2020-2021

Allen College
UnityPoint Health

ALLEN COLLEGE ASSESSMENT PLAN (CAP)

Report of College Goals Achievement

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Allen College Goals 2020-2024

1. Prepare outstanding healthcare practitioners who are committed to lifelong learning.

2. Develop and implement accessible academic programs of excellence that are responsive to the workforce needs of Iowa and the nation.

3. Recruit and retain 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.

4. Promote a commitment by all members of the Allen College community to lives of service.

5. Adopt management practices that demonstrate outstanding stewardship of all resources to our constituents.

Allen College Goals Achievemen

2020-2021 Reporting Year (Year 3)

Allen College
UnityPoint Health

College Goals 2020-2024

College Goal 1 - Allen College is committed to preparing outstanding healthcare practitioners who are committed to lifelong learning.

Admin - Administration

AU Outcome: Admin 4.0

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

Measures	Results	Actions
AD: Report - Internal - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes The college currently has 3.5 full time equivalents (FTEs) to support the college technology needs which meets the target of 2 FTEs. 2.5 FTEs are specifically instructional technology, two totaling 1.5 FTEs are instructional designers and the other 1.0 FTE is an AV specialist. All are supervised by the Provost. 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. In 2019-20 total FTEs were 3.0. The Provost completed the action recommended in the 2019-2020 plan of reviewing the instructional design and AV work volume, and determined that adding a temporary instructional designer resource for Quality Matters was needed to strengthen our courses. Allen College was successful in receiving a grant to pay for a 0.50 part time FTE for this work to share with St. Luke's College. The temporary assignment is scheduled to end in April 2022 and the provost has signaled that the length of work assignment is sufficient for our needs and does not need to be renewed. (03/18/2022) **Action Plan Impact:** The action plan resulted in a part time FTE to do Quality Matters training and instructional design work that was shared with St. Luke's College. A grant was secured to pay for this needed but unbudgeted and temporary FTE. The temporary assignment is scheduled to end in April 2022 and the provost has signaled that the length of work	**Action:** Monitor work load of current technology staff and review prior to budget cycle 2022/2023 and budget additional staff if deemed necessary. (03/21/2022)

Admin - Administration

AU Outcome: Admin 4.0

Measures	Results	Actions
	assignment is sufficient for our needs and does not need to be renewed. This action plan had a positive impact on increasing our training and number of courses that either renewed or became QM certified.	
AD: Report - Internal - Number of major requests by Allen College for hardware-software **Target:** 50% of requests approved **Timeframe:** Annually **Responsible Parties:** DOBAS	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes [Need results, action plan, etc. Adjust "target met" accordingly] (03/18/2022) **Action Plan Impact:** [Need results, action plan, etc. Adjust "target met" accordingly]	
AD: Survey - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** No 90% of students rated this item important (rating of 6) or very important (rating of 7) but only 69 % were satisfied (rating of 6) or very satisfied (rating of 7), indicating a 21% performance gap. This is the first year for this measure so there are not previous results for comparison. (10/15/2021) **Action Plan Impact:** This is the first year for this measure so there is no previous action plan; therefore impact cannot be evaluated.	**Action:** Continue to monitor and plan for lab facilities upgrades as appropriate to keep our labs up to date. (10/15/2021)
AD: Survey - Ruffalo Noel Levitz Student Satisfaction Inventory—Satisfaction with "39. On the whole, the school is well- **Target:** 80% of students report satisfied or very satisfied [need to verify target] **Timeframe:** Annually **Responsible Parties:** Buildings & Grounds	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 90% of students rated this item important (rating of 6) or very important (rating of 7) and 93 % were satisfied (rating of 6) or very satisfied (rating of 7), indicating a -3% performance gap. This is the first year for this measure so there are not previous results for comparison. (01/20/2022) **Action Plan Impact:** This is the first year for this measure so there is no previous action plan; therefore impact cannot be evaluated.	**Action:** Facility and grounds are monitored and plans are developed to keep our facilities and grounds well-maintained. A current plan underway is the funding, ordering and placement of new patio furniture, updated AV in classrooms, and updating Gerard Hall faculty offices, collaboration space and first floor restrooms. (01/20/2022)

Admin - Teaching & Learning Committee

Admin - Teaching & Learning Committee

AU Outcome: TLC 1.0

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

Measures	Results	Actions
SL: Survey - 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. [Measure to be deactivated for 2021-2022] **Target:** 100% 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 **Related Documents:** Allen College Course Evaluation Criteria.pdf	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** No For the current reporting year: 98% of all Allen College courses reviewed during this cycle had an average course evaluation rating of 3.0 (agree) or higher. These results reflect that only 1 of 51 courses reviewed did receive an average rating of 3.0 or higher. The current results are consistent with the previous two reporting years when 97-98% of courses had average evaluation ratings of at least 3.0. 97% of Health Sciences courses reviewed during this cycle had an average course evaluation rating of 3.0 (agree) or higher. ONly one course did not receive an average rating of at least 3.0. These results are consistent with the previous two reporting years when 97-98% of courses had average evaluation ratings of at least 3.0. 100% of Nursing courses reviewed during this cycle had an average course evaluation rating of 3.0 (agree) or higher, which is consistent with the previous two reporting years when 97-100% of courses had average evaluation ratings of at least 3.0. See attached report. (11/12/2021) **Action Plan Impact:** Per the 2019-2020 action plan proposed for 2020-2021, the results of the 2020-2021 assessment of this measure were shared with School of Nursing and Health Sciences program deans. Additionally, TLC reviewed the future of Quality Matters (QM) integration into the curriculum for all programs by surveying faculty to determine if QM is perceived as a beneficial quality standard. As a result of this survey, TLC will continue with continue to promote QM certification of all courses. This action plan did not seem to have any effect on the results. **Related Documents:**	**Action:** The current results will be shared with the Deans of the Health Sciences and Nursing programs. A grant to support the QM certification of all courses has been obtained. Grant outcomes include faculty training in QM standards throughout the academic year. TLC will also review the QM policy. TLC recommends dropping the goal from 100% to 95% (11/12/2021)

Admin - Teaching & Learning Committee

AU Outcome: TLC 1.0

Measures	Results	Actions
	[TLC Outcome 1 CAP Report 2020-2021.pdf](#)	

AU Outcome: TLC 3.0

Graduates will demonstrate commitment to lifelong learning
Outcome Status: Active

Measures	Results	Actions
AD: Survey - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** No 31 of 54 alumni (57%) responding to the alumni survey reported participating in one or more lifelong learning activities; however, the BSN alumni did not receive the lifelong learning item due to a logic error in the BSN Alumni Survey. Therefore, of the 35 respondents who did have an opportunity to complete the lifelong learning item, the 31 respondents reporting participation in at least one lifelong learning activity yields a participation rate of 89%. 0/19 BSN alumni responding to survey selected any lifelong learning activities. This result was due to an error in the survey that prevented respondents from receiing the question. 6/10 MSN alumni responding to survey selected one or more lifelong learning activities. 100% of alumni responding to surveys for all other programs (ASR PGC, DMS, EdD, MS in OT, Public Health, Medical Imaging) selected at least one lifelong learning activity. See attached report. These results demonstrate improvement compared to the survey results obtained from 2018-2019 graduates as reported in the 2019-2020 CAP report, when 13/33 (33.3%) reported one or more lifelong learning activities. This error in the BSN Alumni Survey has been corrected, so the 2020-2021 BSN graduates will receive the item on future surveys. (08/31/2021) **Action Plan Impact:** Per the 2019-2020 action plan, the requirement of including the lifelong learning item on all alumni surveys was reinforced. However, it was acknowledged that simply reporting the data would not instill the value of lifelong learning in Allen College students and ensure that the value was carried forward into graduates' lives. This goal was discussed in TLC meetings to evaluate which committee should be responsible	**Action:** Had it not been for the error in the BSN alumni survey, it is likely the target would have been achieved. Therefore, TLC will review the results of the alumni survey and continue to evaluate the measure yearly. If the target is not achieved for the 2021-2022 academic year, there will be investigation into possible reasons and solutions. (08/31/2021)

College Goal 1 - Allen College is committed to preparing outstanding healthcare practitioners who are committed to lifelong learning.

Admin - Teaching & Learning Committee

AU Outcome: TLC 3.0

Measures	Results	Actions
	for this measure. Teaching and Learning Committee meeting minutes of 2/22/21 indicate the committee determined that the TLC Committee should continue to be responsible for this measure. It was also determined that TLC should look at this measure after the next round of data collection (i.e., surveys of 2019-2020 graduates). Although there was an increase in the percentage of alumni reporting participation in at least one lifelong learning activity since graduating from Allen College compared to the previous reporting year when not all alumni surveys included the new lifelong learning item, attributing the improvement to the action plan does not seem reasonable. Alumni may skip the lifelong learning item on the survey even though they are participating in one or more of the activities listed. Context: This measure was created to assess College Goal 1 "Prepare outstanding healthcare practitioners who are committed to lifelong learning." TLC Outcome 3.0 "Graduates will demonstrate commitment to lifelong learning," was created to operationalize College Goal 1. **Related Documents:** Alumni Lifelong Learning Activities Report 2019-2020 Graduates.pdf	

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

AU Outcome: ASR 1.1

Students will practice proper radiation protection
Outcome Status: Active

Measures	Results	Actions
SL: Clinical evaluation tool - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Fall 2020 = 3.94 (n=23) Previous data: 2019 = 3.91 (n=19) 2018 = 3.90 (n=13) 2017=3.97(n=14) 2016 = 3.89 (n=13)	**Action:** To continue to exceed the benchmark instructors will continue to have students practice radiation protection in each lab and in the clinical environment. No changes to this assessment item are recommended. The program will continue to use and assess this

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

AU Outcome: ASR 1.1

Measures	Results	Actions
	2015 = 3.95 (n=16) Current and past results indicate the target has been met consistently from year to year. (07/26/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, faculty continued to have students practice radiation protection in each lab and in the clinical settings. This action plan was effective for 2020-2021, as demonstrated by a slight increase of .03 in 2020 from 2019. The program faculty provided guidance and instruction for students to enable them to practice and apply radiation protection principles in the clinical setting. Students demonstrated clinical competence by applying proper radiation protection. A variety of radiation protection practices and principles are emphasized throughout the curriculum and students continue to evidence the application of this knowledge in the clinical setting.	measurement tool with each new cohort. (07/26/2021)
SL: Clinical evaluation tool - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 2021= 3.98 (n= 16) Previous data: 2020 no data to assess, this program requirement was waived for this cohort due to COVID-19. Prior data: 2019 = 4.00 (n=12) 2018 = 3.96 (n=12) 2017 = 3.96 (n=15) 2016 = 3.96 (n=17) 2015 = 3.96 (n=15) Current and previous results indicate the target is consistently exceeded from year to year, with most students achieving a score of 4.0 on a 4-point scale. (07/26/2021) **Action Plan Impact:** This measure was not assessed during 2019-2020 due to COVID-19, so there was no proposed action plan for 2020-2021. Per the 2018-2019 action plan proposed for 2019-2020, it was intended that instructors would teach various methods of radiation protection and reinforce this throughout the program. It was also intended that students continue to have access to an appropriate exam volume in a variety of settings to prepare them for their final competencies. Due to no proposed action plan for 2020-2021, the prior action plan continued during 2020-2021. This plan appears to have been effective because there was no significant change in scores compared to the previous assessed years. The students demonstrated clinical proficiency and competency in providing radiation protection.	**Action:** To continue to exceed the benchmark for this measure during the 2021-2022 academic year, 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. In addition, this evaluation is completed by the clinical instructors. (07/26/2021)

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

AU Outcome: ASR 1.2

Students will apply correct positioning skills
Outcome Status: Active

Measures	*Results*	*Actions*
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 2021 = 3.93 (n=17) Previous data: 2020= 3.92 (n=16) 2019= 3.88 (n=13) 2018= 3.86 (n=14) 2017 = 4 (n=12) 2016= 3.96 (n=16) 2015=3.79 (n=17) 2014=3.86 (n=15) Current and previous results indicate the target is consistently exceeded from year to year. (07/26/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, course instructors continued to assess this item since certification testing is completed at various clinical sites and with different clinical instructors. This action plan was effective for 2020-2021, as demonstrated by a slight increase of .01 in 2021 from 2020. The clinical instructors, clinical preceptors, and faculty provided the students with the appropriate instruction and supervision to apply correct positioning skills. Students demonstrated knowledge of positioning in relation to their level of placement in the program. Students are encouraged to practice and review positioning principles by the clinical instructors.	**Action:** To continue to meet or exceed this benchmark for this measure during the 2021-2022 academic year, course instructors recommend assessing this item since certification testing is completed at various clinical sites and with different clinical instructors. No changes recommended. (07/26/2021)
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Fall 2020=3.95 (n=16) Previous data: 2019 = 3.9 (n= 10) 2018=3.95 (n=12) 2017=3.90 (n=12) 2016=3.97 (n=15) 2015=3.99 (n=17) Current and previous results indicate the target is consistently exceeded from year to year, with most students achieving a score of 3.9 or greater on a 4-point scale. (07/26/2021)	**Action:** To continue to exceed this benchmark for the 2021-2022 year, 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 which permits

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

AU Outcome: ASR 1.2

Measures	Results	Actions
	Action Plan Impact: Per the 2019-2020 action plan, during 2020-2021, faculty continued to communicate with the clinical instructors and encouraged them to select from more advanced and challenging exams to correlate with the student's level in the program. This action plan was effective for 2020-2021, as demonstrated by a slight increase of .05 in 2020 from 2019. The clinical instructors continued to assess the student's positioning skills on more advanced procedures appropriate for their level in the program. This is the third cohort that excluded some basic level 1 exams. The procedural exam difficulty correlates with the student's level in the program and students continue to demonstrate clinical competency by applying correct positioning skills on these more advanced procedures. Students are guided by the program faculty and are well prepared in the classroom and lab which permits success in the clinical setting.	success in the clinical setting. No changes recommended. (07/26/2021)

AU Outcome: ASR 2.1

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

Measures	Results	Actions
SL: Clinical evaluation tool - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 2020 3.27(n=22) Previous data: 2019 3.47 (n=19) 2018 3.67 (n=13) 2017 3.68 (n=14) 2016 3.56 (n=13) Current and previous results indicate the target is consistently met from year to year. There has been a slight decrease seen each year over the last 3 years. (07/26/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the clinical instructors and preceptors continue to deliver prompt feedback to students when issues arise concerning patient care and interpersonal relationships. This action plan was effective for 2020-2021, but there was a slight decrease of .20 in 2020 from 2019 demonstrating that the students' average scores decreased in all areas of the performance criteria: patient care, interpersonal relationships, multicultural diversity, and age-appropriate care. Two students withdrew from	**Action:** To continue to meet or exceed the benchmark for this measure during the 2021-2022 academic year, 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. (07/26/2021)

College Goal 1 - Allen College is committed to preparing outstanding healthcare practitioners who are committed to lifelong learning.

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

AU Outcome: ASR 2.1

Measures	Results	Actions
	this course before the end of the semester. 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. Faculty continue to discuss and review the correct way to communicate with the patient and fellow students, technologists, and radiologists.	
SL: Clinical evaluation tool - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Spring 2021 = 3.66 (N =16) Previous data: 2019-2020 3.86 (n=10) 2018-2019 3.90 (n=12) 2017-2018 3.78 (n=12) 2016-2017 3.95 (n=15) 2015-2016 3.97 (n=17) Current and previous results indicate the target is consistently exceeded from year to year. (07/26/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the clinical instructors and clinical preceptors continued to instruct students by exhibiting effective communication in the clinical environment. This action plan was effective for 2020-2021, but there was a slight decrease of .20 in 2021 from 2020 demonstrating that the students' average scores decreased in the areas of interpersonal relationships, multicultural diversity, age-appropriate care, and patient care. Clinical instructors and preceptors continue to provide 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.	**Action:** To continue to meet or exceed the target for this measure during the 2021-2022 academic year, clinical instructors/preceptors will continue to instruct students by exhibiting effective communication in the clinical environment. (07/26/2021)
SL: Clinical evaluation tool - RA:135 Clinical Competency Evaluation/ Part I – Number 4 Part III- Numbers 1,3,6-8 **Target:** Average score >= 3 (0-4 pt. scale)	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 2020 = 3.96 (n=23) Previous data: 2019 = 3.94 (n=19) 2018 = 3.95 (n=13) 2017=3.98 (n=14)	**Action:** To continue to exceed the target for this measure for the 2021-2022, the program faculty will continue to provide the students with the skills needed for effective clinical communication and guide and assist the clinical instructors as

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

AU Outcome: ASR 2.1

Measures	Results	Actions
Timeframe: Level I-Fall Semester **Responsible Parties:** Clinical Instructor/Program Faculty/ HS Curriculum Committee	2016=3.92 (n=13) 2015=3.99 (n=16) Current and previous results indicate the target is consistently exceeded from year to year, with most students achieving a score of 3.9 or greater on a 4-point scale. (07/26/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, clinical instructors continued to deliver instruction, supervision, and feedback to the students in the clinical environment. This action plan was effective for 2020-2021, as demonstrated by a slight increase of .02 in 2020 from 2019. All students demonstrated communication skills reflective of their level in the program. The program curriculum and faculty continue to provide students with the necessary skills to progress from the classroom and lab setting to the clinical setting. The students continue to demonstrate effective communication skills in the clinical setting.	they provide effective instruction, supervision, and feedback to the students in the clinical setting. (07/26/2021)
SL: Clinical evaluation tool - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 2021 = 3.98 (n=16) Previous data: 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) 2017=4 (n=15) 2016=4 (n=17) 2015=3.99 (n=15) Current and previous results indicate the target is consistently exceeded from year to year, with most students achieving a score of 3.98 or greater on a 4-point scale. (07/26/2021) **Action Plan Impact:** This measure was not assessed during 2019-2020 due to COVID-19, so there was no proposed action plan for 2020-2021. Per the 2018-2019 action plan proposed for 2019-2020, it was intended that the program will continue to provide students with access to an appropriate exam value in a variety of settings to prepare them for their final competencies. Due to no proposed action plan for 2020-2021, the prior action plan continued during 2020-2021. This plan appears to have been effective because there was no significant change in scores compared to the previous assessed years. The students demonstrated effective communication skills in the clinical setting. Students are instructed and guided in effective clinical communication skills in every semester of the program. Many of this year's	**Action:** To continue to exceed the target for this measure for the 2021-2022, students will be instructed and guided in effective clinical communication skills in every semester of the program. (07/26/2021)

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

AU Outcome: ASR 2.1

Measures	Results	Actions
	final CCE's were performed on patients that required multiple exams and extensive patient communication.	

AU Outcome: ASR 2.2

Students will practice written communication skills
Outcome Status: Active

Measures	Results	Actions
SL: Didactic - RA: 115 Patient Care Presentation **Target:** Average score of >= 85% **Timeframe:** Level I-Fall Semester **Responsible Parties:** RA: 115 Course Instructor/HS APG Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 2020=96% (n=20) 2019=98% (n=19) 2018=98% (n=13) 2017=98% (n=14) 2016=97% (n=13) Current and previous results indicate the target is consistently exceeded from year to year, with most students achieving a score of 96% or greater. (07/26/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the course instructor continued to discuss the paper requirements with the students throughout the semester. The course instructor emailed the students resource information that included a link to the academic resource page on the Allen College website. Included on this resource page is an APA link that provided information to assist students with practicing written communication skills. This action plan was effective for 2020-2021, with just a slight decrease of 2% in 2020 from 2019. Many of the point deductions were APA related: missing title page, missing running head, and reference page formatting issues. The course instructor provided a Panopto video resource that assists students when writing their research papers. Overall, the students continue to practice written communication skills effectively.	**Action:** To continue to meet or exceed the target for this measure during the 2021-2022 academic year, the course instructor will continue to discuss the paper requirements with the students. Remind students of the resources available on the Allen College website. The resources page includes a Panopto video that assists the students when writing their research papers. (07/26/2021)
SL: Didactic - RA:258 Pathology Systems Presentation **Target:** Average score of >= 85% **Timeframe:** Level II-Fall Semester **Responsible Parties:** RA: 258 Course Instructor/ HS APG Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 2020=98% (n=16) 2019=99% (n=10) 2018=99% (n=12) 2017=97% (n=12)	**Action:** To continue to achieve the target for this measure during the 2021-2022 academic year, the course instructor will continue to discuss the paper requirements with the students. (07/26/2021)

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

AU Outcome: ASR 2.2

Measures	Results	Actions
	2016=95% (n=15) Current and previous results indicate the target is consistently exceeded from year to year. (07/26/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the course instructor continued to discuss the paper requirements with the students throughout the semester. The course instructor emailed the students resource information that included a link to the academic resource page on the Allen College website. Included on this resource page is an APA link that provided information to assist students with practicing written communication skills. This action plan was effective for 2020-2021, with just a slight decrease of 1% in 2020 from 2019. Minor deductions were noted including the following: not displaying radiographic images as part of their presentation, not discussing the reason for selection of the pathology topic, and not meeting the 8-minute length requirement. Overall, the students continue to practice written communication skills effectively.	

AU Outcome: ASR 2.3

Students will demonstrate oral communication skills
Outcome Status: Active

Measures	Results	Actions
SL: Didactic - RA: 115 Patient Care Presentation **Target:** Average score of >= 85% **Timeframe:** Level I-Fall Semester **Responsible Parties:** RA: 115 Course Instructor/HS APG Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 2020=99% (n=20) 2019=98% (n=19) 2018=99% (n=13) 2017 =99% (n=14) 2016=99% (n=13) Current and previous results indicate the target is consistently exceeded from year to year. (07/26/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the course instructor continued to discuss the paper requirements with the students throughout the semester. The course instructor also encouraged students to practice reading their papers before the due date to assist them in demonstrating effective oral communication skills. This action plan was effective for 2020-2021, demonstrating an increase of 1% in 2020 from 2019. Only one	**Action:** To continue to meet or exceed the benchmark for this measure during the 2021-2022 academic year, the course instructor will continue to discuss the paper requirements with the students. (07/26/2021)

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

AU Outcome: ASR 2.3

Measures	Results	Actions
	student had a deduction in their oral presentation due to voice level being too soft. All papers in the RA115 course were presented using Collaborate Ultra on Blackboard with only a few minor technical difficulties. Overall, the students continue to demonstrate effective oral communication skills.	
SL: Didactic - RA:258 Pathology Systems Presentation **Target:** Average score of >= 85% **Timeframe:** Level II-Fall Semester **Responsible Parties:** RA: 258 Course Instructor/ HS APG Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 2020= 95% (n=16) 2019=98% (n=10) 2018=96% (n=12) 2017=96% (n=12) 2016=97% (n=15) Current and previous results indicate the target is consistently exceeded from year to year. (07/26/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the course instructor continued to discuss the paper requirements with the students throughout the semester. The course instructor also encouraged students to practice reading their papers before the due date to assist them in demonstrating effective oral communication skills. This action plan was effective for 2020-2021, with just a slight decrease of 3% in 2020 from 2019. Each student completes two papers during the pathology course. Minor deductions included: missing title page, improper spacing, and reference page formatting. Overall, the students continue to demonstrate effective oral communication skills.	**Action:** To continue to meet or exceed the benchmark for this measure during the 2021-2022 academic year, the course instructor will continue to discuss the paper requirements with the students. Remind students of the resources available on the Allen College website. The resources page includes a Panopto video that assists the students when writing their research papers. (07/26/2021)

AU Outcome: ASR 3.1

Students will appropriately critique radiographic images
Outcome Status: Active

Measures	Results	Actions
SL: Didactic - RA: 255 Radiographic image analysis worksheets **Target:** Average score of >= 80% **Timeframe:** Level II-Summer Semester	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 2020 = 91.94 (n=16) Previous data: 2019 = 92.72% (n=11) 2018 = 93.75% (n=12)	**Action:** To continue to achieve the benchmark for this measure during the 2021-2022 academic year, the faculty will continue to assign learning opportunities from the new 5th edition textbook.

