowed students to have planned time to work together as a clinical group to complete the assignment and begin to plan for their project. Clinical faculty were available for questions to ensure the students understood the expectations of the assignment. **Related Documents**: [Outcome 6 NU 450 Community Assessment Paper.doc](#) **Actions** **Action**: Action Date: 09/25/2023 Action: In order to continue to meet this target, faculty will continue to schedule work sessions with the clinical groups so that they can actively work on analyzing the data from the community assessment and engage with faculty during this process. **Follow-up**

College Goal 4

College Goal
Allen College is committed to promoting a commitment by all members of the Allen College community to lives of service.
College Goal Status
Active

College Goals 2020-2024

Admin - Administration

Admin 2.0

AU Outcome
Environment encourages Allen College employees to maximize their performance
Outcome Status
Active

Measures	Result
Assessment Method Status: Active **Assessment Type:** AD: Report - External **Measure:** Salary comparison tools (e.g., IAICU, etc.) **Target:** Faculty salaries will be at the average comparable salary for rank at peer institutions. **Timeframe:** Annually **Responsible Parties:** DOBAS	**Result Date**: 08/15/2023 **Result**: Allen College is at or above 2021-22 average salaries for all ranks when compared to Iowa colleges with nursing pre-licensure programs. Iowa private colleges (IAICU) was used and for the pre-licensure colleges that reported, Allen salaries met or exceeded the average in all ranks. These results are comparable to those of the previous reporting year, during which the target was also met. Faculty salary market adjustments were made based on our data. Staff salary comparisons were not completed in 2023 as the system was not giving any adjustments in 2023 to staff due to budget constraints. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Allen College compared all data as indicated in our action plan for comparison data which resulted in a few market adjustments being needed for faculty. The 2022-2023 results were influenced by the 2021-2022 action plan by conducting the annual salary audit using all available sources of information and presenting the findings to the Allen College President who made the final determinations of appropriate adjustments. **Related Documents**: VI.A. UPH Allen College 2023-24 Faculty Salary Review BOT.pptx **Actions** **Action**: Action Date: 08/15/2023 Action: Continue to compare annually faculty and staff salaries with state, regional and national data if available. Make salary market adjustments as necessary based on data and trends if budget allows. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Annual report of Faculty Goal	**Result Date**: 06/29/2023 **Result**: 96.2% (51/53) met the short-term teaching goals. These results are comparable to 2021-2022 where 91.8% (50/51) faculty met the short-term teaching goals. As

College Goals 2020-2024

Measures	Result
Achievement-short term teaching goals **Target:** 85% of faculty completely meet short-term teaching goals **Timeframe:** Annually **Responsible Parties:** Provost	described in the 2019-2020 action plan, the academic leadership, including both academic Deans, communicated the information to faculty during the fall semester. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: The strategy of discussing at time of evaluation has proven to be a successful strategy in continuing to meet this goal. **Actions** **Action**: Action Date: 06/29/2023 Action: For the next academic year, the academic deans will continue to discuss short-term teaching goals during the faculty evaluation process. Providing examples will also be implemented for newer faculty members. The results will be analyzed during the next reporting cycle. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Annual report of Faculty Goal Achievement-progress on scholarly enrichment **Target:** 85% of faculty demonstrate progress on scholarly enrichment plans. **Timeframe:** Annually **Responsible Parties:** Provost	**Result Date**: 06/29/2023 **Result**: 98.1% (51/52) of faculty demonstrated progress on scholarly enrichment plans. One faculty did not demonstrate progress. These results compare favorably to 2021-2022 where 91.8% of faculty made progress on plans. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: The strategy of discussing with faculty at the time of evaluation has proven to be an effective strategy in meeting this goal. **Actions** **Action**: Action Date: 06/29/2023 Action: For the 2023-2024 academic year, the academic deans will continue to discuss the individual needs of faculty and importance of long-term goals in the academic setting. Timing this with annual evaluations is appropriate, as these take place during the first two months of the calendar year. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Summary of Expenditures for Faculty and Staff Professional Development [e.g., total dollars spent for meetings, travel, and educational expenses]. **Target:** College provided financial support to college faculty and staff to attend	**Result Date**: 08/15/2023 **Result**: In 2022 we budgeted for our education and travel expenses and were successful as $15,068 was spent on tuition assistance for faculty and staff and $32,603 was spent on conference and meeting travel totaling $47,671 for faculty and staff. For 2023 there was $139,815 budgeted for education and travel. These results met target but have decreased when compared with prior year due to less educational assistance requested and mitigation efforts reduced travel compared to prior year.

Measures	Result
educational and/or professional development activities **Timeframe:** Annually **Responsible Parties:** DOBAS	**Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As mentioned in the 2021 action plan, the College appropriately budgets for professional development opportunities. In the event of revenue shortfalls, the executive leaders determine if and how much savings can be mitigated from the professional development/travel budgets. **<u>Actions</u>** **Action**: Action Date: 08/15/2023 Action: Continue to budget education and travel expenses annually for faculty and staff professional development. **<u>Follow-up</u>**
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Professional Development and Welfare (PDW) committee annual scholarly recognition report. **Target:** 55% of faculty and staff are recognized for their service and scholarly accomplishments **Timeframe:** Annually **Responsible Parties:** PDW Committee Chair	**Result Date**: 03/23/2024 **Result**: 22/69 (32%) of faculty and staff were recognized for 2022 scholarly achievements (down 2 percentage points from 2021). 20/69 (29%) of faculty and staff were recognized for 2022 service (up 13% from 2021). Previous results for comparison: 2021-2022: 35% of faculty and staff were recognized for 2021 scholarly achievement and 16% were recognized for 2021 service. 2020-2021: 35% of faculty and staff were recognized for 2020 scholarly achievement and 20.3% were recognized for 2020 service. 2019-2020: 33.3% of faculty and staff were recognized for 2019 scholarly achievement and 22.8% were recognized for 2019 service. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: During the 2022-2023 academic year, scholarship activities were collected using Microsoft Forms (instead of the "Google poll" specified in the 2021-2022 action plan proposed for 2022-2023). An email with the link to the form was sent every three months with the final collection being in January 2023. The information was exported to a spreadsheet for easy tracking. **<u>Actions</u>** **Action**: During the 2023-2024 academic year, data will continue to be collected every three months using Microsoft forms. Data collection for recognition of 2023 scholarly and service activities will end in January of 2024 when faculty and staff will report activities for October-December). It is important to note that some faculty may complete

Measures	Result
	scholarly activities but do not report them despite the ease of filling out a prescribed form. **Follow-up**

Admin - Center for Engagement, Learning, and Leadership

CELL 1.1

AU Outcome
Allen College culture supports and sustains community service and service-learning
Outcome Status
Active

Measures	Result
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Service-Learning Faculty Scholars Survey [email survey of Allen College programs to ascertain incorporation of service and/or service learning into curricula] **Target:** 100% of Allen College programs incorporate service and/or service learning activities into their curricula. **Timeframe:** Years 2 and 4 **Responsible Parties:** Center for Engagement, Learning, and Leadership Committee/CELL coordinator	**Result Date**: 05/31/2023 **Result**: This item is not reported in year 1. This will be assessed in year 2 (2023-2024). **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: The stipend for integrating service-learning into curricula was reintroduced in 2022-2023. No applications were received. **Actions** **Action**: Action Date: 05/31/2023 Action: The stipend for integrating service-learning into curricula will be offered to faculty again in 2023-2024. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Survey **Measure:** Exit survey question "Do you intend to volunteer in your community in the future?" (yes, no) **Target:** 90% of exiting students report that they intend to volunteer in their communities in the future.	**Result Date**: 09/11/2023 **Result**: For 2022-2023, aggregate exit survey results for this question indicate 78.15% of exiting students plan to volunteer in their communities in the future. This result is lower than results for last year, and lower than results from 2019-2020 (the onset of the pandemic). 2021-2022: 89% 2020-2021: 92%

Measures	Result
Timeframe: Annually **Responsible Parties:** Center for Engagement, Learning, and Leadership Committee/CELL coordinator	2019-2020: 84.6% 2018-2019: 97% 2017-2018: 91% **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: The proposed action plan for 2022-2023 was to continue to promote service and offer a variety of opportunities for volunteering, seeking to co-sponsor larger activities after the pandemic subsided. A variety of service activities was promoted throughout the year, including a large activity in the UNI dome on MLK, Jr. Day. Despite this, the target was not met. **Actions** **Action**: Action Date: 09/11/2023 Action: For 2023-2024: Since the target has not been met for the past two years, the CELL committee will discuss the measure and consider adjusting the target. **Follow-up**

CELL 2.1

AU Outcome
Alumni will demonstrate community service
Outcome Status
Active

Measures	Result
Assessment Method Status: Active **Assessment Type:** AD: Survey **Measure:** Alumni survey item: To what extent did your educational experience influence your desire to provide service to your community? (not at all, very little, some, quite a bit, very much) **Target:** 50% of alumni reported that their educational experience influenced their desire to provide service to their communities at least "some" (i.e., not at all, very little,	**Result Date**: 09/12/2023 **Result**: Surveys of 2021-2022 graduates indicated that 64 (63%) of the 102 alumni answering this question reported their education at Allen College influenced their desire to provide service to their community at least "some" (n = 42; 41%), quite a bit (n = 15; 15%), or very much (7; 7%). This target has been met for the past five years: 2020-2021 Alumni: 52% of alumni reported their education at Allen College influenced their desire to provide service to their community at least "some" (some = 33%, quite a bit = 16%, very much = 3%). (No data provided for DMS or PH.) 2019-2020 Alumni: 79% of alumni reported their education at Allen College influenced

College Goals 2020-2024

Measures	Result
some, quite a bit, very much). **Timeframe:** Annually **Responsible Parties:** Center for Engagement, Learning, and Leadership Committee/CELL coordinator	their desire to provide service to their community at least "some" (some = 61%, quite a bit = 16%, very much = 2%). (No data provided for DMS or PH.) 2018-2019 alumni: 73.4% of alumni responding to the alumni survey reported their education at Allen College influenced their desire to provide service to their community at least "some" (some = 41%, quite a bit = 22%, very much = 11%). (No data provided for DMS, EdD, or PH.) 2017-2018 Alumni: 71% responding to alumni reported their education at Allen College influenced their desire to provide service to their community at least "some." **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: The proposed action plan for 2022-2023 was for the CELL to host a variety of volunteer activities (both small and large group), and to promote volunteering on social media. This has not changed since the previous year. Since the surveys are a year behind the CAP, the service and service-learning culture within the college environment may have influenced the desire of graduates to provide service to their community. **Related Documents**: [Service Reported by 2021-2022 Grads For 2022-2023 CAP Report.pdf](#) **Actions** **Action**: Action Date: 09/12/2023 Action: For 2023-2024, a variety of volunteer activities will continue to be sponsored and co-sponsored by the CELL (both small and large group). Additionally, volunteer events will continue to be featured on social media. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Survey **Measure:** Alumni survey item: How many hours of community service have you been involved in during the past 12 months? (0, 1-4, 5-9, 10-14, 15-19, 20-24, 25 or more) **Target:** 40% of alumni responding to the survey report performing 1-4 hours of service during the past 12 months [Target reduced from 60% to 40% starting 2022-2023 academic year and from 1-4 hours from 5-9 hours for 2023-2024 academic year]	**Result Date**: 09/12/2023 **Result**: For the 2021-2022 graduates, 31/102 (30%) of respondents reported at least 5-9 hours of service in the past 12 months. 5-9 hours (n = 9; 9%), 10-14 hours (n = 8; 8%), 15-19 hours (n = 4; 4%), 20-24 hours (n = 4; 4%), or 25 or more hours (n = 6; 6%). This target has consistently not been met for several years, despite the target reduction in the fall of 2022: 2020-2021 grads: 20% reported being involved in at least 5-9 hours of community service in the previous 12 months (0 hrs = 36%; 1-4 hrs = 22%; 5-9 hrs = 8%, 10-14 hrs = 3%; 15-19 hrs = 3%; 20-24 hrs = 1%; 25 or more hrs = 5%).

Measures	Result
Timeframe: Annually **Responsible Parties:** Center for Engagement, Learning, and Leadership Committee/CELL coordinator	2019-2020 grads: 26% reported being involved in at least 5-9 hours of community service in the previous 12 months (0 hrs = 45%; 1-4 hrs = 29%; 5-9 hrs = 5%, 10-14 hrs = 3%; 15-19 hrs = 0%; 20-24 hrs = 13% 25 or more hrs = 5%). 2018-2019 grads: 29.7% reported they have been involved in at least "5-9" hours of community service during the past 12 months (5-9 = 10.9%, 10-14 = 9.4%, 1 **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: The action plan from 2022-2023 of CELL was to consider adjusting the target and discuss ideas regarding promotion of service beyond graduation. The committee did not make any new suggestions for promoting service beyond graduation. The target was adjusted to 40% in the fall of 2022 but did not impact the 2021-2022 results due to the timing of the survey. **Related Documents**: Service Reported by 2021-2022 Grads For 2022-2023 CAP Report.pdf **Actions** **Action**: Action Date: 09/12/2023 Action: For 2023-2024, the CELL will consider adjusting this target to at least 1-4 hours, since it has been well below 40% despite the year-delay in collecting alumni survey results. **Follow-up**

CELL 2.2

AU Outcome
Promote leadership development through community service
Outcome Status
Active

Measures	Result
Assessment Method Status: Active **Assessment Type:** SL: Survey **Measure:** Exit Survey question: Did you participate in any on or off campus	**Result Date**: 09/11/2023 **Result**: For 2022-2023, 61/151 (40.40%) reported they participated in on- or off-campus committees, organizations, or projects while enrolled as student at Allen College.

Measures	Result
committees, organizations, or projects outside of required coursework while you were a student at Allen College? (yes or no) **Target:** 40% of the respondents report participation in either on- or off-campus committees, organizations, or projects [target decreased from 60% to 40% starting 2023-2024 academic year] **Timeframe:** Annually **Responsible Parties:** Center for Engagement, Learning, and Leadership Committee/CELL coordinator	2021-2022: 39.62% 2020-2021: 50% The results for this measure have been consistently below the target of 60% for several reporting years. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: For 2022-2023 academic year, the CELL committee discussed feasibility of the target and clarification of the survey question. The wording of the survey question was determined to include "organizations" and "projects" in addition to "committees", but the target was not adjusted. Service opportunities were offered on a variety of days and times throughout the year in attempts to accommodate various schedules. The action plan did not affect the declining participation rate, according to the survey respondents. **Actions** **Action**: Action Date: 09/11/2023 Action: For 2023-2024 academic year, the committee will again discuss feasibility of the target. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Survey **Measure:** Honors Program and Service Learning course rosters **Target:** 35% of each cohort in the in the traditional BSN track enrolls in the service honors program or a service-learning elective [target changed from "...upper division pre-licensure BSN program" to "in the traditional BSN track" starting 2023-2024 academic year] **Timeframe:** Annually **Responsible Parties:** Center for Engagement, Learning, and Leadership Committee/CELL coordinator	**Result Date**: 09/07/2023 **Result**: The 1222 cohort had 23% (5/22) students participate in either service honors or a service-learning elective, 3 students participated in service honors and 2 students in Mission Nursing in Guatemala. The 0523 cohort had a 75% (18/24) participation rate completing either service honors or a service-learning elective, 12 students participating in service honors and 6 students in Mission Nursing in Guatemala. For comparison, the 1221 cohort had 31% (9/29) students participate in either service honors or a service-learning elective. The 0522 cohort had a 23.3% (7/30) participation rate completing either service honors or a service-learning elective, traveling to Guatemala in spring 2022. This is an increase from the previous year, when the December cohort had no participants due to COVID and the May 2021 cohort had 9.7% participation in either service honors or a service-learning elective, traveling to Guatemala in Spring 2021. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: The proposed action plan for 2022-2023 was to maintain current

Measures	Result
	service-learning options as electives in the traditional BSN program and consider additional options as new curricula (Traditional and Accelerated) are implemented. Two service-learning options for electives in the traditional track of the BSN program were offered during the 2022-2023 academic year, Service Honors and Mission Nursing in Guatemala. The limitation of the number of students who could enroll in Service Honors (was 20% of each cohort) was removed during the 2021-2022 academic year, allowing the number of students who chose this as an option for their elective to significantly increase. This increase was apparent in the May 2023 cohort where half of the students completed service honors. **Actions** **Action**: Action Date: 09/07/2023 Action: To meet this target on a consistent basis, course faculty will continue to promote the importance of service and flexibility offered through both electives in the traditional track of the BSN program. **Follow-up**
Assessment Method Status: Active **Assessment Type:** SL: Survey **Measure:** Exit Survey question: While participating in on- or off-campus committees, organizations, or projects, did you assume a leadership role? (yes or no) **Target:** 40% of respondents report managing or leading an organization [target increased from 15% to 40% starting 2023-2024 academic year] **Timeframe:** Annually **Responsible Parties:** Center for Engagement, Learning, and Leadership Committee/CELL coordinator	**Result Date**: 09/11/2023 **Result**: For 2022-2023, of the exiting students who reported having participated in an on or off campus committee or organization while they were a student at Allen College (n = 61, 40.4%), 33 (54.1%) reported assuming a leadership role while participating on the committee. These results demonstrate continued improvement for the past four years, in which the target has consistently been exceeded. 2021-2022: 53% 2020-2021: 47% 2019-2020: 41% 2018-2019: 45% **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: The action plan proposed for 2022-2023 was for the CELL committee to continue to invite students to serve on committees and perform ambassador roles within the college. This positively affected the target. **Actions** **Action**: Action Date: 09/11/2023 Action: For 2023-2024, the CELL committee to continue to invite students to serve on committees and perform ambassador roles within the college. **Follow-up**

College Goals 2020-2024

CELL 3.1

AU Outcome
Collaborate with partners in the community
Outcome Status
Active

Measures	Result
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Rosters from college-wide service activities (formerly "Signup sheets from service days") **Target:** 25% of students attend college-wide community service events yearly (formerly 15%) **Timeframe:** Annually **Responsible Parties:** Center for Engagement, Learning, and Leadership Committee/CELL coordinator	**Result Date**: 09/07/2023 **Result**: Based on the average enrollment for summer 2022 – spring 2023 of 427.6, the percentage of students participating in college-wide service events surpassed the target of 25%. Through reporting by all the college-wide organizations that hosted service events or activities (excluding service from service-learning courses), 120 students participated (120/427.6 = 28%). This may be underestimated, as only the largest total student group event was counted per organization, despite numerous additional activities with lower participation. In 2022-2023, the CELL organized several service activities. CELL volunteers participated in service with the following community partners: Cedar Valley Arboretum and Botanic Gardens, Salvation Army, Northeast Iowa Food Bank, House of Hope, and Cedar Valley Trails Partnership. The number of students that participated in the CELL events in 2022-2023 was 31/427.6 (7.2%), which increased from the spring of 2022, when 7/479 (1.5%) participated. Although the target changed this year, this data is included to capture the CELL activities and to capture the trend in participation. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: The proposed action plan for 2022-2023 was for the CELL to reconsider how service is reported and if the target is still appropriate, since this target had not been met in the four years prior to 2022-2023. During the CELL committee meeting on September 19, 2022, it was decided to raise the target from 15% to 25% and include student participation in all college-sponsored service activities, which contributed to exceeding the adjusted target. This also allowed the college to more accurately reflect the number of students that are serving the community within the broader scope of college service activities. **Actions**