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

AU Outcome: ASR 3.1

Measures	Results	Actions
Responsible Parties: RA: 255 Course Instructors/HS APG Committee	2017=87.75% (n=12) 2016: 90.19% (n=16) Current and previous results indicate the target is consistently exceeded from year to year. (07/27/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the course instructor used the new 5th edition textbook for this cohort. This textbook is considered to be an excellent learning opportunity for the students. The action plan was effective for 2020-2021, with only a slight decrease of .78% in 2020 from 2019. Students demonstrated the ability to apply critical thinking skills while correctly analyzing radiographic images. A variety of learning opportunities were provided to the students through the use of the new textbook.	(07/27/2021)
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 2020 = 91.69% (n=16) Previous data 2019 = 88.8% (n = 10) 2018 = 93.33% (n=12) 2017 = 88.83% (n=12) 2016 = 91.66% (n=15) Current and previous results indicate the target is consistently exceeded from year to year. (07/27/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the course instructor used the new 5th edition textbook for this cohort. This textbook is considered to be an excellent learning opportunity for the students. The action plan was effective for 2020-2021, as demonstrated by an increase of 2.89% in 2020 from 2019. The instructor carefully reviewed each item on the worksheets for clarity and accuracy with the new edition textbook. Students demonstrated the ability to apply critical thinking skills while correctly analyzing radiographic images. A variety of learning opportunities were provided to the students through the use of the new textbook.	**Action:** To continue to achieve the target for this measure during the 2021-2022 academic year, the faculty will 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. (07/27/2021)

AU Outcome: ASR 3.2

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

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

AU Outcome: ASR 3.2

Measures	Results	Actions
SL: Exam/Quiz - Standardized - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** No 2021 = 69% (n = 16) achieved a 70 or greater on one of the four exams. Previous data: 2020 = 90% (n=10) 2019 = 100% (n=12) 2018 = 100% (n=12) 2017 = 93% (n=15) 2016 = 100% (n=17) 2015 = 93% (n=15) The current data does not meet target. All previous data indicates the target was consistently exceeded from year to year before 2021. Since there is no prior data that does not meet benchmark, a new action plan will help assist faculty in reflecting on the unexpected decrease in percentage for this measure. (07/27/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the ASR Program curriculum is designed to prepare students for mock board exams. The target was updated to remove the word "passing" from the current year's assessment plan. There was a significant decrease in the percentage of students achieving a score of 70 or greater on at least one of the four comprehensive exams when compared to the prior data. The 2019-2020 action plan was not effective, as a decrease of 21% is demonstrated in 2021 from 2020. COVID-19 did cause this cohort to experience disruptions and changes to the learning environment. In addition, students may not have scored well on the first exam because they perceived that it was scheduled too soon after spring break. In Spring 2021, the first exam was held the Thursday after spring break. Faculty continued to encourage students to use all available learning resources that they are provided throughout the program to help prepare for the exams. Overall, the students did not consistently demonstrate the ability to practice critical thinking in relation to this measure.	**Action:** To meet or exceed the benchmark for this measure during the 2021-2022 year, based on student feedback, the course instructor will attempt to schedule the first exam one week later in Sp22 and then evaluate the effectiveness of exam scheduling compared to the first exam scores. The instructor will continue to encourage time management skills for comprehensive review and continue to encourage the use of all learning resources throughout the course. Based on student feedback, the instructor will attempt to adjust exam scheduling in Sp22. (07/27/2021)
SL: Didactic - RA:154 CT Topic Presentation **Target:** Average score of >= 80% **Timeframe:** Level I- Spring Semester **Responsible Parties:** Program Faculty/HS Curriculum Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Spring 2021 = 96.24% (n=13) No previous data available for comparison. (07/27/2021) **Action Plan Impact:** There is no previous data available for comparison. This is the first cohort to utilize this measurement tool so there was no prior action plan to reflect on. Students are	**Action:** To continue to exceed target for the 2021-2022 year, the instructor will continue to provide each student with a grading rubric and a presentation example within Blackboard. The instructor will

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

AU Outcome: ASR 3.2

Measures	Results	Actions
	expected to use critical thinking skills to help teach the class about specific CT topics. Overall, this cohort performed well with an average score of 96.24%. When this presentation is assigned, each student receives a grading rubric that includes a breakdown of how their presentation will be graded. 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 the presentation 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. Each student conducted peer reviews on a select number of presentations. The student 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.	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. No changes are recommended. (07/27/2021)

AU Outcome: ASR 3.3

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

Measures	Results	Actions
SL: Clinical evaluation tool - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Spring 2021 = 3.65 (N =18) Previous data: 2019-2020 3.60 (N=16) 2018-2019 3.36 (N=13) 2017-2018 3.53 (N=14) 2016-2017 3.63 (N=12) 2015-2016 3.63 (N-16) Current and previous results indicate the target is consistently exceeded from year to year. (07/27/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the clinical instructors and clinical preceptors continued to provide the needed instruction and supervision to the	**Action:** To continue to meet or exceed the target for this measure during the 2021-2022 academic year, 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. (07/27/2021)

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

AU Outcome: ASR 3.3

Measures	Results	Actions
	students to evaluate their critical thinking skills in the clinical setting. This action plan was effective for 2020-2021, as demonstrated by a slight increase of .05 in 2021 from 2020. The student scores were higher than the previous year in the ability to follow directions area. There was a slight decrease in the areas of: application of knowledge, self-image for the level of the ASR program, and composure and adaptability. The program faculty continue to work with clinical instructors and preceptors to ensure all students are provided with the education and opportunities needed to be successful in the clinical environment.	
SL: Clinical evaluation tool - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 2020 3.75 (n=16) Previous Data: 2019 3.86 (n=11) 2018 3.81 (n=12) 2017 3.79 (n=12) 2016 3.86 (n=15) Current and previous results indicate the target is consistently exceeded from year to year. (07/27/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the clinical instructors and clinical preceptors continued to demonstrate and explain to students how to practice critical thinking skills in the clinical setting. This action plan was effective for 2020-2021, with just a slight decrease of .09 in 2020 from 2019. The student scores were lower 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 in Trajecsys. Students continue to demonstrate their ability to critically think in the clinical setting. The program faculty continue to work with clinical instructors and preceptors to ensure all students are provided with the education and opportunities needed to be successful in the clinical environment.	**Action:** To continue to meet or exceed the target for this measure during the 2021-2022 academic year, clinical instructors/preceptors will continue to instruct and explain and demonstrate to students how to practice critical thinking skills in the clinical environment. (07/27/2021)

AU Outcome: ASR 4.1

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

Measures	Results	Actions

College Goal 1 - Allen College is committed to preparing outstanding healthcare practitioners who are committed to lifelong learning.

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

AU Outcome: ASR 4.1

Measures	Results	Actions
SL: Service - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 2020 = 88.80% (n=18) Previous data: 2019: 87.71% (n=19) 2018: 83.69% (n=13) 2017: 94.78% (n=14) 2016: 72.00% (n=13) 2015: 92.56% (n=16) Current results indicate the target continues to be exceeded over the last 4 years. Data from 2016 indicates target was not met that year, but target has been exceeded since. (07/27/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the ASR faculty assessed the assignment rubric/instructions and made modifications accordingly. This action plan was effective for 2020-2021, as demonstrated by a slight increase of 1.09% in 2020 from 2019. Some students offered minimal reflection on the activity and research. Many students did not perform a service activity independently and were encouraged in their grade feedback to further develop their leadership skills by performing independent service later in the program. Course instructors continued to encourage students to engage in a service learning opportunities that will allow them to construct professional practices. Overall, students were able to demonstrate professionalism and leadership through their service learning.	**Action:** To continue to achieve the target for this measure during the 2021-2022 academic year, the course instructors will continue to assess the assignment instructions and make modifications accordingly. (07/27/2021)
SL: Service - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 2020 = 84.56% (n=16) Previous data: 2019: 85.60% (n = 10) 2018: 76.75% (n=12) 2017: 93.33% (n=12) 2016: 93.40% (n=15) 2015: 82.47% (n=17) Current and previous results indicate the target is consistently exceeded from year to year with the exception of 2018. (07/27/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the course instructions continued to assess the assignment instructions and made modifications accordingly. This	**Action:** To continue to achieve the target for this measure for the 2021-2022 academic year, the course instructors will continue to assess the assignment instructions and make modifications accordingly. (07/27/2021)

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

AU Outcome: ASR 4.1

Measures	Results	Actions
	action plan was effective for 2020-2021, with just a slight decrease of 1.04% in 2020 from 2019. Many of the deductions continue to be in the research and writing portion of the grade rubric. The students shared their values concerning their service-learning experience and shared how the experience affected them personally and professionally. Course instructors continued to encourage students to engage in service-learning opportunities that will allow them to construct professional practices. Overall, students were able to demonstrate professionalism and leadership through their service learning.	

AU Outcome: ASR 4.2

Students will practice professionalism
Outcome Status: Active

Measures	Results	Actions
SL: Clinical evaluation tool - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 2020: 3.34 (n=22) 2019: 3.51 (n=19) 2018: 3.68 (n=13) 2017: 3.68 (n=14) 2016: 3.60 (n=13) Current and previous results indicate the target is consistently exceeded from year to year. (07/27/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the clinical instructors and clinical preceptors continued to deliver prompt feedback to students when issues arose concerning initiative and professionalism. This action plan was effective for 2020-2021, with a slight decrease of 0.17 in 2020 from 2019. Clinical instructors and preceptors continued to provide instruction to students in the areas of organization of assignments, initiative, appearance, policies and procedures, and ethical and professional behavior. The faculty continue to discuss the importance of initiative and professional in the clinical setting. Overall, the students demonstrated their ability to practice professionalism in the clinical setting.	**Action:** To continue to meet or exceed the benchmark for this measure during the 2021-2022 academic year, the clinical instructors/preceptors will continue to provide instruction to students in the areas of organization of assignments, initiative, appearance, policies and procedures, ethical and professional behavior. (07/27/2021)
SL: Clinical evaluation tool - RA:275 Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Spring 2021 = 3.65 (n =16)	**Action:** To continue to meet or exceed the target for this measure during the 2020-2021 academic

College Goal 1 - Allen College is committed to preparing outstanding healthcare practitioners who are committed to lifelong learning.

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

AU Outcome: ASR 4.2

Measures	Results	Actions
Target: Average score >= 3 (0-4 pt. scale) **Timeframe:** Level II-Spring Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/HS Curriculum Committee	Previous data: 2019 3.51 (n=19) 2018 3.68 (n=13) 2017 3.68 (n=14) 2016 3.60 (n=13) 2015 3.83 (n=16) Current and previous results indicate the target is consistently exceeded from year to year. (07/27/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the clinical instructors and clinical preceptors continued to be positive role models for students by practicing professionalism in the clinical setting. This action plan was effective for 2020-2021, as demonstrated with a slight increase of 0.14 in 2021 from 2020. The students' average score in Ethical and Professional Behavior went up compared to the previous year. The students' average scores decreased in the areas of: performance criteria, organization of assignments, initiative, appearance, and policies and procedures. Clinical instructors and preceptors continued to provide instruction to students on professional behavior. The faculty continue to discuss the importance of initiative and professional in the clinical setting. Overall, the students demonstrated their ability to practice professionalism in the clinical setting.	year, the clinical instructors/preceptors will continue to deliver prompt feedback to students when issues arise concerning initiative and professionalism. Faculty continue to discuss the importance of initiative and professionalism in the clinical setting. (07/27/2021)

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

AU Outcome: EdD 1.2

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	Results	Actions
SL: Didactic - EdD 710: Leading a Health Sciences Learning Organization – Case Study: Making Changes in Higher Education **Target:** 100% of students will receive	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** NA Course not offered. (09/22/2021) **Action Plan Impact:** Course not offered.	

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

AU Outcome: EdD 1.2

Measures	Results	Actions
a score of >=85% **Timeframe:** When course is taught (e.g., 2015, 2018, etc.) **Responsible Parties:** Program Chair/ HS Grad Curriculum Committee		
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** NA Course not offered. (09/22/2021) **Action Plan Impact:** Course not offered.	
SL: Service - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Fall 2020 – 2 students 100% of students received a score of >85% Overall average score = 95.8% (24/25) 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 (3/3 times) since the 2016-2017 academic year. (09/22/2021) **Action Plan Impact:** Our 2018-2019 action plan for the 2020-2021 academic year included changing the focus of this assignment to creating a syllabus for a course that includes service learning. The assignment was further adapted to direct those already familiar with service learning to make improvements to any existing activities they already used. 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	**Action:** This is an assignment that students usually enjoy and find useful, so additional resources on virtual service learning options should be included to continue to support students looking for different activities to incorporate within their courses. (09/22/2021)

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

AU Outcome: EdD 1.2

Measures	Results	Actions
	service learning and if an activity could be incorporated into their instructional settings.	

AU Outcome: EdD 2.1

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

Measures	Results	Actions
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** NA Course not offered. (09/22/2021) **Action Plan Impact:** Course not offered.	
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** NA Course not offered. (09/22/2021) **Action Plan Impact:** Course not offered.	
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** NA Course not offered. (09/22/2021) **Action Plan Impact:** Course not offered.	

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

AU Outcome: EdD 2.1

Measures	Results	Actions
Chair/HS Graduate APG Committee		

AU Outcome: EdD 4.1

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

Measures	Results	Actions
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** NA Course not offered. (09/22/2021) **Action Plan Impact:** Course not offered.	
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** NA Course not offered. (09/22/2021) **Action Plan Impact:** Course not offered.	
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** NA Course not offered. (09/22/2021) **Action Plan Impact:** Course not offered.	

College Goal 1 - Allen College is committed to preparing outstanding healthcare practitioners who are committed to lifelong learning.

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

AU Outcome: EdD 4.1

Measures	Results	Actions
(e.g., 2021, 2024, etc.) **Responsible Parties:** Program Chair/HS Graduate APG Committee		
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** NA Course not offered. (09/22/2021) **Action Plan Impact:** Course not offered.	
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** NA Course not offered. (09/22/2021) **Action Plan Impact:** Course not offered.	

AU Outcome: EdD 5.1

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

Measures	Results	Actions
SL: Didactic - EdD 780: Integrating Evolving Technology in Health Professions Education –Tech Topic Assignment **Target:** 100% of students will receive	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Fall 2020 – 2 students 100% of students received a score of >85%	**Action:** Additional information about the use of virtual solutions will be offered in conjunction with this assignment, but no changes will be made to how the

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

AU Outcome: EdD 5.1

Measures	Results	Actions
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 = 100% (100/100) 2018 (n=4) – target met (overall average = 100%) These results demonstrate the target (100% of students will receive an average score of >= 85%) has been consistently met (2/2 times) since the 2018-2019 academic year. (09/22/2021) **Action Plan Impact:** Per the 2018-2019 action plan for 2020-2021, it was proposed that specific criteria be used to assess each student's work and to make the criteria available to help students complete their submissions. Also, students were going to be allowed to present their topic using whatever methods best applied to their topic.	assignment is assessed. (09/22/2021)
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** NA Course not offered. (09/22/2021) **Action Plan Impact:** Course not offered.	

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

AU Outcome: MS in OT 1.0 Critical reasoning community-based systems

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

Measures	Results	Actions
SL: Didactic - OT 602 – OT School System Practice, Case Study Intervention Plan **Target:** Average cohort score of 90%	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** No The class average for this assignment was 85.22. This is a new outcome this reporting period so no comparative data is available. (09/17/2021)	**Action:** The course faculty will develop additional opportunities for students to practice writing intervention plans within school-

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

AU Outcome: MS in OT 1.0 Critical reasoning community-based systems

Measures	Results	Actions
or higher **Timeframe:** 2nd Year of program, Semester 4 (Fall) **Responsible Parties:** Course Instructor/Program Faculty/HS Grad Curriculum Committee	**Action Plan Impact:** This is a new outcome in this timeframe so no action plans related to this goal exist from the last reporting period.	based case studies to increase experience with this skill and therefore increase student success with the performance of the skill. (09/17/2021)

AU Outcome: MS in OT 2.0 Critical reasoning health care settings

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

Measures	Results	Actions
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** No Average cohort score 87%. This compares to an average cohort score in 2020 of 92%. This outcome is new during this reporting period so no comparison is available. (09/17/2021) **Action Plan Impact:** This outcome is new during this reporting period so no prior action plan exists.	**Action:** Faculty will provide additional opportunities for clinical reasoning and discharge planning throughout the semester through multiple experiential learning and virtual learning opportunities. (09/17/2021)

Program (HS) - Medical Imaging (MI)

AU Outcome: MI 1.1

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

Measures	Results	Actions
SL: Didactic - MI: 460 Competency Evaluation/CCE Part I, numbers 4, 5, 6, 7 and CCE Part II, numbers 1, 2	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes In Spring 2020, the average score of the MI460 Competency Evaluation/CCE Part 1, numbers	**Action:** Clinical instructors will continue to educate the students in the MRI clinical environment.

Program (HS) - Medical Imaging (MI)

AU Outcome: MI 1.1

Measures	Results	Actions
Target: Average score of >= 3. (0-4 pt. scale) **Timeframe:** Spring Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/ Health Sciences(HS) Curriculum Committee	4-7, and Part 2 numbers 1-2, is 3.88. This year's average score is the exact same at 3.88. This data shows that the students continue to demonstrate appropriate patient preparation for MRI procedures. Each cohort has exceeded benchmark since the first graduating cohort in 2019. 2021 = 3.88 (n=3) 2020 = 3.88 (n=3) 2019 = 3.96 (n=1) (08/31/2021) **Action Plan Impact:** As proposed in the 2019-2020 action plan, the clinical instructors continue to educate the students on the importance of patient preparation and safety as it relates to MRI in the clinical environment. Clinical competence was demonstrated. When completing the competency evaluations, the students demonstrate the ability to properly educate the patient, screen the patient, obtain appropriate patient history, and position the patient on the MRI exam table. An evaluation process is in place at each clinical site to ensure that the students have the ability to obtain feedback on the patient preparation process and has the opportunity to demonstrate growth throughout their clinical rotation.	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. (08/31/2021)
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes There is no data available from Spring 2020 due to no enrollment in this course. In Spring 2019, the average score of the MI445 Competency Evaluation/CCE Part 1, numbers 4-6, and Part 2 numbers 1-2, is 3.81. The average score from this year is very comparable at 3.75. This data shows that the students continue to demonstrate appropriate patient preparation for CT procedures. Each cohort has exceeded benchmark since the first graduating cohort in 2019 when there is enrollment. 2021 = 3.75 (n=1) 2020 = (n=0) 2019= 3.81 (n=1) (08/31/2021) **Action Plan Impact:** As proposed in the 2019-2020 action plan, the clinical instructors continue to educate the students on the importance of patient preparation and safety as it relates to CT in the clinical environment. Clinical competence was demonstrated. When completing the competency evaluations, the students demonstrate the ability to properly educate the patient, screen the patient, obtain appropriate patient history, and position the	**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

Program (HS) - Medical Imaging (MI)

AU Outcome: MI 1.1

Measures	Results	Actions
	patient on the CT exam table. An evaluation process is in place at each clinical site to ensure that the students have the ability to obtain feedback on the patient preparation process and has the opportunity to demonstrate growth throughout their clinical rotation.	for all students to learn and grow from. (08/31/2021)

AU Outcome: MI 1.2

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

Measures	Results	Actions
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes In Spring 2021, the MI 460 Competency Evaluation/CCE Part II, numbers 3-5 average score is 3.9. This is slightly higher than the Spring 2020 average score of 3.88. The students continue to exceed benchmark. 2021 = 3.9 (n=3) 2020 = 3.88 (n=3) 2019 = 3.98 (n=1) (08/31/2021) **Action Plan Impact:** As proposed in the 2019-2020 action plan, the clinical instructors continued to work with the students in the clinical environment educating them on proper protocol, coil, and scan parameter selections for various MRI procedures. The students are able to gain valuable feedback from their clinical instructors through non-graded and graded evaluations throughout their clinical rotation. This evaluation process allows the students to better know how they can show growth throughout the semester and improve their imaging procedure knowledge. The students take MI 450 MRI Procedures I in this same semester, so they are able to take what they learn in their online didactic course and apply it in their clinical environment. Clinical Competence was demonstrated.	**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. (08/31/2021)
SL: Didactic - MI: 445 Competency Evaluation/CCE Part II, numbers 3, 4 **Target:** Average score of >= 3. (0-4 pt. scale)	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes There is no data available from Spring 2020 due to no enrollment in this course. In Spring 2019, the average score of the MI445 Competency Evaluation/CCE Part II, numbers 3-4 is 3.82. The average score from this year is very comparable at 3.75. This data shows that the	**Action:** Clinical instructors will continue to educate the students in the CT clinical environment. Clinical instructors will continue to use an evaluation process

Program (HS) - Medical Imaging (MI)

AU Outcome: MI 1.2

Measures	Results	Actions
Timeframe: Spring Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/ HS Curriculum Committee	students continue to demonstrate appropriate protocol and parameter selections for CT procedures. 2021 = 3.75 (n=1) 2020 = (n=0) 2019= 3.82 (n=1) (08/31/2021) **Action Plan Impact:** As proposed in the 2019-2020 action plan, the clinical instructors continue to educate the students on appropriate protocol and parameter selections as it relates to CT in the clinical environment. Clinical competence was demonstrated. An evaluation process is in place at each clinical site to ensure that the students receive feedback throughout their clinical rotation so they have the opportunity to learn and show growth. The program faculty works closely with the clinical instructors to ensure each student has diverse and adequate imaging procedures to perform. The previous action plan demonstrated that it was beneficial to the student's ability to demonstrate appropriate protocol and parameter selections for imaging procedures.	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. (08/31/2021)

Program (HS) - Medical Laboratory Science (MLS)

AU Outcome: MLS 1.1

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

Measures	Results	Actions
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** No Fall 2020 – (n=15) 26.6% (4/15) earned an average exam score of >80%. Overall average exam score = 79.5% Fall 2019 = 71.2% Fall 2018 = 69.2% Fall 2017 = 88.3% Fall 2015 = 91.3%	**Action:** We will be using a new proctoring service and the number of exams in this course will be increased from four to six with proctored quizzes added as well. Students will be introduced to exams earlier in the semester and will be tested more frequently to help with overall average exam scores and information retention.

Program (HS) - Medical Laboratory Science (MLS)

AU Outcome: MLS 1.1

Measures	Results	Actions
	Last year this target was also not met, and exam scores have trended down since 2015. (09/22/2021) **Action Plan Impact:** Per the 2019-2020 action plan proposed for 2020-2021, a new version of the textbook was used this year, exam questions were updated, and a weekly synchronous Teams review was held that was optional for students. Exams are high stress assignments and students tend to do poorly on the first exam, this could be due to the amount of material each exam covers. All students passed the course despite exam scores being lower than expected. This action plan does not appear to have been effective in promoting student success on the exams.	A test bank will also be used to build exams. (09/22/2021)
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Spring 2021 (n=15) 80% (12/15) students received an average score of >80% Average score = 84.72%. Spring 2020 (n=6) 33.3% Average score = 80.5% Spring 2019 (n=14)100% Average score = 88.1% Spring 2018 (n=9) 55.5% Average score = 81.6% These results demonstrate the target (75% of students will receive an average score of >= 80%) has been inconsistently met (2/4 times) since the 2017-2018 academic year. (09/22/2021) **Action Plan Impact:** Per the 2019-2020 action plan for 2020-2021, five exams were given in this course (three proctored, two un-proctored), and the target was changed from 100% to "75% of students will receive and average score of >=80%" in 2019 to align with the benchmarks set forth by the MLS program accreditor. 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	**Action:** This course will continue to include four exams (two proctored, two un-proctored) prior to clinical rotation hours for the next academic year. Additionally, following clinical rotations, a proctored comprehensive exam will be given (for a total of five exams). Student outcomes will be assessed with the same target. (09/22/2021)

Program (HS) - Medical Laboratory Science (MLS)

AU Outcome: MLS 1.1

Measures	Results	Actions
	portion of all exam questions were updated in 2020 after discovering exam questions from the textbook were available online. The hands-on competency assessment component was removed due to social distancing and scheduling requirements in 2021. Given the consistent achievement of the target for this measure (75% of students will receive an average score of >= 80%), the action plan seems to have been effective.	

AU Outcome: MLS 1.2

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

Measures	Results	Actions
SL: Didactic - Case study discussions – MLS 460: Clinical Microbiology **Target:** 75% of students will receive an average score of >= 80% **Timeframe:** Annually **Responsible Parties:** Program Chair/HS Curriculum Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** NA This tool was not measured in the spring 2021 semester. Spring 2020 - 100% (overall average score) Spring 2019 – 95.4% (overall average score) Spring 2018 – 97.2% (overall average score) These results demonstrate the target (75% of students will receive an average score of >= 80%) has been consistently met (3/3 times) since the 2018-2019 academic year. (09/22/2021) **Action Plan Impact:** Per the 2019-2020 action plan proposed for 2020-2021, no changes were made to the delivery or format of this assignment. However, in previous years, the answer key was distributed to students after the due dates. To preserve the integrity of this learning tool, the cases were incorporated into various assignments, lab activities, and exams throughout the course and the structure of this assignment was changed.	**Action:** The cases will continue to be used as a learning tool in MLS 460, but will be removed as a measurement tool for this goal. The recommendation is to replace this tool with the affective evaluation completed by the clinical site instructors. (09/22/2021)
SL: Exam/Quiz - Standardized - MediaLab Exam Simulator Scores (formerly MediaLab Exam Simulator Scores – MLS 475: Medical	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Spring 2021 – 14 students 82.4% (14/17) achieved a CAT difficulty level of at least 5.0 on CAT exams (6 exams)	**Action:** We will continue to require students to complete CAT exams, but we're unsure if we will require some to be proctored. We also

Program (HS) - Medical Laboratory Science (MLS)

AU Outcome: MLS 1.2

Measures	Results	Actions
Laboratory Science Review **Target:** 75% of students will achieve a CAT difficulty of 5.0 **Timeframe:** Annually **Responsible Parties:** Program Chair/HS APG Committee	Average level of difficulty = 5.5 2018 – 90%; 5.3 2019 – 83.3%; 5.9 2020 (n=6) • Proctored – 16.7%; 4.5 • Non-proctored – 83.3%; 5.8 There is no clear way to make an accurate comparison between the current results and past results because of the changes we've made to this measurement tool. A high-level overview suggests the results are holding steady as compared to previous years. (09/22/2021) **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 2019-2020 action plan for 2020-2021 plan included proctoring some of the CAT exams, but we opted to not proctor any of them due to the additional cost students incur for proctoring as well as the continued effects of the COVID-19 pandemic. We also indicated we would require additional remediation activities for those not meeting benchmark and we opted not to include that. Instead, we worked to individualize feedback to each student based on their activity in the ES and their CAT scores.	plan to incorporate more retrieval practice strategies in this course to better support review work and preparation for the final exam. (09/22/2021)

AU Outcome: MLS 2.2

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

Measures	Results	Actions
SL: Clinical - MLS 440: Clinical Hematology and Hemostasis - Case Simulator Assignments **Target:** 75% of students will complete all assignments **Timeframe:** Annually **Responsible Parties:** Program Chair/HS Curriculum Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Fall 2020 – (n=15) 100% (15/15) of students completed all assignments Fall 2019 – 100% Prior to fall 2020, the target for this item measured assignment completion so it is not possible to compare results. (09/22/2021)	**Action:** We will be using a new resource (CellaVision) to teach and assess advanced cell morphology competency in this course. A new measure and target will be developed that is aligned with the new resource and this measure will be retired. (09/22/2021)

Program (HS) - Medical Laboratory Science (MLS)

AU Outcome: MLS 2.2

Measures	Results	Actions
	Action Plan Impact: Our 2019-2020 action plan for the 2020-2021 academic year included changing the target to assess performance. Due to the nature of the ancillary program used and student usage, this was not measured. Students could repeat differentials on the case simulator until mastery was achieved.	
SL: Didactic - MLS Program Final Exam (formerly MLS 475: Medical Laboratory Science Review - Final Exam) **Target:** 75% of students will receive an average score of >=80% **Timeframe:** Annually **Responsible Parties:** Program Chair/HS Faculty Org Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** No Spring 2021 – 17 students 0% of students (0/6) received a score of >80% Overall average score = 59.1/100 points; 59.1% Spring 2020 • 0 met target • 51.2% average score These results demonstrate the target (75% of students will receive an average score of >= 80%) has been not been met (0/2 times) since the 2019-2020 academic year. (09/22/2021) **Action Plan Impact:** Our 2019-2020 action plan for the 2020-2021 academic year indicated we would rewrite 50% of the exam for this year. After reviewing the questions, we opted to keep the same final exam for this cohort for comparative purposes. This is a difficult exam, but it is in line with the practice exams and CATs we use for exam preparation.	**Action:** At least 25% of the final exam will be updated for next academic year and we will evaluate the contents to ensure the difficulty level is appropriate. We will be using a new additional test prep resource, Davis Edge, to continue to help students study for the comprehensive exam. We will also lower our target to 75% of students will receive a score of >55%. (09/22/2021)

AU Outcome: MLS 3.1

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

Measures	Results	Actions
SL: Didactic - Annotated Bibliographies – MLS 426: Evidence-Based Laboratory Medicine **Target:** 75% of students will receive	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Fall 2020 (n=15) 80% (12/15) of students received an average score of >80%	**Action:** The assignment written instructions and recording will be reviewed for clarity. Additional information about deductions for each section of the assignment will

Program (HS) - Medical Laboratory Science (MLS)

AU Outcome: MLS 3.1

Measures	Results	Actions
an average score of >80% **Timeframe:** Annually **Responsible Parties:** Program Chair/HS APG Committee	Overall average = 40.1/45 points (89.1%) 2019 (n=6) = target met (91.7% - overall average) 2018 = target not met (91.1% - overall average) 2017 = 88.4% (overall average) 2016 = 96.2% (overall average) 2015 = 90.9% (overall average) These results demonstrate the target (75% of students will receive an average score of >= 80%) has been met for the last two years after not being met during the 2018-2019 academic year. (09/22/2021) **Action Plan Impact:** Our 2019-2020 action plan for the 2020-2021 academic year included creating a recording to explain the final assignment. Prior to that, improvements have been made to the directions for this assignment. Students had both written and verbal instructions on how to complete the assignment. While the target was met this year, the overall average score was a bit lower than in years past, but students are still meeting the target. Those students who received deductions left out key sections of the assignment.	be included—What will earn a deduction? —to provide additional explanation. (09/22/2021)

Program (HS) - Public Health (PH)

AU Outcome: PH 1.1

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

Measures	Results	Actions
SL: Exam/Quiz - Teacher-made - PH: 430 Final exam **Target:** Average score of >80% **Timeframe:** Fall Semester **Responsible Parties:** Program faculty / HS APG committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes In Fall 2020, five students took the course and earned an average of 81.2% on the final exam, which is an improvement since Fall 2019, when two students took the course and received an average of 79.3% on the final exam. The course this year was taught by a new instructor, though they used the course texts from the previous two years. (01/09/2021)	**Action:** The instructor will schedule more group study sessions throughout the course in 2021-2022 school year. This is based on student feedback that they felt more comfortable in sessions with

Program (HS) - Public Health (PH)

AU Outcome: PH 1.1

Measures	Results	Actions
	Action Plan Impact: The previous plan to put more focus on calculating using Excel and online calculators was abandoned to allow the new instructor flexibility to teach the course to their strengths. This also resulted the entire course curriculum being rewritten, including the final exam, so more data is necessary to if the improvement can be sustained.	other students. (01/09/2021)
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** NA This assignment was moved from PH 440 Health Promotion and Disease Prevention (offered in Spring term) to PH 420 Health Care in Diverse Communities (offered in Summer term), which moved the assignment to the next reporting year. (09/15/2021) **Action Plan Impact:** Results and action plan will be reported on next year's assessment.	

AU Outcome: PH 1.2

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

Measures	Results	Actions
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** NA This assignment was moved from PH 440 Health Promotion and Disease Prevention (offered in Spring term) to PH 420 Health Care in Diverse Communities (offered in Summer term), which moved the assignment to the next reporting year. (09/15/2021) **Action Plan Impact:** Results and action plan will be reported on next year's assessment.	**Action:** Action plan not expected. Assignment relocated to a different course offered in a different reporting year. (04/13/2022)

AU Outcome: PH 2.1

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

Program (HS) - Public Health (PH)

AU Outcome: PH 2.1

Measures	Results	Actions
SL: Exam/Quiz - Teacher-made - PH 495 Final Exam **Target:** Average score >= 80% **Timeframe:** Summer semester **Responsible Parties:** PH 495 Course Instructor/HS Curriculum Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 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%. Current results demonstrate improvement in exam scores. This is the second time the course was offered. (09/15/2020) **Action Plan Impact:** Per the action plan proposed for 2020-2021, for the first time, students were allowed to take the exam twice. Though they were not given access to what questions they answered incorrectly, they were able to take notes and study information they may not have known in order to do better on the second attempt. This seems to have worked, as the average on first attempts was 82% (similar to 2019's average of 83.41%) but second attempts had an average of 91%. All students except one opted to take the test a second time, with scores increasing in a range of 4-18 points.	**Action:** Test questions will be reviewed with the intention to replace or rewrite about 10% of commonly missed questions. (09/15/2020)

AU Outcome: PH 2.2

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

Measures	Results	Actions
SL: Exam/Quiz - Teacher-made - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 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%. [What pattern or trend do these results demonstrate? The reflection statement is needed.] (09/15/2021) **Action Plan Impact:** Per the 2019-2020 action plan proposed for 2020-2021, a new instructor with more subject matter expertise taught the course which was included in last year's action plan. There was a nearly a 9% improvement in test scores, though the test was created by the new instructor and cannot be directly compared to old results.	**Action:** [Action plan for 2021-2021 academic year not provided.] (04/13/2022)

AU Outcome: PH 3.2

Program (HS) - Public Health (PH)

AU Outcome: PH 3.2

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	*Results*	*Actions*
SL: Exam/Quiz - Teacher-made - PH: 410 Final exam **Target:** Average score of >80% **Timeframe:** Fall semester **Responsible Parties:** Program faculty / HS Faculty Org. committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** No 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. The exam and course materials were the same for all three years. (01/09/2021) **Action Plan Impact:** The action plan was not implemented.	**Action:** Last year's action plan to review the exam was not implemented, so similar results happening between years was not unexpected. While a course curve helps compensate for the low grade, the fact that no student (n=8) was able to score above a 87% on the exam means it is too difficult or does not accurately reflect the course material. Again, the text needs to be examined for fairness and to bring it into alignment with course assignments and readings. (01/09/2021)

AU Outcome: PH 4.1

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

Measures	*Results*	*Actions*
SL: Exam/Quiz - Teacher-made - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 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. There was a significant increase despite no changes to the curriculum. However, in Fall 2018, seven students earned an average of 91.8% on the midterm exam, meaning this year's result is more in line with previous years. (01/09/2021) **Action Plan Impact:** The high likelihood of academic dishonesty nullifies any actions.	**Action:** With all four students getting a perfect score on the midterm exam leads to concerns about academic integrity, though no evidence of cheating exists. A new edition of the textbook was recently released but not used this year, providing an excellent opportunity for the exam will be completely rewritten.

College Goal 1 - Allen College is committed to preparing outstanding healthcare practitioners who are committed to lifelong learning.

Program (HS) - Public Health (PH)

AU Outcome: PH 4.1

Measures	Results	Actions
		(01/09/2021)
SL: Exam/Quiz - Teacher-made - PH: 430 Final exam **Target:** Average score of >80% **Timeframe:** Fall semester **Responsible Parties:** Program faculty / HS Faculty Org. committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes In Fall 2020, five students took the course and earned an average of 81.2% on the final exam. In Fall 2019, two students took the course and received an average of 79.3% on the final exam. The course this year was taught by a new instructor, though they used the course texts from the previous two years. (01/09/2021) **Action Plan Impact:** The measurement tool, the final exam, was completely rewritten by the new course instructor. While there was minor improvement in year-over-year results, more data is needed to see if this improvement can be sustained.	**Action:** In line with last year's action plan, an adjunct with experience in epidemiology and biostatistics was hired to teach the course. While student grades were not much higher than previous years, student satisfaction is higher than in previous years and the instructor will use student feedback to improve the course for next year. (01/09/2021)

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

AU Outcome: BSN 1.0 Lead

Provide basic organizational and systems leadership.
Outcome Status: Active
Start Date: 08/01/2014

Measures	Results	Actions
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes NU 252: Summer 2020, 252H 100% (6/6) and 252A 96% (24/25), and Fall 2020 96 % (29/30) achieved at least 75% on the Nursing Leadership Reflection. NU 251: FA 2020, 84% (21/26)and Spring 2021 100% (28/28) achieved at least 75% on the Leadership Reflection. These results are similar to the results from previous years. (09/30/2021) **Action Plan Impact:** As per the 2019-2020 action plan proposed for 2020-2021, directions for the Leadership Reflection were clarified which assisted in students meeting this target. **Related Documents:**	**Action:** In order to better meet this target in the future, the nurse's role as nurse leader will be expanded in class content and discussion. (12/06/2021)

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

AU Outcome: BSN 1.0 Lead

Measures	Results	Actions
	Outcome 1 NU 251 & 252 Nursing Leadership Reflection.docx	
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes In Summer 2020, 100% (36/36) of students achieved at least 73% on the Team Change Proposal Assignment: 28/28 accelerated students, 8/8 accelerated hybrid students. In Fall 2020, 100% (59/59) of students achieved at least 73% on the Team Change Proposal: 35/35 Accelerated students and 24/24 traditional student. In Spring 2021, 100% (30/30) of students achieved at least a 73% on the Team Change Proposal. These results are similar to results achieved previously. (09/30/2021) **Action Plan Impact:** Per the 2019-2020 action plan proposed for 2020-2021, the assignment was explained in class, started in class, and students are given additional time to complete with their team. During the decision-making and change module in class, the students are introduced to the assignment. The assignment is explained step-by-step during class, and students are given time to start the worksheet. **Related Documents:** Outcome 1 NU 460 Team Change Proposal.docx	**Action:** In order to continue to meet this target, the students will be introduced to the assignment during the decision-making and change module in class. The assignment will be explained step by step during class and students will be given time to start the worksheet. (12/29/2021)
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Fall 100% of the students achieved at least 80% on cause and effect - root cause assignment. (10/04/2021) **Action Plan Impact:** NA. This is the first academic year this measure has been assessed, so there is no impact of a previous action plan to consider. **Related Documents:** Outcome 1 RN NU 462 Cause and Effect Root Cause Assignment.pdf	**Action:** To continue to meet this target in 2021-2022, faculty will clearly explain the content related to how to complete the root cause assignment and be available to answer student questions as they complete the assignment. (12/06/2021)
AD: Survey - Alumni Survey Item: How well BSN education prepared you to provide basic organizational and systems leadership (1= very poorly, 2 = poorly, 3 = well, 4 = very well).	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 100% of 2019-2020 alumni survey respondents (18/18) reported their BSN Education prepared them well (8/18, 44.4%) or very well (10/18, 55.6%) to perform this outcome. Results are consistent with previous alumni surveys, which showed that 100% of 2018-2019,	**Action:** Results were reported to the Dean and Director of BSN program. The 2020-2021 Alumni will be surveyed summer of 2022, results will be compared to previous surveys, and unfavorable

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

AU Outcome: BSN 1.0 Lead

Measures	Results	Actions
Target: 75% of respondents will report that their BSN education prepared them well or very well to provide basic organizational and systems leadership. **Timeframe:** Annually **Responsible Parties:** CIRE, Evaluation & Study Committee	2017-2018, and 2016-2017 graduates reported their BSN Education prepared them well or very well to perform this outcome. (07/15/2021) **Action Plan Impact:** The BSN curriculum has a favorable impact on graduate's perceptions of how well they were prepared to perform the outcome. The 2019-2020 action plan to survey 2019-2020 alumni during 2021, compare responses, and monitor for favorable and unfavorable trends was appropriate.	trends will be addressed with curriculum adjustment. Prelicensure program curriculum changes to be implemented starting fall of 2021 include decreasing clinical hours in specialty clinical courses (maternal-newborn, pediatrics, mental health, and community health) and increasing clinical and theory hours in adult medical-surgical courses. These changes may have a positive impact on 2021-2022 and future graduates' perceptions that their education prepared them to demonstrate the outcome. (07/15/2021)
AD: Survey - Employer Survey Item: How well BSN graduate provides basic organizational and systems leadership (1= very poorly, 2 = poorly, 3 = well, 4 = very well, NA = not applicable, e.g., does not perform outcome, or outcome not applicable to current role). **Target:** 75% of respondents will report that the BSN graduate provides basic organizational and systems leadership well or very well. **Timeframe:** Annually **Responsible Parties:** CIRE, Evaluation & Study Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 100% of employers of 2019-2020 BSN grads (10/10) reported BSN graduate demonstrated the outcome well (30%) or very well (70%), exceeding the target and continuing the positive trend for this measure demonstrated in previous reporting years, with 78-100% of employers reporting that BSN graduates demonstrate this outcome well or very well: >80% of employers of 2018-2019 alumni (n = 12) reported BSN graduate demonstrated the outcome well or very well. 100% of employers of 2017-2018 BSN graduates (n = 6) reported BSN graduate demonstrated the outcome well. 78% of employers of 2016-2017 BSN graduates (n = 9) reported BSN graduate demonstrated the outcome well. (10/14/2021) **Action Plan Impact:** The action plan proposed for 2020-2021 and for previous reporting years has been to continue to survey employers of graduates 1-2 years after graduation and monitor	**Action:** Results were reported to the Dean and BSN program director. Continue to survey employer of graduates 1-2 years after graduation and monitor for trends in performance of this program outcome. (10/14/2021)

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

AU Outcome: BSN 1.0 Lead

Measures	Results	Actions
	for trends in their responses. It should be acknowledged that this action plan does nothing to improve graduates' ability to perform this outcome well. It should also be acknowledged that the survey results are biased toward graduates who were willing to grant permission to survey their employers because they are performing well in clinical practice.	

AU Outcome: BSN 2.0 EBP

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

Measures	Results	Actions
SL: Didactic - NU 380 Evidence Appraisal Assignment **Target:** 100% of students achieve at least 73% on Evidence Appraisal Assignment **Timeframe:** Annually **Responsible Parties:** BSN Curriculum Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes In Fall 2020 100% (42/42) of students achieved at least 75% on the Evidence Appraisal Assignment. In Spring 2021 100% (46/46) of students achieved at least 73% on the Evidence Appraisal Assignment. In Summer 2021 80% (12/15) of students (all but one group) achieved at least 75% on the Evidence Appraisal Assignment (10/04/2021) **Action Plan Impact:** NA- New Measure. **Related Documents:** Outcome 2 NU 380 Module 7 Evidence Appraisal Assignment Instructions.docx Outcome 2 NU 380 Module 7 Evidence Appraisal Table.docx	**Action:** In order to better meet the target in the future, faculty will revise instructions so that they are clearer regarding expectations and goals of the assignment and will provide additional information in class to better describe primary (vs secondary) research. (12/06/2021)
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes In Fall 2020 94.11% (16/17) of students achieved at least 75% on the Evidence Appraisal Assignment. (The one student who did not achieve > 75% stopped attending class). In Spring 2021 and Summer 2021 there were no RN-BSN students. (10/04/2021) **Action Plan Impact:** NA- New Measure. **Related Documents:** Outcome 2 NU 380 Module 7 Evidence Appraisal Assignment Instructions.docx Outcome 2 NU 380 Module 7 Evidence Appraisal Table.docx	**Action:** In order to meet this target in the future, faculty will revise instructions so that they are more clear regarding expectations and goals of the assignment and provide additional information in class to better describe primary (vs secondary) research. (12/06/2021)

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

AU Outcome: BSN 2.0 EBP

Measures	Results	Actions
AD: Survey - Alumni Survey item: How well BSN education prepared you to integrate evidence-based practice in nursing care (1= very poorly, 2 = poorly, 3 = well, 4 = very well). **Target:** 75% of respondents will report that their BSN education prepared them well or very well to integrate evidence-based practice in nursing care. **Timeframe:** Annually **Responsible Parties:** CIRE, Evaluation & Study Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 100% of 2019-2020 graduates (18/18) who responded to the alumni survey (Summer 2021) reported their BSN education prepared them well (9/18, 50%) or very well (9/18, 50%) to perform this outcome. These results are consistent with the previous two surveys, which showed that 100% of 2018-2019 and 2017-2018 graduates reported their BSN education prepared them well or very well to perform this outcome. (07/15/2021) **Action Plan Impact:** The BSN curriculum has a favorable impact on graduate's perceptions of how well they were prepared to perform the outcome. The 2019-2020 action plan to survey 2019-2020 alumni during 2021, compare responses, and monitor for favorable and unfavorable trends was appropriate.	**Action:** Results were reported to the Dean and Director of BSN program. The 2020-2021 Alumni will be surveyed summer of 2022, results will be compared to previous surveys, and unfavorable trends will be addressed with curriculum adjustment if indicated. Prelicensure program curriculum changes to be implemented starting fall of 2021 include decreasing clinical hours in specialty clinical courses (maternal-newborn, pediatrics, mental health, and community health) and increasing clinical and theory hours in adult medical-surgical courses. These changs may have a positive impact on 2021-2022 and future graduates' perceptions that their education prepared them to demonstrate the outcome. (07/15/2021)
AD: Survey - Employer Survey item: How well BSN graduate integrates evidence-based practice in nursing care (1= very poorly, 2 = poorly, 3 = well, 4 = very well, NA = not applicable, e.g., does not perform outcome, or outcome not applicable to current role). **Target:** 75% of respondents will	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 100% of employers of 2019-2020 BSN grads (10/10) reported BSN graduate demonstrated the outcome well (10%) or very well (90%), exceeding the target and continuing the positive trend for this measure demonstrated in previous reporting years, with 78-100% of employers reporting that BSN graduates demonstrate this outcome well or very well: 100% of employers of 2018-2019 graduates (n = 12) reported graduates demonstrated the outcome well or very well.	**Action:** Results were reported to the Dean and BSN program director. Continue to survey employer of graduates 1-2 years after graduation and monitor for trends in performance of this program outcome. (10/14/2021)

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

AU Outcome: BSN 2.0 EBP

Measures	Results	Actions
report that BSN graduate integrates evidence-based practice in nursing care well or very well. **Timeframe:** Annually **Responsible Parties:** CIRE, Evaluation & Study Committee	100% of employers of 2017-2018 BSN graduates (n = 6) reported graduates perform this outcome very well. 78% of employers of 2016-2017 BSN graduates (n = 9) reported graduates perform this outcome well or very well. (10/14/2021) **Action Plan Impact:** The action plan proposed for 2020-2021 and for previous reporting years has been to continue to survey employers of graduates 1-2 years after graduation and monitor for trends in their responses. It should be acknowledged that this action plan does nothing to improve graduates' ability to perform this outcome well. It should also be acknowledged that the survey results are biased toward graduates who were willing to grant permission to survey their employers because they are performing well in clinical practice.	

AU Outcome: BSN 3.0 Informatics

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

Measures	Results	Actions
SL: Clinical evaluation tool - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes In Summer 2020, 100% (6/6) accelerated hybrid students achieved the benchmark. In Summer 2020, 100% (27/27) students achieved the target. In Fall 2020, 100% (30/30) of the accelerated students met the target. In Fall 2020, 100% (29/29) of the traditional students achieved a rating of "S" in Informatics Competencies on the clinical evaluation tool. Spring 2021, 100% (21/21) of the traditional students achieved a rating of "S" in Informatics Competencies on the clinical evaluation tool for NU 335 Fundamentals of Clinical Nursing. These results are similar to what was achieved in the previous year. (10/04/2021) **Action Plan Impact:** During both Fall 2020 and Spring 2021 semester, clinical experiences resumed with restrictions on the size of the clinical group (maximum of 5 students). Each student completed EPIC/Omnicell training was complete through assigned NET learning modules. Students utilized clinical faculty as resources for application of content learned through the online modules. Due to the small size of the clinical group, this afforded more one on one time with the clinical instructor and strengthened the use of the data recording systems of EPIC and Omnicell. **Related Documents:**	**Action:** In order for students to continue to be successful in meeting this outcome, students will be assigned to complete EPIC and Omnicell modules in NetLearning in preparation for their clinical experiences as well as review this information in a "live" format. Additionally, EHR Tutor will be used in theory, lab, and simulation settings for additional practice using informatics. (12/29/2021)

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

AU Outcome: BSN 3.0 Informatics

Measures	Results	Actions
	Outcome 3 NU 335 Final Clinical Evaluation.pdf	
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes In Summer 2020, 100% (21/21) of the students achieved at least 73% on the Quality Measures and Informatics Competencies assignment (10/04/2021) **Action Plan Impact:** Students have consistently met this target. This is due to faculty using 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	**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. (12/29/2021)
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes In Summer 2020, 100% (36/36) students achieved at least 75% on the ATI Informatics Modules. In Fall 2020, 100% (59/59) of students achieved at least 75% on the ATI Informatics Nurse's Touch Modules. In Spring 2021, 100% (30/30) of students achieved at least 75% on the Nurses Touch ATI Informatics Modules. This result is similar to the results from previous years. (10/04/2021) **Action Plan Impact:** During the informatics module, students were assigned to the four ATI Informatics Modules. The assignment was explained to students during class time.	**Action:** In order to continue to meet this target, the module will be discussed during class and students will submit a focused assessment for grading. The ATI modules will be reviewed in class on the first day to ensure students can locate the modules. This assignment will correspond with the informatics module in class. (12/29/2021)
AD: Survey - Alumni Survey Item: How well your BSN education prepared you to manage healthcare data, information, knowledge, and technology (1= very poorly, 2 = poorly, 3 = well, 4 = very well). **Target:** 75% of respondents will report that their BSN education prepared them well or very well to manage healthcare data, information, knowledge, and	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 100% of 2019-2020 alumni survey respondents (18/18) reported their BSN Education prepared them well (8/18, 44.4%) or very well (10/18, 55.6%) to perform this outcome. Results are consistent with previous alumni surveys, which showed that 91% -100% of 2018-2019, 2017-2018, and 2016-2017 graduates reported their BSN Education prepared them well or very well to perform this outcome. (07/15/2021) **Action Plan Impact:** The BSN curriculum has a favorable impact on graduate's perceptions of how well they were prepared to perform the outcome. The 2019-2020 action plan to survey 2019-2020 alumni during 2021, compare responses, and monitor for favorable and unfavorable trends was appropriate.	**Action:** Results were reported to the Dean and Director of BSN program. The 2020-2021 Alumni will be surveyed summer of 2022, results will be compared to previous surveys, and unfavorable trends will be addressed with curriculum adjustment if indicated. Prelicensure program curriculum

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

AU Outcome: BSN 3.0 Informatics

Measures	Results	Actions
technology. **Timeframe:** Annually **Responsible Parties:** CIRE, Evaluation & Study Committee		changes to be implemented starting fall of 2021 include decreasing clinical hours in specialty clinical courses (maternal-newborn, pediatrics, mental health, and community health) and increasing clinical and theory hours in adult medical-surgical courses. These changs may have a positive impact on 2021-2022 and future graduates' perceptions that their education prepared them to demonstrate the outcome. (07/15/2021)
AD: Survey - Employer Survey Item: How well BSN graduate manages healthcare data, information, knowledge, and technology (1= very poorly, 2 = poorly, 3 = well, 4 = very well, NA = not applicable, e.g., does not perform outcome, or outcome not applicable to current role). **Target:** 75% of respondents will report that BSN graduate manages healthcare data, information, knowledge, and technology well or very well. **Timeframe:** Annually **Responsible Parties:** CIRE, Evaluation & Study Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 80% of employers of 2019-2020 BSN grads (8/10) reported BSN graduate demonstrated the outcome well (20%) or very well (60%), exceeding the target. The positive trend for this measure demonstrated in previous reporting years continues, with 89-100% of employers reporting that BSN graduates demonstrate this outcome well or very well: 100% of employers of 2018-2019 graduates (n = 12) reported graduates demonstrated the outcome well or very well. 100% of employers of 2017-2018 BSN graduates (n = 6) reported graduates perform this outcome very well. 89% of employers of 2016-2017 BSN graduates (n = 9) reported graduates perform this outcome well or very well. (10/14/2021) **Action Plan Impact:** The action plan proposed for 2020-2021 and for previous reporting years has been to continue to survey employers of graduates 1-2 years after graduation and monitor for trends in their responses. It should be acknowledged that this action plan does nothing to improve graduates' ability to perform this outcome well. It should also be acknowledged that the survey results are biased toward graduates who were willing to grant permission to survey their employers because they are performing well in clinical practice.	**Action:** Results were reported to the Dean and BSN program director. Continue to survey employer of graduates 1-2 years after graduation and monitor for trends in performance of this program outcome. (10/14/2021)