Measures	Result
	Action: Action Date: 09/07/2023 Action: The CELL committee will continue to collaborate with partners within the college and within the community to create opportunities for the Allen College student body and colleagues to participate in service activities. **Follow-up**
Assessment Method Status: Active **Assessment Type:** SL: Service **Measure:** Service stories posted on social media **Target:** Featured service stories on social media will reach 1,500 people and have 15 "likes". **Timeframe:** Annually **Responsible Parties:** Center for Engagement, Learning, and Leadership Committee/CELL coordinator	**Result Date**: 06/01/2023 **Result**: Throughout the year, the CELL committee promoted the sharing of the college's service stories on social media to increase awareness of the college's mission of service in the community. Fourteen service stories were posted on social media during this reporting year. 13/14 (93%) reached at least 1500 people and 100% had greater than 15 "likes". This is an increase from the previous three years. Previous results are provided here: 2021-2022: 9/11 (82%) reached at least 1500 people and 11/11 (100%) had at least 15 "likes" 2020-2021: 7/14 (50%) reached at least 1500 people and 13/14 (93%) had at least 15 "likes" 2019-2020: 5/15 (33%) reached at least 1500 people and 13/15 (87%) had at least 15 "likes" **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: The proposed action plan for 2022-2023 was for the CELL to encourage college organizations and class groups to share their service stories on social media. The trending increase in views demonstrates that the action plan was impactful in increasing awareness. **Actions** **Action**: Action Date: 06/01/2023 Action: For 2023-2024: The CELL committee will continue to encourage college organizations and class groups to share their service stories on social media. **Follow-up**

Admin - Enrollment Management

EM 9.0

AU Outcome
Students are represented on college committees

Outcome Status
Active

Measures	Result
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Ruffalo Noel Levitz Student Satisfaction Inventory (replaced Allen College Student Opinion Survey spring 2021)—Satisfaction with Opportunity for student involvement in college committees **Target:** Gap between importance and satisfaction <.50 (previous target = 80% of students report they are satisfied or very satisfied) **Timeframe:** Year 4 **Responsible Parties:** Dean of Enrollment Management	**Result Date**: 09/14/2023 **Result**: The importance is 5.18 and the satisfaction is 5.96. Goal met. Last year's results: Change in survey information and results are not available. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: There is not a record of a previous action plan. **Actions** **Action**: Action Date: 09/14/2023 Action: Monitor the comments in the RNLSSI survey to ensure students feel like they have a voice and/or a place to voice comments or concerns. **Follow-up**

EM10.0

AU Outcome
Recognize Student Scholarship

Outcome Status
Active

College Goals 2020-2024

Measures	Result
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Report of student accomplishments recognized on social media **Target:** Report is completed and includes number of student accomplishments recognized and likes, shares, and comments. **Timeframe:** Annually **Responsible Parties:** Registrar	**Result Date**: 09/19/2023 **Result**: Graduates and academic honors were posted on the Allen College Facebook, Allen College Website and Instagram page for summer 22, fall 22, and spring 2023.? Graduation Posts The summer 2022 Facebook post resulted in: 13 comments, 20 shares, 47 likes. The summer 2022 Instagram post resulted in 33 likes. The fall 2022 Facebook post resulted in: 6 comments, 80 shares, 196 likes. The fall 2022 Instagram post resulted in 82 likes and 1 comment. The spring 2023 Facebook post resulted in: 25 comments, 31 shares, 123 likes. The spring 2023 Instagram post resulted in 47 likes and 1 comment. ? Dean's List Posts? The summer 2022 Honors Facebook post was not posted. No results were measured. The fall 2022 Facebook post resulted in: 34 comments, 64 shares, 95 likes. The fall 2022 Instagram post resulted in 64 likes and 1 comment.? The spring 2023 Facebook post resulted in: 27 comments, 65 shares, 95 likes. The spring 2023 Instagram post resulted in 48 likes. How do they compare to last year? Overall, graduation Facebook post interactions were down by 19 (total between all ceremonies) and Dean's List honors Facebook post interactions were up by 167 (total between all ceremonies – with summer 2022 not reflected). **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: The additional posts to Instagram added 164 interactions to the graduate honors posts and 110 interactions to the Dean's List honors posts. **Actions** **Action**: Action Date: 09/19/2023 Action: We will continue to post all graduation information and Dean's List honors on both Facebook and Instagram. We will also continue the increased effort of additional graduation posts recognizing each specific program graduating during every ceremony. **Follow-up**
Assessment Method Status: Inactive **Assessment Type:** AD: Report - Internal	**Result Date**: 09/14/2023 **Result**: 100% of GPA criteria are recorded in CAMS.

College Goals 2020-2024

Measures	Result
Measure: GPA criteria recorded in CAMS **Target:** All students who meet honor criteria are recognized **Timeframe:** Each semester **Responsible Parties:** Registrar	**Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: There is no impact of an action plan. **Actions** **Action**: Action Date: 09/14/2023 Action: Since this is a basic function of any college Student Information System, it should be removed as a measure. **Follow-up**

ASR 4.1

AU Outcome
Students will integrate leadership skills and construct professional practices
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Service **Measure:** RA:135 Community Service/Service Learning Evaluation **Target:** Average score of >= 80% **Timeframe:** Level I-Fall Semester **Responsible Parties:** RA: 135 Course Instructors/HS Curriculum Committee	**Result Date**: 09/28/2023 **Result**: This year's average score of the RA135 Community Service/Service Learning Evaluation was 86.75%. This is a significant increase from last year's score of 77.46%. Benchmark was exceeded and the students demonstrated their ability to integrate leadership skills and construct professional practices. 2022 = 86.75% (n=16) Previous data: 2021 = 77.46% (n=13) 2020 = 88.80% (n=18) 2019 = 87.71% (n=19) 2018 = 83.69% (n=13) 2017 = 94.78 (n=14) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the course instructors continue to assess the assignment instructions and make modifications accordingly. The action plan from the prior academic year was successful in assisting the students in

Measures	Result
	achieving the benchmark for the current academic year. Additional APA resources were provided to the students. Many of the point deductions continue to be in the overall writing category and in the performed independently category of the grade rubric. Some students also provided the bare minimum amount of information in the research portion of the grade rubric. The course instructors believe that the current measurement tool assesses writing, grammar, and research but may not place an emphasis on assessment of the students' demonstration of leadership skills and professionalism. The course instructors might consider a new measurement tool, changes to the current measurement tool or grade rubric, or a new benchmark for the next academic year to better assess this goal and outcome. **Actions** **Action**: Action Date: 09/28/2023 Action: The course instructors will continue to assess the assignment instructions and make modifications accordingly. Additional APA resources will be provided to the students. The course instructors may consider a change to this measurement tool, grade rubric, or a new benchmark all together if it is determined that a better tool could be used to evaluate this outcome. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Service **Measure:** RA: 265 Community Service/Service Learning Evaluation **Target:** Average score of >= 80% **Timeframe:** Level II-Fall Semester **Responsible Parties:** RA: 265 Course Instructors/HS Curriculum Committee	**Result Date**: 09/28/2023 **Result**: This the second consecutive year of not exceeding benchmark. This year's average score of the RA265 Community Service/Service Learning Evaluation was 73.3%. This is a slight increase from last year's score of 71.41%. All students did not demonstrate their ability to integrate leadership skills and construct professional practices. 2022=73.3%(n=10) Previous data: 2021 = 71.41% (n=17) 2020 = 84.56% (n=16) 2019 = 85.6% (n = 10) 2018: 76.75% (n=12) 2017: 93.33% (n=12) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: As proposed in the 2021-2022 action plan, the instructors placed the

Measures	Result
	paper assignment instructions and the grade rubric within the assignment drop box in the Blackboard course. The instructors also bolded the 9-hour requirement within the grade distribution section of the syllabus and within the assignment drop box in the Blackboard course. Students were also provided with additional APA resources. This action plan was not effective. This was a smaller cohort and multiple submissions did not follow assignment instructions, did not respond to all assignment prompts, provided limited research, and had multiple APA errors. A few students did not complete the minimum 9-hour requirement and therefore received a reduced grade. The service-learning assignment accounts for 15% of the course grade, but some students chose to submit low quality work. The current measurement tool assesses writing, grammar, and research but may not place an emphasis on assessment of the students' demonstration of leadership skills and professionalism. **Actions** **Action**: Action Date: 09/28/2023 Action: The course instructors will continue to assess the assignment instructions and make modifications accordingly. Additional APA resources will be provided to the students. The course instructors may consider a change to this measurement tool, grade rubric, or a new benchmark all together if it is determined that a better tool could be used to evaluate this outcome. **Follow-up**

ASR 4.2

AU Outcome
Students will practice professionalism
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** RA:135 Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13	**Result Date**: 09/28/2023 **Result**: In Fall 2021, the average score of the RA135 Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13, was 3.47. This year's average score was higher at 3.79. I would consider this a significant increase given the data from the prior two years. The benchmark continues to be exceeded and all students continue to demonstrate their ability to practice professionalism.

College Goals 2020-2024

Measures	Result
Target: Average score >= 3 (0-4 pt. scale) **Timeframe:** Level I- Fall Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/HS Curriculum Committee	2022: 3.79 (n=16) Previous data: 2021: 3.47 (n=13) 2020: 3.34 (n=22) 2019: 3.51 (n=19) 2018: 3.68 (n=13) 2017: 3.68 (n=14) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the clinical instructors/preceptors continue to provide instruction to students in the areas of organization of assignments, initiative, appearance, policies and procedures, and ethical and professional behavior. The action plan was effective. The students' average scores increased in all five areas. Overall, the students to continually demonstrate their ability to practice professionalism. **Actions** **Action**: Action Date: 09/28/2023 Action: The clinical instructors/preceptors will continue to provide instruction to students in the areas of organization of assignments, initiative, appearance, policies and procedures, and ethical and professional behavior. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** RA:275 Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13 **Target:** Average score >= 3 (0-4 pt. scale) **Timeframe:** Level II-Spring Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/HS Curriculum Committee	**Result Date**: 09/28/2023 **Result**: In Spring 2022, the average score of the RA275 Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13, was 3.86. This year's average score was slightly lower at 3.86. This decrease in not considered significant. The benchmark continues to be exceeded and the students continue to demonstrate their ability to practice professionalism. Spring 2023 = 3.77 (n =10) Previous data: 2022 = 3.86 (n =17) 2021: 3.65 (n=16) 2019: 3.51 (n=19) 2018: 3.68 (n=13) 2017: 3.68 (n=14)

Measures	Result
	Reporting Year: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the clinical instructors/preceptors continue to deliver prompt feedback to students when issues arise concerning initiative and professionalism. The action plan was successful for 2022-2023. The students' average scores in all areas decreased compared to the prior year by 0.09 points, these include Organization of Assignments, Initiative, Appearance, Policies and Procedures, and Ethical and Professional Behaviors. This is a smaller class sample compared to the prior year. The students continue to demonstrate their ability to practice professionalism. **Actions** **Action**: Action Date: 09/28/2023 Action: The clinical instructors/preceptors will continue to deliver prompt feedback to students when issues arise concerning initiative and professionalism. Faculty will continue to discuss the importance of initiative and professionalism in the clinical setting. **Follow-up**

Program (HS) - Diagnostic Medical Sonography (DMS)

DMS 2.2

AU Outcome
Students will successfully obtain patient history
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** DMS:408 Clinical Instructor/Preceptor Evaluations Number 1 **Target:** On a scale from 1-5, 5 being the	**Result Date**: 09/01/2023 **Result**: Scores remain high and comparable to previous years. Students continue to demonstrate ability to communicate effectively with patient to obtain history pertinent to the exam. Fall 2022 avg 4.67 Fall 2021 avg 4.65

Measures	Result
highest rating, the average of all the responses >=4 **Timeframe:** Didactic Level - Fall Semester **Responsible Parties:** DMS:408 Course Instructor/Program Faculty/HS Curriculum Committee	Fall 2020 avg 4.6 Fall 2019 avg 4.72 Fall 2018 avg 4.62 Fall 2017 avg. 4.94 **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Per the 2022-2023 action plan, faculty continued to receive feedback from clinical instructors and met with clinical instructors and student at each site visit and identified /made recommendations for student improvement. This appears to have been effective in helping students be successful in the clinical setting and in achieving the target for this measure. **Actions** **Action**: Action Date: 09/01/2023 Action: To meet the target during the 2023-2024, Faculty will continue to use same metrics as well. Faculty will continue to obtain and assess feedback from clinical instructors for any areas of concern that needs to be identified and a recommendation/plan of action for student improvement will be developed, if necessary. **Follow-up**

DMS 4.2

AU Outcome
Students will practice professionalism in the clinical lab setting
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** DMS:408 Clinical Instructor/ Preceptor Evaluations Numbers 1,2,10-13,15-19 **Target:** On a scale from 1-5, 5 being the highest rating, the average of all the	**Result Date**: 05/01/2024 **Result**: Scores remain high. Students continue to demonstrate professional in the clinical setting. Fall 2022 average score 4.86 (n=6) Fall 2021 avg 4.88 Fall 2020 average score 4.975 (n=5) **Reporting Year**: 2022 - 2023 (Year 1)

Measures	Result
responses >=4 **Timeframe:** Didactic Level - Fall Semester **Responsible Parties:** DMS 408 Instructor/ Program Faculty/HS Curriculum Committee	**Target Met**: Yes **Action Plan Impact**: Per the 2021-2022 action plan, faculty evaluated feedback from clinical instructors. At each site visit, faculty reviewed evaluations with clinical instructors and the student. Areas of concern were identified and recommendations for student improvement were developed. This action plan appears to have been effective in helping students be successful in the clinical setting. **<u>Actions</u>** **Action**: To continue to meet or exceed the target/benchmark for this measure during the 2023-2024 academic year, the clinical instructors/preceptors in the clinical setting will continue to provide excellent instruction and supervision of students to assess their critical thinking skills. **<u>Follow-up</u>**
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** DMS:409 Clinical Instructor/ Preceptor Evaluations Numbers 1,2,10-13,15-19 **Target:** On a scale from 1-5, 5 being the highest rating, the average of all the responses >=4 **Timeframe:** Didactic Level - Spring Semester **Responsible Parties:** DMS 408 Instructor/ Program Faculty/HS Curriculum Committee	**Result Date**: 05/01/2024 **Result**: Scores remain high and are comparable to previous years Students continue to demonstrate professional in the clinical setting. Spring 2023 average score 4.94 (n=6) Spring 2022 avg 4.91 Spring 2021 average score 5.0 (n=5) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Per the 2021-2022 action plan, faculty evaluated feedback from clinical instructors. At each site visit, faculty reviewed evaluations with clinical instructors and the student. Areas of concern were identified and recommendations for student improvement were developed. This action plan appears to have been effective in helping students be successful in the clinical setting. **<u>Actions</u>** **Action**: To continue to meet or exceed the target/benchmark for this measure during the 2023-2024 academic year, Faculty will continue to review the evaluation forms from the CI's evaluations and talk with students at each site visit, and identify areas of concern, and make recommendations/plan for student improvement. **<u>Follow-up</u>**

College Goals 2020-2024

EdD 1.2

AU Outcome
Students will assume leadership roles in interprofessional collaboration to improve the health outcomes of individuals, families, and populations through the educational preparation and graduation of health science and nursing professionals.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** EdD 710: Leading a Health Sciences Learning Organization – Case Study: Making Changes in Higher Education **Target:** 100% of students will receive a score of >=85% **Timeframe:** When course is taught (e.g., 2015, 2018, etc.) **Responsible Parties:** Program Chair/ HS Grad Curriculum Committee	**Result Date**: 08/15/2023 **Result**: This assignment was not included in the spring 2023 section of the course. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: None **Actions** **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 730: Professional, Ethical and Legal Issues and Trends in Health Professions Education – Literature Review **Target:** Each student will receive an average score of >80% **Timeframe:** When course is taught **Responsible Parties:** Program Chair/ HS Grad Curriculum Committee	**Result Date**: 08/15/2023 **Result**: Course not offered. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: Course not offered. **Actions** **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Service **Measure:** EdD 740: Today's Health Sciences Student: Trends, Issues and Challenges – Service Learning Project **Target:** 100% of students will receive a score	**Result Date**: 08/15/2023 **Result**: Fall 2022 – 2 students 100% of students received a score of >85% Overall average score = 93.8% (22.5/24)

Measures	Result
of >= 85% **Timeframe:** When course is taught (e.g., Fall 2016) **Responsible Parties:** Program Chair/ HS Grad Curriculum Committee	2020 (n=2) – target met (overall average = 95.8%) 2018 (n=1) – target met (overall average = 97.9%) 2016 – 84.5% (average) These results demonstrate the target (100% of students will receive an average score of >= 85%) has been consistently met (4/4 times) since the 2016-2017 academic year. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: The purpose of this assignment was for students to develop a service-learning project that could be offered in a course. Students use the Engaged Faculty Institute curriculum as a framework to explore service learning. The project requires students to communicate what they learned about service learning and if an activity could be incorporated into their instructional settings. The action plan for the 2020-2021 academic year stated additional resources on virtual service-learning options should be included to continue to support students looking for different activities to incorporate within their courses. In addition to exploring virtual options, this assignment was updated in the spring 2023 section to have students focus on the viability of using service learning in their setting. **Actions** **Action**: Action Date: 08/15/2023 Action: This assignment will continue to be included with no changes. We will also continue to explore virtual service learning as an option for health professions educators. **Follow-up**

EdD 2.1

AU Outcome
Students will facilitate curriculum design, development, and evaluation of program and learner outcomes using evidence-based strategies.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic	**Result Date**: 08/15/2023 **Result**: Summer 2022 – 1 student

College Goals 2020-2024

Measures	Result
Measure: EdD 750: Curriculum Theory and Design in the Health Professions – Final Project **Target:** 100% of students will receive an average score of >=85% **Timeframe:** When course is taught **Responsible Parties:** Program Chair/HS Graduate APG Committee	100% of students received a score of >85% Overall average score = 100% (100/100) Fall 2019 – Met; 100% (average); n=1 These results demonstrate the target (100% of students will receive an average score of >= 85%) has been consistently met (2/2 times) since the 2019-2020 academic year. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: The 2019-2020 action plan for the 2022-2023 academic year indicated no changes would be made to this assignment based on the past successes. The final project requires students to develop a unit of instruction following a curriculum development framework. Students worked on different sections of the project throughout the course and received feedback prior to assembling the final project. This course was taught as an 8-week course for the first time in summer 2022. **<u>Actions</u>** **Action**: Action Date: 08/15/2023 Action: This assignment will be included the next time this course is taught with no revisions. One of the course textbooks will be replaced due to availability issues because of the publish date. **<u>Follow-up</u>**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 760: Pedagogy in Health Professions Education – Teaching Evaluation **Target:** 100% of students will receive a score of >=85% **Timeframe:** When course is taught (e.g., 2014, 2017, etc.) **Responsible Parties:** Program Chair/HS Graduate Curriculum Committee	**Result Date**: 08/15/2023 **Result**: Spring 2023 – 2 students 50% of students received a score of >85% Overall average score = 65% (19.5/30) 2020 (n=3) – target met (overall average = 100%) These results demonstrate the target (100% of students will receive an average score of >= 85%) has been inconsistently met (1/2 times) since the 2019-2020 academic year. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No

Measures	Result
	Action Plan Impact: Within each module, students evaluated an existing teaching evaluation tool against the learning theories covered in that module. By the end of the course, each student had created a unique teaching evaluation to use for a peer review. The action plan for the 2019-2020 academic year indicated students would complete a peer review using the evaluation form they created. One student did not follow the instructions for the assignment and did not meet expectations. **Actions** **Action**: Action Date: 08/15/2023 Action: This assignment will be included the next time this course is taught. The instructions for the assignment will be reviewed for clarity. **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** EdD 790: Practicum in Health Professions Education – Project Conferences **Target:** Students will receive an average score of >80% **Timeframe:** When course is taught (e.g., Spring 2017) **Responsible Parties:** Program Chair/HS Graduate APG Committee	**Result Date**: 08/15/2023 **Result**: Course not offered. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: Course not offered. **Actions** **Follow-up**

EdD 4.1

AU Outcome
Students will apply analytical methods and research to develop best practices and practice guidelines.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 760: Pedagogy in Health Professions Education – Personal Statement of Teaching Philosophy	**Result Date**: 08/15/2023 **Result**: Spring 2023 – 2 students 100% of students received a score of >85%

College Goals 2020-2024

Measures	Result
Target: 100% of students will receive an average score of >=85% **Timeframe:** When course taught (e.g., spring, Year 1) **Responsible Parties:** Program Chair/HS Graduate APG Committee	Overall average score = 99.6% (49.8/50) 2020 (n=3) – target met (overall average = 97.6%) These results demonstrate the target (100% of students will receive an average score of >= 85%) has been consistently met (2/2 times) since the 2012-2020 academic year. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Within each module, students completed a journal entry to help capture information about their teaching style to use in the final assignment. Students were allowed flexibility in the format of their submission, and one submitted a website while the other completed an essay. The action plan for the 2019-2020 academic year indicated no changes would be made to this assignment. **Actions** **Action**: Action Date: 08/15/2023 Action: This assignment will be included the next time this course is taught with no revisions. A guidance document with assignment expectations provides information to students, and that will continue to be used. Subsequent sections will be assessed to ensure the target continues to be met. **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** EdD 800: Evidence Based Practice in the Health Professions – Final Written Report **Target:** 100% of students will receive a score of >=85% **Timeframe:** When course is taught (e.g., 2015, 2018, etc.) **Responsible Parties:** Program Chair/ HS Grad Curriculum Committee	**Result Date**: 08/15/2023 **Result**: Course not offered. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: Course not offered. **Actions** **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** EdD 810: Methods of Inquiry – Collaborative Group Activity: Mock Qualitative Research Project	**Result Date**: 08/15/2023 **Result**: Course not offered. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: Course not offered.