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

AU Outcome: BSN 4.0 HC Policy & Finance

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

Measures	Results	Actions
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes NU 252 : Summer 2020: 252H, 100% (6/6) and 252A 88% (22/25) and Fall 2020, 53% (16/30) achieved at least 75% on the Health Care Policy Finance Quiz. NU 251: Fall 2020 61.5% (16/26) and Spring 2021 32% (9/28) achieved at least a 75% on the Health Care Policy Finance Quiz. This was a decrease in the percentage of students who met this target from the previous academic year. (10/04/2021) **Action Plan Impact:** The action plan, to develop a study guide to help students learn content for this quiz, was not completed which may have contributed to the decreased percentage of students meeting this target. **Related Documents:** [Outcome 4 NU 251 & 252 Health Care Finance assignment.docx](#)	**Action:** In order to meet this outcome in the future, faculty will develop a specific study guide to help students prepare for the Health Care Policy Quiz. (12/29/2021)
SL: Didactic - 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 Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes In Spring of 2021, 100% (4 /4) of the students achieved at least 75% on the NU 421 Health Care Delivery and Finance Paper. This is consistent with the results from the previous academic year. (10/04/2021) **Action Plan Impact:** The action plan was successfully implemented. Faculty reviewed the assignment details and questions related to the paper and continued to give detailed instructions about the assignment and the due dates. Faculty encouraged students to email instructor with any questions. **Related Documents:** [Outcome 4 NU 421 Health Care Delivery and Finance Paper.pdf](#)	**Action:** In order to continue to meet this target in the future, faculty will continue to give detailed instructions about the assignment and the due dates. Faculty will encourage students to email instructor with questions about details of assignment and due dates. Faculty will continue to send students reminders of due dates. Faculty will continue to monitor changes in health care delivery and policy that would affect concepts in the assignment. (12/29/2021)
AD: Survey - Alumni Survey Item: How well BSN education prepared	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes	**Action:** Results were reported to

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

AU Outcome: BSN 4.0 HC Policy & Finance

Measures	Results	Actions
you to demonstrate understanding of healthcare policy, finance, and regulatory environments (1= very poorly, 2 = poorly, 3 = well, 4 = very well). **Target:** 75% of respondents will report that their How well BSN education prepared them well or very well to demonstrate understanding of healthcare policy, finance, and regulatory environments. **Timeframe:** Annually **Responsible Parties:** CIRE, Evaluation & Study Committee	94% of 2019-2020 grads (17/18) responding to the alumni survey reported they were well prepared (8/18, 44.4%) or very well prepared (9/18, 50%) by their education to perform this outcome. These results are consistent with previous alumni surveys, which showed that 80-96% of 2016-2017, 2017-2018, and 2018-2019 grads perceived their education to have prepared them well or very well to perform this outcome. (07/15/2021) **Action Plan Impact:** The BSN curriculum has a favorable impact on graduate's perceptions of how well they were prepared to perform the outcome. The 2019-2020 action plan to survey 2019-2020 alumni during 2021, compare responses, and monitor for favorable and unfavorable trends was appropriate.	the Dean and Director of BSN program. The 2020-2021 Alumni will be surveyed summer of 2022, results will be compared to previous surveys, and unfavorable trends will be addressed with curriculum adjustment if indicated. Prelicensure program curriculum changes to be implemented starting fall of 2021 include decreasing clinical hours in specialty clinical courses (maternal-newborn, pediatrics, mental health, and community health) and increasing clinical and theory hours in adult medical-surgical courses. These changes may have a positive impact on 2021-2022 and future graduates' perceptions that their education prepared them to demonstrate the outcome. (07/15/2021)
AD: Survey - Employer Survey Item: How well BSN graduate demonstrates understanding of healthcare policy, finance, and regulatory environments (1= very poorly, 2 = poorly, 3 = well, 4 = very well, NA = not applicable, e.g., does not perform outcome, or outcome not applicable to current role). **Target:** 75% of respondents will	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 80% of employers of 2019-2020 BSN grads (8/10) reported BSN graduate demonstrated the outcome well (20%) or very well (60%), exceeding the target. One employer reported the outcome was not applicable to the graduate's role and another reported the graduate performed the outcome poorly. Nevertheless, the positive trend for this measure demonstrated in previous reporting years continues, with 67-100% of employers reporting that BSN graduates demonstrate this outcome well or very well: 83% of employers of 2018-2019 graduates (n = 12) reported graduates demonstrated the	**Action:** Results were reported to the Dean and BSN program director. Continue to survey employer of graduates 1-2 years after graduation and monitor for trends in performance of this program outcome. (10/14/2021)

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

AU Outcome: BSN 4.0 HC Policy & Finance

Measures	Results	Actions
report that BSN graduate demonstrates understanding of healthcare policy, finance, and regulatory environments well or very well. **Timeframe:** Annually **Responsible Parties:** CIRE, Evaluation & Study Committee	outcome well or very well. 100% of employers of 2017-2018 BSN graduates (n = 6) reported graduates perform this outcome very well. 67% of employers of 2016-2017 BSN graduates (n = 9) reported graduates perform this outcome well or very well. (10/14/2021) **Action Plan Impact:** The action plan proposed for 2020-2021 and for previous reporting years has been to continue to survey employers of graduates 1-2 years after graduation and monitor for trends in their responses. It should be acknowledged that this action plan does nothing to improve graduates' ability to perform this outcome well. It should also be acknowledged that the survey results are biased toward graduates who were willing to grant permission to survey their employers because they are performing well in clinical practice.	

AU Outcome: BSN 5.0 Teamwork & Collaboration

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

Measures	Results	Actions
AD: Report - Internal - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 100% of students achieved at least 73% on the simulation rubric. This is consistent with the results from the previous academic year. (11/22/2021) **Action Plan Impact:** The rubric was revised at the end of the 2020-2021 academic year and has included actions that students must take in order to achieve at least 73% on the simulation rubric (ie critical errors). **Related Documents:** [Attachment L BSN CAP Simulation Summary 2020-2021.docx](#)	**Action:** In order to continue to meet this target, faculty will continue to explain the simulation rubric to students before completing their simulation experience. The rubric has been revised for the 2021-2022 academic year so these changes may lead to an increase in the number of students who do not achieve the target of 73%. (12/29/2021)
AD: Report - Internal - BSN Collaboration Summary Report **Target:** 100% of students will	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** No	**Action:** In order to meet this target in the future, plans will be

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

AU Outcome: BSN 5.0 Teamwork & Collaboration

Measures	Results	Actions
complete at least one interprofessional collaboration activity during each semester of the BSN program. **Timeframe:** Annual **Responsible Parties:** BSN curriculum Committee	100% of students in all pre-licensure BSN cohorts completed at least one interprofessional collaboration activity during each semester of the program. No activity was recorded for RN-BSN students. (12/30/2021) **Action Plan Impact:** NA - New measure **Related Documents:** Outcome 5 Interprofessional Collaboration Summary 2020-2021.docx	implemented to include RN-BSN students in IPE activities (or documentation of such activities). Additionally, will work with BSN faculty to find ways to continue to expand the IPE collaboration among all of the students. (12/30/2021)
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes In Spring 2021 (4/4) students achieved the 75% target on the EBP Summary. This is an improvement from the previous year when only 75% of the students met the target. (10/04/2021) **Action Plan Impact:** Additional Panopto recordings were developed related to measuring outcomes which is a component of the EBP summary assignment. This additional resource provided specific examples for students which allowed them to receive full points on this section of the assignment. **Related Documents:** Outcome 5 RN NU 497 EBP paper.doc	**Action:** In order to continue to meet this target in the future, the EBP assignment and rubric will be reviewed based on assignment components that students consistently scored lower on. Refining and clarifying these sections; along with detailed instructor expectations should increase student's scores which will support achievement of the target. (12/30/2021)
AD: Survey - Alumni Survey Item: How well BSN education prepared you to facilitate inter-professional communication and collaboration in healthcare teams (1= very poorly, 2 = poorly, 3 = well, 4 = very well). **Target:** 75% of respondents will report that their BSN education prepared them well or very well to facilitate inter-professional communication and collaboration in healthcare teams.	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 83% of 2019-2020 grads who completed alumni survey reported their education prepared them well (4/18, 22.22%) or very well (11/18, 61.11%) to perform this outcome, which indicates a decline in perceptions compared to three previous alumni surveys when >90% of respondents reported their education prepared them well or very well to perform this outcome. (07/15/2021) **Action Plan Impact:** The BSN curriculum has a favorable impact on graduate's perceptions of how well they were prepared to perform the outcome. The 2019-2020 action plan to survey 2019-2020 alumni during 2021, compare responses, and monitor for favorable and unfavorable trends was appropriate. However, the results revealed an unfavorable change in student perceptions.	**Action:** Results were reported to the Dean and Director of BSN program. The 2020-2021 Alumni will be surveyed summer of 2022, results will be compared to previous surveys, and unfavorable trends will be addressed with curriculum adjustment if indicated. Future alumni responses regarding this outcome need to be monitored closely to identify a downward trend in alumni perceptions.

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

AU Outcome: BSN 5.0 Teamwork & Collaboration

Measures	Results	Actions
Timeframe: Annually **Responsible Parties:** CIRE, Evaluation & Study Committee		Prelicensure program curriculum changes to be implemented starting fall of 2021 include decreasing clinical hours in specialty clinical courses (maternal-newborn, pediatrics, mental health, and community health) and increasing clinical and theory hours in adult medical-surgical courses. These changes may have a positive impact on 2021-2022 and future graduates' perceptions that their education prepared them to demonstrate the outcome. (07/15/2021)
AD: Survey - Employer Survey Item: How well BSN graduate facilitates inter-professional communication and collaboration in healthcare teams (1= very poorly, 2 = poorly, 3 = well, 4 = very well, NA = not applicable, e.g., does not perform outcome, or outcome not applicable to current role). **Target:** 75% of respondents will report that BSN graduate facilitates inter-professional communication and collaboration in healthcare teams well or very well. **Timeframe:** Annually **Responsible Parties:** CIRE, Evaluation & Study Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 100% of employers of 2019-2020 BSN grads (10/10) reported BSN graduate demonstrated the outcome well (10%) or very well (90%), exceeding the target and continuing the positive trend for this measure demonstrated in previous reporting years, with 83-100% of employers reporting that BSN graduates demonstrate this outcome well or very well: 83% of employers of 2018-2019 graduates (n = 12) reported graduates demonstrated the outcome well or very well. 100% of employers of 2017-2018 BSN graduates (n = 6) reported graduates perform this outcome very well. 89% of employers of 2016-2017 BSN graduates (n = 9) reported graduates perform this outcome well or very well. (10/14/2021) **Action Plan Impact:** The action plan proposed for 2020-2021 and for previous reporting years has been to continue to survey employers of graduates 1-2 years after graduation and monitor for trends in their responses. It should be acknowledged that this action plan does nothing to improve graduates' ability to perform this outcome well. It should also be acknowledged that the survey results are biased toward graduates who were willing to grant permission to survey	**Action:** Results were reported to the Dean and BSN program director. Continue to survey employer of graduates 1-2 years after graduation and monitor for trends in performance of this program outcome. (10/14/2021)

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

AU Outcome: BSN 5.0 Teamwork & Collaboration

Measures	Results	Actions
	their employers because they are performing well in clinical practice.	

AU Outcome: BSN 8.0 QI

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

Measures	Results	Actions
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 100% of students (65/65 FA20 and 57/57 SP21) achieved at least a 73% on the Medication Safety Assignment. This is consistent with the results from the previous academic year. (10/04/2021) **Action Plan Impact:** Students were not required to read the article "Human Factors and medication errors". Students do well on this assignment; it is a group assignment which requires them to read through a case study and identify factors that relate to a medication error and subsequent patient death. **Related Documents:** Outcome 8 NU 320 Medication Safety Assignment.docx	**Action:** In order to continue to meet this target, the journal article will be required; rather than ask questions on exams, questions related specifically to the article will be included in the written assignment students complete in a group format. (12/30/2021)
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes In Spring 2021, 100% (4/4) of the students achieved at least 75% on the Quality Improvement project. This is an improvement from the previous academic year. (10/04/2021) **Action Plan Impact:** Faculty followed up with the students on a regular basis to ensure that they were making progress to successfully complete the Quality Improvement project. **Related Documents:** Outcome 8 NU 441 Quality improvement Project plan SP21.docx	**Action:** In order to continue meeting this outcome, faculty will continue to follow up with students regarding project choice, contact person for QI, looking at their rough drafts and assisting with preparation through feedback and interaction. (12/30/2021)
SL: Didactic - NU 460 IHI Quality Improvement Modules **Target:** 100% of students will complete the IHI Quality	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes In Summer 2020, 100% (36/36) of students completed the IHI Quality Improvement modules. In Fall 2020, 100% (59/59) of students completed the IHI Quality Improvement Modules. In	**Action:** In order to continue to meet this target, the IHI website will be reviewed. with students, students will log into IHI to ensure

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

AU Outcome: BSN 8.0 QI

Measures	Results	Actions
Improvement modules. **Timeframe:** Annually **Responsible Parties:** BSN Curriculum Committee	Spring 2021, 100% (30/30) of students completed the IHI Quality Improvement Modules. This result is consistent with the results from the previous academic year. (10/04/2021) **Action Plan Impact:** The IHI modules were reviewed in class to ensure student access. Students completed the IHI modules and submitted completion certificates or screenshots of the completion for grading.	access and enroll in the required IHI modules during the first class. (12/30/2021)
AD: Survey - Alumni Survey Item: How well BSN education prepared you to use data to monitor outcomes and improve care. **Target:** 75% of respondents will report that their BSN education prepared them well or very well to use data to monitor outcomes and improve care (1= very poorly, 2 = poorly, 3 = well, 4 = very well). **Timeframe:** Annually **Responsible Parties:** CIRE, Evaluation & Study Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 100% of 2019-2020 graduates (18/18) reported their education prepared them well (8/18, 44.44%) or very well (10/18, 55.56%) to perform this outcome. These results are consistent with previous alumni surveys (2016-2017, 2017-2018, 2018-2019), which showed that 94-100% alumni reported performing this outcome well or very well. (07/15/2021) **Action Plan Impact:** The BSN curriculum has a favorable impact on graduate's perceptions of how well they were prepared to perform the outcome. The 2019-2020 action plan to survey 2019-2020 alumni during 2021, compare responses, and monitor for favorable and unfavorable trends was appropriate.	**Action:** Results were reported to the Dean and Director of BSN program. 2020-2021 Alumni will be surveyed summer of 2022, results will be compared to previous surveys, and unfavorable trends will be addressed with curriculum adjustment if indicated. Prelicensure program curriculum changes to be implemented starting fall of 2021 include decreasing clinical hours in specialty clinical courses (maternal-newborn, pediatrics, mental health, and community health) and increasing clinical and theory hours in adult medical-surgical courses. These changes may have a positive impact on 2021-2022 and future graduates' perceptions that their education prepared them to demonstrate the outcome. (07/15/2021)
AD: Survey - Employer Survey Item: How well BSN graduate uses data to monitor outcomes and improve care.	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 100% of employers of 2019-2020 BSN grads (10/10) reported BSN graduate demonstrated	**Action:** Results were reported to the Dean and BSN program director. Continue to survey

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

AU Outcome: BSN 8.0 QI

Measures	Results	Actions
Target: 75% of respondents will report that the BSN graduate uses data to monitor outcomes and improve care (1= very poorly, 2 = poorly, 3 = well, 4 = very well, NA = not applicable, e.g., does not perform outcome, or outcome not applicable to current role). **Timeframe:** Annually **Responsible Parties:** CIRE, Evaluation & Study Committee	the outcome well (20%) or very well (80%), exceeding the target and continuing the positive trend for this measure demonstrated in previous reporting years, with 91-100% of employers reporting that BSN graduates demonstrate this outcome well or very well: 91% of employers of 2018-2019 graduates (n = 11) reported graduates demonstrated the outcome well or very well. 100% of employers of 2017-2018 BSN graduates (n = 6) reported graduates perform this outcome very well. (10/14/2021) **Action Plan Impact:** The action plan proposed for 2020-2021 and for previous reporting years has been to continue to survey employers of graduates 1-2 years after graduation and monitor for trends in their responses. It should be acknowledged that this action plan does nothing to improve graduates' ability to perform this outcome well. It should also be acknowledged that the survey results are biased toward graduates who were willing to grant permission to survey their employers because they are performing well in clinical practice.	employer of graduates 1-2 years after graduation and monitor for trends in performance of this program outcome. (10/14/2021)

AU Outcome: BSN 9.0 Safe Care

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

Measures	Results	Actions
SL: Didactic - NU 320 Nursing Safety Assignment **Target:** 100% of students will achieve at least 73% on Nursing Safety Assignment **Timeframe:** Annually **Responsible Parties:** BSN Curriculum Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes FA20 Safety Check #1 93.8% (61/65) Safety Check #2 93.8% (61/65) Safety Check #3 71.6% (48/65) Safety Check #4 78.3% (52/65) SP21 Safety Check #1 96% (55/57) Safety Check #2 91% (52/57) Safety Check #3 94% (54/57)	**Action:** In order to continue to meet this target, four safety check assignments will continue to be required for this course. Emphasis will continue to be placed on application and integration of the nursing process for the case study based assignments. Review questions will be included with each class discussion related to classification of medications to encourage higher level application

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

AU Outcome: BSN 9.0 Safe Care

Measures	Results	Actions
	Safety Check #4 87% (50/57) Safety check assignments did increase from 2 to 4 during this academic year; students completed this assignment outside of class time and were allowed to used notes and resources to complete these assignments. Overall, students performed better on these assignments as the use of notes/resources can provide assistance when answering application based questions. (10/04/2021) **Action Plan Impact:** Student comments from course evaluations indicated that students appreciated the use of notes to complete these assignments. **Related Documents:** [Outcome 9 NU 320 Safety Check Assignments.docx](#)	based thinking related to safe medication administration as well as emphasizing prioritization as it related to the safe administration of medications. The nursing process will continue to be emphasized when completing these safety check assignments. (12/30/2021)
SL: Clinical - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes In Summer 2020, 100% (28/28); in Fall 2020, 100% (59/59), in spring 2021 (30/30) achieved at least 80% on the safety evaluation. This is similar to the results from the previous academic year. (10/04/2021) **Action Plan Impact:** This assignment was moved to the theory portion of the course during 2020-2021 so that the scoring for the assignment would be separate and not part of a larger project. **Related Documents:** [Outcome 9 NU 405 safety assessment tool.xlsx](#)	**Action:** In order to continue to meet this outcome, this assessment will be kept as a separate assignment in the theory content, rather than as part of the service learning binder so that it can be scored as an individual assignment and not as part of a larger assignment. (12/30/2021)
SL: Clinical evaluation tool - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes In Spring 2021, 100% (9/9) of RN students achieved at "S" for Safety clinical competency on the clinical evaluation tool. This result is the same as the result from the previous academic year. (10/04/2021) **Action Plan Impact:** Students were oriented to the expectations (especially safety) for completion of the clinical component of this course which assisted in the students successfully meeting the target.	**Action:** In order to continue to meet this target, the instructor and clinical instructor will provide thorough orientation to the expectations for completing the clinical component of this course which includes safety. (12/30/2021)

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

AU Outcome: BSN 9.0 Safe Care

Measures	Results	Actions
AD: Survey - Alumni Survey Item: How well BSN education prepared you to deliver safe care through system effectiveness and individual performance (1= very poorly, 2 = poorly, 3 = well, 4 = very well). **Target:** 75% of respondents will report that their BSN education prepared them well or very well to deliver safe care through system effectiveness and individual performance. **Timeframe:** Annually **Responsible Parties:** CIRE, Evaluation & Study Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 100% of 2019-2020 graduates (18/18) reported their education prepared them well (4/18, 22.22%) or very well (14/18, 77.78%) to perform this outcome. These results are consistent with previous alumni surveys (2016-2017, 2017-2018, 2018-2019), which showed that 100% of alumni reported performing this outcome well or very well. (07/15/2021) **Action Plan Impact:** Results were reported to the Dean and Director of BSN program. 2020-2021 Alumni will be surveyed summer of 2022, results will be compared to previous surveys, and unfavorable trends will be addressed with curriculum adjustment if indicated.	**Action:** Results were reported to the Dean and Director of BSN program. 2020-2021 Alumni will be surveyed summer of 2022, results will be compared to previous surveys, and unfavorable trends will be addressed with curriculum adjustment if indicated. Prelicensure program curriculum changes to be implemented starting fall of 2021 include decreasing clinical hours in specialty clinical courses (maternal-newborn, pediatrics, mental health, and community health) and increasing clinical and theory hours in adult medical-surgical courses. These changes may have a positive impact on 2021-2022 and future graduates' perceptions that their education prepared them to demonstrate the outcome. (07/15/2021)
AD: Survey - Employer Survey Item: How well BSN graduate delivers safe care through system effectiveness and individual performance (1= very poorly, 2 = poorly, 3 = well, 4 = very well, NA = not applicable, e.g., does not perform outcome, or outcome not applicable to current role). **Target:** 75% of respondents will	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 100% of employers of 2019-2020 BSN grads (10/10) reported BSN graduate demonstrated the outcome well (20%) or very well (80%), exceeding the target and continuing the positive trend for this measure demonstrated in previous reporting years, with 89-100% of employers reporting that BSN graduates demonstrate this outcome well or very well: 91% of employers of 2018-2019 graduates (n = 11) reported graduates demonstrated the outcome well or very well.	**Action:** Results were reported to the Dean and BSN program director. Continue to survey employer of graduates 1-2 years after graduation and monitor for trends in performance of this program outcome. (10/14/2021)

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

AU Outcome: BSN 9.0 Safe Care

Measures	Results	Actions
report that BSN graduate delivers safe care through system effectiveness and individual performance well or very well. **Timeframe:** Annually **Responsible Parties:** CIRE, Evaluation & Study Committee	100% of employers of 2017-2018 BSN graduates (n = 6) reported graduates perform this outcome very well. 89% of employers of 2016-2017 BSN graduates (n = 9) reported graduates perform this outcome well or very well. (10/14/2021) **Action Plan Impact:** The action plan proposed for 2020-2021 and for previous reporting years has been to continue to survey employers of graduates 1-2 years after graduation and monitor for trends in their responses. It should be acknowledged that this action plan does nothing to improve graduates' ability to perform this outcome well. It should also be acknowledged that the survey results are biased toward graduates who were willing to grant permission to survey their employers because they are performing well in clinical practice.	

AU Outcome: BSN 10.0 Synthesis of Knowledge

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

Measures	Results	Actions
AD: Report - Internal - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 100% of Allen College BSN cohorts exceeded the norming data set by ATI on the ATI Content Mastery proctored assessments. (11/22/2021) **Action Plan Impact:** The current policy remains in place which awards students 5% of their course grade for achieving a Level 2 or Level 3 on their first attempt of the proctored ATI assessment. This policy is supported by faculty and faculty speak with students about how to properly prepare for these assessments using ATI resources. **Related Documents:** Attachment G ATI Report 2020-2021.docx	**Action:** In 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. (12/30/2021)
SL: Didactic - 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-	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes In Spring 2021, 100% (4/4) of the cohort achieved the benchmark of 73% on the EBP. This is consistent with the results from the previous academic year. (10/04/2021) **Action Plan Impact:** The continued use of specific assignments that address each component of the EBP paper will continue to be used. Grading rubrics were developed for each	**Action:** In order to continue to meet this target in the future, a review of the directions and grading rubric will be done to ensure students have clear and specific directions. (12/30/2021)

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

AU Outcome: BSN 10.0 Synthesis of Knowledge

Measures	Results	Actions
2020) **Responsible Parties:** BSN Curriculum Committee	assignment that clearly indicated the required components and instructor expectations. Two new Panopto recordings that covered components of the EBP paper were created and uploaded into learning modules in Spring 2021 which contributed to the benchmark being achieved. **Related Documents:** Outcome 10 RN NU 497 EBP paper.doc	
SL: Exam/Quiz - Standardized - NU499 ATI RN Predictor exam, predicted probability of passing NCLEX-RN **Target:** 80% of students will achieve at least 94% predicted probability of passing NCLEX-RN on RN Predictor ATI exam **Timeframe:** Annually (starting 2019-2020; assessed Year 3 prior to 2019-2020) **Responsible Parties:** BSN Curriculum Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** No Percentage of cohort achieving at least 94% predicted probability of passing NCLEX-RN on RN Predictor ATI exam on the first attempt: Summer 2020: 82% (23/28) Summer 2020 Hybrid: 87.5% (7/8) Fall 2020 Accel: 68.5% (24/35) Fall 2020 Trad: 60.8% (14/23) Spring 2021 Trad: 70.9% (22/31) These percentages vary from cohort to cohort. (11/22/2021) **Action Plan Impact:** Students who do not meet the benchmark of 94% on the first attempt are given the opportunity to retake the assessment at a later date in the semester or to complete part of VATI (length depends on the student performance). No Accelerated students repeated the exam. All of the traditional students repeated the exam, on the second attempt 2/9 and 5/9 achieved the 94% predictability on their second attempt. However, nearly all students were successful on their first attempt of the NCLEX. **Related Documents:** Attachment G ATI Report 2020-2021.docx	**Action:** In order to meet this target in the future, continue to monitor these results and determine if additional remediation or other actions are needed to prepare students to achieve a higher score on their first attempt of this exam. (12/30/2021)
AD: Survey - Alumni Survey Item: How well BSN education prepared you to synthesize knowledge from liberal and baccalaureate nursing education to guide generalist practice (1= very poorly, 2 = poorly, 3 = well, 4 = very well). **Target:** 75% of respondents will	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 100% of 2019-2020 graduates (18/18) reported their education prepared them well (8/18, 44.44%) or very well (10/18, 55.56%) to perform this outcome. These results are consistent with previous alumni surveys (2016-2017, 2017-2018, 2018-2019), which showed that 92-100% of alumni reported performing this outcome well or very well. [less] (07/15/2021) **Action Plan Impact:** The BSN curriculum has a favorable impact on graduate's perceptions of how well they were prepared to perform the outcome. The 2019-2020 action plan to survey 2019-2020 alumni during 2021, compare responses, and monitor for favorable and	**Action:** Results were reported to the Dean and Director of BSN program. 2020-2021 Alumni will be surveyed summer of 2022, results will be compared to previous surveys, and unfavorable trends will be addressed with curriculum adjustment if indicated.

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

AU Outcome: BSN 10.0 Synthesis of Knowledge

Measures	Results	Actions
report that their BSN education prepared them well or very well to synthesize knowledge from liberal and baccalaureate nursing education to guide generalist practice. **Timeframe:** Annually **Responsible Parties:** CIRE, Evaluation & Study Committee	unfavorable trends was appropriate.	Prelicensure program curriculum changes to be implemented starting fall of 2021 include decreasing clinical hours in specialty clinical courses (maternal-newborn, pediatrics, mental health, and community health) and increasing clinical and theory hours in adult medical-surgical courses. These changes may have a positive impact on 2021-2022 and future graduates' perceptions that their education prepared them to demonstrate the outcome. (07/15/2021)
AD: Survey - Employer Survey Item: How well BSN graduate synthesizes knowledge from liberal and baccalaureate nursing education to guide generalist practice (1= very poorly, 2 = poorly, 3 = well, 4 = very well, NA = not applicable, e.g., does not perform outcome, or outcome not applicable to current role). **Target:** 75% of respondents will report that BSN graduate synthesizes knowledge from liberal and baccalaureate nursing education to guide generalist practice well or very well. **Timeframe:** Annually **Responsible Parties:** CIRE,	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 100% of employers of 2019-2020 BSN grads (10/10) reported BSN graduate demonstrated the outcome well (20%) or very well (80%), exceeding the target and continuing the positive trend for this measure demonstrated in previous reporting years, with 89-100% of employers reporting that BSN graduates demonstrate this outcome well or very well: 91% of employers of 2018-2019 graduates (n = 11) reported graduates demonstrated the outcome well or very well. 100% of employers of 2017-2018 BSN graduates (n = 6) reported graduates perform this outcome very well. 89% of employers of 2016-2017 BSN graduates (n = 9) reported graduates perform this outcome well or very well. (10/14/2021) **Action Plan Impact:** The action plan proposed for 2020-2021 and for previous reporting years has been to continue to survey employers of graduates 1-2 years after graduation and monitor for trends in their responses. It should be acknowledged that this action plan does nothing to improve graduates' ability to perform this outcome well. It should also be acknowledged that the survey results are biased toward graduates who were willing to grant permission to survey	**Action:** Results were reported to the Dean and BSN program director. Continue to survey employer of graduates 1-2 years after graduation and monitor for trends in performance of this program outcome. (10/14/2021)

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

AU Outcome: BSN 10.0 Synthesis of Knowledge

Measures	Results	Actions
Evaluation & Study Committee	their employers because they are performing well in clinical practice.	

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

AU Outcome: DNP 1.0

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

Measures	Results	Actions
SL: Summative Evaluation - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 100% (4/4) students achieved an acceptable level (1) on a scale of 0-2 on all criteria included in DNP Outcome 1.0. Students did not graduate during the previous academic year (2019-2020), however, results are consistent with 2018-2019 results when 100% (5/5) students achieved acceptable or above ratings on DNP Outcome 1.0 . (09/23/2021) **Action Plan Impact:** Per the 2019-2020 action plan for 2020-2021, 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.	**Action:** Will continue to monitor this target since the number of DNP graduates remains low and it is essential to assure graduates have documented achievement of program outcomes. Outcomes will be monitored on the Outcomes assessment form submitted throughout the program in courses correlating with specific outcomes. (09/23/2021)
SL: Didactic - NU805 Educational Concepts for Advanced Nursing Practice Patient Educational Materials Critique Part II assignment **Target:** 95% of students will achieve 80% or higher on the Patient Educational Materials Critique Part II assignment (Target changed from "100% of students will achieve 73%	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Summer 2020 - NA Fall 2020 - NA Spring 2021 - 100% of students achieved 80% or higher on the Patient Educational Materials Critique Part II assignment. This was a new course last reporting year 2019-2020, so no direct comparison to last year's data is possible. (09/23/2021)	**Action:** To meet this target during the 2021-2022 academic year, course faculty will incorporate a new textbook and increase the emphasis of the nurse educator in the higher education setting as well as in the practice setting. A patient education material critique will continue in the course, but will

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

AU Outcome: DNP 1.0

Measures	Results	Actions
or higher on the Patient Educational Materials Critique Part II assignment" for 2020-2021). **Timeframe:** Annually **Responsible Parties:** Graduate Curriculum Committee, Course Faculty	**Action Plan Impact:** Course was not taught Spring 2020 so there is no action plan to reflect on.	likely be different than in its current form with the adoption of a new textbook. (09/23/2021)
AD: Survey - DNP Alumni Survey: Graduate perceptions of how well their DNP education prepared them to practice at the highest level of nursing through integration and application of nursing science in clinical practice, management, and education (very poorly, poorly, well, very well). **Target:** 75% of respondents will report that their DNP education prepared them to practice at the highest level of nursing through integration and application of nursing science in clinical practice, management, and education well or very well. **Timeframe:** Annually **Responsible Parties:** Evaluation & Study Committee/CIRE	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** NA No 2019-2020 graduates. Survey not conducted. (10/14/2021) **Action Plan Impact:** NA	
AD: Survey - DNP Alumni Employer Survey: Employer perceptions of how well graduates practice at the highest level of nursing through integration and application of nursing science in clinical practice, management, and education (very	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** NA No 2019-2020 graduates. Survey not conducted. (10/14/2021) **Action Plan Impact:** NA	

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

AU Outcome: DNP 1.0

Measures	Results	Actions
poorly, poorly, well, very well). **Target:** 75% of respondents will report that DNP graduate practices at the highest level of nursing through integration and application of nursing science in clinical practice, management, and education well or very well. **Timeframe:** Annually **Responsible Parties:** Evaluation & Study Committee/CIRE		
SL: Clinical evaluation tool - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** NA Target not measurable. BSN-DNP students were not part of clinical courses in the 2020-2021 academic year. (10/27/2021) **Action Plan Impact:** No previous data available due to BSN-DNP students not being enrolled in clinical courses.	**Action:** Criterion will be evaluated as BSN-DNP students complete clinical courses (10/27/2021)

AU Outcome: DNP 2.0

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

Measures	Results	Actions
SL: Didactic - NU505 Leadership for Advanced Nursing Leadership Development Paper **Target:** 95% of students will achieve 80% or higher on Leadership Development Paper **Timeframe:** Annually **Responsible Parties:** Course Faculty	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Summer 2020 - 100% (3/3) of students achieved 80% or higher on the Leadership Development Paper. Fall 2020 - 100% (1/1) of students achieved 80% or higher on the Leadership Development Paper. Spring 2021 - no BSN-DNP students enrolled.	**Action:** In order to meet this target with all groups next year, course faculty will provide detailed instructions on the assignment and provide guidance to students throughout the semester. (09/23/2021)

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

AU Outcome: DNP 2.0

Measures	Results	Actions
	This is the first time this measure was assessed for BSN-DNP students, so there is no previous data on which to reflect. (09/23/2021) **Action Plan Impact:** This is the first year the measure was assessed so there is no action plan to reflect on.	
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Summer 2020 Course not taught Fall 2020 Course not taught Spring 2020 100% (6/6) achieved at least 80% or higher. (10/27/2021) **Action Plan Impact:** This was a new measure for 2020-2021, so no previous data is available from a previous reporting year to compare and no action plan to evaluate.	**Action:** This was a new measure for 2020-2021, so no previous action plan is available to evaluate. (10/27/2021)
SL: Summative Evaluation - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 100% (4/4) students achieved an acceptable level (1) on a scale of 0-2 on all criteria included in DNP Outcome 2.0. Students did not graduate during the previous academic year (2019-2020), however, results are consistent with 2018-2019 results when 100% (5/5) students achieved acceptable or above ratings on DNP Outcome 2.0 . (12/09/2021) **Action Plan Impact:** Per the 2019-2020 action plan for 2020-2021, 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.	**Action:** Complete summative evaluations for all graduating students. Will continue to monitor this target since the number of DNP graduates remains low and it is essential to assure graduates have documented achievement of program outcomes. Outcomes will be monitored on the Outcomes assessment form submitted throughout the program in courses correlating with specific outcomes. Complete summative evaluations for all graduating students. (12/09/2021)
AD: Survey - DNP Alumni Survey: Graduate perceptions of how well their DNP education prepared them to demonstrate organizational and systems leadership to advance	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** NA No 2019-2020 graduates. Survey not conducted. (10/14/2021) **Action Plan Impact:** NA	

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

AU Outcome: DNP 2.0

Measures	Results	Actions
quality improvement and systems change (very poorly, poorly, well, very well). **Target:** 75% of respondents will report that their DNP education prepared them well or very well to demonstrate organizational and systems leadership to advance quality improvement and systems change **Timeframe:** Annually **Responsible Parties:** Evaluation & Study Committee/CIRE		
AD: Survey - DNP Alumni Employer Survey: Employer perceptions of how well DNP graduates demonstrate organizational and systems leadership to advance quality improvement and systems change (very poorly, poorly, well, very well). **Target:** 75% of respondents will report that DNP graduates demonstrate organizational and systems leadership to advance quality improvement and systems change well or very well. **Timeframe:** Annually **Responsible Parties:** Evaluation & Study Committee/CIRE	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** NA No 2019-2020 graduates. Survey not conducted. (10/14/2021) **Action Plan Impact:** NA	
SL: Clinical evaluation tool - Clinical Evaluation Tool "Safety/ Outcome" Criterion **Target:** 95% of students achieve an	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** NA Target was not measurable, as BSN-DNP students were not part of clinical courses in the 2020-2021 academic year. (10/27/2021)	**Action:** Criterion will be evaluated as BSN-DNP students complete clinical courses. (10/27/2021)

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

AU Outcome: DNP 2.0

Measures	Results	Actions
acceptable level on "Safety/ Outcome" criterion on the Faculty Clinical Evaluation Tool **Timeframe:** Annually **Responsible Parties:** Course Faculty	**Action Plan Impact:** No previous data available due to BSN-DNP students not being enrolled in clinical courses.	

AU Outcome: DNP 3.0

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

Measures	Results	Actions
SL: Summative Evaluation - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 100% (4/4) students achieved an acceptable level (1) on a scale of 0-2 on all criteria included in DNP Outcome 3.0. Students did not graduate during the previous academic year (2019-2020), however, results are consistent with 2018-2019 results when 100% (5/5) students achieved acceptable or above ratings on DNP Outcome 3.0 . (12/09/2021) **Action Plan Impact:** Per the 2019-2020 action plan for 2020-2021, 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.	**Action:** Complete summative evaluations for all graduating students. Will continue to monitor this target since the number of DNP graduates remains low and it is essential to assure graduates have documented achievement of program outcomes. Outcomes will be monitored on the Outcomes assessment form submitted throughout the program in courses correlating with specific outcomes. (12/09/2021)
SL: Didactic - NU535 Evidence Synthesis Assignment **Target:** 95% of students will achieve at least 80% on the Evidence Synthesis assignment **Timeframe:** Annually **Responsible Parties:** Course Faculty: NU535 Evidence-Based Practice I: Finding & Appraising Evidence	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** No Summer 20: NA Fall 20: 75% (3/4) BSN-DNP students achieved at least 80%. Spring 21: 100% (4/4) BSN-DNP students achieved at least 80%. Cumulative: 7/8 (88%) scored at least 80%. Summer 19: NA-course not taught. Fall 19: NA (no BSN-DNP students in course.	**Action:** To meet this target during the 2021-2022 academic year, course faculty will (a) require students to work with an intervention PICOT question for all assignments that require one and (b) expand opportunities to practice classifying publications

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

AU Outcome: DNP 3.0

Measures	Results	Actions
	Spring 20: 100% (2 of 2) achieved 95% Compared to the results for 2019-2020, results for 2020-2021 demonstrate slight decline during Fall semester, due to one student scoring 72% on the assignment. For the academic year, 7/8 students (88%) earned at least 80% on the assignment. (06/01/2021) **Action Plan Impact:** Given the small number of DNP students (N = 8), achieving the target (95% of students score at least 80% on assignment) was impossible unless all students had scored at least 80% on the assignment. However, for the class as a whole (N = 51; 43 MSN, 8 BSN-DNP students), the action plan implemented during 2020-2021 appears to have been effective in facilitating target achievement: Per the 2019-2020 action plan, (a) the lecture about types of sources was refined to include examples of journal articles that provide various types of evidence (e.g., RCTs, cohort studies, EBPQI projects); (b) the evidence determination worksheet was omitted, and additional guidance was given on completing the General Appraisal Overview form and Evidence Evaluation Table; and (c) a lecture about common statistical tests was provided spring semester. Although a few students struggled with assigning the right level of evidence to their sources, the misclassification was typically related to selecting the wrong evidence hierarchy (e.g., using the hierarchy for intervention PICOT questions when the hierarchy for prediction/prognosis PICOT questions should have been used).	according to type (e.g., RCT, quasi-experiment, cohort study, EBPQI, etc.) and level of evidence. (06/01/2021)
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Summer 2020 - NA Fall 2020 - 2/2- BSN-DNP students achieved at least 80% on paper 3. Spring 2021 - 3//3 BSN-DNP students achieved at least 80% on paper 3. BSN-DNP students were not enrolled in the course during the 2019-2020 academic year so there is no previous data to compare. (09/23/2021) **Action Plan Impact:** Per the 2019-2020 action plan proposed for 2020-2021, a Panopto was added to the Course in the introduction module that provided an overview of the graduate project process, course expectations, and expectations for the graduate project proposal. Although midterm meetings were not required, many students met individually with their	**Action:** In order to meet this target for the 2021-2022 academic year, course faculty will use Panopto or another platform to provide a brief introduction to each module and offer synchronous online forums for questions in addition to the Ask your Professor forum. (09/23/2021)

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

AU Outcome: DNP 3.0

Measures	Results	Actions
	faculty mentor via email, teams, or phone call.	
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Summer 20: NA - course not taught Fall 20: 100% (1/1) DNP student achieved at least 80%. Spring 21: NA - course not taught Summer 19: NA-course not taught. Fall 19: 86% (6/7) DNP students achieved at least 80% or higher on the Literature Synthesis Table Assignment Spring 20: NA - course not taught Compared to the results for 2019-2020, results for 2020-2021 met the target for the academic year. In the previous year, the target was not met due to one student scoring 60% on the assignment. (09/23/2021) **Action Plan Impact:** Although a Panopto recording was not implemented to provide additional information on concepts needed to complete the Synthesis of Literature assignment as stated in the previous year's action plan, course faculty met with the student throughout the semester to ensure successful application of content related to the literature review.	**Action:** In order to meet this target with all groups next year, course faculty will add recorded lectures related to the literature review search and classification of research articles. (09/23/2021)
AD: Survey - DNP Alumni Survey: Graduate perceptions of how well their DNP education prepared them to apply analytical methods and research to develop best practices and practice guidelines (very poorly, poorly, well, very well). **Target:** 75% of respondents will report that their DNP education prepared them to apply analytical methods and research to develop best practices and practice guidelines well or very well. **Timeframe:** Annually	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** NA No 2019-2020 graduates. Survey not conducted. (10/14/2021) **Action Plan Impact:** NA	

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

AU Outcome: DNP 3.0

Measures	Results	Actions
Responsible Parties: Evaluation & Study Committee/CIRE		
AD: Survey - DNP Alumni Employer Survey: Employer perceptions of how well DNP graduates apply analytical methods and research to develop best practices and practice guidelines (very poorly, poorly, well, very well). **Target:** 75% of respondents will report that DNP graduates apply analytical methods and research to develop best practices and practice guidelines well or very well. **Timeframe:** Annually **Responsible Parties:** Evaluation & Study Committee/CIRE	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** NA No 2019-2020 graduates. Survey not conducted. (10/14/2021) **Action Plan Impact:** NA	

AU Outcome: DNP 4.0

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	Results	Actions
SL: Summative Evaluation - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 100% (4/4) students achieved an acceptable level (1) on a scale of 0-2 on all criteria included in DNP Outcome 4.0. Students did not graduate during the previous academic year (2019-2020), however, results are consistent with 2018-2019 results when 100% (5/5) students achieved acceptable or above ratings on DNP Outcome 4.0 . (12/09/2021) **Action Plan Impact:** Per the 2019-2020 action plan for 2020-2021, 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	**Action:** Complete summative evaluations for all graduates. Will continue to monitor this target since the number of DNP graduates remains low and it is essential to assure graduates have documented achievement of program outcomes. Outcomes will be monitored on the Outcomes assessment form

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

AU Outcome: DNP 4.0

Measures	Results	Actions
acceptable level (1) on a scale of 0-2 **Timeframe:** Annually upon program completion **Responsible Parties:** Assistant Dean, Graduate Nursing /Graduate Curriculum Committee	outcomes as reflected in the summative evaluation tool.	submitted throughout the program in courses correlating with specific outcomes. (12/09/2021)
SL: Didactic - NU541 Health Care Informatics Annotated Bibliography and Critical Response assignment **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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Summer 2020 - NA - course not taught Fall 2020 - NA BSN-DNP or DNP students were not enrolled in the course Spring 2021 - 100% (3/3) of students achieved at least 80% on the annotated bibliography and critical response assignment. Summer 2019 - NA Course not offered Fall 2019 - 100% (3/3) of students achieved at least 85% on the annotated bibliography and critical response assignment. Spring 2020 - NA BSN-DNP or DNP students were not enrolled in the course. Compared to the results for the 2019-2020 academic year, results for the 2020-2021 academic year were consistent with 100% (3/3) students achieving 85% or higher on the Annotated Bibliography and Critical Response assignment. (09/23/2021) **Action Plan Impact:** Per the 2019-2020 action plan proposed for 2020-2021, a thorough explanation of the assignment instructions was provided and assignment instructions were reviewed for clarity. Additionally, Panopto recordings and discussions were used to explain the assignment. These actions were effective in promoting student success on the assignment.	**Action:** In order to meet this target with all groups in the 2021-2022 academic year, the name of the assignment will change to Literature Synthesis and Critical Response. Course faculty will continue to offer a Panopto and discussion and be available by phone and email to further explain the Literature Synthesis and Critical Response assignment. (09/23/2021)
AD: Survey - DNP Alumni Survey: Graduate perceptions of how well their DNP education prepared them to use information systems and technology-based resources to support clinical and administrative decision making and to improve the health care of individuals, families	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** NA No 2019-2020 graduates. Survey not conducted. (10/14/2021) **Action Plan Impact:** NA	

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

AU Outcome: DNP 4.0

Measures	Results	Actions
and populations (very poorly, poorly, well, very well). **Target:** 75% of respondents will report that their DNP education prepared them to 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 well or very well. **Timeframe:** Annually **Responsible Parties:** Evaluation & Study Committee/CIRE		
AD: Survey - DNP Alumni Employer Survey: Employer perceptions of how well DNP graduates 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 (very poorly, poorly, well, very well). **Target:** 75% of respondents will report that DNP graduates 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 well or very well. **Timeframe:** Annually **Responsible Parties:** Evaluation &	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** NA No 2019-2020 graduates. Survey not conducted. (10/14/2021) **Action Plan Impact:** NA	

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

AU Outcome: DNP 4.0

Measures	Results	Actions
Study Committee/CIRE		

AU Outcome: DNP 5.0

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

Measures	Results	Actions
SL: Summative Evaluation - 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 Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 100% (4/4) students achieved an acceptable level (1) on a scale of 0-2 on all criteria included in DNP Outcome 5.0. Students did not graduate during the previous academic year (2019-2020), however, results are consistent with 2018-2019 results when 100% (5/5) students achieved acceptable or above ratings on DNP Outcome 5.0 . (12/10/2021) **Action Plan Impact:** Per the 2019-2020 action plan for 2020-2021, 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.	**Action:** Will continue to monitor this target since the number of DNP graduates remains low and it is essential to assure graduates have documented achievement of program outcomes. Outcomes will be monitored on the Outcomes assessment form submitted throughout the program in courses correlating with specific outcomes. (12/10/2021)
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Summer 2020 - course not taught Fall 2020 - 100% (2/2) students achieved 80% or higher on Paper III: Healthcare Policy Brief Spring 2021 - BSN-DNP or DNP students were not enrolled in the course. Overall 100% of students met the established target, which is consistent with results from the previous academic year. (09/23/2021) **Action Plan Impact:** Per the 2019-2020 action plan proposed for 2020-2021, faculty used the newly developed Issue Brief (Paper III) template and rubric, which students found helpful. Students also commented on helpfulness of feedback on written assignments. Written assignments information was provided earlier in the course.	**Action:** In order to meet this target with all groups next year, course faculty will continue to use the Issue Brief template and rubric. In addition, Panopto recording will be consistently used to clarify assignment expectations, and faculty will continue to provide information on written assignments earlier in the semester to facilitate earlier student choice of topics. (10/27/2021)

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

AU Outcome: DNP 5.0

Measures	Results	Actions
AD: Survey - DNP Alumni Survey: Graduate perceptions of how well their DNP education prepared them to advocate for healthcare change through policy development and evaluation (very poorly, poorly, well, very well). **Target:** 75% of respondents will report that their DNP education prepared them to advocate for healthcare change through policy development and evaluation well or very well. **Timeframe:** Annually **Responsible Parties:** Evaluation & Study Committee/CIRE	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** NA No 2019-2020 graduates. Survey not conducted. (10/14/2021) **Action Plan Impact:** NA	

AU Outcome: DNP 6.0

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

Measures	Results	Actions
SL: Summative Evaluation - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 100% (4/4) students achieved an acceptable level (1) on a scale of 0-2 on all criteria included in DNP Outcome 6.0. Students did not graduate during the previous academic year (2019-2020), however, results are consistent with 2018-2019 results when 100% (5/5) students achieved acceptable or above ratings on DNP Outcome 6.0 . (12/10/2021) **Action Plan Impact:** Per the 2019-2020 action plan for 2020-2021, 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.	**Action:** Will continue to monitor this target since the number of DNP graduates remains low and it is essential to assure graduates have documented achievement of program outcomes. Outcomes will be monitored on the Outcomes assessment form submitted throughout the program in courses correlating with specific outcomes. (12/10/2021)

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

AU Outcome: DNP 6.0

Measures	Results	Actions
Curriculum Committee		
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Summer 2020 - NA - course not taught Fall 2020 - 100% (15/15) of students achieved at least 80% or higher on the Service-Learning Project assignment Spring 2021 - NA - course not taught Summer 2019 - NA - course not taught Fall 2019 - 100% (4/4) of students achieved at least 80% or higher on the Service Learning Project assignment Spring 2020 - NA - course not taught Compared to results from the 2019-2020 academic year, results for 2020-2021 remain consistent in meeting the target. (09/24/2021) **Action Plan Impact:** Per the 2019-2020 action plan proposed for 2020-2021, lectures were added in to enhance learning from the readings and increase collaboration with discussions.	**Action:** In order to continue to meet the target, course faculty will review current textbook and update to text that is more appropriate to facilitate collaboration and learning. Add Panopto to enhance understanding of Service-Learning Assignment. (09/24/2021)
AD: Survey - DNP Alumni Survey: Graduate perceptions of how well their DNP education prepared them to assume leadership roles in interprofessional collaboration to improve the health outcomes of individuals, families, and populations (very poorly, poorly, well, very well). **Target:** 75% of respondents will report that their DNP education prepared them to assume leadership roles in interprofessional collaboration to improve the health outcomes of individuals, families, and populations well or very well. **Timeframe:** Annually	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** NA No 2019-2020 graduates. Survey not conducted. (10/14/2021) **Action Plan Impact:** NA	