Measures	Result
Target: 100% of students will receive a score of >= 85% **Timeframe:** When course is taught (e.g., 2021, 2024, etc.) **Responsible Parties:** Program Chair/HS Graduate APG Committee	**Actions** **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** EdD 820: Methods of Inquiry - Quantitative Research – Research Proposal **Target:** Students will receive an average score of at least 80% **Timeframe:** When course is taught (e.g., 2016, 2019, etc.) **Responsible Parties:** Program Chair/HS Graduate APG Committee	**Result Date**: 08/15/2023 **Result**: Course not offered. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: Course not offered. **Actions** **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** EdD 830: Dissertation Seminar – Prospectus **Target:** Students will receive an average score of >80% **Timeframe:** When course is taught (e.g., summer 2016, summer 2017) **Responsible Parties:** Program Chair/HS Graduate APG Committee	**Result Date**: 08/15/2023 **Result**: Course not offered. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: Course not offered. **Actions** **Follow-up**

Program (HS) - Masters in Occupational Therapy (MS in OT)

MS in OT 5.0 Required formats to document

AU Outcome
Students will demonstrate professional and ethical responsibility in advocating for clients and OT by articulating the value of OT to policy makers and the public.

College Goals 2020-2024

Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical **Measure:** 613 – Advocacy Assignment **Target:** Average cohort score of 90% or higher **Timeframe:** 2nd Year of program, Semester 5 (Spring) **Responsible Parties:** Course Instructor/ OT Faculty /HS Grad Curriculum Committee	**Result Date**: 03/24/2024 **Result**: Average cohort at 97% (29/30 points), compared to the last reporting period which the cohort average was 100%. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Primary instructor to provide lecture and provide instruction on assignment expectations, expand rubric details to better demonstrate student expectations, and assignment to be individualized versus group completion. Assignment and rubric was modified and students were instructed on assignment expectations. Average cohort at 97% (29/30 points), compared to the last reporting period which the cohort average was 100%; this result still demonstrates goal met. **Actions** **Action Date**: 03/24/2024 **Action**: The next time information is offered the primary instructor will provide students with enhanced opportunities for practice advocating prior to assessment. **Follow-up**

MS in OT 6.0 Ethical Principles

AU Outcome
Students will incorporate ethical consideration to practical situations to demonstrate proficiency leading to improved client and professional outcomes.
Outcome Status
Inactive

Measures	Result
Assessment Measure Status: Inactive **Assessment Type:** SL: Exam/Quiz - Teacher-made **Measure:** OT 613 – Ethics Assessment **Target:** Average cohort score of 90% or	**Result Date**: 03/24/2024 **Result**: Students average score was 28.75 /30 pts possible with cohort average of 96% . **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Delivery of application of critical reasoning was changed and

Measures	Result
higher **Timeframe:** 2nd Year of program, Semester 5 (Spring) **Responsible Parties:** Course Instructor/ OT Faculty /HS Grad Curriculum Committee	supported by examples and practice during lab activity. **Actions** **Action Date**: 03/24/2024 **Action**: Change to delivery and application of concepts provided increase of positive outcomes. Will analyze all delivered materials to support learning and make additional changes to maximize breadth of information to cover all required aspects. **Follow-up**

MS in OT 10.0 Develop program evaluation

AU Outcome
Students will demonstrate skills in developing programs for individuals, groups, and communities.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** OT 603 – Program Plan Presentation **Target:** Average cohort score of 90% or higher **Timeframe:** 2nd Year of program, Semester 4 (Fall) **Responsible Parties:** Course Instructor/ OT Faculty /HS Grad Curriculum Committee	**Result Date**: 03/24/2024 **Result**: Per the action plan, the faculty continued to review requirements and rubrics for program development presentations... [and] provide opportunities for students to explore and develop programs for individuals and communities with emerging needs, resulting in an average cohort score is 96.6, compared to the average cohort score 97% in 2021-2022. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: This is consistent with 2021 average cohort score of 97% indicating that the action plan was effective. **Actions** **Action Date**: 03/24/2024 **Action**: Faculty will continue to review the rubric for this presentation. Faculty will provide opportunities for students to explore and develop programs for individuals and communities with emerging needs. **Follow-up**

College Goals 2020-2024

Program (HS) - Medical Imaging (MI)

MI 4.1

AU Outcome
Students will integrate leadership skills and construct professional practices.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Measure:** MI: 460 Service Learning Project (MRI) **Target:** Average score of >= 80% **Timeframe:** Spring Semester **Responsible Parties:** MI: 460 Course Instructors/HS Curriculum Committee	**Result Date**: 09/25/2023 **Result**: No current data available for analysis. The student that is currently in the program is following the part-time track. That student will complete the MI 460 course in the next academic year. Previous data: 2022 = 88% (n=1) 2021 = 91.5% (n=2) 2020 (n=3) This measurement tool was altered for this cohort due to COVID-19 2019 = 94% (n=1) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: The proposed 2021-2022 action plan will remain in effect for the 2023-2024 academic year. The instructor was unable to implement the proposed 2021-2022 action plan due to no enrollment. **Actions** **Action**: Action Date: 09/25/2023 Action: The instructor will continue to provide a detailed rubric at the beginning of the course. APA format information will be available to all students within their Blackboard course. Each student will be encouraged to submit a rough draft of their assignment to obtain feedback and comments prior to submitting the paper for a final grade. **Follow-up**
Assessment Measure Status: Active **Measure:** MI: 445 Service Learning Project (CT) **Target:** Average score of >= 80%.	**Result Date**: 09/25/2023 **Result**: No current data available for analysis. The student that is currently in the program is following the part-time track. Previous data:

Measures	Result
Timeframe: Spring Semester **Responsible Parties:** MI: 445 Course Instructors/HS Curriculum Committee	2022 = 100% (n=1) 2021 (n=1) This measurement tool was altered for this cohort due to COVID-19 2020 (n=0) 2019 = 99% (n=1) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: The proposed 2021-2022 action plan will remain in effect for the 2023-2024 academic year. The instructor was unable to implement the proposed 2021-2022 action plan due to no enrollment. **<u>Actions</u>** **Action**: Action Date: 09/25/2023 Action: The instructor will continue to provide a detailed rubric at the beginning of the course. APA format information will be available to all students within their Blackboard course. Each student will be encouraged to submit a rough draft of their assignment to obtain feedback and comments prior to submitting the paper for a final grade. **<u>Follow-up</u>**

MI 4.2

AU Outcome
Students will practice professionalism.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Measure:** MI: 480 Clinical Instructor Evaluations Numbers 1,5,9,12,13 **Target:** Average score >= 3 (0-4 pt. scale) **Timeframe:** Summer Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/HS Curriculum Committee	**Result Date**: 09/25/2023 **Result**: No current data available for analysis. The student that is currently in the program is following the part-time track. That student will complete the MI 480 course in the next academic year. Previous data: 2022 = 4.0 (n=1) 2021 = 3.63 (n=3) 2020 = 3.78 (n=3)

Measures	Result
	2019 (n=0) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: The proposed 2021-2022 action plan will remain in effect for the 2023-2024 academic year. The instructor was unable to implement the proposed 2021-2022 action plan due to no enrollment. **Actions** **Action**: Action Date: 09/25/2023 Action: The clinical instructors will continue to work directly with each student in the clinical environment to help them establish and develop professionalism as they provide patient care. The clinical instructors will continue to provide feedback through non-graded evaluations to allow students the opportunity to develop and practice professionalism. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** MI: 465 Clinical Instructor Evaluations Numbers 1,5,9,12,13 **Target:** Average score >= 3 (0-4 pt. scale) **Timeframe:** Summer Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/HS Curriculum Committee	**Result Date**: 09/25/2023 **Result**: No current data available for analysis. The student that is currently in the program is following the part-time track. Previous data: 2022 = 3.5 (n=1) 2021 (n=0) 2020 (n=0) 2019 = 4 (n=1) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: The proposed 2021-2022 action plan will remain in effect for the 2023-2024 academic year. The instructor was unable to implement the proposed 2021-2022 action plan due to no enrollment. **Actions** **Action**: Action Date: 09/25/2023 Action: The clinical instructors will continue to work directly with each student in the clinical environment to help them establish and develop professionalism as they provide patient care. The clinical instructors will continue to provide feedback through non-graded evaluations to allow students the opportunity to develop and practice professionalism.

Measures	Result
	Follow-up

Program (HS) - Medical Laboratory Science (MLS)

MLS 3.1

AU Outcome
Students will maintain competency in the laboratory field of study
Outcome Status
Active

Measures	Result
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** Annotated Bibliographies – MLS 426: Evidence-Based Laboratory Medicine **Target:** 75% of students will receive an average score of >80% **Timeframe:** Annually **Responsible Parties:** Program Chair/HS APG Committee	**Result Date**: 08/15/2023 **Result**: No result. Course is no longer offered. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: NA **Actions** **Action**: Action Date: 08/15/2023 Action: This measure should be deleted. **Follow-up**

MLS 3.2

AU Outcome
Students will integrate team-building skills into professional practice
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Service	**Result Date**: 08/15/2023 **Result**: Fall 2022

College Goals 2020-2024

Measures	Result
Measure: Service Learning Project **Target:** 75% of students will receive an average score of >80% **Timeframe:** Annually **Responsible Parties:** Program Chair/HS APG Committee	66.7% (8/12) of students earned an average score of >80%. Overall average score 24.25/30 = 80.8% Overall Averages 2021 (n=16) = 98.3%; 100% of students met target 2020 (n=15) = 90%; 73% of students met target 2019 (n=6) = 98.9% (target met) 2018 = 98.9% 2017 = 95.5% 2016 = 90.0% 2015 = 92.5% 2014 = 95.6% 2013 = 95.7% 2012 = 97.3% These results demonstrate the target (75% of students will receive an average score of >= 80%) has been consistently met (9/10 times) since the 2012-2013 academic year with the exception of the 2020-2021 academic year. The overall average score for this assignment decreased for the current assessment year, but the project was revised as it is now included in a different course for the 2022-2023 academic year. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Our 2021-2022 action plan for the 2022-2023 academic year indicated this project would move into a new course for the 2022-2023 academic year. The new course covered education and research. As a result, the description of the project changed to align with the new course structure. Students were required to self-assess their work against a provided rubric **Actions** **Action**: Action Date: 08/15/2023 Action: Additional emphasis needs to be placed on research methods within the course. This information will be aligned with the evaluation criterion of the project to help students apply information to the project. Additionally, the project rubric will be further developed to add more description to the scales so students have more information about expectations and can better assess their own work. **Follow-up**

Program (HS) - Public Health (PH)

PH 3.1

AU Outcome
Student will be able to recognizes the role of cultural factors in the delivery of public health services
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** PH: 420 Final report **Target:** Average score of >80% **Timeframe:** Fall semester **Responsible Parties:** Program faculty / HS Curriculum committee	**Result Date**: 04/27/2023 **Result**: In Summer 2022, four students took the course and earned an average of 95.4%. In Summer 2021, seven students took the course and received an average of 85%. In Summer 2020 students (n=4) earned an average of 92% on their final report. In Summer 2019, seven students taking the course received average of 91.3% on their final report. In Summer 2018, three students took the course and received an average of 81.3%. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Per the proposed 2022-2023 action plan, a checklist was added to the assignment to help students better organize the assignment and make sure no parts were missing. It appears to have helped students better organize their project, with scores improving significantly year-over-year and hitting the highest five-year average. **Actions** **Action Date**: 04/27/2023 **Action**: While there is a little room to improve student success, the project itself will be evaluated for relevance to the course objectives including Culturally and Lingusitically Appropriate Services (CLAS) standards. **Follow-up**

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

BSN 7.0 Professional Role

AU Outcome
Model the professional role.
Outcome Status
Active

College Goals 2020-2024

Start Date
08/01/2014

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** NU 335 Clinical Evaluation Tool – Professional Behaviors **Target:** 100% of students will receive "S" rating for Professional Behavior clinical competencies on clinical evaluation tool. **Timeframe:** Annually **Responsible Parties:** Responsible Parties: BSN Curriculum Committee	**Result Date**: 09/25/2023 **Result**: In Fall 2022 100% of Accelerated cohort (25/25) In Fall 2022 100% of Accelerated cohort (27/27) and (30/30) Traditional cohort In Spring 20233 100% of Traditional cohorts (39/39) achieved the "S" rating for professional behavior clinical competencies on the clinical evaluation tool. The 100% achievement of this outcome mirrors the previous academic year. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: The concept of professionalism continued to be prioritized through reinforcement of Unity Point's FOCUS values during clinical hours. Clinical faculty continually evaluated student's behaviors weekly in the clinical setting. This included conforming to the clinical dress code. **Related Documents**: [Outcome 7 NU 335 Level I &II Final Clinical Evaluation Funds.pdf](#) **Actions** **Action**: Action Date: 09/25/2023 Action: The concept of professionalism is emphasized during clinical orientation and throughout students' clinical hours. Clinical faculty will continue to evaluate student's behaviors with staff and clients weekly. Any infractions will be addressed immediately with course faculty being involved as needed. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** RN NU 355 Personal Philosophy Paper **Target:** 100% of students will receive at least 75% on personal philosophy paper. **Timeframe:** Annually **Responsible Parties:** Responsible Parties: BSN Curriculum Committee	**Result Date**: 09/25/2023 **Result**: In Fall 2022 100% (3/3) 100% of the students achieved at least 75% on the Personal Philosophy paper. Results were repeated for the Spring 2023 semester with (1/1) student having 100%. The 2022-2023 academic year student results are consistent with the prior academic year. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: By revising several sections of the paper to have specific directions/examples and revising the grading rubric to include specific and expected criteria these changes positively impacted the achievement of the target outcome. **Related Documents**: [Outcome 7 NU 355 Philosophy Paper.docx](#)

Measures	Result
	Actions **Action**: Action Date: 09/25/2023 Action: No specific changes to the assignment or grading rubric are planned for the 2023-2024 academic year. This is based on students meeting the target outcome based on the current assignment directions and grading rubric. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** NU 491C & NU 492 Clinical Evaluation Tool – Professional Behaviors **Target:** 100% of students will receive "S" rating for Professional Behavior clinical competencies on clinical evaluation tool. **Timeframe:** Annually **Responsible Parties:** Responsible Parties: BSN Curriculum Committee	**Result Date**: 09/25/2023 **Result**: NU 492 Summer 2022 100% (31/31) of the students received an "S" rating for the Professional Behavior clinical competencies on the clinical evaluation tool. Fall 2022 100% (30/30) students received an "S" rating for the Professional Behavior clinical competencies on the clinical evaluation tool. In Summer 2022, Fall 2022, and Spring 2023, 100% (4/4, 18/18, and 24/24 respectively) students received an "S" rating for the Professional Behavior clinical competencies on the clinical evaluation tool. These results show a consistently high % of students who achieve this outcome. If students do not receive an "S" rating in this category on the clinical evaluation tool, the student will fail the course. This has occurred one time (Fall 2021) for one student who repeated the course in Summer 2022 and was successful. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: This measure is difficult to reflect on as students are required to achieve an "S" rating on all categories on the clinical evaluation tool; if they don't they fail the class. The criteria on the clinical evaluation tool is emphasized during clinical orientation, I am not sure if that has any impact on the achievement of this outcome. **Related Documents**: Outcome 7 NU 491C and NU 492 Clinical Evaluation Tool.docx **Actions** **Action**: Action Date: 09/25/2023 Action: The clinical evaluation tool will continue to be reviewed at clinical orientation and the criteria for "professional behaviors" will be emphasized. Students are instructed that they must receive an "S" rating in all categories to successfully pass the course. **Follow-up**

Program (Nursing) - Doctor of Nursing Practice (DNP)

6.0 Assume leadership roles in interprofessional collaboration

AU Outcome
Assume leadership roles in interprofessional collaboration to improve the health outcomes of individuals, families, and populations
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Summative Evaluation **Measure:** Summative Evaluation Tool: Assume leadership roles in interprofessional collaboration to improve the health outcomes of individuals, families, and populations **Target:** 100% of students achieve an acceptable level (1) on a scale of 0-2 **Timeframe:** Annually upon program completion **Responsible Parties:** Assistant Dean, Graduate Nursing /Graduate Curriculum Committee	**Result Date**: 07/03/2023 **Result**: 100% (4/4) of students achieved an acceptable level (1) on a scale of 0-2 on all criteria included in DNP Outcome 2.0. Results are consistent with the following academic year (2021-2022) when 100% (1/1) students achieved an acceptable rating on DNP Outcome 6.0. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Per the 2021-2022 action plan for 2022-2023, summative evaluations were completed for all students. The summative evaluation is completed at program completion, and it is expected that all students would demonstrate achievement of program outcomes as reflected in the summative evaluation tool. **Actions** **Action**: Action Date: 07/03/2023 Action: Will continue to monitor this target and follow up on related course and learning activities if target not met since the number of DNP graduates remains low and it is essential to assure graduates have documented achievement of graduate outcomes. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** NU750 Leadership and Collaboration Service-Learning Project assignment **Target:** 95% of students will achieve 80% or higher on the Service-Learning Project assignment (Target changed from "100% of students will achieve 80% or higher on the Service-Learning Project assignment" for	**Result Date**: 02/19/2024 **Result**: Summer 2022 - NA course not offered. Fall 2022 - 100% (12/12) of students achieved at least 80% or higher on the assignment. Spring 2023 - NA course not offered. These results are consistent with the 2021-2022 academic year when 100% of students met the target. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: The 2021-2022 action plan for the 2022-2023 academic year was to update the IOM assignment as appropriate to facilitate learning and add updated/clearer