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

AU Outcome: DNP 6.0

Measures	Results	Actions
Responsible Parties: Evaluation & Study Committee/CIRE		
SL: Clinical evaluation tool - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** NA Target not measurable, as BSN-DNP students not part of clinical courses. (10/27/2021) **Action Plan Impact:** This was a new measure for 2020-2021, so no previous data is available from a previous reporting year to compare and no action plan to evaluate.	**Action:** Criterion will be evaluated as BSN-DNP students complete clinical courses. (10/27/2021)

AU Outcome: DNP 7.0

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

Measures	Results	Actions
SL: Summative Evaluation - 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 **Timeframe:** Annually upon program completion **Responsible Parties:** Assistant Dean, Graduate Nursing /Graduate Curriculum Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 100% (4/4) students achieved an acceptable level (1) on a scale of 0-2 on all criteria included in DNP Outcome 7.0. Students did not graduate during the previous academic year (2019-2020), however, results are consistent with 2018-2019 results when 100% (5/5) students achieved acceptable or above ratings on DNP Outcome 7.0 . (12/10/2021) **Action Plan Impact:** Per the 2019-2020 action plan for 2020-2021, 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.	**Action:** Will continue to monitor this target since the number of DNP graduates remains low and it is essential to assure graduates have documented achievement of program outcomes. Outcomes will be monitored on the Outcomes assessment form submitted throughout the program in courses correlating with specific outcomes. (12/10/2021)
SL: Didactic - NU530 Population Health Issues Paper assignment **Target:** 95% of students will achieve at least 80% on Population Health	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Summer 2020 - NA- course not taught Fall 2020 - NA - BSN-DNP students were not enrolled in the course	**Action:** In order to meet this target with all groups next year, course faculty will continue to utilize the action plan from the previous year

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

AU Outcome: DNP 7.0

Measures	Results	Actions
Issues Paper assignment **Timeframe:** Annually **Responsible Parties:** Course faculty	Spring 2021 - 100% (7/7) of students achieved at least 80% on the Population Health Issues Paper assignment. This target was not part of the DNP CAP during the last academic year. (09/24/2021) **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. An example of a table was provided.	and use student comments from course evaluations to improve course. Review written assignments and discussion rubrics. (09/24/2021)
SL: Didactic - NU731 Epidemiology and Biostatistics Epidemiology Application Brief written assignment #2 **Target:** 95% of students will achieve 80% or 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Summer 2020 - NA - course not taught Fall 2020 - 100% (7/7) of students achieved at least 80% or higher on the Epidemiology Application Brief written assignment #2 Spring 2021 - NA - course not taught (09/24/2021) **Action Plan Impact:** As proposed in 2019-2020 action plan proposed for 2020-2021, Panoptos were not completed for the assignments. Rubrics were modified to include option for students to choose their practice setting and how the content applies to their current role and area of expertise.	**Action:** To meet the target fall 2021: faculty will review rubrics for assignments and adjust according to current epidemiological concerns. (09/24/2021)
AD: Survey - DNP Alumni Survey: Graduate perceptions of how well their DNP education prepared them to incorporate a firm conceptual foundation for clinical prevention and population health (very poorly, poorly, well, very well). **Target:** 75% of respondents will report that their DNP education prepared them to incorporate a firm conceptual foundation for clinical	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** NA No 2019-2020 graduates. Survey not conducted. (10/14/2021) **Action Plan Impact:** NA	

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

AU Outcome: DNP 7.0

Measures	Results	Actions
prevention and population health well or very well. **Timeframe:** Annually **Responsible Parties:** Evaluation & Study Committee/CIRE		
SL: Clinical evaluation tool - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** NA Target not measurable, as BSN-DNP students not part of clinical courses. (10/27/2021) **Action Plan Impact:** Criterion will be evaluated as BSN-DNP students complete clinical courses.	**Action:** Criterion will be evaluated as BSN-DNP students complete clinical courses. (10/27/2021)

AU Outcome: DNP 8.0

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

Measures	Results	Actions
SL: Summative Evaluation - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 100% (4/4) students achieved an acceptable level (1) on a scale of 0-2 on all criteria included in DNP Outcome 8.0. Students did not graduate during the previous academic year (2019-2020), however, results are consistent with 2018-2019 results when 100% (5/5) students achieved acceptable or above ratings on DNP Outcome 8.0 . (12/10/2021) **Action Plan Impact:** Per the 2019-2020 action plan for 2020-2021, 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.	**Action:** Will continue to monitor this target since the number of DNP graduates remains low and it is essential to assure graduates have documented achievement of program outcomes. Outcomes will be monitored on the Outcomes assessment form submitted throughout the program in courses correlating with specific outcomes. (12/10/2021)
AD: Survey - DNP Alumni Survey:	**Reporting Year:** 2020 - 2021 (Year 3)	

College Goal 1 - Allen College is committed to preparing outstanding healthcare practitioners who are committed to lifelong learning.

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

AU Outcome: DNP 8.0

Measures	Results	Actions
Graduate perceptions of how well their DNP education prepared them to synthesize advanced practice nursing knowledge and competencies into the practice role (very poorly, poorly, well, very well). **Target:** 75% of respondents will report that their DNP education prepared them to synthesize advanced practice nursing knowledge and competencies into the practice role well or very well. **Timeframe:** Annually **Responsible Parties:** Evaluation & Study Committee/CIRE	**Target Met:** NA No 2019-2020 graduates. Survey not conducted. (10/14/2021) **Action Plan Impact:** NA	

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

AU Outcome: MSN 1.0

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

Measures	Results	Actions
SL: Clinical evaluation tool - 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 evaluation tool. **Timeframe:** Annually **Responsible Parties:** MSN Clinical Coordinator / Graduate Curriculum	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Target met with all courses at 100% See attached report - 2020 -2021 CAP Summary MSN Outcomes 1,3,7,8 Reflection on results and action plan from previous year: 2019-2020 Results: Target met with all but NU 605C Fall 2019 (12 of 13, 92%) Results are better than previous reporting year (2019-2020). (09/23/2021) **Action Plan Impact:** The 2019-2020 action plan proposed for 2020-2021 was to have measure	**Action:** To meet this target for the 2021-2022 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

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

AU Outcome: MSN 1.0

Measures	Results	Actions
Committee	and target reviewed with Graduate Curriculum Committee in October 2020. Faculty continued to review preceptor evaluations and/or assess with OSCE performance experiences. Faculty maintained contact with preceptors. These actions seem to have been effective for assessing and evaluating demonstration of critical thinking in clinical experiences. **Related Documents:** [2020-2021 CAP Summary MSN Outcomes 1,3,7,8.pdf](#)	outcomes (09/23/2021)
SL: Didactic - NU696 Graduate Seminar II Paper 3 **Target:** 95% of students achieve 73% or higher on Paper 3 (Draft of MSN Graduate Project Proposal). **Timeframe:** Annually **Responsible Parties:** Graduate Curriculum Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Summer 20: 100% (15 of 15) achieved at least 73% Fall 19: 100% (18 of 18) achieved at least 73% Spring 2020: N/A Course not offered Cumulative: 100% (33 of 33) scored at least 73% Results are consistent with previous reporting year (2019-2020). (09/21/2021) **Action Plan Impact:** Per the 2019-2020 action plan proposed for 2020-2021, the timeline for return of graded assignments was emphasized to faculty, a 1:5 faculty mentor-to-student ratio was maintained, and assignment instructions and rubrics were reviewed and revised.	**Action:** This course will no longer be offered and this measure will be deactivated. (09/21/2021)
AD: Survey - MSN Alumni Survey-- How well MSN graduates perceive that their MSN education prepared them to synthesize knowledge from nursing science and related disciplines in order to develop a foundation to guide practice (very poorly, poorly, well, very well). **Target:** 75% of respondents will report feeling well or very well prepared to synthesize knowledge from nursing science and related	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 100% of 2019-2020 graduates who completed the alumni survey (8/8) reported their education prepared them well (5/8, 62.5%) or very well (3/8, 37.55) to perform this outcome. These results are consistent with previous reporting years (2016-2017, 2017-2018, 2018-2019) when 93-100% of alumni reported performing this outcome well or very well. (07/16/2021) **Action Plan Impact:** The MSN curriculum has a favorable impact on graduate's perceptions of how well they were prepared to perform the outcome. The 2019-2020 action plan to survey 2019-2020 alumni during 2021, compare responses, and monitor for favorable and unfavorable trends was appropriate.	**Action:** Results were reported to the Dean and Director of MSN program. The 2020-2021 Alumni will be surveyed summer of 2022, results will be compared to previous surveys, and unfavorable trends will be addressed with curriculum adjustment if indicated. (07/16/2021)

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

AU Outcome: MSN 1.0

Measures	Results	Actions
disciplines in order to develop a foundation to guide practice. **Timeframe:** Annually **Responsible Parties:** Evaluation & Study Committee		
AD: Survey - MSN Graduate Employer Survey--How well employers perceive that MSN graduates synthesize knowledge from nursing science and related disciplines in order to develop a foundation to guide practice (very poorly, poorly, well, very well). **Target:** 75% of employers will report that MSN graduates provide organizational and systems leadership in practice, service, and scholarship well or very well. **Timeframe:** Annually **Responsible Parties:** Evaluation & Study Committee, CIRE	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 100% of employers of 2019-2020 MSN grads (5/5) reported MSN graduate demonstrated the outcome well (20%) or very well (80%), exceeding the target and continuing the positive trend for this measure demonstrated in previous reporting years, with 100% of employers reporting that MSN graduates demonstrate this outcome well or very well: 100% of employers of 2018-2019 graduates (n = 10) reported graduates demonstrated the outcome well or very well. 100% of employers of 2017-2018 BSN graduates (n = 6) reported graduates perform this outcome very well. (10/14/2021) **Action Plan Impact:** The action plan proposed for 2020-2021 and for previous reporting years has been to continue to survey employers of graduates 1-2 years after graduation and monitor for trends in their responses. It should be acknowledged that this action plan does nothing to improve graduates' ability to perform this outcome well. It should also be acknowledged that the survey results are biased toward graduates who were willing to grant permission to survey their employers because they are performing well in clinical practice.	**Action:** Results were reported to the Dean and MSN program director. Continue to survey employer of graduates 1-2 years after graduation and monitor for trends in performance of this program outcome. (10/14/2021)

AU Outcome: MSN 2.0

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

Measures	Results	Actions
SL: Didactic - NU505 Nursing Leadership for Advanced Practice Leadership Development paper **Target:** 95% of students will achieve 80% or better on Leadership	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Summer 2020 - 100% (36 of 36) achieved at least an 80% Fall 2020 - 100% (14 of 14) achieved at least 80% Spring 2021 - 100% (18 of 18) achieved at least 80%	**Action:** For the 2021-2022 academic year the measure will be changed to the Exemplar Leader Assignment. To meet this target faculty will provide students with

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

AU Outcome: MSN 2.0

Measures	Results	Actions
Development paper. (Target increased from 73% to 80% for 2020-2021) **Timeframe:** Annually **Responsible Parties:** Graduate Curriculum Committee	Cumulative 100% achieved at least 80%. The target was met. Results are similar to previous year (2019-2020). Given that the target was raised from 73% to 80%. These results suggest improvement in student performance on the assignment. (09/14/2021) **Action Plan Impact:** The 2019 -2020 action plan was to make changes to the paper requirements. The paper assignment was modified and may have helped achieve the target.	assigned readings, lecture slides, and activities related to the content. (09/14/2021)
AD: Survey - MSN Alumni Survey--How well MSN graduates perceive that their MSN education prepared them to provide organizational and systems leadership in practice, service and scholarship (very poorly, poorly, well, very well). **Target:** 75% of MSN graduates will report being well or very well prepared by their MSN education to provide organizational and systems leadership in practice, service and scholarship. **Timeframe:** Annually **Responsible Parties:** Evaluation & Study Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 87.5% of 2019-2020 graduates who completed the alumni survey (7/8) reported their education prepared them well (6, 75%) or very well (1, 12.5%) to perform this outcome. One alumnus reported "Poorly." Although the target was achieved, these results indicate a slight decrease in favorable responses compared to previous reporting years (2016-2017, 2017-2018, 2018-2019) when 93-100% of alumni reported performing this outcome well or very well. The small number of alumni completing the survey permitted the unfavorable response of one alumnus to exert a substantial impact on the results. (07/16/2021) **Action Plan Impact:** The MSN curriculum has a favorable impact on graduate's perceptions of how well they were prepared to perform the outcome. The 2019-2020 action plan to survey 2019-2020 alumni during 2021, compare responses, and monitor for favorable and unfavorable trends was appropriate.	**Action:** Results were reported to the Dean and Director of MSN program. The 2020-2021 Alumni will be surveyed summer of 2022, results will be compared to previous surveys, and unfavorable trends will be addressed with curriculum adjustment if indicated. (07/16/2021)
AD: Survey - MSN Employer Survey--How well employers perceive that MSN graduates provide organizational and systems leadership in practice, service and scholarship (very poorly, poorly, well, very well). **Target:** 75% of employers will report that MSN graduates provide	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 80% of employers of 2019-2020 MSN grads (5/5) reported MSN graduate demonstrated the outcome well (20%) or very well (60%). One employer reported this outcome was not applicable. This result exceeds the target and continuing the positive trend for this measure demonstrated in previous reporting years, with 100% of employers reporting that MSN graduates demonstrate this outcome well or very well: 100% of employers of 2018-2019 MSN graduates (n = 10) reported graduates demonstrated	**Action:** Results were reported to the Dean and MSN program director. Continue to survey employer of graduates 1-2 years after graduation and monitor for trends in performance of this program outcome. (10/14/2021)

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

AU Outcome: MSN 2.0

Measures	Results	Actions
organizational and systems leadership in practice, service and scholarship well or very well. **Timeframe:** Annually **Responsible Parties:** Evaluation & Study Committee	the outcome well or very well. 100% of employers of 2017-2018 MSN graduates (n = 6) reported graduates perform this outcome very well. (10/14/2021) **Action Plan Impact:** The action plan proposed for 2020-2021 and for previous reporting years has been to continue to survey employers of graduates 1-2 years after graduation and monitor for trends in their responses. It should be acknowledged that this action plan does nothing to improve graduates' ability to perform this outcome well. It should also be acknowledged that the survey results are biased toward graduates who were willing to grant permission to survey their employers because they are performing well in clinical practice.	

AU Outcome: MSN 3.0

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

Measures	Results	Actions
SL: Clinical evaluation tool - 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 Clinical Coordinator / Graduate Curriculum Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Target met with all courses at 100% See attached report - 2020 -2021 CAP Summary MSN Outcomes 1,3,7,8 Reflection on results and action plan from previous year: 2019-2020 Results: Target met with all but NU 605C Fall 2019 (12 of 13, 92%) Results are better than previous reporting year (2019-2020). (09/23/2021) **Action Plan Impact:** The 2019-2020 action plan proposed for 2020-2021 was to have measure and target reviewed with Graduate Curriculum Committee in October 2020. Faculty continued to review preceptor evaluations and/or assess with OSCE performance experiences. Faculty maintained contact with preceptors. These actions seem to have been effective for assessing and evaluating safety and outcomes in clinical experiences. **Related Documents:** [2020-2021 CAP Summary MSN Outcomes 1,3,7,8.pdf](#)	**Action:** To meet this target for the 2021-2022 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 (09/23/2021)
AD: Report - Internal - Graduate Project Evaluation Form - Item #3 Apply quality principles to promote	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 29 of 29 (100%) of students achieved an acceptable level (1) on both paper and presentation.	

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

AU Outcome: MSN 3.0

Measures	Results	Actions
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	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. (01/18/2022) **Action Plan Impact:** In order to continue to meet this target for all students, graduate project faculty advisers will maintain close working relationships with students as they plan their evidence-based practice/quality improvement project proposals. This should ensure a high-quality presentation and summary paper at the end of the process. This is still perceived to be a valuable measure of student attainment of this outcome; maintain measure and target. (1/18/2022)	
AD: Survey - MSN Alumni Survey--How well MSN graduates perceive that their MSN education prepared them to apply quality principles to promote patient safety and positive individual and systems outcomes (very poorly, poorly, well, very well). **Target:** 75% of respondents will report feeling well or very well prepared to apply quality principles to promote patient safety and positive individual and systems outcomes. **Timeframe:** Annually **Responsible Parties:** Evaluation & Study Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 100% of 2019-2020 graduates who completed the alumni survey (8/8) reported their education prepared them well (5, 62.5%) or very well (3, 37.5%) to perform this outcome. These results are consistent with previous reporting years (2016-2017, 2017-2018, 2018-2019) when 93-100% of alumni reported performing this outcome well or very well. (07/16/2021) **Action Plan Impact:** The MSN curriculum has a favorable impact on graduate's perceptions of how well they were prepared to perform the outcome. The 2019-2020 action plan to survey 2019-2020 alumni during 2021, compare responses, and monitor for favorable and unfavorable trends was appropriate.	**Action:** Results were reported to the Dean and Director of MSN program. The 2020-2021 Alumni will be surveyed summer of 2022, results will be compared to previous surveys, and unfavorable trends will be addressed with curriculum adjustment if indicated. (07/16/2021)
AD: Survey - MSN Alumni Employer Survey--How well MSN graduates apply quality principles to promote patient safety and positive individual and systems outcomes (very poorly, poorly, well, very well). **Target:** 75% of respondents will report MSN graduates apply quality	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 100% of employers of 2019-2020 MSN grads (5/5) reported MSN graduate demonstrated the outcome well (20%) or very well (80%). This result exceeds the target and continuing the positive trend for this measure demonstrated in previous reporting years, with 100% of employers reporting that MSN graduates demonstrate this outcome well or very well: 100% of employers of 2018-2019 MSN graduates (n = 10) reported graduates demonstrated	**Action:** Results were reported to the Dean and MSN program director. Continue to survey employer of graduates 1-2 years after graduation and monitor for trends in performance of this program outcome. (10/14/2021)

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

AU Outcome: MSN 3.0

Measures	Results	Actions
principles to promote patient safety and positive individual and systems outcomes well or very well. **Timeframe:** Annually **Responsible Parties:** Evaluation & Study Committee	the outcome well or very well. 100% of employers of 2017-2018 MSN graduates (n = 6) reported graduates perform this outcome very well. (10/14/2021) **Action Plan Impact:** The action plan proposed for 2020-2021 and for previous reporting years has been to continue to survey employers of graduates 1-2 years after graduation and monitor for trends in their responses. It should be acknowledged that this action plan does nothing to improve graduates' ability to perform this outcome well. It should also be acknowledged that the survey results are biased toward graduates who were willing to grant permission to survey their employers because they are performing well in clinical practice.	

AU Outcome: MSN 4.0

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

Measures	Results	Actions
SL: Didactic - NU535: Evidence-Based Practice I: Finding and Appraising Evidence, Evidence Synthesis Assignment **Target:** At least 95% of student will achieve a score of 80% or higher on the Evidence Synthesis Assignment. (Target increased from 73% to 80% for 2020-2021) **Timeframe:** Annual **Responsible Parties:** NU535 Course Instructor, Graduate Curriculum Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Summer 20: NA Fall 20: 92% (23/25) of MSN Track students who completed the assignment (1 did not complete assignment) achieved at least 80% on the assignment. One scored 73% and another scored 76%. Spring 21: 100% (18/18) MSN students who had completed the course at the time of this summary achieved at least 80%. Two students had not completed the assignment due to circumstances that warranted incomplete grade contracts. Cumulative: 95% (41/42) students scored at least 80% on the assignment. 2019-2020 Results Summer 19: NA	**Action:** To meet this target during the 2021-2022 academic year, course faculty will (a) require students to work with an intervention PICOT question for all assignments that require one; faculty will also (b) expand opportunities to practice classifying publications according to type (e.g., RCT, quasi-experiment, cohort study, EBPQI, etc.) and level of evidence. (06/01/2021)

College Goal 1 - Allen College is committed to preparing outstanding healthcare practitioners who are committed to lifelong learning.

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

AU Outcome: MSN 4.0

Measures	Results	Actions
	Fall 19: 92.3% (12/13) achieved at least 73%, Spring 20: 100% (21 of 21) achieved at least 73% Cumulative: 97% (33/34) achieved at least 73% on the assignment. Given that the target was raised from 73% to 80% since 2019-2020, these results suggest improvement in student performance on the assignment. (06/01/2021) **Action Plan Impact:** Even though the target was not achieved each semester, cumulatively, it was achieved. These results demonstrate improvement, suggesting the action plan implemented during the 2020-2021 academic year was effective in facilitating student success on the assignment: Per the 2019-2020 action plan, (a) the lecture about types of sources was refined to include examples of journal articles that provide various types of evidence (e.g., RCTs, cohort studies, EBPQI projects); (b) the evidence determination worksheet was omitted, and additional guidance was given on completing the General Appraisal Overview form and Evidence Evaluation Table; and (c) a lecture about common statistical tests was provided spring semester. Although a few students struggled with assigning the right level of evidence to their sources, the misclassification was typically related to selecting the wrong evidence hierarchy (e.g., using the hierarchy for intervention PICOT questions when the hierarchy for prediction/prognosis PICOT questions should have been used). **Related Documents:** NU535 Course Summary 2020-2021.docx	
SL: Didactic - NU536: Evidence-Based Practice II: Applying Evidence for Practice Change Paper 3: First Draft of MSN Grad Project Proposal **Target:** 95% of students will achieve 80% or better on Paper 3: First Draft of MSN Grad Project Proposal. **Timeframe:** Annual **Responsible Parties:** NU536 Course Instructor, Graduate Curriculum Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Summer 2020 - 100% (12 of 12) achieved at least 80% Fall 2020 - 100% (6 of 6) achieved at least 80% Spring 2021 - 100% (29 of 29) achieved at least 80% Cumulative - 100% achieved at least 80% Compared to 2019-2020 the results are similar. (09/14/2021) **Action Plan Impact:** The 2019-2020 action plan was to have individual or group meeting by midterm to assure each student is on track with their practice change ideas. Also provide	**Action:** To meet this target for the 2021-2022 academic year course faculty will use Panopto or another platform to provide a brief introduction to each module and offer synchronous online forums for questions in addition to the Ask your Professor forum. (09/14/2021)

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

AU Outcome: MSN 4.0

Measures	Results	Actions
	Panopto overview of graduate project process, course expectations, and expectations for graduate project proposal. A Panopto was added to the Course in the introduction module that provided an overview of the graduate project process, course expectations, and expectations for the graduate project proposal. Although midterm meetings were not required, many students met individually with their faculty mentor via email, teams, or phone call.	
SL: Didactic - NU540 Preliminary Literature Review assignment **Target:** 95% of students achieve 73% or better on Preliminary Literature Review assignment **Timeframe:** Annually **Responsible Parties:** Graduate Curriculum Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Summer 2020 - 100% 12 of 12 achieved 73% Fall 2020 - N/A Course no longer offered Spring 2021 - N/A Course no longer offered Compared to 2019-2020 the results are similar. (09/14/2021) **Action Plan Impact:** The 2019-2020 action plan was to offer assignments in written format with updated rubrics that are streamlined with all other assignments. This may have contributed to meeting the target.	**Action:** For the 2021-20222 academic year this course will no longer be offered. Measure will be discontinued. (09/14/2021)
AD: Survey - MSN Alumni Survey--How well MSN graduates perceive that their MSN education prepared them to use scholarly inquiry and evidence to advance the practice of nursing (very poorly, poorly, well, very well). **Target:** 75% of respondents will report feeling well or very well prepared to use scholarly inquiry and evidence to advance the practice of nursing. **Timeframe:** Annually **Responsible Parties:** Evaluation & Study Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 100% of 2019-2020 graduates who completed the alumni survey (8/8) reported their education prepared them well (5, 62.5%) or very well (3, 37.5%) to perform this outcome. These results are consistent with previous reporting years (2016-2017, 2017-2018, 2018-2019) when 93-100% of alumni reported performing this outcome well or very well. (07/16/2021) **Action Plan Impact:** The MSN curriculum has a favorable impact on graduate's perceptions of how well they were prepared to perform the outcome. The 2019-2020 action plan to survey 2019-2020 alumni during 2021, compare responses, and monitor for favorable and unfavorable trends was appropriate.	**Action:** Results were reported to the Dean and Director of MSN program. The 2020-2021 Alumni will be surveyed summer of 2022, results will be compared to previous surveys, and unfavorable trends will be addressed with curriculum adjustment if indicated. (07/16/2021)
AD: Survey - MSN Alumni Employer Survey--How well employers	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes	**Action:** Results were reported to

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

AU Outcome: MSN 4.0

Measures	Results	Actions
perceive that MSN graduates use scholarly inquiry and evidence to advance the practice of nursing (very poorly, poorly, well, very well). **Target:** 75% of respondents will report that MSN graduates use scholarly inquiry and evidence to advance the practice of nursing well or very well. **Timeframe:** Annually **Responsible Parties:** Evaluation & Study Committee	100% of employers of 2019-2020 MSN grads (5/5) reported MSN graduate demonstrated the outcome well (20%) or very well (80%). This result exceeds the target and continuing the positive trend for this measure demonstrated in previous reporting years, with 100% of employers reporting that MSN graduates demonstrate this outcome well or very well: 100% of employers of 2018-2019 MSN graduates (n = 10) reported graduates demonstrated the outcome well or very well. 100% of employers of 2017-2018 MSN graduates (n = 6) reported graduates perform this outcome very well. (10/14/2021) **Action Plan Impact:** The action plan proposed for 2020-2021 and for previous reporting years has been to continue to survey employers of graduates 1-2 years after graduation and monitor for trends in their responses. It should be acknowledged that this action plan does nothing to improve graduates' ability to perform this outcome well. It should also be acknowledged that the survey results are biased toward graduates who were willing to grant permission to survey their employers because they are performing well in clinical practice.	the Dean and MSN program director. Continue to survey employer of graduates 1-2 years after graduation and monitor for trends in performance of this program outcome. (10/14/2021)

AU Outcome: MSN 5.0

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

Measures	Results	Actions
SL: Didactic - NU541 Health Care Informatics Annotated Bibliography and Critical Response assignment **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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Summer 2020 - Course not offered Fall 2020 - 100% (20 of 20) achieved at least 80% on assignment Spring 2021 - 100% (9 of 9) achieved at least 80% on assignment Cumulative - 100% achieved at least 80% Compared to 2019-2020 the results are similar. Given that the target was raised from 73% to 80%, results suggest improvement in student performance. (09/14/2021) **Action Plan Impact:** The 2019-2020 action plan was to provide a thorough explanation of the assignment instructions, and review for clarity. A Panopto was created to provide an explanation of the requirements of the assignment. This may have contributed to meeting	**Action:** To meet this target for the 2021-2022 academic year faculty will provide content related to informatics topics via Panopto recordings and lecture slides to allow students the opportunity to select a topic for further exploration. The assignment title will be changed to Informatics Literature Synthesis and Critical Response to more accurately reflect the assignment

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

AU Outcome: MSN 5.0

Measures	Results	Actions
	the target.	requirements. (09/14/2021)
AD: Survey - MSN Alumni Survey--How well MSN graduates perceive that their MSN education prepared them to use informatics and healthcare technologies to enhance patient care and to improve healthcare systems (very poorly, poorly, well, very well). **Target:** 75% of respondents will report feeling well or very well prepared to use informatics and healthcare technologies to enhance patient care and to improve healthcare systems. **Timeframe:** Annually **Responsible Parties:** Evaluation & Study Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 100% of 2019-2020 graduates who completed the alumni survey (8/8) reported their education prepared them well (5, 62.5%) or very well (3, 37.55) to perform this outcome. These results are consistent with previous reporting years (2016-2017, 2017-2018, 2018-2019) when79-100% of alumni reported performing this outcome well or very well. (07/16/2021) **Action Plan Impact:** The MSN curriculum has a favorable impact on graduate's perceptions of how well they were prepared to perform the outcome. The 2019-2020 action plan to survey 2019-2020 alumni during 2021, compare responses, and monitor for favorable and unfavorable trends was appropriate.	**Action:** Results were reported to the Dean and Director of MSN program. The 2020-2021 Alumni will be surveyed summer of 2022, results will be compared to previous surveys, and unfavorable trends will be addressed with curriculum adjustment if indicated. (07/16/2021)
AD: Survey - MSN Alumni Employer Survey--How well employers perceive that MSN graduates use informatics and healthcare technologies to enhance patient care and to improve healthcare systems (very poorly, poorly, well, very well). **Target:** 75% of respondents will report that MSN graduates use informatics and healthcare technologies to enhance patient care and to improve healthcare systems well or very well. **Timeframe:** Annually **Responsible Parties:** Evaluation &	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 100% of employers of 2019-2020 MSN grads (5/5) reported MSN graduate demonstrated the outcome well (20%) or very well (80%). This result exceeds the target and continuing the positive trend for this measure demonstrated in previous reporting years, with 100% of employers reporting that MSN graduates demonstrate this outcome well or very well: 100% of employers of 2018-2019 and 2017-2018 MSN graduates reported graduates demonstrated the outcome well or very well. (10/14/2021) **Action Plan Impact:** The action plan proposed for 2020-2021 and for previous reporting years has been to continue to survey employers of graduates 1-2 years after graduation and monitor for trends in their responses. It should be acknowledgedthat this action plan does nothing to improve graduates' ability to perform this outcome well. It should also be acknowledged that the survey results are biased toward graduates who were willing to grant permission to survey their employers because they are performing well in clinical practice.	**Action:** Results were reported to the Dean and MSN program director. Continue to survey employer of graduates 1-2 years after graduation and monitor for trends in performance of this program outcome. (10/14/2021)

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

AU Outcome: MSN 5.0

Measures	Results	Actions
Study Committee		

AU Outcome: MSN 6.0

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

Measures	Results	Actions
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Summer 2020 - N/A Course not offered Fall 2020 - 100% (18 of 18) scored 80% or higher on Paper III: Health Care Policy Brief Spring 2021 - 100 % (16 of 16) scored 80% or higher on Paper III: Health Care Policy Brief The target was raised from 2019-2020 from 73% to 80% ; therefore, this suggests improvement in student performance on this assignment. (09/05/2021) **Action Plan Impact:** According to the 2019-2020 action plan proposed for the 2020-2021 year faculty used the newly developed Issue Brief (Paper III) template and rubric, which students found helpful. Students also commented on helpfulness of feedback on written assignments. Written assignments information was provided earlier in the course. This action plan appears to have been effective in promoting student success on this assignment.	**Action:** Faculty will continue to use the Issue Brief template and rubric. In addition, Panopto recording will be consistently used to clarify assignment expectations, and faculty will continue to provide info on written assignments earlier in the semester to facilitate earlier student choice of topics. (09/05/2021)
AD: Survey - MSN Alumni Survey--How well MSN graduates perceive that their MSN education prepared them to employ advocacy strategies to influence health policy and to improve outcomes of care (very poorly, poorly, well, very well). **Target:** 75% of respondents will report feeling well or very well prepared to employ advocacy strategies to influence health policy and to improve outcomes of care. **Timeframe:** Annually	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 87.5% of 2019-2020 graduates who completed the alumni survey (7/8) reported their education prepared them well (6, 75%%) or very well (1, 12.5%) to perform this outcome. One alumnus reported "poorly." These results are consistent with previous reporting years (2016-2017, 2017-2018, 2018-2019) when 79-91% of alumni reported performing this outcome well or very well. (07/16/2021) **Action Plan Impact:** The MSN curriculum has a favorable impact on graduate's perceptions of how well they were prepared to perform the outcome. The 2019-2020 action plan to survey 2019-2020 alumni during 2021, compare responses, and monitor for favorable and unfavorable trends was appropriate.	**Action:** Results were reported to the Dean and Director of MSN program. The 2020-2021 Alumni will be surveyed summer of 2022, results will be compared to previous surveys, and unfavorable trends will be addressed with curriculum adjustment if indicated. (07/16/2021)

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

AU Outcome: MSN 6.0

Measures	Results	Actions
Responsible Parties: Evaluation & Study Committee		
AD: Survey - MSN Alumni Employer Survey--How well employers perceive that MSN graduates employ advocacy strategies to influence health policy and to improve outcomes of care (very poorly, poorly, well, very well). **Target:** 75% of respondents will that MSN graduates employ advocacy strategies to influence health policy and to improve outcomes of care well or very well. **Timeframe:** Annually **Responsible Parties:** Evaluation & Study Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 100% of employers of 2019-2020 MSN grads (5/5) reported MSN graduate demonstrated the outcome well (60%) or very well (20%). This result exceeds the target and continuing the positive trend for this measure demonstrated in previous reporting years, with 100% of employers reporting that MSN graduates demonstrate this outcome well or very well: 100% of employers of 2018-2019 and 2017-2018 MSN graduates reported graduates demonstrated the outcome well or very well. (10/14/2021) **Action Plan Impact:** The action plan proposed for 2020-2021 and for previous reporting years has been to continue to survey employers of graduates 1-2 years after graduation and monitor for trends in their responses. It should be acknowledged that this action plan does nothing to improve graduates' ability to perform this outcome well. It should also be acknowledged that the survey results are biased toward graduates who were willing to grant permission to survey their employers because they are performing well in clinical practice.	**Action:** Results were reported to the Dean and MSN program director. Continue to survey employer of graduates 1-2 years after graduation and monitor for trends in performance of this program outcome. (10/14/2021)

AU Outcome: MSNO 7.0

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

Measures	Results	Actions
SL: Clinical evaluation tool - 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 Clinical Coordinator / Graduate Curriculum Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Target met with all courses at 100% See attached report - 2020 -2021 CAP Summary MSN Outcomes 1,3,7,8 Reflection on results and action plan from previous year: 2019-2020 Results: Target met with all but NU 605C Fall 2019 (12 of 13, 92%) Results are better than previous reporting year (2019-2020). (09/23/2021) **Action Plan Impact:** The 2019-2020 action plan proposed for 2020-2021 was to have measure and target reviewed with Graduate Curriculum Committee in October 2020. Faculty continued	**Action:** To meet this target for the 2021-2022 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 (09/23/2021)

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

AU Outcome: MSNO 7.0

Measures	Results	Actions
	to review preceptor evaluations and/or assess with OSCE performance experiences. Faculty maintained contact with preceptors. These actions seem to have been effective for assessing and evaluating collaboration in clinical experiences **Related Documents:** [2020-2021 CAP Summary MSN Outcomes 1,3,7,8.pdf](#)	
AD: Report - Internal - Graduate Project Evaluation Form - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 29 of 29 (100%) of 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 preceptor and approved prior to the final presentation. (01/18/2022) **Action Plan Impact:** In order to continue to meet this target for all students, graduate project faculty advisers will maintain close working relationships with students as they plan and develop their evidence-based practice/quality improvement project proposals. This should ensure a high-quality presentation and summary paper at the end of the process. This is still perceived to be a valuable measure of student attainment of this outcome; maintain measure and target. (1/18/22)	
AD: Survey - MSN Alumni Survey-- How well MSN graduates perceive that their MSN education prepared them to collaborate within inter-professional teams to manage and improve health care services for individuals, families and populations (very poorly, poorly, well, very well). **Target:** 75% of respondents will report feeling well or very well prepared to collaborate within inter-professional teams to manage and improve health care services for individuals, families and populations. **Timeframe:** Annually **Responsible Parties:** Evaluation &	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 88% of 2019-2020 graduates who completed the alumni survey (7/8) reported their education prepared them well (3, 37.5%) or very well (4, 40%) to perform this outcome. These results are consistent with previous reporting years (2016-2017, 2017-2018, 2018-2019) when 85-94% of alumni reported performing this outcome well or very well. (07/16/2021) **Action Plan Impact:** The MSN curriculum has a favorable impact on graduate's perceptions of how well they were prepared to perform the outcome. The 2019-2020 action plan to survey 2019-2020 alumni during 2021, compare responses, and monitor for favorable and unfavorable trends was appropriate.	**Action:** Results were reported to the Dean and Director of MSN program. The 2020-2021 Alumni will be surveyed summer of 2022, results will be compared to previous surveys, and unfavorable trends will be addressed with curriculum adjustment if indicated. (07/16/2021)

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

AU Outcome: MSNO 7.0

Measures	Results	Actions
Study Committee		
AD: Survey - MSN Alumni Employer Survey--How well employers perceive that MSN graduates collaborate within inter-professional teams to manage and improve health care services for individuals, families and populations (very poorly, poorly, well, very well). **Target:** 75% of respondents will report that MSN graduates collaborate within inter-professional teams to manage and improve health care services for individuals, families and populations well or very well. **Timeframe:** Annually **Responsible Parties:** Evaluation & Study Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 100% of employers of 2019-2020 MSN grads (5/5) reported MSN graduate demonstrated the outcome very well (100%). This result exceeds the target and continuing the positive trend for this measure demonstrated in previous reporting years, with 100% of employers reporting that MSN graduates demonstrate this outcome well or very well: 100% of employers of 2018-2019 and 2017-2018 MSN graduates reported graduates demonstrated the outcome well or very well. (10/14/2021) **Action Plan Impact:** The action plan proposed for 2020-2021 and for previous reporting years has been to continue to survey employers of graduates 1-2 years after graduation and monitor for trends in their responses. It should be acknowledged that this action plan does nothing to improve graduates' ability to perform this outcome well. It should also be acknowledged that the survey results are biased toward graduates who were willing to grant permission to survey their employers because they are performing well in clinical practice.	**Action:** Results were reported to the Dean and MSN program director. Continue to survey employer of graduates 1-2 years after graduation and monitor for trends in performance of this program outcome. (10/14/2021)

AU Outcome: MSN 8.0

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

Measures	Results	Actions
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Summer 2020 - N/A course not offered Fall 2020 - 87% (13 of 15) achieved 80% or better on Population Health Issues Paper Spring 2021 - 100% (5 of 5) achieved 80% or better on the Population Health Issues Paper Overall in 2020-2021 90% of students met the target. This is lower than previous years. However, the target was raised after 2019-2020 from 73% to 80%. (09/05/2021)	**Action:** In order to meet this target with all groups next year, course faculty will provide course content in readings and assignments related to vulnerable populations, health issues, and epidemiology. (09/05/2021)

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

AU Outcome: MSN 8.0

Measures	Results	Actions
Curriculum Committee	**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 the assignment. The paper instructions were reviewed for clarity and an example of a table to be included in the assignment was provided.	
AD: Survey - MSN Alumni Survey--How well MSN graduates perceive that their MSN education prepared them to integrate patient-centered and culturally responsive strategies into the delivery of clinical prevention, health promotion, and population-focused services (very poorly, poorly, well, very well). **Target:** 75% of respondents will report feeling well or very well prepared to integrate patient-centered and culturally responsive strategies into the delivery of clinical prevention, health promotion, and population-focused services. **Timeframe:** Annually **Responsible Parties:** Evaluation & Study Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 100% of 2019-2020 graduates who completed the alumni survey (8/8) reported their education prepared them well (3, 37.5%) or very well (5, 63.5%) to perform this outcome. These results are consistent with previous reporting years (2016-2017, 2017-2018, 2018-2019) when 90-100% of alumni reported performing this outcome well or very well. (07/16/2021) **Action Plan Impact:** The MSN curriculum has a favorable impact on graduate's perceptions of how well they were prepared to perform the outcome. The 2019-2020 action plan to survey 2019-2020 alumni during 2021, compare responses, and monitor for favorable and unfavorable trends was appropriate.	**Action:** Results were reported to the Dean and Director of MSN program. The 2020-2021 Alumni will be surveyed summer of 2022, results will be compared to previous surveys, and unfavorable trends will be addressed with curriculum adjustment if indicated. (07/16/2021)
AD: Survey - MSN Alumni Employer Survey--How well employers perceive that MSN graduates integrate patient-centered and culturally responsive strategies into the delivery of clinical prevention, health promotion, and population-focused services (very poorly, poorly, well, very well). **Target:** 75% of respondents will report that MSN graduates integrate	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 100% of employers of 2019-2020 MSN grads (5/5) reported MSN graduate demonstrated the outcome well (20%) very well (80%). This result exceeds the target and continuing the positive trend for this measure demonstrated in previous reporting years, with 100% of employers reporting that MSN graduates demonstrate this outcome well or very well: 100% of employers of 2018-2019 and 2017-2018 MSN graduates reported graduates demonstrated the outcome well or very well. (10/14/2021) **Action Plan Impact:** The action plan proposed for 2020-2021 and for previous reporting years	**Action:** Results were reported to the Dean and MSN program director. Continue to survey employer of graduates 1-2 years after graduation and monitor for trends in performance of this program outcome. (10/14/2021)

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

AU Outcome: MSN 8.0

Measures	Results	Actions
patient-centered and culturally responsive strategies into the delivery of clinical prevention, health promotion, and population-focused services well or very well. **Timeframe:** Annually **Responsible Parties:** Evaluation & Study Committee	has been to continue to survey employers of graduates 1-2 years after graduation and monitor for trends in their responses. It should be acknowledged that this action plan does nothing to improve graduates' ability to perform this outcome well. It should also be acknowledged that the survey results are biased toward graduates who were willing to grant permission to survey their employers because they are performing well in clinical practice.	
SL: Clinical evaluation tool - 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 Clinical Coordinator / Graduate Curriculum Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Target met with all courses at 100% See attached report - 2020 -2021 CAP Summary MSN Outcomes 1,3,7,8 The previous year (2019-2020) used the clinical interventions criterion. Measure was changed to Patient-Centered Care Criterion. Reflection on results and action plan from previous year: 2019-2020 Results for Clinical Interventions: Target met with all but NU 605C Fall 2019 (12 of 13, 92%) Results are better than previous reporting year (2019-2020). (09/23/2021) **Action Plan Impact:** The 2019-2020 action plan proposed for 2020-2021 was to have measure and target reviewed with Graduate Curriculum Committee in October 2020. Faculty continued to review preceptor evaluations and/or assess with OSCE performance experiences. Faculty maintained contact with preceptors. These actions seem to have been effective for assessing and evaluating patient-centered care in clinical experiences **Related Documents:** [2020-2021 CAP Summary MSN Outcomes 1,3,7,8.pdf](#)	**Action:** To meet this target for the 2021-2022 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 (09/23/2021)

Program (Nursing) - Post-Graduate Certificate APRN

AU Outcome: PGC 1.0

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

Program (Nursing) - Post-Graduate Certificate APRN

AU Outcome: PGC 1.0

Measures	Results	Actions
SL: Clinical - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Target met with all courses at 100% See attached report - 2020 -2021 CAP Summary PGC Outcomes 1,2,3,4 Reflection on results and action plan from previous year: 2019-2020 Results are the same. Target met at 100% for clinical courses (09/23/2021) **Action Plan Impact:** Measure and target reviewed with Graduate Curriculum Committee in October 2020. Faculty continued to review preceptor evaluations and/or assess with OSCE performance experiences. Faculty maintained contact with preceptors. **Related Documents:** [2020-2021 CAP Summary PGC Outcomes 1,2 3, 4.pdf](#)	**Action:** To meet this target for the 2021-2022 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 (09/23/2021)
AD: Survey - MSN Alumni Survey-- How well MSN graduates perceive that their MSN education prepared them to synthesize knowledge from nursing science and related disciplines in order to develop a foundation to guide practice (very poorly, poorly, well, very well). **Target:** 75% of respondents will report feeling well or very well prepared to synthesize knowledge from nursing science and related disciplines in order to develop a foundation to guide practice. **Timeframe:** Annually **Responsible Parties:** Evaluation & Study Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 1/1 2019-2020 PGC graduate (100%) completed the alumni survey. Graduate reported their education prepared them very well to perform this outcome. These results are consistent with the alumni survey of 2018-2019 PGC grads, which showed that 100% reported performing this outcome well or very well. (07/16/2021) **Action Plan Impact:** The MSN PGC curriculum has a favorable impact on graduate's perceptions of how well they were prepared to perform the outcome. The 2019-2020 action plan to survey 2019-2020 MSN-PGC graduates during 2021 and monitor for response trends was appropriate.	**Action:** Results were reported to the Dean and Director of MSN PGC program. The 2020-2021 Alumni will be surveyed summer of 2022, results will be compared to previous surveys, and unfavorable trends will be addressed with curriculum adjustment if indicated. (07/16/2021)
AD: Survey - MSN Graduate	**Reporting Year:** 2020 - 2021 (Year 3)	

Program (Nursing) - Post-Graduate Certificate APRN

AU Outcome: PGC 1.0

Measures	Results	Actions
Employer Survey--How well employers perceive that MSN graduates synthesize knowledge from nursing science and related disciplines in order to develop a foundation to guide practice (very poorly, poorly, well, very well). **Target:** 75% of employers will report that MSN graduates provide organizational and systems leadership in practice, service, and scholarship well or very well. **Timeframe:** Annually **Responsible Parties:** Evaluation & Study Committee, CIRE	**Target Met:** NA No data. Permission not received from graduates to survey employers. (10/14/2021) **Action Plan Impact:** NA	

AU Outcome: PGC 2.0

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

Measures	Results	Actions
SL: Clinical evaluation tool - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Target met with all courses at 100% See attached report - 2020 -2021 CAP Summary PGC Outcomes 1,2,3,4 Reflection on results and action plan from previous year: 2019-2020 Results are the same. Target met at 100% for clinical courses (09/23/2021) **Action Plan Impact:** Measure and target reviewed with Graduate Curriculum Committee in October 2020. Faculty continued to review preceptor evaluations and/or assess with OSCE performance experiences. Faculty maintained contact with preceptors **Related Documents:**	**Action:** To meet this target for the 2021-2022 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 (09/23/2021)

Program (Nursing) - Post-Graduate Certificate APRN

AU Outcome: PGC 2.0

Measures	Results	Actions
	[2020-2021 CAP Summary PGC Outcomes 1,2 3, 4.pdf](#)	
AD: Survey - MSN Alumni Survey--How well MSN graduates perceive that their MSN education prepared them to apply quality principles to promote patient safety and positive individual and systems outcomes (very poorly, poorly, well, very well). **Target:** 75% of respondents will report feeling well or very well prepared to apply quality principles to promote patient safety and positive individual and systems outcomes. **Timeframe:** Annually **Responsible Parties:** Evaluation & Study Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 1/1 2019-2020 PGC graduate (100%) completed the alumni survey. Graduate reported their education prepared them very well to perform this outcome. These results are consistent with the alumni survey of 2018-2019 PGC grads, which showed that 100% reported performing this outcome well or very well. (07/16/2021) **Action Plan Impact:** The MSN PGC curriculum has a favorable impact on graduat's perceptions of how well they were prepared to perform the outcome. The 2019-2020 action plan to survey 2019-2020 MSN-PGC graduates during 2021 and monitor for response trends was appropriate.	**Action:** Results were reported to the Dean and Director of MSN PGC program. The 2020-2021 Alumni will be surveyed summer of 2022, results will be compared to previous surveys, and unfavorable trends will be addressed with curriculum adjustment if indicated. (07/16/2021)
AD: Survey - MSN Alumni Employer Survey--How well MSN graduates apply quality principles to promote patient safety and positive individual and systems outcomes (very poorly, poorly, well, very well). **Target:** 75% of respondents will report MSN graduates apply quality principles to promote patient safety and positive individual and systems outcomes well or very well. **Timeframe:** Annually **Responsible Parties:** Evaluation &	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** NA Permission not received from graduates to survey employers. (10/14/2021) **Action Plan Impact:** NA	

Program (Nursing) - Post-Graduate Certificate APRN

AU Outcome: PGC 2.0

Measures	Results	Actions
Study Committee		

AU Outcome: PGC 3.0

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

Measures	Results	Actions
SL: Clinical evaluation tool - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Target met with all courses at 100% See attached report - 2020 -2021 CAP Summary PGC Outcomes 1,2,3,4 Reflection on results and action plan from previous year: 2019-2020 Results are the same. Target met at 100% for clinical courses (09/23/2021) **Action Plan Impact:** Measure and target reviewed with Graduate Curriculum Committee in October 2020. Faculty continued to review preceptor evaluations and/or assess with OSCE performance experiences. Faculty maintained contact with preceptors. **Related Documents:** 2020-2021 CAP Summary PGC Outcomes 1,2 3, 4.pdf	**Action:** To meet this target for the 2021-2022 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 (09/23/2021)
AD: Survey - MSN Alumni Survey-- How well MSN graduates perceive that their MSN education prepared them to collaborate within inter-professional teams to manage and improve health care services for individuals, families and populations (very poorly, poorly, well, very well). **Target:** 75% of respondents will report feeling well or very well prepared to collaborate within inter-professional teams to manage and improve health care services for	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 1/1 2019-2020 PGC graduate (100%) completed the alumni survey. Graduate reported their education prepared them very well to perform this outcome. These results are consistent with the alumni survey of 2018-2019 PGC grads, which showed that 100% reported performing this outcome well or very well. (07/16/2021) **Action Plan Impact:** The MSN PGC curriculum has a favorable impact on graduate's perceptions of how well they were prepared to perform the outcome. The 2019-2020 action plan to survey 2019-2020 MSN-PGC graduates during 2021 and monitor for response trends was appropriate.	**Action:** Results were reported to the Dean and Director of MSN PGC program. The 2020-2021 Alumni will be surveyed summer of 2022, results will be compared to previous surveys, and unfavorable trends will be addressed with curriculum adjustment if indicated. (07/16/2021)

Program (Nursing) - Post-Graduate Certificate APRN

AU Outcome: PGC 3.0

Measures	Results	Actions
individuals, families and populations. **Timeframe:** Annually **Responsible Parties:** Evaluation & Study Committee		
AD: Survey - MSN Alumni Employer Survey--How well employers perceive that MSN graduates collaborate within interprofessional teams to manage and improve health care services for individuals, families and populations (very poorly, poorly, well, very well). **Target:** 75% of respondents will report that MSN graduates collaborate within inter-professional teams to manage and improve health care services for individuals, families and populations well or very well. **Timeframe:** Annually **Responsible Parties:** Evaluation & Study Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** NA Permission not received from graduates to survey employers. (10/14/2021) **Action Plan Impact:** NA	

AU Outcome: PGC 4.0

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

Measures	Results	Actions
AD: Survey - MSN Alumni Survey-- How well MSN graduates perceive that their MSN education prepared them to integrate patient-centered and culturally responsive strategies	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 1/1 2019-2020 PGC graduate (100%) completed the alumni survey. Graduate reported their education prepared them very well to perform this outcome. These results are consistent	**Action:** Results were reported to the Dean and Director of MSN PGC program. The 2020-2021 Alumni will be surveyed summer of 2022,

Program (Nursing) - Post-Graduate Certificate APRN

AU Outcome: PGC 4.0

Measures	Results	Actions
into the delivery of clinical prevention, health promotion, and population-focused services (very poorly, poorly, well, very well) **Target:** 75% of respondents will report feeling well or very well prepared to integrate patient-centered and culturally responsive strategies into the delivery of clinical prevention, health promotion, and population-focused services. **Timeframe:** Annually **Responsible Parties:** Evaluation & Study Committee	with the alumni survey of 2018-2019 PGC grads, which showed that 100% reported performing this outcome well or very well. (07/16/2021) **Action Plan Impact:** The MSN PGC curriculum has a favorable impact on graduate's perceptions of how well they were prepared to perform the outcome. The 2019-2020 action plan to survey 2019-2020 MSN-PGC graduates during 2021 and monitor for response trends was appropriate.	results will be compared to previous surveys, and unfavorable trends will be addressed with curriculum adjustment if indicated. (07/16/2021)
AD: Survey - MSN Alumni Employer Survey--How well employers perceive that MSN graduates integrate patient-centered and culturally responsive strategies into the delivery of clinical prevention, health promotion, and population-focused services (very poorly, poorly, well, very well). **Target:** 75% of respondents will report that MSN graduates integrate patient-centered and culturally responsive strategies into the delivery of clinical prevention, health promotion, and population-focused services well or very well. **Timeframe:** Annually **Responsible Parties:** Evaluation & Study Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** NA Permission not received from graduates to survey employers. (10/14/2021) **Action Plan Impact:** NA	

College Goal 2 - 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.