Measures	Result
2021-2022). **Timeframe:** Annually **Responsible Parties:** Course Faculty	expectations to enhance understanding of the Service-Learning assignment. Course faculty updated the IOM assignment with current literature. The Service Learning Project instructions and rubric were provided earlier in the semester to allow more time for assignment completion. **Actions** **Action**: To meet the target in the 2023-2024 academic year, course faculty will provide recorded instructions on the Service Learning Project. The printed and recorded instructions will be available to students earlier in the semester and students will be given the option of completing the project alone or with a partner. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** Clinical Evaluation Tool "collaboration" criterion **Target:** 95% of students will achieve an acceptable level on "collaboration" criterion on the faculty clinical evaluation tool **Timeframe:** Annually **Responsible Parties:** Course Faculty	**Result Date**: 02/19/2024 **Result**: 100% of students achieved an acceptable level (1) on all 'collaboration' criteria on the faculty evaluation tool. See attached report. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: In the previous academic year, BSN-DNP students were captured as part of the MSN CAP and data specific to BSN-DNP students is not available. **Related Documents**: [Final 2022-2023 CAP Summary DNP Outcomes 1,2,6,7.docx](#) **Actions** **Action**: To meet this target for the 2023-2024 academic year, course faculty will review preceptor evaluations and/or assess student performance with OSCE simulation experiences. Contact with preceptors and students will be maintained throughout the course to evaluate progress toward outcomes. **Follow-up**

Program (Nursing) - Master of Science in Nursing (MSN)

MSN 3.0

AU Outcome
Apply quality principles to promote patient safety and positive individual and systems outcomes.
Outcome Status
Active

College Goals 2020-2024

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** Clinical Evaluations-"Safety/Outcomes" criterion **Target:** 95% of students achieve an acceptable level (1) on "Safety/Outcomes" criterion on Faculty Clinical Evaluation Tool **Timeframe:** Annually **Responsible Parties:** MSN Program Director / Graduate Curriculum Committee	**Result Date**: 07/01/2023 **Result**: Target met with all clinical courses except NU 550 Spring 23 (16 of 17, 94%) See attached report - 2022-2023 CAP Summary MSN Outcomes 1,3,7,8 Reflection on results and action plan from previous year: Results are improved from last reporting year (2021-2022) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Faculty continued to review preceptor evaluations and/or assess with OSCE/Lab performance experiences. Faculty maintained contact with preceptors. These actions seem to be effective for assessing and evaluating demonstration of critical thinking in clinical experiences. **Related Documents**: [2022-2023 CAP Summary MSN Outcomes 1,3,7,8.pdf](#) <u>**Actions**</u> **Action**: Action Date: 07/01/2023 Action: To meet this target for the 2023-2024 academic year course faculty will review preceptor evaluations and/or assess student performance with OSCE/Lab simulation experiences. Contact with preceptors and students will be maintained throughout the course to evaluate progress toward outcomes <u>**Follow-up**</u>
Assessment Measure Status: Inactive **Assessment Type:** AD: Report - Internal **Measure:** Graduate Project Evaluation Form - Item #3 Apply quality principles to promote patient safety and positive outcomes **Target:** 100% of students achieve an acceptable level (1) on both paper and presentation **Timeframe:** Annually **Responsible Parties:** Assistant Dean, Graduate Nursing / Graduate Curriculum Committee	**Result Date**: 07/03/2023 **Result**: 100% (29 of 29) students achieved an acceptable level (1) on both paper and presentation. This is consistent with outcomes from all previous academic years and as expected for an end-of-program project that is guided by a faculty mentor and approved prior to the final presentation. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: This measure will be discontinued after this year. The MSN graduate projects have been modified to be completed within a course. With the upcoming revisions to the graduate curriculum, a new measure is anticipated within the next two years. <u>**Actions**</u> <u>**Follow-up**</u>

College Goals 2020-2024

MSNO 7.0

AU Outcome
Collaborate within inter-professional teams to manage and improve health care services for individuals, families and populations.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** Clinical Evaluations-Collaboration Criterion **Target:** 95% of students achieve an acceptable level (1) on "Collaboration" criterion on Faculty Clinical Evaluation tool. **Timeframe:** Annually **Responsible Parties:** MSN Program Director / Graduate Curriculum Committee	**Result Date**: 07/01/2023 **Result**: Target met with all clinical courses except NU 550 Spring 23 (16 of 17, 94%) See attached report - 2022-2023 CAP Summary MSN Outcomes 1,3,7,8 Reflection on results and action plan from previous year: Results are improved from last reporting year (2021-2022) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Faculty continued to review preceptor evaluations and/or assess with OSCE/Lab performance experiences. Faculty maintained contact with preceptors. These actions seem to be effective for assessing and evaluating demonstration of critical thinking in clinical experiences. **Related Documents**: 2022-2023 CAP Summary MSN Outcomes 1,3,7,8.pdf **Actions** **Action**: Action Date: 07/01/2023 Action: To meet this target for the 2023-2024 academic year course faculty will review preceptor evaluations and/or assess student performance with OSCE/Lab simulation experiences. Contact with preceptors and students will be maintained throughout the course to evaluate progress toward outcomes **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** AD: Report - Internal **Measure:** Graduate Project Evaluation Form - Item #7 Collaborate within interprofessional teams. **Target:** 100% of students achieve an	**Result Date**: 07/03/2023 **Result**: 100% (29 of 29) students achieved an acceptable level (1) on both paper and presentation. This is consistent with outcomes from all previous academic years and as expected for an end-of-program project that is guided by a faculty mentor and approved prior to the final presentation. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes

Measures	Result
acceptable level (1) on both paper and presentation **Timeframe:** Annually **Responsible Parties:** Assistant Dean, Graduate Nursing / Graduate Curriculum Committee	**Action Plan Impact**: This measure will be discontinued after this year. The MSN graduate projects have been modified to be completed within a course. With the upcoming revisions to the graduate curriculum, a new measure is anticipated within the next two years. **Actions** **Follow-up**

Program (Nursing) - Post-Graduate Certificate APRN

PGC 2.0

AU Outcome
Apply quality principles to promote patient safety and positive individual and systems outcomes
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** Clinical evaluation tool Clinical Evaluations-"Safety Outcomes" criterion **Target:** 95% of students achieve an acceptable level on "Safety/Outcomes" criterion on Faculty Clinical Evaluation Tool. **Timeframe:** Annually **Responsible Parties:** Director MSN Program / Graduate Curriculum Committee	**Result Date**: 07/01/2023 **Result**: Target met with all clinical courses at 100%. See attached report -2022-2023 CAP Summary PGC Outcomes 1,2,3,4. 2021-2022 Results are the same. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Faculty continued to review preceptor evaluations and/or assess with OSCE performance experiences. Faculty maintained contact with preceptors. These actions seem to be effective for assessing and evaluating demonstration of critical thinking in clinical experiences. **Related Documents**: 2022-2023 CAP Summary PGC Outcomes 1,2 3, 4.pdf **Actions** **Action**: Action Date: 07/01/2023 Action: To meet this target for the 2023-2024 academic year course faculty will review preceptor evaluations and/or assess student performance with OSCE simulation experiences. Contact with preceptors and students will be maintained throughout the

Measures	Result
	course to evaluate progress toward outcomes **Follow-up**

PGC 3.0

AU Outcome
Collaborate within inter-professional teams to manage and improve health care services for individuals, families and populations
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** Clinical evaluation tool Clinical Evaluations-"Collaboration" criterion **Target:** 95% of students achieve an acceptable level on "Collaboration" criterion on Faculty Clinical Evaluation Tool. **Timeframe:** Annually **Responsible Parties:** Director MSN Program / Graduate Curriculum Committee	**Result Date**: 07/01/2023 **Result**: Target met with all clinical courses at 100%. See attached report -2022-2023 CAP Summary PGC Outcomes 1,2,3,4. 2021-2022 Results are the same. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Faculty continued to review preceptor evaluations and/or assess with OSCE performance experiences. Faculty maintained contact with preceptors. These actions seem to be effective for assessing and evaluating demonstration of critical thinking in clinical experiences. **Related Documents**: 2022-2023 CAP Summary PGC Outcomes 1,2 3, 4.pdf **Actions** **Action**: Action Date: 07/01/2023 Action: To meet this target for the 2023-2024 academic year course faculty will review preceptor evaluations and/or assess student performance with OSCE simulation experiences. Contact with preceptors and students will be maintained throughout the course to evaluate progress toward outcomes. **Follow-up**

College Goal 5

College Goals 2020-2024

College Goal
Allen College is committed to adopting management practices that demonstrate outstanding stewardship of all resources to our constituents.
College Goal Status
Active

Admin - Administration

Admin 1.0

AU Outcome
Remain a fiscally sound institution
Outcome Status
Active

Measures	Result
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Grant proposal writer's record of submissions **Target:** Maintain the minimum number of applications submitted at 20 while increasing the total dollar value of approved grants **Timeframe:** Annually **Responsible Parties:** President	**Result Date**: 09/29/2023 **Result**: For the reporting year 2022-2023, Allen College submitted a total 19 grants that had a potential cumulative value of $7,322,260. The number of grants submitted (n=19) in 2022-2023 fell just shy of meeting the target of grant applications to submit (n=20). The potential cumulative value for grant funding was 100% higher in 2022-2023 compared to 2021-2022. One of the awards received in 2022-2023 was from a grant application submitted prior to July 1, 2022, but it was then approved after that date. As of July 1, 2023, two of the 19 submitted grants remained pending for a combined potential value of $2,139,989. 2022-2023 # Grants Submitted: 19 Potential Value: $ 7,322,260 # Grants Funded: 6 Value of Grants Funded: $ 147,145 2021-2022 # Grants Submitted: 13 Potential Value: $3,666,687 # Grants Funded: 9 Value of Grants Funded: $1,696,249 2020-2021

Measures	Result
	# Grants Submitted: 19 Potential Value: $378,277 # Grants Funded: 13 Value of Grants Funded: $449,183 2019-2020 # Grants Submitted: 20 Potential Value: $359,500 # Grants Funded: 7 Value of Grants Funded: $359,500 **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: Even though this measure did not meet the target of submitting 20 grants for the reporting cycle, this was still a successful grant cycle. The College's President intentionally pursued more Federal grants in 2022-2023 (3 in total) which are more competitive and time consuming that the smaller regional or local grants. Even though none of these grants were funded, it still provides valuable experience for when future opportunities are available. The action plan last year stated that if we did not meet the target of grant submission that we would change the target which will be the case for 2023-2024. **Actions** **Action**: Action Date: 09/29/2023 Action: For 2023-2024, it is recommended to continue to employ the strategy from 2022-2023 where the College's Leadership will continue to work with the Grant Writer on being very deliberate on what grants to apply for and search for opportunities that have high probability for funding. Since we were not successful in submitting the target of 20 grants for the third year in a row, it is recommended to change the target number of grant to submit to 18 (the average number of grants submitted over the last 4 years). **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Allen foundation record of scholarships **Target:** Annual increase in number of endowed scholarships **Timeframe:** Annually	**Result Date**: 09/29/2023 **Result**: The number of newly established endowed scholarships was the same in 2022-2023 (n=6) compared to 2021-2022 (n=6). 2022-2023 • # New Endowed Scholarships: 6 • # New Scholarships Established (includes endowed and non-endowed): 11

College Goals 2020-2024

Measures	Result
Responsible Parties: Administrative Assistant to the President	• # Endowed Scholarships 1st-Time Awarded: 5 2021-2022 • # New Endowed Scholarships: 6 (correction: increased from 5 to 6 because not aware of endowed scholarship at time CAP report was filed for 2021-2022) • # New Scholarships Established (includes endowed and non-endowed): 6 • # Endowed Scholarships 1st-Time Awarded: 2 2020-2021 • # New Endowed Scholarships: 4 • # New Scholarships Established (includes endowed and non-endowed): 9 • # Endowed Scholarships 1st-Time Awarded: 6 **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: The 2021-2022 Action Plan was effective, and the College president and Foundation staff sought to increase scholarship support and establish new endowed scholarships. Part of this success was aided by a scholarship distribution shortfall caused in part by an underperforming stock market in 2022. Because of the shortfall, the Foundation was very diligent to talk to donors to help offset the funding gap which resulted in matching the number of endowed scholarships from the prior year. **Actions** **Action**: Action Date: 09/29/2023 Action: The College and Foundation will continue to pursue donors to establish additional scholarships during the 2023-2024 academic year and no changes are recommended to the goal or target. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Report - External **Measure:** Iowa Student Aid Commission data used to compare Allen college tuition and fees to tuition and fees of other comparable private institutions **Target:** Allen College is among the least expensive private colleges offering pre-	**Result Date**: 08/15/2023 **Result**: Please see attached chart which is for 2022-23, which shows us as third out of twelve for all and second out of eleven when excluding the state institution. Allen College remains competitive with tuition and fees and the Board of Trustees approves any increases on an annual basis. In 2021-2022, the Board approved a 1.5% increase in tuition and fees, which is a slight increase from 1.0% that we did in 2020-2021. The tuition increase is a data-driven decision each year and our action item from 2021-2022 on monitoring other institutions' tuition and fees to inform the decision.

College Goals 2020-2024

Measures	Result
licensure BSN programs. **Timeframe:** Annually **Responsible Parties:** DOBAS	**Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Our action plan for 2021-22 to monitor tuition and fees compared to other colleges was successful based on the information gathered for the 2023 budget process, Allen College currently is one of the least expenses private colleges in Iowa offering pre-licensure BSN programs. **Related Documents**: Tuition and fees 2022-23.pdf <u>Actions</u> **Action**: Action Date: 08/15/2023 Action: We continue to be a tuition driven institution; therefore, we will continue to monitor tuition and fees to and reduce expenses when feasible to keep Allen College competitively affordable for current and prospective students. Allen College will need to remain diligent in monitoring price competitiveness. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Allen College balance sheet: Compare December 31 of current year to prior year. **Target:** Annual increase in College's endowment **Timeframe:** Annually **Responsible Parties:** DOBAS	**Result Date**: 08/15/2023 **Result**: Upon review of our December 31, 2022, balance sheet, the permanently restricted assets which represent non-spendable net asset balances, which is account 2540-10000-33000-0000, and primarily represents scholarship endowments increased. Our action to continue to increase fund was successful as this account increased from $9,135,041 as 12/31/21 to $9,850,563 of as of 12/31/22, which is an increase of 7.8%. The change in beneficial interest (2540-10000-33000-1000) represents market fluctuation which increased from the prior year by $11,725 or 1.6%. The total permanently restricted net assets (both accounts) increased between 2021 and 2022 by $727,247 or 7.4%. The percent increase does reflect the efforts of the College Leadership and the Foundation staff who work diligently to identify donors and funding sources (e.g., large grants and estate gifts) to increase the College's permanently restricted endowment. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Our action to continue to increase fund was successful as this account increased from $9,135,041 as 12/31/21 to $9,850,563 of as of 12/31/22, which is an increase of 7.8%

College Goals 2020-2024

Measures	Result
	Related Documents: 12-31-22 Balance Sheet.pdf; 12-31-21 Balance Sheet.pdf **Actions** **Action**: Action Date: 08/15/2023 Action: The college and foundation will continue to raise funds for permanently and temporarily restricted net assets for the benefit of the college and its students. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Projected credit hours compared to actual credit hours. **Target:** Actual credit hours meet or exceed projected credits hours annually. **Timeframe:** Annually **Responsible Parties:** Dean of Enrollment Management & DOBAS	**Result Date**: 08/15/2023 **Result**: During the 2022 calendar year, 13,164 actual credit hours were taught compared to 14,659 budgeted credit hours. The decreases in credit hours were in all programs except for BPH for 2022. Our total credit hours decreased from 2021 to 2022 from 14,703 to 13,164. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: Per the action plan proposed for 2021-2022 we did use existing enrollment forecast for 2022 budget due to trends, however we did not reach our goal and will continue to look at trends and attrition to budget credit hours accordingly. **Related Documents**: Credit Hours 12-31-22.pdf **Actions** **Action**: Action Date: 08/15/2023 Action: For budget for the 2023 calendar year, adjustments were made to the enrollment forecasting template used to project credit hours. Even though the credit hour projection is an estimate based on student plans of study, attrition is difficult to predict in the various programs, as is final number of incoming students in new and smaller programs. We will continue to monitor credit hour trends and budget accordingly. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Allen College year-end income statement: Actual performance compared to budget performance **Target:** Allen College's annual actual operating margin percentage meets or	**Result Date**: 08/15/2023 **Result**: We budgeted a 4.9% operating margin for 2022 but we ended 2022 with a 0.9% operating margin due to not meeting our budgeted credit hours for the year. Our action plan to help mitigate did help us save in expenses but our revenue was short $1,044,254 and we could not mitigate enough to overcome the revenue shortfall. We came in $530,643 under budget for the year. Our operating margin dropped from 2021 7.3% to .9% in 2022.

Measures	Result
exceeds its annual budgeted operating margin percentage. **Timeframe:** Annually **Responsible Parties:** DOBAS	**Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: We did implement mitigation measures in 2022 as prescribed by the 2021 action plan. The 2021 mitigation action plan was not successful due to that fact that our revenue short fall was too great to be able to mitigate more than a million dollars in expenses. **Related Documents**: UPH Flex Income Statement December 2022.xls **Actions** **Action**: Action Date: 08/15/2023 Action: We continue to use actual financials to come up with a starting budget for the following year. When revenue targets are not met, mitigation takes place to reduce our expenses so that we can attempt to meet budget targets. Since we are credit hour driven for revenue and when those credit hours are not there, we can only mitigate to help offset expenses to point that we can still operate. **Follow-up**

Admin 3.0

AU Outcome
College receives external monetary contributions in the form of grants, scholarships, and gifts
Outcome Status
Active

Measures	Result

Assessment Method Status: Active
Assessment Type: AD: Report - Internal
Measure: Internal Total Donations to College for Year
Target: Amount of monetary donations increase.
Timeframe: Annually
Responsible Parties: President
	Result Date: 08/18/2023
	Result: Allen College and UnityPoint Health – Waterloo Foundation were not able to increase the monetary amount donated 2022-2023 comparted to 2019-2020 and 2020-2021
	
	June 1, 2022 – May 31, 2023: Allen College received the following gifts:
	    Cash: $891,045
	    Gift-in-Kind: $9,821
	    Pledges: $42,682
	    Stock/Property: $46,885

Measures	Result

	Other:
	Total: $990,434
	
	2021-2022
	June 1, 2021 – May 31, 2022: Allen College received the following gifts:
	    Cash: $935,602
	    Gift-in-Kind: $13,528
	    Pledges: $78,514
	    Stock/Property: $29,772
	    Other:
	    Total: $1,057,418
	
	2020-2021
	June 1, 2020 – May 31, 2021: Allen College received the following gifts:
	    Cash: $1,571,863.08
	    Gift-in-Kind: $5,908.00
	    Pledges: $291,635.40
	    Stock/Property: $6,592.68
	    Other:
	    Total: $1,875,999.16
	
	2019-2020
	June 1, 2019 – May 31, 2020: Allen College received the following gifts:
	    Cash: $313,726.42
	    Gift-in-Kind: $4,065.08
	    Pledges: $410,181.82
	    Stock/Property: $470.95
	    Other:
	    Total: $728,444.27
	
	Reporting Year: 2022 - 2023 (Year 1)
	Target Met: No
	Action Plan Impact: Based upon the 2021-2022 action plan the College and Foundation developed a "wish book" that listed some areas of donor opportunities that the Foundation staff could share during donor visits. This was a new concept and how effective it is in raising additional donor support is still unknown. In addition to the wish

Measures	Result
	book, the Foundation has been scheduling monthly stewardship lunches with donors and if the donor is interested in the College, the Allen College president attends. Between these efforts and an improved market environment, the amount of donations for 2023-2024 should exceed the 2022-2023 amount. **Actions** **Action**: Action Date: 08/18/2023 Action: The target for this action has not been met for the second year in a row. As mentioned in the 2021-2022 CAP report, the unfavorable market conditions were projected to continue into 2022-2023 and that occurred. Comparing the numbers from the prior year to this year, all donated values were comparable with the exception of "pledges" which was almost 40% lower in 2022-2023 versus 2021-2022. The College's leadership will work with the UnityPoint Health – Allen Foundation to identify why the donation pledges were decreased in 2022-2023 compared to the prior year. The market conditions were improving by the end of the 2022-2023 reporting cycle so the donor support should stabilize and increase moving into 2023-2024. **Follow-up**

Admin - Administration

Admin 4.0

AU Outcome
Allen College has appropriate technology for facilities, resources, and education services.
Outcome Status
Active

Measures	Result
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Number of FTEs allocated for instructional technology, media services, and, instructional, designer. **Target:** College provides at least 2.0 FTEs to support faculty technology needs. **Timeframe:** Annually	**Result Date**: 09/30/2023 **Result**: The college currently has 3.0 full time equivalents (FTEs) to support the college technology needs which meets the target of 2 FTEs. 2.0 FTEs are specifically instructional technology, 1.0 FTE is an instructional designer and the other 1.0 FTE is an AV specialist. Both are supervised by the Dean of Nursing. There is a 1.0 FTE who is a SIS coordinator that writes scripts for our student information system, CAMS who is supervised by the Executive Director of Business & Finance. The SIS Coordinator also assists with behind the scenes scripts as needed for Blackboard. [less]

College Goals 2020-2024

Measures	Result
Responsible Parties: DOBAS	**Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: The Dean of Nursing and Executive Director of Business & Finance completed the action recommended in the 2021-2022 plan of reviewing the instructional design and AV work volume, and determined that the current FTES were sufficient for our needs. **<u>Actions</u>** **Action**: Action Date: 09/30/2023 Action: Monitor work load of current technology staff and review prior to 2024-25 budget cycle and budget additional staff if deemed necessary. **<u>Follow-up</u>**
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Number of major requests by Allen College for hardware-software **Target:** 50% of requests approved **Timeframe:** Annually **Responsible Parties:** DOBAS	**Result Date**: 10/02/2023 **Result**: Based on a list of incidents and tasks from UPH IT, 1,774 tickets were opened for variety of Allen College items/issues in 2021. Of those 1,774 items, 30 were closed incomplete which represents 1.7%, leaving 98.3% as closed complete. None of the closed incomplete tickets involved hardware/software requests, which means those were completed at 100%. When compared to prior academic years, the hardware/software requests have been fulfilled at 100%. Furthermore, the closed complete ticket rate for all other items were 98.7% in 2020-21 and are now 98.3% in 2021-22. These are also consistently high completion rates. [more] **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Monitoring the tickets for to ensure the target of 50% is met was sufficient as the completion rates are still consistently high over 90%. **<u>Actions</u>** **Action**: Action Date: 10/02/2023 Action: For the 2023-24 year we will continue to monitor results and work closely with UPH IT regional management to insure our requests are completed/approved. Results will be available going forward as a report was written for Allen College for the needed information can be obtained. Consider changing item to number of major requests (incidents/tasks) completed for Allen College by UPH IT department, with target being 90%, as reporting data has been refined and can now be requested. With the current reporting we can still determine if hardware/software requests are completed at 100%. **<u>Follow-up</u>**

College Goals 2020-2024

Measures	Result
	Follow-up: Consider changing item to number of major requests (incidents/tasks) completed for Allen College by UPH IT department, with target being 90%, as reporting data has been refined and can now be requested. With the current reporting we can still determine if hardware/software requests are completed at 100%.
Assessment Method Status: Active **Assessment Type:** AD: Survey **Measure:** Ruffalo Noel Levitz Student Satisfaction Inventory—Satisfaction with "24. The equipment in the lab facilities is kept up to date." **Target:** 80% of students report satisfied or very satisfied [need to verify target] **Timeframe:** Annually **Responsible Parties:** Buildings & Grounds	**Result Date**: 10/10/2023 **Result**: Lab facilities from the SSI reports that 91% of students rated this item important or very important and 66% were satisfied or very satisfied, indicating a 25% performance gap. When compared to 2021-22 results of 88% of students rated this item important or very important and 75% were satisfied or very satisfied, this is a 3% increase in importance and a 9% decrease in satisfaction which is a downward trend with a goal of at least 80%. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: The previous action plan from 2021-22 was to continue to update lab facilities for appropriate equipment and setting. The DPT anatomy lab was completed in spring 2023. Simulation equipment including audio visual and manikin equipment are planned for 2023-24 as well as sonography equipment upgrades. Although we cannot identify what caused the decrease in satisfaction, we will continue to collaborate with the hospital and other UPH facilities to acquire lab equipment as well as plan for capital expenses as appropriate. **Actions** **Action**: Continue to update lab facilities for appropriate equipment and setting. The DPT anatomy lab was completed in spring 2023. Simulation equipment including audio visual and manikin equipment are planned for 2023-24 as well as sonography equipment upgrades. We will continue to collaborate with the hospital and other UPH facilities to acquire lab equipment. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Survey **Measure:** Ruffalo Noel Levitz Student Satisfaction Inventory—Satisfaction with "39. On the whole, the school is well-maintained." **Target:** 80% of students report satisfied or very satisfied [need to verify target]	**Result Date**: 10/05/2023 **Result**: The maintaining of the school from the SSI reports that 86% of students rated this item important or very important and 91% were satisfied, indicating a -5% performance gap. When compared to 2021-22 SSI survey results this is a 3% decrease in importance and a 3% decrease in student satisfaction, but still well above the 80% target for satisfaction.

Measures	Result
Timeframe: Annually **Responsible Parties:** Buildings & Grounds	**Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Our 2022-23 action plan was to continue to monitor that the school is well-maintained to make sure it meets the needs of our students. In 2022-23 campus updates such as completion of the DPT anatomy lab and securing the DPT space, as well as some security/card access campus updates are examples of ongoing campus maintenance that most likely contributed to this consistently positive outcome. **Actions** **Action**: Continue to monitor that the school is well-maintained to ensure it meets the needs of our students, which includes planned initiatives such as patio maintenance at McElroy Hall, and additional simulation lab audio visual and simulation equipment. **Follow-up**

Admin 6.0

AU Outcome
Financial Aid policies and processes are fair and timely
Outcome Status
Active

Measures	Result
Assessment Method Status: Active **Assessment Type:** AD: Survey **Measure:** Ruffalo Noel Levitz Student Satisfaction Inventory (replaced Allen College Student Opinion Survey spring 2021)—Satisfaction with Access to financial aid Information during admissions process. **Target:** 80% of students report satisfied or very satisfied on questions [need to verify target] **Timeframe:** Annually **Responsible Parties:** Financial Aid	**Result Date**: 09/05/2023 **Result**: The SSI results from spring 2023 showed 78% of students reported as either extremely satisfied or satisfied with access to financial aid during admissions. This is a 6% increase from the prior year's rate of 72%. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: For the prior reporting cycle, we communicated with students immediately upon receiving their application for admission and met with students on individual requests when they were on-campus for admission visits. **Actions** **Action**: Action Date: 09/05/2023 Action: Although we did not meet target, we improved by 6% from the prior year. We will continue the actions we put into place last reporting cycle of meeting with students on admission visits and actively reaching out to students automatically upon receiving their

Measures	Result
	application for admission. We will also continue to hold "popcorn" days to make ourselves visible to students and let them know we're available to help. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Survey **Measure:** Ruffalo Noel Levitz Student Satisfaction Inventory—Satisfaction with "5. Financial aid awards are announced in time to be helpful in planning." **Target:** 80% of students report satisfied or very satisfied on questions [need to verify target] **Timeframe:** Annually **Responsible Parties:** Financial Aid	**Result Date**: 09/05/2023 **Result**: The SSI results from spring 2023 showed 64% of students reported as either extremely satisfied or satisfied with financial aid awards being announced in a timely manner. This compares the same to last year which was also 64% of students reported being satisfied or highly satisfied. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: For 2022-2023, a new student information system (SIS) was being implemented with original intent to be live during the summer semester. The timeline was delayed and the new SIS is projected to be live mid-spring semester of the 23-24 academic year. The new SIS will provide a better platform to get award letters to students. The FA team will work with the SIS developers to ensure award letters are generated more quickly than the current system. Since this will not be deployed until late in the reporting year, it may not have an impact on 2023-2024 results; however, the impact should be apparent in subsequent years. **Actions** **Action**: Action Date: 09/05/2023 Action: The new SIS will provide a better platform to get award letters to students. The FA team will work with the SIS developers to ensure award letters are generated more quickly than the current system. Since this will not be deployed until late in the reporting year, it may not have an impact on 2023-2024 results; however, the impact should be apparent in subsequent years. **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Survey **Measure:** Ruffalo Noel Levitz Student Satisfaction Inventory—Satisfaction with "15. Financial aid counseling is available if I need it." **Target:** 80% of students report satisfied or very satisfied on questions [need to verify target] **Timeframe:** Annually	**Result Date**: 03/23/2024 **Result**: The SSI results from spring 2023 showed 76% of students reported as either extremely satisfied or satisfied with financial aid counseling being available. This is unfavorable to the target of 80% of students reporting satisfied or very satisfied. This compares unfavorably with 2022 when 78% of students reported being satisfied or highly satisfied on the Student Satisfaction Inventory (SSI)> **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: Last year we implemented new strategies with the foundation for

Measures	Result
Responsible Parties: Financial Aid	additional emergency funding to be awarded through the financial aid office. We also increased collaboration and counseling opportunities with the Enrollment Management team. The additional funding and counseling did not take effect until spring 2023, close to when this survey was taking place. We will continue these efforts and explore opportunities to provide financial aid counseling based upon feedback from the students. **Actions** **Action**: [Need Action plan for 2023-2024: What has been done during the 2023-2024 academic year to ensure the target is met or exceeded?] **Follow-up**
Assessment Method Status: Active **Assessment Type:** AD: Survey **Measure:** Ruffalo Noel Levitz Student Satisfaction Inventory—Satisfaction with "23. This institution helps me identify resources to finance my education." **Target:** 80% of students report satisfied or very satisfied on questions [need to verify target] **Timeframe:** Annually **Responsible Parties:** Financial Aid	**Result Date**: 10/06/2023 **Result**: The SSI results from spring 2023 showed 59% of students reported as either extremely satisfied or satisfied with the institution helping to identify resources to fund their education. This is unfavorable to our 80% target. This compares unfavorably with last year when 62% of students reported being satisfied or highly satisfied. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: We implemented all the plans we identified in the 2022 CAP action plan. We have increased the number of students receiving Rural Tuition Grant, Last Dollar Scholar, and participants in the Legacy Program. Unfortunately, we had an approximately $200,000 decrease in institutional scholarships as a result of poor investment returns on our endowments. We will continue these efforts for 2023-24 and we expect market conditions to improve which will increase the amount of scholarships awarded for 2023-24. It is also recommended to reduce the target from 80% to 70-75% of reporting satisfied or extremely satisfied. **Actions** **Action**: For the 2023-2024 academic year, the financial aid team will promote the Allen Legacy program, the Rural Tuition Grant, and the Last Dollar Scholar program to eligible students as opportunities to help finance their education. In addition, applying for scholarships and grants as available will be recommended to our students who qualify. **Follow-up**

Admin - Diversity, Equity, & Inclusion Committee

DEI 4.0

AU Outcome
Offer programs and activities that promote academic success, retention, and graduation of underrepresented students. (DEI Goal 4: Support diverse students . . .)
Outcome Status
Active

Measures	Result
Assessment Method Status: Active **Assessment Type:** AD: Report - Internal **Measure:** Retention and graduation rates of underrepresented students [Report of retention and graduation rates of diverse students for all programs] **Target:** Retention and graduation rates are equal to those of the College. **Timeframe:** Year 1 and Year 3 **Responsible Parties:** DEI Committee Chair	**Result Date**: 02/07/2024 **Result**: Retention and graduation rates – both male (89%) and ethnic minority (90%) were retained at a higher rate than the college as a whole (87%). Compared to previous data 19-20, all student retention was 95%. The minority students were retained from fall 2019 to fall 2020 at a higher rate than all Allen College students, while male students were retained at a lower rate than all Allen College students. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Continue to provide services for students who are underrepresented in healthcare. (04/12/2022) **Actions** **Action**: 23-24 academic year DEI subcommittees will also focus on retention activities such as mentorship and guest speaker representation of minority groups. (01/22/2024) **Follow-up**

Program (HS) - Associate of Science in Radiography (ASR)

ASR 1.1

AU Outcome
Students will practice proper radiation protection
Outcome Status
Active

College Goals 2020-2024

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** RA: 135 Competency Testing/CCE Part II, numbers 5, 7, 9, 15, 17 **Target:** Average score of >= 3 (0-4 pt. scale) **Timeframe:** Level 1-Fall Semester **Responsible Parties:** Lab Instructor/ Program Faculty/HS APG Committee	**Result Date**: 09/27/2023 **Result**: In Fall 2022, the average score of the RA135 Competency Testing/CCE Part II, numbers 5,7,9,15,17, was 3.96. This year's average score is consistent with prior year's data with no significant change. This data shows that the students continue to practice proper radiation protection at a high level. Fall 2022 = 3.96 (n=16) Previous data: 2021 = 3.95 (n=13) 2020 = 3.94 (n=23) 2019 = 3.91 (n=19) 2018 = 3.90 (n=13) 2017 = 3.97 (n=14) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the instructors continue to have students practice radiation protection in each lab and in the clinical environment. Radiation protection practices and concepts including accurate technical factors and collimation are instructed and reinforced in classes and labs. This instruction assists the students in applying radiation protection concepts in the clinical setting. Students demonstrated clinical competence by applying proper radiation protection. The action plan was effective. A variety of radiation protection practices and principles are emphasized throughout the curriculum. **Actions** **Action**: Action Date: 09/27/2023 Action: ASR faculty will continue to instruct and reinforce radiation protection practices and concepts in classes and labs. The program will continue to use and assess this measurement tool with each new cohort. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** RA: 275 Final Clinical Competency Testing/ CCE Part II, numbers 5,7,9,15,17 **Target:** Average score of >= 3 (0-4 pt. scale) **Timeframe:** Level II-Spring Semester **Responsible Parties:** Clinical	**Result Date**: 09/27/2023 **Result**: This year's average score of the RA275 Final Clinical Competency Testing/CCE Part II, numbers 5,7,9,15,17, was 3.97. This year's average score is consistent when compared to prior years without a significant change. The consistency in the data shows that the students continue to practice proper radiation protection at a high level consistently. 2023 = 3.97 (n=10) Previous data:

College Goals 2020-2024

Measures	Result
Instructors/Program Faculty/HS Curriculum Committee	2022 = 4.0 (n=17) 2021= 3.98 (n= 16) 2020 no data to assess, this program requirement was waived for this cohort due to COVID-19. 2019 = 4 (n=12) 2018 = 3.96 (n=12) 2017 = 3.96 (n=15) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the program's curriculum continues to integrate radiation protection concepts each semester. The action plan from the 2021-2022 analysis was successful for 2022-2023. The students demonstrated clinical proficiency and competency in providing radiation protection. The program's curriculum integrates radiation protection concepts every semester. Each student's performance demonstrated clinical competence. Clinical instructors continue to instruct students in the clinical setting and evaluate them regarding their level of competency with practicing proper radiation protection. **Actions** **Action**: Action Date: 09/27/2023 Action: To continue to exceed the benchmark for this measure during the Spring 2024 course, the program's curriculum will continue to integrate radiation protection concepts each semester. The recommendation is the continued use of this assessment tool since there are variations in patients and exams. This evaluation will continue to be completed by the clinical instructors. **Follow-up**

ASR 1.2

AU Outcome
Students will apply correct positioning skills
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active	**Result Date**: 09/27/2023

College Goals 2020-2024

Measures	Result
Assessment Type: SL: Didactic **Measure:** RA: 145 Certification Testing/ Part I, numbers 3,12,14,15 **Target:** Average score of >= 3. (0-4 pt. scale) **Timeframe:** Level I-Spring Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/ HS Curriculum Committee	**Result**: In Spring 2023, the average score of the RA145 Certification Testing/Part I, numbers 3,12,14,15 was 3.94. This is slightly lower than last year's average of 3.98, but the decrease is not considered significant. This data shows that the student's consistently apply correct positioning skills during radiography procedures. 2023= 3.94 (n=14) Previous data: 2022= 3.98 (n=10) 2021= 3.93 (n=17) 2020= 3.92 (n=16) 2019= 3.88 (n=13) 2018= 3.86 (n=14) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, course instructors continued to assess this item since certification testing is completed at various clinical sites and with different clinical instructors. The action plan from the 2021-2022 analysis was successful for 2022-2023. Students continue to exceed benchmark. All students demonstrated clinical competence while applying correct positioning skills. The clinical instructors encouraged the students to continually practice and review positioning principles. The students demonstrated knowledge of positioning in relation to their level of placement in the program. **<u>Actions</u>** **Action**: Action Date: 09/27/2023 Action: The clinical instructors will continue to work with the students and encourage them to practice and review positioning principles while in the clinical setting. Certification testing continues to be completed at various clinical sites with different clinical instructors. The course instructors recommend continued use of this assessment tool. **<u>Follow-up</u>**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** RA: 265 Certification Testing/Part I, numbers 3,12,14,15 **Target:** Average score of >= 3. (0-4 pt. scale)	**Result Date**: 09/27/2023 **Result**: In Fall 2021, the average score of the RA265 Certification Testing/Part I, numbers 3,12,14,15, was 3.96. This year's average score is slightly higher at 4.0. This data remains consistent when comparing it to prior data. Students continually exceed benchmark demonstrating their ability to apply correct positioning skills while performing radiography procedures.

College Goals 2020-2024

Measures	Result
Timeframe: Level II-Fall Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/ HS Curriculum Committee	2022=4.0 (n=10) Previous data: 2021=3.96 (n=17) 2020=3.95 (n=16) 2019 = 3.9 (n= 10) 2018=3.95 (n=12) 2017=3.90 (n=12) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the faculty continue to communicate with the clinical instructors and encourage them to select from more advanced and challenging exams to correlate with the student's level in the program. All students demonstrated clinical competence and applied correct positioning skills for the certifications. The students were instructed by the program faculty and demonstrated application of classroom and lab learning activities in the clinical setting. **Actions** **Action**: Action Date: 09/27/2023 Action: The faculty will continue to communicate with the clinical instructors and encourage them to select from more advanced and challenging exams to correlate with the student's level in the program. Faculty will continue to provide effective instruction in the classroom and lab. **Follow-up**

ASR 2.1

AU Outcome
Students will demonstrate effective communication skills in the clinical setting
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** RA:135 Clinical Instructor/	**Result Date**: 09/27/2023 **Result**: In Fall 2021, the average score of the RA135 Clinical Instructor/Preceptor Evaluations/Numbers 3,6,10,11, was 3.52. This year's average score of 3.85 is an

Measures	Result
Preceptor Evaluations/ Numbers 3, 6, 10,11 **Target:** Average score >= 3.5 (0-4 pt. scale) **Timeframe:** Level I-Fall Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/ HS Curriculum Committee	increase when compared to all prior data. The student's average scores increased in all areas of the performance criteria. This data shows that students are able to demonstrate effective communication skills in the clinical setting. 2022: 3.85 (n=16) Previous data: 2021: 3.52 (n=13) 2020: 3.27(n=22) 2019: 3.47(n=19) 2018: 3.67(n=13) 2017: 3.68(n=14) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the clinical instructors/preceptors continue to provide instruction to students in the areas of patient care, interpersonal relationships, multicultural diversity and age-appropriate care in the clinical setting. The action plan was effective. The clinical site rotations provide each student with the opportunity to work in diverse environments and with diverse patients. The students' average scores increased in all areas of the performance criteria: patient care, interpersonal relationships, multicultural diversity, and age-appropriate care. **Actions** **Action**: Action Date: 09/27/2023 Action: The clinical instructors/preceptors will continue to provide instruction to students in the areas of patient care, interpersonal relationships, multicultural diversity and age-appropriate care in the clinical setting. The ASR faculty will continue to provide diverse clinical sites to all students with the opportunity to work with diverse patients. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** RA:275 Clinical Instructor/ Preceptor Evaluations/Numbers 3, 6,10,11 **Target:** Average score >= 3 (0-4 pt. scale) **Timeframe:** Level II -Spring Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/ HS Curriculum Committee	**Result Date**: 09/27/2023 **Result**: In Spring 2021, the average score of the RA275 Clinical Instructor/Preceptor Evaluations/Numbers 3,6,10,11, was 3.92. This year's average score demonstrated a slight decrease with a score of 3.84. This decrease in score is not significant. Cohorts continue to exceed benchmark each year. Students continue to demonstrate effective communication skills in the clinical setting. Spring 2023 = 3.84 (n=10) Previous data: 2021-2022 = 3.92 (n=17) 2020-2021 = 3.66 (n=16)

Measures	Result
	2019-2020 = 3.86 (n=10) 2018-2019 = 3.9 (n=12) 2017-2018 = 3.78 (n=12) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the clinical instructors/preceptors continue to instruct students by exhibiting effective communication in the clinical environment. The action plan was effective for 2022-2023 as the clinical instructors/preceptors in the clinical setting provided exceptional instruction and supervision of students to assess their communication skills. Overall, students continue to demonstrate effective communication skills in the clinical setting. Faculty continue to work and communicate with clinical instructors and preceptors to ensure student success in the clinical setting. **Actions** **Action**: Action Date: 09/27/2023 Action: Clinical instructors and preceptors will continue to instruct students by exhibiting effective communication in the clinical environment. Faculty will continue to work and communicate with clinical instructors and preceptors to ensure student success in the clinical setting. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** RA:135 Clinical Competency Evaluation/ Part I – Number 4 Part III-Numbers 1,3,6-8 **Target:** Average score >= 3 (0-4 pt. scale) **Timeframe:** Level I-Fall Semester **Responsible Parties:** Clinical Instructor/Program Faculty/ HS Curriculum Committee	**Result Date**: 09/27/2023 **Result**: This year's average score of the RA135 Clinical Competency Evaluation/Part I Number 4, Part III Numbers 1,3,6-8, was 3.98. This is not a significant increase when compared to last year's score of 3.94. This year's score is very consistent with prior years with students continually receiving an average score of 3.94 or above since Fall 2018. Students continue to demonstrate effective communication skills in the clinical setting. 2022 = 3.98 (n=16) Previous data: 2021 = 3.94 (n=13) 2020 = 3.96 (n=23) 2019 = 3.94 (n=19) 2018 = 3.95 (n=13) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the program faculty

Measures	Result
	continue to provide the students with the skills needed for effective clinical communication. The action plan from the previous academic year was effective for the current academic year. Program faculty instructed and guided the students to enable them to demonstrate effective communication skills. The clinical instructors also provided effective instruction, supervision, and feedback to the students in the clinical settings. The benchmark of 3.5 was exceeded. The students demonstrated effective communication skills reflective of their level in the program. **Actions** **Action**: Action Date: 09/27/2023 Action: The program faculty and clinical instructors will continue to provide effective instruction, supervision, and feedback to the students. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** RA:275 Final Clinical Competency Evaluation/ Part I – Number 4 Part III- Numbers 1,3,6-8 **Target:** Average score >= 3.5 (0-4 pt. scale) **Timeframe:** Level II- Spring Semester **Responsible Parties:** Clinical Instructor/ Program Faculty/ HS Curriculum Committee	**Result Date**: 09/27/2023 **Result**: This year's average score of the RA275 Final Clinical Competency Evaluation/Part I Number 4, Part III Numbers 1,3,6-8, was 4.0 on a 0-4 point scale. Students exceeded benchmark with the highest score possible. This data is consistent with prior years as students have achieved an average score of 3.98 or higher since 2018. Students consistently demonstrate effective communication skills in the clinical setting. 2023 = 4 (n=10) Previous data: 2022 = 4 (n=17) 2021=3.98 (n=16) 2020 no data to assess, this program requirement was waived for this cohort due to COVID-19. 2019=4 (n=12) 2018=3.98 (n=12) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the students continue to be instructed and guided in effective clinical communication skills in every semester of the program. The action plan from 2021-2022 was effective for 2022-2023. Students continue to exceed the benchmark. Students demonstrated excellent communication skills in the clinical setting. Many of this year's final CCEs were performed on patients that required multiple exams and extensive patient communication.

College Goals 2020-2024

Measures	Result
	Actions **Action**: Action Date: 09/27/2023 Action: Students will continue be instructed and guided in effective clinical communication skills in every semester of the ASR program. All clinical instructors and preceptors at all clinical sites assist with this instruction and guidance. **Follow-up**

ASR 2.2

AU Outcome
Students will practice and demonstrate communication skills (formerly Students will practice written communication skills)
Outcome Status
Active
Start Date
09/25/2023

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** RA: 115 Patient Care Presentation **Target:** Average score of >= 85% **Timeframe:** Level I-Fall Semester **Responsible Parties:** RA: 115 Course Instructor/HS APG Committee	**Result Date**: 09/27/2023 **Result**: In Fall 2021, the average score of the RA115 Patient Care Presentation was 97.7%. This year's average score of 97.7% is the exact same. Students continue to earn an average score of 97% or higher since 2018. This data shows that students consistently continue to practice effective written communication skills. 2022= 97.7% (n=15) Previous data: 2021= 97.7% (n=12) 2020= 96% (n=20) 2019=98% (n=19) 2018=98% (n=13) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the course instructor continues to discuss the paper requirements with the students. The instructor reminds the students of the resources available on the Allen College website. The action plan was effective for 2022-2023. APA format seems to be a struggle for some students. In text

College Goals 2020-2024

Measures	Result
	citations have gotten better. The student success coordinator has come in and presented on APA. **Actions** **Action**: Action Date: 09/27/2023 Action: The course instructor will continue to discuss the paper requirements with the students and remind them of the resources available on the Allen College website. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** RA:258 Pathology Systems Presentation **Target:** Average score of >= 85% **Timeframe:** Level II-Fall Semester **Responsible Parties:** RA: 258 Course Instructor/ HS APG Committee	**Result Date**: 09/27/2023 **Result**: In Fall 2022, the average score of the RA258 Pathology Systems Presentation was 93.9%. This is slightly lower than last year's average score of 94.8%. This decrease is not considered significant. Students continue to exceed benchmark. The students demonstrate the ability to practice effective written communication skills. 2022=93.9% (n=10) Previous data: 2021=94.8% (n=17) 2020=98% (n=16) 2019=99% (n=10) 2018=99% (n=12) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the course instructor continues to discuss the paper requirements with the students. The action plan was effective for 2022-2023. Each student completes two papers during the course. Most students struggled and had points deducted in the format section of the paper; this was due to spelling errors and APA formatting errors. One student received a zero in this portion due to no APA formatting. Allen College website has multiple resources for writing help and students are informed of these resources by the course instructor. The student success coordinator has offered to come in and give an APA 7 quick guide presentation. **Actions** **Action**: Action Date: 09/27/2023 Action: The course instructor will continue to discuss the paper requirements with the students and encourage them to review APA guidelines. **Follow-up**

College Goals 2020-2024

ASR 2.3

AU Outcome
Students will demonstrate oral communication skills (deactivated and combined with ASR 2.2 on 09-25-23 for 2023-2024 academic year)
Outcome Status
Inactive
Inactive Date
09/25/2023

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** RA: 115 Patient Care Presentation **Target:** Average score of >= 85% **Timeframe:** Level I-Fall Semester **Responsible Parties:** RA: 115 Course Instructor/HS APG Committee	**Result Date**: 09/27/2023 **Result**: This year's average score of the RA115 Patient Care Presentation was 94.3%. This is slightly higher than last year's average score of 92.6%. The students continue to exceed benchmark. All students continue to demonstrate effective oral communication skills. 2022=94.3% (n=10) Previous data: 2021=92.6% (n=12) 2020=99% (n=20) 2019=98% (n=19) 2018=99% (n=13) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the course instructor continues to discuss paper requirements with the students. The action plan was successful for 2022-2023. All papers in the RA115 course were presented in person. Four of the students had point reductions due to words being inaccurately stated, most had minimal mistakes. Seven students had point reductions for voice level and speed, the students were very quiet and talked very quickly. These issues can be reduced by having the students practice their presentations before presenting them. **Actions** **Action**: Action Date: 09/27/2023 Action: The course instructor will continue to discuss the paper requirements with the students. **Follow-up**

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** RA:258 Pathology Systems Presentation **Target:** Average score of >= 85% **Timeframe:** Level II-Fall Semester **Responsible Parties:** RA: 258 Course Instructor/ HS APG Committee	**Result Date**: 09/27/2023 **Result**: This year's average score of the RA258 Pathology Systems Presentation was 94.2%. This is consistent with last year's average score of 94.8%. When looking data from 2018-2022, the students consistently average between 94-98%. All students continue to demonstrate effective oral communication skills. 2022=94.2% (n=10) Previous data: 2021=94.8% (n=17) 2020= 95% (n=16) 2019=98% (n=10) 2018=96% (n=12) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the course instructor continues to discuss the paper requirements with the students. The action plan was successful for 2022-2023. Each student completes two papers during the course. The students overall did a great job on presentations, they need to work on speaking loud enough for everyone to hear and pacing. Several students spoke very quickly and was hard to follow; this led to them not meeting the eight-minute requirement for length. All students demonstrated effective oral communication skills. **Actions** **Action**: Action Date: 09/27/2023 Action: The course instructor will continue to discuss the paper requirements with the students. **Follow-up**

ASR 3.1

AU Outcome
Students will appropriately critique radiographic images
Outcome Status
Active

College Goals 2020-2024

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** RA: 255 Radiographic image analysis worksheets **Target:** Average score of >= 80% **Timeframe:** Level II-Summer Semester **Responsible Parties:** RA: 255 Course Instructors/HS APG Committee	**Result Date**: 09/27/2023 **Result**: This year's average score of the RA255 Radiographic Image Analysis Worksheets was 94.7%. This is higher than last year's average score of 90%. Overall, the students have consistently exceeded benchmark demonstrating their ability to appropriately critique radiographic images. 2022 = 94.7% (n=10) Previous data: 2021 = 90% (n=17) 2020 = 91.94% (n=16) 2019 = 92.72% (n=11) 2018 = 93.75% (n=12) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the faculty continue to assign learning opportunities from the new 5th edition textbook. All students demonstrated the ability to apply critical thinking skills while correctly analyzing radiographic images. The students used the most current 5th edition textbook to assist them in completing this assignment. The textbook offers multiple radiographs and tables to assist the students in mastering critically analyzing and critiquing radiographic images. **Actions** **Action**: Action Date: 09/27/2023 Action: The faculty will continue to use the new 5th edition textbook. A variety of learning opportunities will continue to be provided to the students to assist them with critiquing radiographic images. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** RA: 265 Radiographic image analysis worksheets **Target:** Average score of >= 80% **Timeframe:** Level II- Fall Semester	**Result Date**: 09/27/2023 **Result**: In Fall 2022, the average score of the RA265 Radiographic Image Analysis Worksheets was 89.7%. This year's average score is slightly higher than last year's score of 88.88%. This increase is not considered significant. The students consistently demonstrate their ability to appropriately critique radiographic images. 2022=89.7% (n=17) Previous data 2021=88.88% (n=17)

College Goals 2020-2024

Measures	Result
Responsible Parties: RA: 265 Course Instructors/HS APG Committee	2020 = 91.69% (n=16) 2019 = 88.8% (n = 10) 2018 = 93.33% (n=12) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the faculty continue to assign learning opportunities from the new 5th edition textbook and review each item on the worksheets for clarity and accuracy with the new edition text. The action plan was successful in assisting the students in meeting the benchmark for 2022-2023. All students demonstrated the ability to apply their critical thinking skills and accurately critique radiographic images. The student is permitted two attempts to complete the worksheet and the scores are averaged. Some students chose to only complete one attempt. **Actions** **Action**: Action Date: 09/27/2023 Action: The instructor will continue to review each item on the worksheets for clarity and accuracy with the new edition text. ASR faculty will continue to communicate with the students encouraging them to take advantage of the 2 attempts allowed. **Follow-up**

ASR 3.2

AU Outcome
Students will demonstrate ability to practice critical thinking
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Exam/Quiz - Standardized **Measure:** RA: 203B Corectec exams **Target:** > 80% of the students will achieve a	**Result Date**: 09/27/2023 **Result**: In Spring 2023, 90% of the students achieved a score of 70 or greater on one of the four Corectec Exams assigned in RA203B. This is a significant improvement from last year's average of 70%. Benchmark was exceeded this year. The students demonstrated their ability to practice critical thinking.

College Goals 2020-2024

Measures	Result
score of 70 or greater on one of the four exams. **Timeframe:** Level II- Spring Semester **Responsible Parties:** RA: 203B Course Instructor/HS Curriculum Committee	2023 = 90% (n = 10) achieved a 70 or greater on one of the four exams. Previous data: 2022 = 71% (n = 17) 2021 = 69% (n = 16) 2020 = 90% (n=10) 2019 = 100% (n=12) 2018 = 100% (n=12) 2017 = 93% (n=15) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the instructor made a few revisions to the guided review assignments. The placement of the exams within the semester remained consistent with two scheduled before student seminar attendance and two after. The instructor shared the Corectec lessons with ASR faculty to assist in verifying their accuracy. To encourage use of all review opportunities for all students, the RA275 Professional Development Practicum course instructors required attendance for both days of the student seminar and applied the mock board score the students earn at the seminar towards the RA275 course grade. Attendance for both days of the seminar and course weight applied to the mock board score assisted the students in meeting benchmark for the RA203B Corectec exams. **Actions** **Action**: Action Date: 09/27/2023 Action: ASR faculty will continue requiring attendance for both days of the student seminar and will apply the mock board score towards the RA275 course grade. Faculty will continue to make revisions to the guided review assignments as needed. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** RA:154 CT Topic Presentation **Target:** Average score of >= 80% **Timeframe:** Level I- Spring Semester **Responsible Parties:** Program Faculty/HS Curriculum Committee	**Result Date**: 09/27/2023 **Result**: In Spring 2022, the average score of the RA154 CT Topic Presentation was 96.4%. This year's average score is consistent with last year's score of 96.75%. Benchmark continues to be exceeded. This is third year that this measurement tool has been used. The students continue to demonstrate their ability to practice critical thinking consistently. Spring 2023 = 96.4% (n=10) Previous data: Spring 2022 = 96.75% (n=8)

Measures	Result
	Spring 2021 = 96.24% (n=13) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021/2022 action plan, the instructor provided each student with a grading rubric and a presentation example within Blackboard. The instructor also had each student conduct 2 peer reviews on their classmate's presentations. Students are expected to use critical thinking skills to help teach the class about specific CT topics. The topics presented this year included various procedures, trauma involving different areas of the body, and pediatrics. Each student is evaluated on presentation format, content, audio/professionalism, and creativity. A presentation example was provided to the students within Blackboard to help them better visualize the instructor's expectations. The entire cohort excelled when it came to format, content and audio/professionalism. Minor points were deducted from a select few presentations for creativity; a few presentations were too "wordy" taking the focus away from the audio portion of the presentation. The student peer review feedback was taken into consideration when the instructor completed the final grade/feedback for each presentation. Through the creation of their presentations, the students did a great job at demonstrating their ability to practice critical thinking in the learning environment. **Actions** **Action**: Action Date: 09/27/2023 Action: The instructor will continue to provide each student with a grading rubric and a presentation example within Blackboard. The instructor will continue to have each student conduct peer reviews on their classmate's presentations. The feedback provided by the students during their peer reviews will be used by the instructor when they complete a final grade for each presentation. **Follow-up**

ASR 3.3

AU Outcome
Students will be able to critically think in the clinical setting
Outcome Status
Active

College Goals 2020-2024

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** RA:145 Clinical Instructor/ Preceptor Evaluations/Numbers 2,4,7,8 **Target:** Average score >= 3. (0-4 pt. scale) **Timeframe:** Level I-Spring Semester **Responsible Parties:** RA: 145 Course Instructor/HS APG Committee	**Result Date**: 09/28/2023 **Result**: In Spring 2022, the average score of the RA145 Clinical Instructor/Preceptor Evaluations/Numbers 2,4,7,8 was 3.66. This year's average score is slightly higher at 3.74. All students continue to exceed benchmark with consistently averaging 3.6 and higher for the last 4 years. Students continue to demonstrate their ability to critically think in the clinical setting. Spring 2023 = 3.74 (N =15) Previous data: 2021-2022 3.66 (N =10) 2020-2021 3.65 (N=18) 2019-2020 3.6 (N=16) 2018-2019 3.36 (N=13) 2017-2018 3.53 (N=14) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the clinical instructors/preceptors in the clinical setting continued to provide excellent instruction and supervision of students to assess their critical thinking skills. This result is an increase compared to the previous year. The student scores were higher than the previous year in the Self-Image for Level in the ASR Program, Ability to follow directions, and Composure and Adaptability. In the area of Applications of Knowledge there was no change over the prior year. The action plan was effective. Students continue to demonstrate their ability to critically think in the clinical setting. **Actions** **Action**: Action Date: 09/28/2023 Action: The clinical instructors/preceptors will continue to provide the needed instruction and supervision of the students to evaluate their critical thinking skills in the clinical setting. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** RA:265 Clinical Instructor/ Preceptor Evaluations/Numbers 2,4,7,8 **Target:** Average score >= 3. (0-4 pt. scale)	**Result Date**: 09/28/2023 **Result**: This year's average score of the RA265 Clinical Instructor/Preceptor Evaluations/Numbers 2,4,7,8, was 3.86. This is higher than last year's score of 3.57 and remains consistent with prior year's data. The benchmark continues to be exceeded and the students continue to demonstrate their ability to critically think in the clinical setting. 2022: 3.86 (n=10)

Measures	Result
Timeframe: Level II- Fall Semester **Responsible Parties:** RA: 265 Course Instructors/HS Curriculum Committee	Previous Data: 2021: 3.57 (n=17) 2020: 3.75 (n=16) 2019: 3.86 (n=11) 2018: 3.81 (n=12) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the clinical instructors/preceptors continue to instruct, explain, and demonstrate to students how to practice critically thinking skills in the clinical environment. The action plan was successful for 2022-2023. The students' scores increased in all four performance criteria areas: application of knowledge, ability to follow directions, self-image for Level in the ASR program, and composure and adaptability. Students have immediate access to their completed evaluations on Trajecsys. Students continue to be able to critically think in the clinical setting. **Actions** **Action**: Action Date: 09/28/2023 Action: The clinical instructors/preceptors will continue to instruct, explain. and demonstrate to students how to practice critical thinking skills in the clinical environment. **Follow-up**

ASR 4.1

AU Outcome
Students will integrate leadership skills and construct professional practices
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Service **Measure:** RA:135 Community Service/Service Learning Evaluation	**Result Date**: 09/28/2023 **Result**: This year's average score of the RA135 Community Service/Service Learning Evaluation was 86.75%. This is a significant increase from last year's score of 77.46%. Benchmark was exceeded and the students demonstrated their ability to integrate

Measures	Result
Target: Average score of >= 80% **Timeframe:** Level I-Fall Semester **Responsible Parties:** RA: 135 Course Instructors/HS Curriculum Committee	leadership skills and construct professional practices. 2022 = 86.75% (n=16) Previous data: 2021 = 77.46% (n=13) 2020 = 88.80% (n=18) 2019 = 87.71% (n=19) 2018 = 83.69% (n=13) 2017 = 94.78 (n=14) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the course instructors continue to assess the assignment instructions and make modifications accordingly. The action plan from the prior academic year was successful in assisting the students in achieving the benchmark for the current academic year. Additional APA resources were provided to the students. Many of the point deductions continue to be in the overall writing category and in the performed independently category of the grade rubric. Some students also provided the bare minimum amount of information in the research portion of the grade rubric. The course instructors believe that the current measurement tool assesses writing, grammar, and research but may not place an emphasis on assessment of the students' demonstration of leadership skills and professionalism. The course instructors might consider a new measurement tool, changes to the current measurement tool or grade rubric, or a new benchmark for the next academic year to better assess this goal and outcome. **Actions** **Action**: Action Date: 09/28/2023 Action: The course instructors will continue to assess the assignment instructions and make modifications accordingly. Additional APA resources will be provided to the students. The course instructors may consider a change to this measurement tool, grade rubric, or a new benchmark all together if it is determined that a better tool could be used to evaluate this outcome. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Service **Measure:** RA: 265 Community Service/Service Learning Evaluation	**Result Date**: 09/28/2023 **Result**: This the second consecutive year of not exceeding benchmark. This year's average score of the RA265 Community Service/Service Learning Evaluation was 73.3%. This is a slight increase from last year's score of 71.41%. All students did not

Measures	Result
Target: Average score of >= 80% **Timeframe:** Level II-Fall Semester **Responsible Parties:** RA: 265 Course Instructors/HS Curriculum Committee	demonstrate their ability to integrate leadership skills and construct professional practices. 2022=73.3%(n=10) Previous data: 2021 = 71.41% (n=17) 2020 = 84.56% (n=16) 2019 = 85.6% (n = 10) 2018: 76.75% (n=12) 2017: 93.33% (n=12) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: As proposed in the 2021-2022 action plan, the instructors placed the paper assignment instructions and the grade rubric within the assignment drop box in the Blackboard course. The instructors also bolded the 9-hour requirement within the grade distribution section of the syllabus and within the assignment drop box in the Blackboard course. Students were also provided with additional APA resources. This action plan was not effective. This was a smaller cohort and multiple submissions did not follow assignment instructions, did not respond to all assignment prompts, provided limited research, and had multiple APA errors. A few students did not complete the minimum 9-hour requirement and therefore received a reduced grade. The service-learning assignment accounts for 15% of the course grade, but some students chose to submit low quality work. The current measurement tool assesses writing, grammar, and research but may not place an emphasis on assessment of the students' demonstration of leadership skills and professionalism. **Actions** **Action**: Action Date: 09/28/2023 Action: The course instructors will continue to assess the assignment instructions and make modifications accordingly. Additional APA resources will be provided to the students. The course instructors may consider a change to this measurement tool, grade rubric, or a new benchmark all together if it is determined that a better tool could be used to evaluate this outcome. **Follow-up**

ASR 4.2

AU Outcome
Students will practice professionalism
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** RA:135 Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13 **Target:** Average score >= 3 (0-4 pt. scale) **Timeframe:** Level I- Fall Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/HS Curriculum Committee	**Result Date**: 09/28/2023 **Result**: In Fall 2021, the average score of the RA135 Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13, was 3.47. This year's average score was higher at 3.79. I would consider this a significant increase given the data from the prior two years. The benchmark continues to be exceeded and all students continue to demonstrate their ability to practice professionalism. 2022: 3.79 (n=16) Previous data: 2021: 3.47 (n=13) 2020: 3.34 (n=22) 2019: 3.51 (n=19) 2018: 3.68 (n=13) 2017: 3.68 (n=14) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the clinical instructors/preceptors continue to provide instruction to students in the areas of organization of assignments, initiative, appearance, policies and procedures, and ethical and professional behavior. The action plan was effective. The students' average scores increased in all five areas. Overall, the students to continually demonstrate their ability to practice professionalism. **Actions** **Action**: Action Date: 09/28/2023 Action: The clinical instructors/preceptors will continue to provide instruction to students in the areas of organization of assignments, initiative, appearance, policies and procedures, and ethical and professional behavior. **Follow-up**

College Goals 2020-2024

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** RA:275 Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13 **Target:** Average score >= 3 (0-4 pt. scale) **Timeframe:** Level II-Spring Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/HS Curriculum Committee	**Result Date**: 09/28/2023 **Result**: In Spring 2022, the average score of the RA275 Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13, was 3.86. This year's average score was slightly lower at 3.86. This decrease in not considered significant. The benchmark continues to be exceeded and the students continue to demonstrate their ability to practice professionalism. Spring 2023 = 3.77 (n =10) Previous data: 2022 = 3.86 (n =17) 2021: 3.65 (n=16) 2019: 3.51 (n=19) 2018: 3.68 (n=13) 2017: 3.68 (n=14) **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As proposed in the 2021-2022 action plan, the clinical instructors/preceptors continue to deliver prompt feedback to students when issues arise concerning initiative and professionalism. The action plan was successful for 2022-2023. The students' average scores in all areas decreased compared to the prior year by 0.09 points, these include Organization of Assignments, Initiative, Appearance, Policies and Procedures, and Ethical and Professional Behaviors. This is a smaller class sample compared to the prior year. The students continue to demonstrate their ability to practice professionalism. **Actions** **Action**: Action Date: 09/28/2023 Action: The clinical instructors/preceptors will continue to deliver prompt feedback to students when issues arise concerning initiative and professionalism. Faculty will continue to discuss the importance of initiative and professionalism in the clinical setting. **Follow-up**

Program (HS) - Diagnostic Medical Sonography (DMS)

DMS 2.2

AU Outcome
Students will successfully obtain patient history
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** DMS:408 Clinical Instructor/Preceptor Evaluations Number 1 **Target:** On a scale from 1-5, 5 being the highest rating, the average of all the responses >=4 **Timeframe:** Didactic Level - Fall Semester **Responsible Parties:** DMS:408 Course Instructor/Program Faculty/HS Curriculum Committee	**Result Date**: 09/01/2023 **Result**: Scores remain high and comparable to previous years. Students continue to demonstrate ability to communicate effectively with patient to obtain history pertinent to the exam. Fall 2022 avg 4.67 Fall 2021 avg 4.65 Fall 2020 avg 4.6 Fall 2019 avg 4.72 Fall 2018 avg 4.62 Fall 2017 avg. 4.94 **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Per the 2022-2023 action plan, faculty continued to receive feedback from clinical instructors and met with clinical instructors and student at each site visit and identified /made recommendations for student improvement. This appears to have been effective in helping students be successful in the clinical setting and in achieving the target for this measure. **Actions** **Action**: Action Date: 09/01/2023 Action: To meet the target during the 2023-2024, Faculty will continue to use same metrics as well. Faculty will continue to obtain and assess feedback from clinical instructors for any areas of concern that needs to be identified and a recommendation/plan of action for student improvement will be developed, if necessary. **Follow-up**

College Goals 2020-2024

Program (HS) - Doctor of Education (Ed.D.)

EdD 1.1

AU Outcome
Students will demonstrate advanced educator competencies to enact increasingly complex faculty and leadership roles.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 720: Finance and Fiscal Management – Budget Assignment **Target:** Each student will receive an average score of >80% **Timeframe:** When course is taught (e.g. Spring 2017) **Responsible Parties:** Program Chair/ HS Grad Curriculum Committee	**Result Date**: 08/15/2023 **Result**: Course not active. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: Course not active. **Actions** **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 740: Today's Health Sciences Student: Trends, Issues and Challenges – Final Paper **Target:** 100% of students will receive a score of >= 85% **Timeframe:** When course is taught (e.g., Fall 2016) **Responsible Parties:** Program Chair/ HS Grad Curriculum Committee	**Result Date**: 08/15/2023 **Result**: Fall 2022 – 2 students 100% of students received a score of >85% Overall average score = 92.5% (46.25/50) 2018 (n=1) – target met (overall average = 98.2%) 2020 (n=2) – target met (overall average = 98.5%) These results demonstrate the target (100% of students will receive an average score of >= 85%) has been consistently met (3/3 times) since the 2018-2019 academic year. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: The purpose of this paper was for students to speak to the course objectives which included addressing trends within, the culture of, and solutions/adaptations for health sciences educational environments. This assignment

Measures	Result
	was graded using a rubric based on the writing rubric developed for the EdD program. The action plan from the 2020-2021 academic year indicated students would be reminded of the discussion topics that align with the final paper to help them use feedback to assist with writing the final paper. This is one of the first formal papers students write in the program, depending on when they start the program. A previously recorded writing support session was included in this section. **Actions** **Action**: Action Date: 08/15/2023 Action: Create an updated writing support session align with the course material to assist with writing the final paper. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 780: Integrating Evolving Technology in Health Professions Education --Technology Transcendence Final Project **Target:** 100% of students will receive a score of >= 85% **Timeframe:** When course is taught (e.g., Fall 2015, Fall 2018, etc.) **Responsible Parties:** Program Chair/ HS Grad Curriculum Committee	**Result Date**: 08/15/2023 **Result**: Fall 2022 – 2 students 50% of students received a score of >85% Overall average score = 84.5% (100/100) 2018 (n=4) – target not met (overall average = 86.5%) 2020 (n=4) – target met (overall average = 100%) These results demonstrate the target (100% of students will receive an average score of >= 85%) has been inconsistently met (1/3 times) since the 2018-2019 academic year. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: The 2020-2021 action plan for the 2022-2023 academic year indicated this assignment would be fused with a nearly identical additional assignment to eliminate repetitive work. The student who failed to meet target was missing required elements in their submission which decreased the score. **Actions** **Action**: Action Date: 08/15/2023 Action: A final project overview recording will be created to explain the project criteria along with ideas on how to meet the stated requirements. Additionally, a criterion should be added that addresses APA formatting, mechanics, and spelling. **Follow-up**
Assessment Measure Status: Inactive	**Result Date**: 08/15/2023

College Goals 2020-2024

Measures	Result
Assessment Type: SL: Didactic **Measure:** EdD 790: Practicum in Health Professions Education – Let's Get Creative Assignment **Target:** Students will receive an average score of >80% **Timeframe:** When course is taught (e.g., Spring 2017) **Responsible Parties:** Program Chair/ HS Grad Curriculum Committee	**Result**: Course not offered. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: Course not offered. **Actions** **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** EdD 795: Practicum in Health Professions Education – Let's Get Creative Assignment **Target:** 100% of students will receive a score of >= 85% **Timeframe:** When course is taught **Responsible Parties:** Program Chair/ HS Grad Curriculum Committee	**Result Date**: 08/15/2023 **Result**: Course not offered. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: Course not offered. **Actions** **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 700: Organizational Development and Change in Education – Final Paper **Target:** 100% of students will receive an average score of >=85% **Timeframe:** When course is taught (e.g., Fall 2017) **Responsible Parties:** Program Chair/HS Grad Curriculum Committee	**Result Date**: 08/15/2023 **Result**: Course not offered. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: Course not offered. **Actions** **Follow-up**

College Goals 2020-2024

EdD 1.2

AU Outcome
Students will assume leadership roles in interprofessional collaboration to improve the health outcomes of individuals, families, and populations through the educational preparation and graduation of health science and nursing professionals.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** EdD 710: Leading a Health Sciences Learning Organization – Case Study: Making Changes in Higher Education **Target:** 100% of students will receive a score of >=85% **Timeframe:** When course is taught (e.g., 2015, 2018, etc.) **Responsible Parties:** Program Chair/ HS Grad Curriculum Committee	**Result Date**: 08/15/2023 **Result**: This assignment was not included in the spring 2023 section of the course. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: None **Actions** **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 730: Professional, Ethical and Legal Issues and Trends in Health Professions Education – Literature Review **Target:** Each student will receive an average score of >80% **Timeframe:** When course is taught **Responsible Parties:** Program Chair/ HS Grad Curriculum Committee	**Result Date**: 08/15/2023 **Result**: Course not offered. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: Course not offered. **Actions** **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Service **Measure:** EdD 740: Today's Health Sciences Student: Trends, Issues and Challenges – Service Learning Project **Target:** 100% of students will receive a score	**Result Date**: 08/15/2023 **Result**: Fall 2022 – 2 students 100% of students received a score of >85% Overall average score = 93.8% (22.5/24)

Measures	Result
of >= 85% **Timeframe:** When course is taught (e.g., Fall 2016) **Responsible Parties:** Program Chair/ HS Grad Curriculum Committee	2020 (n=2) − target met (overall average = 95.8%) 2018 (n=1) − target met (overall average = 97.9%) 2016 − 84.5% (average) These results demonstrate the target (100% of students will receive an average score of >= 85%) has been consistently met (4/4 times) since the 2016-2017 academic year. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: The purpose of this assignment was for students to develop a service-learning project that could be offered in a course. Students use the Engaged Faculty Institute curriculum as a framework to explore service learning. The project requires students to communicate what they learned about service learning and if an activity could be incorporated into their instructional settings. The action plan for the 2020-2021 academic year stated additional resources on virtual service-learning options should be included to continue to support students looking for different activities to incorporate within their courses. In addition to exploring virtual options, this assignment was updated in the spring 2023 section to have students focus on the viability of using service learning in their setting. **Actions** **Action**: Action Date: 08/15/2023 Action: This assignment will continue to be included with no changes. We will also continue to explore virtual service learning as an option for health professions educators. **Follow-up**

EdD 2.1

AU Outcome
Students will facilitate curriculum design, development, and evaluation of program and learner outcomes using evidence-based strategies.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic	**Result Date**: 08/15/2023 **Result**: Summer 2022 − 1 student

College Goals 2020-2024

Measures	Result
Measure: EdD 750: Curriculum Theory and Design in the Health Professions – Final Project **Target:** 100% of students will receive an average score of >=85% **Timeframe:** When course is taught **Responsible Parties:** Program Chair/HS Graduate APG Committee	100% of students received a score of >85% Overall average score = 100% (100/100) Fall 2019 – Met; 100% (average); n=1 These results demonstrate the target (100% of students will receive an average score of >= 85%) has been consistently met (2/2 times) since the 2019-2020 academic year. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: The 2019-2020 action plan for the 2022-2023 academic year indicated no changes would be made to this assignment based on the past successes. The final project requires students to develop a unit of instruction following a curriculum development framework. Students worked on different sections of the project throughout the course and received feedback prior to assembling the final project. This course was taught as an 8-week course for the first time in summer 2022. <u>**Actions**</u> **Action**: Action Date: 08/15/2023 Action: This assignment will be included the next time this course is taught with no revisions. One of the course textbooks will be replaced due to availability issues because of the publish date. <u>**Follow-up**</u>
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 760: Pedagogy in Health Professions Education – Teaching Evaluation **Target:** 100% of students will receive a score of >=85% **Timeframe:** When course is taught (e.g., 2014, 2017, etc.) **Responsible Parties:** Program Chair/HS Graduate Curriculum Committee	**Result Date**: 08/15/2023 **Result**: Spring 2023 – 2 students 50% of students received a score of >85% Overall average score = 65% (19.5/30) 2020 (n=3) – target met (overall average = 100%) These results demonstrate the target (100% of students will receive an average score of >= 85%) has been inconsistently met (1/2 times) since the 2019-2020 academic year. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No

Measures	Result
	Action Plan Impact: Within each module, students evaluated an existing teaching evaluation tool against the learning theories covered in that module. By the end of the course, each student had created a unique teaching evaluation to use for a peer review. The action plan for the 2019-2020 academic year indicated students would complete a peer review using the evaluation form they created. One student did not follow the instructions for the assignment and did not meet expectations. **Actions** **Action**: Action Date: 08/15/2023 Action: This assignment will be included the next time this course is taught. The instructions for the assignment will be reviewed for clarity. **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** EdD 790: Practicum in Health Professions Education – Project Conferences **Target:** Students will receive an average score of >80% **Timeframe:** When course is taught (e.g., Spring 2017) **Responsible Parties:** Program Chair/HS Graduate APG Committee	**Result Date**: 08/15/2023 **Result**: Course not offered. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: Course not offered. **Actions** **Follow-up**

EdD 4.1

AU Outcome
Students will apply analytical methods and research to develop best practices and practice guidelines.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 760: Pedagogy in Health Professions Education – Personal Statement of Teaching Philosophy	**Result Date**: 08/15/2023 **Result**: Spring 2023 – 2 students 100% of students received a score of >85%

College Goals 2020-2024

Measures	Result
Target: 100% of students will receive an average score of >=85% **Timeframe:** When course taught (e.g., spring, Year 1) **Responsible Parties:** Program Chair/HS Graduate APG Committee	Overall average score = 99.6% (49.8/50) 2020 (n=3) – target met (overall average = 97.6%) These results demonstrate the target (100% of students will receive an average score of >= 85%) has been consistently met (2/2 times) since the 2012-2020 academic year. **Reporting Year:** 2022 - 2023 (Year 1) **Target Met:** Yes **Action Plan Impact:** Within each module, students completed a journal entry to help capture information about their teaching style to use in the final assignment. Students were allowed flexibility in the format of their submission, and one submitted a website while the other completed an essay. The action plan for the 2019-2020 academic year indicated no changes would be made to this assignment. **Actions** **Action:** Action Date: 08/15/2023 Action: This assignment will be included the next time this course is taught with no revisions. A guidance document with assignment expectations provides information to students, and that will continue to be used. Subsequent sections will be assessed to ensure the target continues to be met. **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** EdD 800: Evidence Based Practice in the Health Professions – Final Written Report **Target:** 100% of students will receive a score of >=85% **Timeframe:** When course is taught (e.g., 2015, 2018, etc.) **Responsible Parties:** Program Chair/ HS Grad Curriculum Committee	**Result Date:** 08/15/2023 **Result:** Course not offered. **Reporting Year:** 2022 - 2023 (Year 1) **Target Met:** NA **Action Plan Impact:** Course not offered. **Actions** **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** EdD 810: Methods of Inquiry – Collaborative Group Activity: Mock Qualitative Research Project	**Result Date:** 08/15/2023 **Result:** Course not offered. **Reporting Year:** 2022 - 2023 (Year 1) **Target Met:** NA **Action Plan Impact:** Course not offered.

Measures	Result
Target: 100% of students will receive a score of >= 85% **Timeframe:** When course is taught (e.g., 2021, 2024, etc.) **Responsible Parties:** Program Chair/HS Graduate APG Committee	**Actions** **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** EdD 820: Methods of Inquiry - Quantitative Research – Research Proposal **Target:** Students will receive an average score of at least 80% **Timeframe:** When course is taught (e.g., 2016, 2019, etc.) **Responsible Parties:** Program Chair/HS Graduate APG Committee	**Result Date**: 08/15/2023 **Result**: Course not offered. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: Course not offered. **Actions** **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** EdD 830: Dissertation Seminar – Prospectus **Target:** Students will receive an average score of >80% **Timeframe:** When course is taught (e.g., summer 2016, summer 2017) **Responsible Parties:** Program Chair/HS Graduate APG Committee	**Result Date**: 08/15/2023 **Result**: Course not offered. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: Course not offered. **Actions** **Follow-up**

EdD 5.1

AU Outcome
Students will advance the scholarship of education in a variety of health science and nursing professions.
Outcome Status
Active

College Goals 2020-2024

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 780: Integrating Evolving Technology in Health Professions Education –Tech Topic Assignment **Target:** 100% of students will receive a score of >= 85% **Timeframe:** When course is taught (e.g., 2015, 2018, etc.) **Responsible Parties:** Program Chair/ HS Grad Curriculum Committee	**Result Date**: 08/15/2023 **Result**: Fall 2022 – 2 students 100% of students received a score of >85% Overall average score = 88% (100/100) 2018 (n=4) – target met (overall average = 100%) 2020 (n=42 – target met (overall average = 100%) These results demonstrate the target (100% of students will receive an average score of >= 85%) has been consistently met (3/3 times) since the 2018-2019 academic year. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Per the 2020-2021 action plan for 2020-2021, it was proposed that additional information about the use of virtual solutions should be offered in conjunction with this assignment, but no changes will be made to how the assignment is assessed. The rubric was updated for this course section, but no significant changes were made. **Actions** **Action**: Action Date: 08/15/2023 Action: Students will continue to identify a technology topic to explore during the course and this assignment will be due in Week 7. Students are encouraged to align this topic with their final project. **Follow-up**
Assessment Measure Status: Inactive **Assessment Type:** SL: Didactic **Measure:** EdD 790: Practicum in Health Professions Education – Course Discussions **Target:** Students will receive an average score of >80% **Timeframe:** When course is taught (e.g., spring 2017) **Responsible Parties:** Program Chair/HS Graduate APG Committee	**Result Date**: 08/15/2023 **Result**: Course not offered. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: Course not offered. **Actions** **Follow-up**

College Goals 2020-2024

EdD 5.2

AU Outcome
Students will evaluate, synthesize, utilize and disseminate the scholarship related to discovery, integration, application, and teaching to further knowledge and competencies of the health science and nursing education professions.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** EdD 770: Assessment and Evaluation in Health Sciences Education – Assessment Process Assignment **Target:** Students will receive an average score at least 80% **Timeframe:** When course is taught (e.g., 2016, 2019, etc.) **Responsible Parties:** Program Chair/HS Graduate APG Committee	**Result Date**: 08/15/2023 **Result**: Course not offered. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: NA **Action Plan Impact**: Course not offered. **Actions** **Follow-up**

Program (HS) - Masters in Occupational Therapy (MS in OT)

MS in OT 9.0 Supervision guidelines

AU Outcome
Students will demonstrate an understanding of the supervision guidelines for OT and other essential personnel.
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Exam/Quiz - Teacher-made **Measure:** OT 613 – Supervision Guidelines Assessment	**Result Date**: 03/24/2024 **Result**: Average cohort score 32.25/35 points at 92% average, compared to an average cohort score 31.63/35 points at 90% average in 2021-2022. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes

Measures	Result
Target: Average cohort score of 90% or higher **Timeframe:** 2nd Year of program, Semester 5 (Spring) **Responsible Parties:** Course Instructor/ OT Faculty /HS Grad Curriculum Committee	**Action Plan Impact**: This action plan was implemented as planned (Plan to review materials, adjust as necessary for new cohort and provide same materials to compare between groups) and lecture and assignment were revised providing an increase in cohort score from 90% to 92%. **Actions** **Action Date**: 03/24/2024 **Action**: Current delivery of application of material provided increase of positive results. Plan to review materials, adjust as necessary for the new cohort. **Follow-up**

Program (HS) - Medical Laboratory Science (MLS)

MLS 1.2

AU Outcome
Students will apply concepts and principles of laboratory operations in a clinical setting
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** Affective Evaluation – Microbiology **Target:** 75% of students will receive an average score of >= 80% **Timeframe:** Annually **Responsible Parties:** Program Chair/HS Curriculum Committee	**Result Date**: 08/15/2023 **Result**: Spring 2023 (n=11) 10/11 (90.9%) of students received an average score of >80% Overall average = 23.5/25 points (94%) Spring 2022 (n=13) 100% of students received an average score of >80% Overall average = 24.5/25 points (98%) These results demonstrate the target (75% of students will receive an average score of >= 80%) has been met for the last two years. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: This is the second year of measuring this target. This is the final

Measures	Result
	semester for students and the third or fourth rotation as they progress through the program. Results indicate that students are learning and retaining behaviors needed to be successful in a workplace setting. Students are assessed by their clinical instructors on interest in learning, initiative, communication skills, acceptance of constructive criticism, and safety. **Actions** **Action**: Action Date: 08/15/2023 Action: We will evaluate subsequent cohorts of students on this measurement item with the same target. In addition, students will continue to receive a didactic affective evaluation at midterm and the end of each course to continue to promote professional behaviors. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Exam/Quiz - Standardized **Measure:** MediaLab Exam Simulator Scores (formerly MediaLab Exam Simulator Scores – MLS 475: Medical Laboratory Science Review **Target:** 75% of students will achieve a CAT difficulty of 5.0 **Timeframe:** Annually **Responsible Parties:** Program Chair/HS APG Committee	**Result Date**: 08/15/2023 **Result**: Spring 2023 – 10 students 100% (10/10) achieved a CAT difficulty level of at least 5.0 on CAT exams (6 exams) Average level of difficulty = 6.1 Practice CATs = 5.7 Graded CATs = 6.5 2018 – 90%; 5.3 2019 – 83.3%; 5.9 2020 (n=6) • Proctored – 16.7%; 4.5 • Non-proctored – 83.3%; 5.8 2021 (n=17); 82.4%; 5.5 2022 (n=16); 100%; 6.8 These results demonstrate the target (75% of students will achieve a CAT difficulty of 5.0) has been met for the last two years. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Exam Simulator (ES) is a preparatory resource we purchase for students to help them prepare for the BOC exam. Students took 6 CAT exams (all non-proctored) during the last 8 weeks of the semester. Our 2021-2022 action plan for 2023-2023 academic year indicated we would update the grading scale for the graded CAT

Measures	Result
	exams. Students earned full points for achieving a difficulty level of 5 or higher. The graded CAT exam average was higher which shows the power of incentivization. Students were provided with information about past student outcomes, different certification exam options, and recommendations on when to schedule their certification exams. **Actions** **Action**: Action Date: 08/15/2023 Action: We will continue to require students to complete practice and graded CAT exams. Students will be provided with additional study materials to support their review activities. **Follow-up**

MLS 2.1

AU Outcome
Students will demonstrate technical competency in the delivery of quality laboratory service
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical evaluation tool **Measure:** Basic Manual Differential Assignments **Target:** 75% of students will receive an average score of >80% (formerly 75% of students will complete all assignments) **Timeframe:** Annually **Responsible Parties:** Program Chair/HS Curriculum Committee	**Result Date**: 08/15/2023 **Result**: Fall 2022 (n=12) 91.7% of students received an average score of >80% Overall average = 28.3/30 points (94.3%) 2021 (n=16) – target met; overall ave. = 99% Target has been met since the measure was first evaluated in 2021. Students are provided with tools and resources to help them learn cellular morphology including a synchronous lab session and practice differentials for which they receive feedback from Cellavision on their performance. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes

Measures	Result
	Action Plan Impact: Per the 2020-2021 action plan proposed for 2021-2022 academic year, course faculty covered cell morphology during a virtual lab session (asynchronous for 2022) and provided numerous opportunities for students to practice classifying cells and receive feedback prior to completing a graded assignment. **Actions** **Action**: Action Date: 08/15/2023 Action: We will continue to include these assignments without any revisions. Course faculty will continue to cover cell morphology during a virtual lab session and provide numerous opportunities for students to practice classifying cells and receive feedback prior to completing a graded assignment. **Follow-up**

MLS 2.2

AU Outcome
Students will assess the accuracy of laboratory test results by correlating laboratory data with clinical diagnoses
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Clinical **Measure:** Advanced Manual Differential Assignments **Target:** 75% of students will receive an average score of >80% **Timeframe:** Annually **Responsible Parties:** Program Chair/HS Curriculum Committee	**Result Date**: 08/15/2023 **Result**: Fall 2022 – (n=12) 91.7% (11/12) earned an average exam score of >80%. Fall 2021 = 100% Target has been met since the measure was first evaluated in 2021. Students enjoyed the assignment and engaged with this assignment by asking questions. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Per the 2021-2022 action plan proposed for 2022-202 academic year, course faculty created more assignments using this resource and some ungraded, practice assignments were created for students to use as a review. **Actions**

Measures	Result
	Action: Action Date: 08/15/2023 Action: We will continue to use this program (CellaVision) to teach and assess advanced cell morphology and competency within this course. No plans to change this assignment. **Follow-up**
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** Program Comprehensive Exam (FKA: MLS Program Final Exam [formerly MLS 475: Medical Laboratory Science Review - Final Exam]) **Target:** 75% of students will receive a score of >55% (target prior to 2021-2022 = 75% of students will receive an average score of >=80%) **Timeframe:** Annually **Responsible Parties:** Program Chair/HS Faculty Org Committee	**Result Date**: 08/15/2023 **Result**: Spring 2022 – 10 students 100% of students (10/10) received a score of >55% Overall average score = 72.0% Spring 2020 (n=6) • 0 met target • 51.2% average score Spring 2021 (n=17) • 0 met target • 59.1% average score Spring 2022 (n=16) • 12 met target • 65.7% average score These results demonstrate that the target (75% of students will receive an average score of >= 55%) has been met for the last two years. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Our 2021-2022 action plan for the 2022-2023 academic year indicated we would continue to offer the expanded comprehensive final exam and evaluate the subsections of the exam for trends related to course material that we can emphasize during the review section of the course. Both parts of the final exam were minimally updated from spring 2022 to improve question clarity. This allowed us to better compare results from 2021-2022 to 2022-2023. The spring 2023 course included new resources on how to study for a comprehensive exam. Weeks 1-9 allowed students to review summer and fall topics and create study outlines. Weeks 10-15 included subject-specific review activities for all program topics. **Actions** **Action**: Action Date: 08/15/2023

Measures	Result
	Action: We will continue to offer the expanded comprehensive final exam and evaluate the subsections of the exam for trends related to course material that we can emphasize during the review section of the course. Additional review materials will be offered in the course. **Follow-up**

MLS 3.2

AU Outcome
Students will integrate team-building skills into professional practice
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Service **Measure:** Service Learning Project **Target:** 75% of students will receive an average score of >80% **Timeframe:** Annually **Responsible Parties:** Program Chair/HS APG Committee	**Result Date**: 08/15/2023 **Result**: Fall 2022 66.7% (8/12) of students earned an average score of >80%. Overall average score 24.25/30 = 80.8% Overall Averages 2021 (n=16) = 98.3%; 100% of students met target 2020 (n=15) = 90%; 73% of students met target 2019 (n=6) = 98.9% (target met) 2018 = 98.9% 2017 = 95.5% 2016 = 90.0% 2015 = 92.5% 2014 = 95.6% 2013 = 95.7% 2012 = 97.3% These results demonstrate the target (75% of students will receive an average score of >= 80%) has been consistently met (9/10 times) since the 2012-2013 academic year with the exception of the 2020-2021 academic year. The overall average score for this

Measures	Result
	assignment decreased for the current assessment year, but the project was revised as it is now included in a different course for the 2022-2023 academic year. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Our 2021-2022 action plan for the 2022-2023 academic year indicated this project would move into a new course for the 2022-2023 academic year. The new course covered education and research. As a result, the description of the project changed to align with the new course structure. Students were required to self-assess their work against a provided rubric **Actions** **Action**: Action Date: 08/15/2023 Action: Additional emphasis needs to be placed on research methods within the course. This information will be aligned with the evaluation criterion of the project to help students apply information to the project. Additionally, the project rubric will be further developed to add more description to the scales so students have more information about expectations and can better assess their own work. **Follow-up**

MLS 4.2

AU Outcome
Students will communicate effectively in an online environment
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Didactic **Measure:** Management Topics Discussion Board Posts (formerly Management Section Discussion Board posts – MLS 470: Laboratory Management) **Target:** 75% of students will receive an average score of >= 80% **Timeframe:** Annually	**Result Date**: 08/15/2023 **Result**: Spring 2023 (n=11) 100% students earned an average score of >80% (Ave. score = 97.6%) Spring 2022 (n=16): 100% Spring 2021 (n=17): 100% Spring 2020:100% Spring 2019: 98% This target has been consistently met for the past five years. Approximately half of the

Measures	Result
Responsible Parties: Program Chair/HS APG Committee	course modules contained discussion. Any deductions in posts were largely due to APA formatting errors. A new edition textbook was used this year. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Our 2021-2022 action plan for the 2022-2023 academic year indicated a new textbook edition would be used. Use of the new edition textbook and the variety of discussion assignments based on student experiences and perspectives continue to positively impact this target. **Actions** **Action**: Action Date: 08/15/2023 Action: Discussion board assignments will continue to be used in this course to foster student interaction and effective communication skills. **Follow-up**

Program (HS) - Public Health (PH)

PH 2.1

AU Outcome
Student will be able to gather information on policy
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Exam/Quiz - Teacher-made **Measure:** PH 495 Final Exam **Target:** Average score >= 80% **Timeframe:** Summer semester **Responsible Parties:** PH 495 Course Instructor/HS Curriculum Committee	**Result Date**: 04/27/2023 **Result**: In summer 2022, four students scored an average of 86% on the final exam. Only two students used the opportunity to retake the exam - as outlined on last year's action plan - to raise their scores for an average of a 3.5%. In Summer 2021, eight students earned an average of 91.25% on the exam. In Summer 2020, students (n=7) earned an average of 91% on the exam. In Summer 2019, 12 students took the final exam and received an average of 83.41%. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: Per the proposed 2022-2023 action plan, there was a change in test questions, but it did not have a significant impact on score, though it may account for the

Measures	Result
	downward scores in this session. [The action plan proposed for 2022-2023 was "The course will only be taught by one instructor in Summer 2022 instead of being team-taught. Due to the change in instructors, the test will be altered to account for changes in the material presented to students." Was the course taught by only one instructor summer 2022?] **Actions** **Action Date**: 04/27/2023 **Action**: The instructor will continue to refine the exam and actively encourage students to retake the exam to raise their scores. **Follow-up**

PH 2.2

AU Outcome
Student will be able to identify mechanism to evaluate programs for their quality and effectiveness
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Exam/Quiz - Teacher-made **Measure:** PH 480 Final Exam. (Public Health Research and Evaluation) **Target:** Average score > 80% **Timeframe:** Spring semester **Responsible Parties:** Program faculty / Health Science (HS) Curriculum committee	**Result Date**: 05/15/2023 **Result**: In Spring 2023, eight student received an average of 91% on the final exam. In Spring 2022, eight student earned an average of 89% on the final exam. In Spring 2021, seven students took the exam and averaged 92.8%. In Spring 2020, eight students took the final exam and scored an average of 83.3%. In 2019, 11 students took the course with an average score of 88.1% on the final exam. In 2018, two students took the course with an average score of 83.33%. The results have varied over years due to changing class sizes and different instructors. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: Yes **Action Plan Impact**: As stated in the 2022-2023 action plan proposed in the 2021-2022 CAP report, the instructor reviewed highly-missed questions on the final exam from the previous year. Four questions out of fifty were edited for clarity or rewritten. While exam scores went up from the previous year, it was below the year before showing the intervention did not have much impact.

Measures	Result
	[Proposed 2022-2023 action plan: "The instructor will review all final exam questions missed by more than 30% of the class and address those items either in the curriculum or reformatting the question for improved clarity."] **Actions** **Action Date**: 05/15/2023 **Action**: The contract instructor teaching the course will offer an optional review session before the final exam. **Follow-up**

PH 3.2

AU Outcome
Student should be able to describes the role of governmental and non-governmental organizations in the delivery of community health services
Outcome Status
Active

Measures	Result
Assessment Measure Status: Active **Assessment Type:** SL: Exam/Quiz - Teacher-made **Measure:** PH: 410 Final exam **Target:** Average score of >80% **Timeframe:** Fall semester **Responsible Parties:** Program faculty / HS Faculty Org. committee	**Result Date**: 04/27/2023 **Result**: In Fall 2022, ten student earned an average of 79.2% on the final exam. In Fall 2021, seven students earned an average of 78.1% on the final exam. In Fall 2020, eight students earned an average of 74.9% on the final exam. In Fall 2019, seven students received an average of 74.4% on the final exam. Fall 2018, eleven students received an average of 82.6% on the final exam. **Reporting Year**: 2022 - 2023 (Year 1) **Target Met**: No **Action Plan Impact**: The previous year action plan to update the curriculum with a new textbook was not carried out at Allen College in Fall 2022 due to staff workload issues, so the impact of the action plan on the 2022-2023 results is not applicable. [Action plan proposed for 2022-2023: "A textbook used the in the nursing program by the same authors seems to be more appropriate for undergraduate students. The course will switch to a new textbook in Fall 2022 and a new exam will be created."] **Actions** **Action Date**: 05/15/2023

College Goals 2020-2024

Measures	Result
	Action: New course materials and final exam were piloted by the program director at Wartburg College in Spring 2023, with implementation in the online setting in Fall 2023 at Allen College. This will include a new final exam. **Follow-up**