Admin - Administration

AU Outcome: Admin 4.0

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

Measures	Results	Actions
AD: Report - Internal - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes The college currently has 3.5 full time equivalents (FTEs) to support the college technology needs which meets the target of 2 FTEs. 2.5 FTEs are specifically instructional technology, two totaling 1.5 FTEs are instructional designers and the other 1.0 FTE is an AV specialist. All are supervised by the Provost. 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. In 2019-20 total FTEs were 3.0. The Provost completed the action recommended in the 2019-2020 plan of reviewing the instructional design and AV work volume, and determined that adding a temporary instructional designer resource for Quality Matters was needed to strengthen our courses. Allen College was successful in receiving a grant to pay for a 0.50 part time FTE for this work to share with St. Luke's College. The temporary assignment is scheduled to end in April 2022 and the provost has signaled that the length of work assignment is sufficient for our needs and does not need to be renewed. (03/18/2022) **Action Plan Impact:** The action plan resulted in a part time FTE to do Quality Matters training and instructional design work that was shared with St. Luke's College. A grant was secured to pay for this needed but unbudgeted and temporary FTE. The temporary assignment is scheduled to end in April 2022 and the provost has signaled that the length of work assignment is sufficient for our needs and does not need to be renewed. This action plan had a positive impact on increasing our training and number of courses that either renewed or became QM certified.	**Action:** Monitor work load of current technology staff and review prior to budget cycle 2022/2023 and budget additional staff if deemed necessary. (03/21/2022)
AD: Report - Internal - Number of major requests by Allen College for hardware-software **Target:** 50% of requests approved **Timeframe:** Annually **Responsible Parties:** DOBAS	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes [Need results, action plan, etc. Adjust "target met" accordingly] (03/18/2022) **Action Plan Impact:** [Need results, action plan, etc. Adjust "target met" accordingly]	

College Goal 2 - 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.

Admin - Administration

AU Outcome: Admin 4.0

Measures	Results	Actions
AD: Survey - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** No 90% of students rated this item important (rating of 6) or very important (rating of 7) but only 69 % were satisfied (rating of 6) or very satisfied (rating of 7), indicating a 21% performance gap. This is the first year for this measure so there are not previous results for comparison. (10/15/2021) **Action Plan Impact:** This is the first year for this measure so there is no previous action plan; therefore impact cannot be evaluated.	**Action:** Continue to monitor and plan for lab facilities upgrades as appropriate to keep our labs up to date. (10/15/2021)
AD: Survey - Ruffalo Noel Levitz Student Satisfaction Inventory—Satisfaction with "39. On the whole, the school is well- **Target:** 80% of students report satisfied or very satisfied [need to verify target] **Timeframe:** Annually **Responsible Parties:** Buildings & Grounds	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 90% of students rated this item important (rating of 6) or very important (rating of 7) and 93 % were satisfied (rating of 6) or very satisfied (rating of 7), indicating a -3% performance gap. This is the first year for this measure so there are not previous results for comparison. (01/20/2022) **Action Plan Impact:** This is the first year for this measure so there is no previous action plan; therefore impact cannot be evaluated.	**Action:** Facility and grounds are monitored and plans are developed to keep our facilities and grounds well-maintained. A current plan underway is the funding, ordering and placement of new patio furniture, updated AV in classrooms, and updating Gerard Hall faculty offices, collaboration space and first floor restrooms. (01/20/2022)

AU Outcome: Admin 5.0

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

Measures	Results	Actions
AD: Survey - Ruffalo Noel Levitz Student Satisfaction Inventory	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes	**Action:** Continue to monitor and maintain classroom furniture and

College Goal 2 - 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.

Admin - Administration

AU Outcome: Admin 5.0

Measures	Results	Actions
(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	Question 46 - Classrooms from the SSI reports that 84% of students rated this item important (rating of 6) or very important (rating of 7) and 81 % were satisfied (rating of 6) or very satisfied (rating of 7), indicating a 3% performance gap. This is the first year for this measure using RNL SSI so there are not previous results for comparison. (09/22/2021) **Action Plan Impact:** This is the first year for this measure so there is no previous action plan; therefore impact cannot be evaluated.	technology to ensure classrooms meet the needs of our students. Review laboratory space and look for ways to update. (09/22/2021)
AD: Survey - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Results from the Spring 2021 Noel Levitz Student Satisfaction Inventory, indicate that students think that the computer labs are adequate and accessible is important (84%) and we received a 84% satisfaction rating. Student satisfaction with computer labs were not measured on the Allen College Student Opinion Survey, which was replaced by the RNLSSI starting spring 2021. (01/07/2022) **Action Plan Impact:** Due to this being the first year for this measure, there are no previous results for comparison.	**Action:** We will continue to monitor and maintain our computer labs to ensure they meet the needs of our students. (01/07/2022)
AD: Survey - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Results from RNLSSI item percentages report: 81% rated this item important (rating of 6) or very important (rating of 7); 86% were satisfied (rating of 6) or very satisfied (rating of 7) with adequacy of parking space, indicating a performance gap favoring satisfaction of -5 %. Student satisfaction with parking space adequacy was not measured on the Allen College Student Opinion Survey, which was replaced by the RNLSSI starting spring 2021. Because this is the first year for this measure, there are no previous results for comparison. (10/15/2021) **Action Plan Impact:** Student satisfaction with parking space adequacy was not measured on the Allen College Student Opinion Survey, which was replaced by the RNLSSI starting spring	**Action:** We will continue to monitor our parking space to make sure they meet the needs of our students. (10/15/2021)

College Goal 2 - 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.

Admin - Administration

AU Outcome: Admin 5.0

Measures	Results	Actions
	2021. Because this is the first year for this measure, there's no action plan impact to evaluate. Although this measure was not assessed, Allen College, had very few students on campus in 2020-21 due to the COVID pandemic. Out facilities appeared to be sufficient for those who chose to come to campus to study.	
AD: Survey - Ruffalo Noel Levitz Student Satisfaction Inventory—Satisfaction with "10. Parking lots are well-lighted and **Target:** 80% of students report satisfied or very satisfied [need to verify target] **Timeframe:** Annually **Responsible Parties:** Buildings & Grounds	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Results from the spring 2021 Noel Levitz Student Satisfaction Inventory indicate that students think that the parking lots are well-lighted and secure are important (85%) and we received a 92% satisfaction rating. This indicates a performance gap favoring satisfaction of -7%. Student satisfaction with parking lots was not measured on the Allen College Opinion Survey which was replaced by the RNLSSI starting spring 2021. (01/07/2022) **Action Plan Impact:** Due to this being the first year for this measure, there are no previous results for comparison. Also, although this measure was not assessed, Allen College, had very few students on campus in 2020-21 due to the COVID pandemic. Our facilities appeared to be sufficient for those who chose to come to campus to study.	**Action:** We will continue to monitor the parking lots to ensure that are well-lighted and secure for our students. (01/07/2022)
AD: Survey - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** NA This measure was not represented on the Spring 2021 RNLSSI. (09/22/2021) **Action Plan Impact:** Per the 2019-2020 action plan proposed for 2020-2021, an evaluation of needed improvements or changes was undertaken. Although this measure was not assessed during 2020-2021, Allen College, had very few students on campus in 2020-21 due to the COVID pandemic. Facilities appeared to be sufficient for those who chose to come to campus to study. Because many classes were virtual, students were allowed to use classrooms and conference rooms for private collaborative study space. Additional study spaces were added prior to the 2021-22 academic year (Gerard Hall 2nd floor reno, Louviere study room remodel, Library pods). With the Gerard Hall renovation 2 additional conference rooms were added that students could reserve for private study spaces. In addition 4 testing pods were added to the library in the fall that students could use for private study areas.	**Action:** This measure will be assessed on the RNLSSI starting spring 2022. Plans to add study spaces are underway to add space to the library, Barrett Forum and Gerard Hall. (09/28/2021)

Admin - Teaching & Learning Committee

AU Outcome: TLC 1.0

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

Measures	Results	Actions
SL: Survey - 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. [Measure to be deactivated for 2021-2022] **Target:** 100% 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 **Related Documents:** Allen College Course Evaluation Criteria.pdf	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** No For the current reporting year: 98% of all Allen College courses reviewed during this cycle had an average course evaluation rating of 3.0 (agree) or higher. These results reflect that only 1 of 51 courses reviewed did receive an average rating of 3.0 or higher. The current results are consistent with the previous two reporting years when 97-98% of courses had average evaluation ratings of at least 3.0. 97% of Health Sciences courses reviewed during this cycle had an average course evaluation rating of 3.0 (agree) or higher. ONly one course did not receive an average rating of at least 3.0. These results are consistent with the previous two reporting years when 97-98% of courses had average evaluation ratings of at least 3.0. 100% of Nursing courses reviewed during this cycle had an average course evaluation rating of 3.0 (agree) or higher, which is consistent with the previous two reporting years when 97-100% of courses had average evaluation ratings of at least 3.0. See attached report. (11/12/2021) **Action Plan Impact:** Per the 2019-2020 action plan proposed for 2020-2021, the results of the 2020-2021 assessment of this measure were shared with School of Nursing and Health Sciences program deans. Additionally, TLC reviewed the future of Quality Matters (QM) integration into the curriculum for all programs by surveying faculty to determine if QM is perceived as a beneficial quality standard. As a result of this survey, TLC will continue with continue to promote QM certification of all courses. This action plan did not seem to have any	**Action:** The current results will be shared with the Deans of the Health Sciences and Nursing programs. A grant to support the QM certification of all courses has been obtained. Grant outcomes include faculty training in QM standards throughout the academic year. TLC will also review the QM policy. TLC recommends dropping the goal from 100% to 95% (11/12/2021)

Admin - Teaching & Learning Committee

AU Outcome: TLC 1.0

Measures	Results	Actions
	effect on the results. **Related Documents:** [TLC Outcome 1 CAP Report 2020-2021.pdf](#)	

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

AU Outcome: ASR 1.1

Students will practice proper radiation protection
Outcome Status: Active

Measures	Results	Actions
SL: Clinical evaluation tool - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Fall 2020 = 3.94 (n=23) Previous data: 2019 = 3.91 (n=19) 2018 = 3.90 (n=13) 2017=3.97(n=14) 2016 = 3.89 (n=13) 2015 = 3.95 (n=16) Current and past results indicate the target has been met consistently from year to year. (07/26/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, faculty continued to have students practice radiation protection in each lab and in the clinical settings. This action plan was effective for 2020-2021, as demonstrated by a slight increase of .03 in 2020 from 2019. The program faculty provided guidance and instruction for students to enable them to practice and apply radiation protection principles in the clinical setting. Students demonstrated clinical competence by applying proper radiation protection. A variety of radiation protection practices and principles are emphasized throughout the curriculum and	**Action:** To continue to exceed the benchmark instructors will continue to have students practice radiation protection in each lab and in the clinical environment. No changes to this assessment item are recommended. The program will continue to use and assess this measurement tool with each new cohort. (07/26/2021)

College Goal 2 - 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.

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

AU Outcome: ASR 1.1

Measures	Results	Actions
	students continue to evidence the application of this knowledge in the clinical setting.	
SL: Clinical evaluation tool - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 2021= 3.98 (n= 16) Previous data: 2020 no data to assess, this program requirement was waived for this cohort due to COVID-19. Prior data: 2019 = 4.00 (n=12) 2018 = 3.96 (n=12) 2017 = 3.96 (n=15) 2016 = 3.96 (n=17) 2015 = 3.96 (n=15) Current and previous results indicate the target is consistently exceeded from year to year, with most students achieving a score of 4.0 on a 4-point scale. (07/26/2021) **Action Plan Impact:** This measure was not assessed during 2019-2020 due to COVID-19, so there was no proposed action plan for 2020-2021. Per the 2018-2019 action plan proposed for 2019-2020, it was intended that instructors would teach various methods of radiation protection and reinforce this throughout the program. It was also intended that students continue to have access to an appropriate exam volume in a variety of settings to prepare them for their final competencies. Due to no proposed action plan for 2020-2021, the prior action plan continued during 2020-2021. This plan appears to have been effective because there was no significant change in scores compared to the previous assessed years. The students demonstrated clinical proficiency and competency in providing radiation protection.	**Action:** To continue to exceed the benchmark for this measure during the 2021-2022 academic year, 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. In addition, this evaluation is completed by the clinical instructors. (07/26/2021)

AU Outcome: ASR 1.2

Students will apply correct positioning skills
Outcome Status: Active

Measures	Results	Actions
SL: Didactic - RA: 145 Certification Testing/	**Reporting Year:** 2020 - 2021 (Year 3)	**Action:** To continue to meet or

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

AU Outcome: ASR 1.2

Measures	Results	Actions
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	**Target Met:** Yes 2021 = 3.93 (n=17) Previous data: 2020= 3.92 (n=16) 2019= 3.88 (n=13) 2018= 3.86 (n=14) 2017 = 4 (n=12) 2016= 3.96 (n=16) 2015=3.79 (n=17) 2014=3.86 (n=15) Current and previous results indicate the target is consistently exceeded from year to year. (07/26/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, course instructors continued to assess this item since certification testing is completed at various clinical sites and with different clinical instructors. This action plan was effective for 2020-2021, as demonstrated by a slight increase of .01 in 2021 from 2020. The clinical instructors, clinical preceptors, and faculty provided the students with the appropriate instruction and supervision to apply correct positioning skills. Students demonstrated knowledge of positioning in relation to their level of placement in the program. Students are encouraged to practice and review positioning principles by the clinical instructors.	exceed this benchmark for this measure during the 2021-2022 academic year, course instructors recommend assessing this item since certification testing is completed at various clinical sites and with different clinical instructors. No changes recommended. (07/26/2021)
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Fall 2020=3.95 (n=16) Previous data: 2019 = 3.9 (n= 10) 2018=3.95 (n=12) 2017=3.90 (n=12) 2016=3.97 (n=15) 2015=3.99 (n=17) Current and previous results indicate the target is consistently exceeded from year to year, with most students achieving a score of 3.9 or greater on a 4-point scale. (07/26/2021)	**Action:** To continue to exceed this benchmark for the 2021-2022 year, 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 which permits

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

AU Outcome: ASR 1.2

Measures	Results	Actions
	Action Plan Impact: Per the 2019-2020 action plan, during 2020-2021, faculty continued to communicate with the clinical instructors and encouraged them to select from more advanced and challenging exams to correlate with the student's level in the program. This action plan was effective for 2020-2021, as demonstrated by a slight increase of .05 in 2020 from 2019. The clinical instructors continued to assess the student's positioning skills on more advanced procedures appropriate for their level in the program. This is the third cohort that excluded some basic level 1 exams. The procedural exam difficulty correlates with the student's level in the program and students continue to demonstrate clinical competency by applying correct positioning skills on these more advanced procedures. Students are guided by the program faculty and are well prepared in the classroom and lab which permits success in the clinical setting.	success in the clinical setting. No changes recommended. (07/26/2021)

AU Outcome: ASR 2.1

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

Measures	Results	Actions
SL: Clinical evaluation tool - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 2020 3.27(n=22) Previous data: 2019 3.47 (n=19) 2018 3.67 (n=13) 2017 3.68 (n=14) 2016 3.56 (n=13) Current and previous results indicate the target is consistently met from year to year. There has been a slight decrease seen each year over the last 3 years. (07/26/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the clinical instructors and preceptors continue to deliver prompt feedback to students when issues arise concerning patient care and interpersonal relationships. This action plan was effective for 2020-2021, but	**Action:** To continue to meet or exceed the benchmark for this measure during the 2021-2022 academic year, 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. (07/26/2021)

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

AU Outcome: ASR 2.1

Measures	Results	Actions
	there was a slight decrease of .20 in 2020 from 2019 demonstrating that the students' average scores decreased in all areas of the performance criteria: patient care, interpersonal relationships, multicultural diversity, and age-appropriate care. Two students withdrew from this course before the end of the semester. 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. Faculty continue to discuss and review the correct way to communicate with the patient and fellow students, technologists, and radiologists.	
SL: Clinical evaluation tool - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Spring 2021 = 3.66 (N =16) Previous data: 2019-2020 3.86 (n=10) 2018-2019 3.90 (n=12) 2017-2018 3.78 (n=12) 2016-2017 3.95 (n=15) 2015-2016 3.97 (n=17) Current and previous results indicate the target is consistently exceeded from year to year. (07/26/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the clinical instructors and clinical preceptors continued to instruct students by exhibiting effective communication in the clinical environment. This action plan was effective for 2020-2021, but there was a slight decrease of .20 in 2021 from 2020 demonstrating that the students' average scores decreased in the areas of interpersonal relationships, multicultural diversity, age-appropriate care, and patient care. Clinical instructors and preceptors continue to provide 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.	**Action:** To continue to meet or exceed the target for this measure during the 2021-2022 academic year, clinical instructors/preceptors will continue to instruct students by exhibiting effective communication in the clinical environment. (07/26/2021)
SL: Clinical evaluation tool - RA:135 Clinical Competency Evaluation/ Part	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes	**Action:** To continue to exceed the

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

AU Outcome: ASR 2.1

Measures	Results	Actions
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	2020 = 3.96 (n=23) Previous data: 2019 = 3.94 (n=19) 2018 = 3.95 (n=13) 2017=3.98 (n=14) 2016=3.92 (n=13) 2015=3.99 (n=16) Current and previous results indicate the target is consistently exceeded from year to year, with most students achieving a score of 3.9 or greater on a 4-point scale. (07/26/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, clinical instructors continued to deliver instruction, supervision, and feedback to the students in the clinical environment. This action plan was effective for 2020-2021, as demonstrated by a slight increase of .02 in 2020 from 2019. All students demonstrated communication skills reflective of their level in the program. The program curriculum and faculty continue to provide students with the necessary skills to progress from the classroom and lab setting to the clinical setting. The students continue to demonstrate effective communication skills in the clinical setting.	target for this measure for the 2021-2022, the program faculty will continue to provide the students with the skills needed for effective clinical communication and guide and assist the clinical instructors as they provide effective instruction, supervision, and feedback to the students in the clinical setting. (07/26/2021)
SL: Clinical evaluation tool - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 2021 = 3.98 (n=16) Previous data: 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) 2017=4 (n=15) 2016=4 (n=17) 2015=3.99 (n=15) Current and previous results indicate the target is consistently exceeded from year to year, with most students achieving a score of 3.98 or greater on a 4-point scale. (07/26/2021) **Action Plan Impact:** This measure was not assessed during 2019-2020 due to COVID-19, so	**Action:** To continue to exceed the target for this measure for the 2021-2022, students will be instructed and guided in effective clinical communication skills in every semester of the program. (07/26/2021)

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

AU Outcome: ASR 2.1

Measures	Results	Actions
	there was no proposed action plan for 2020-2021. Per the 2018-2019 action plan proposed for 2019-2020, it was intended that the program will continue to provide students with access to an appropriate exam value in a variety of settings to prepare them for their final competencies. Due to no proposed action plan for 2020-2021, the prior action plan continued during 2020-2021. This plan appears to have been effective because there was no significant change in scores compared to the previous assessed years. The students demonstrated effective communication skills in the clinical setting. Students are instructed and guided in effective clinical communication skills in every semester of the program. Many of this year's final CCE's were performed on patients that required multiple exams and extensive patient communication.	

AU Outcome: ASR 2.2

Students will practice written communication skills
Outcome Status: Active

Measures	Results	Actions
SL: Didactic - RA: 115 Patient Care Presentation **Target:** Average score of >= 85% **Timeframe:** Level I-Fall Semester **Responsible Parties:** RA: 115 Course Instructor/HS APG Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 2020=96% (n=20) 2019=98% (n=19) 2018=98% (n=13) 2017=98% (n=14) 2016=97% (n=13) Current and previous results indicate the target is consistently exceeded from year to year, with most students achieving a score of 96% or greater. (07/26/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the course instructor continued to discuss the paper requirements with the students throughout the semester. The course instructor emailed the students resource information that included a link to the academic resource page on the Allen College website. Included on this resource page is an APA link that provided information to assist students with practicing written communication skills. This action plan was effective for 2020-2021, with just a slight decrease of 2% in 2020	**Action:** To continue to meet or exceed the target for this measure during the 2021-2022 academic year, the course instructor will continue to discuss the paper requirements with the students. Remind students of the resources available on the Allen College website. The resources page includes a Panopto video that assists the students when writing their research papers. (07/26/2021)

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

AU Outcome: ASR 2.2

Measures	Results	Actions
	from 2019. Many of the point deductions were APA related: missing title page, missing running head, and reference page formatting issues. The course instructor provided a Panopto video resource that assists students when writing their research papers. Overall, the students continue to practice written communication skills effectively.	
SL: Didactic - RA:258 Pathology Systems Presentation **Target:** Average score of >= 85% **Timeframe:** Level II-Fall Semester **Responsible Parties:** RA: 258 Course Instructor/ HS APG Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 2020=98% (n=16) 2019=99% (n=10) 2018=99% (n=12) 2017=97% (n=12) 2016=95% (n=15) Current and previous results indicate the target is consistently exceeded from year to year. (07/26/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the course instructor continued to discuss the paper requirements with the students throughout the semester. The course instructor emailed the students resource information that included a link to the academic resource page on the Allen College website. Included on this resource page is an APA link that provided information to assist students with practicing written communication skills. This action plan was effective for 2020-2021, with just a slight decrease of 1% in 2020 from 2019. Minor deductions were noted including the following: not displaying radiographic images as part of their presentation, not discussing the reason for selection of the pathology topic, and not meeting the 8-minute length requirement. Overall, the students continue to practice written communication skills effectively.	**Action:** To continue to achieve the target for this measure during the 2021-2022 academic year, the course instructor will continue to discuss the paper requirements with the students. (07/26/2021)

AU Outcome: ASR 2.3

Students will demonstrate oral communication skills
Outcome Status: Active

Measures	Results	Actions
SL: Didactic - RA: 115 Patient Care Presentation	**Reporting Year:** 2020 - 2021 (Year 3)	**Action:** To continue to meet or

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

AU Outcome: ASR 2.3

Measures	Results	Actions
Target: Average score of >= 85% **Timeframe:** Level I-Fall Semester **Responsible Parties:** RA: 115 Course Instructor/HS APG Committee	**Target Met:** Yes 2020=99% (n=20) 2019=98% (n=19) 2018=99% (n=13) 2017 =99% (n=14) 2016=99% (n=13) Current and previous results indicate the target is consistently exceeded from year to year. (07/26/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the course instructor continued to discuss the paper requirements with the students throughout the semester. The course instructor also encouraged students to practice reading their papers before the due date to assist them in demonstrating effective oral communication skills. This action plan was effective for 2020-2021, demonstrating an increase of 1% in 2020 from 2019. Only one student had a deduction in their oral presentation due to voice level being too soft. All papers in the RA115 course were presented using Collaborate Ultra on Blackboard with only a few minor technical difficulties. Overall, the students continue to demonstrate effective oral communication skills.	exceed the benchmark for this measure during the 2021-2022 academic year, the course instructor will continue to discuss the paper requirements with the students. (07/26/2021)
SL: Didactic - RA:258 Pathology Systems Presentation **Target:** Average score of >= 85% **Timeframe:** Level II-Fall Semester **Responsible Parties:** RA: 258 Course Instructor/ HS APG Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 2020= 95% (n=16) 2019=98% (n=10) 2018=96% (n=12) 2017=96% (n=12) 2016=97% (n=15) Current and previous results indicate the target is consistently exceeded from year to year. (07/26/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the course instructor continued to discuss the paper requirements with the students throughout the semester. The course instructor also encouraged students to practice reading their papers before the due date to assist them in demonstrating effective oral communication skills. This action plan was effective for 2020-2021, with just a slight decrease of 3% in 2020 from 2019. Each student	**Action:** To continue to meet or exceed the benchmark for this measure during the 2021-2022 academic year, the course instructor will continue to discuss the paper requirements with the students. Remind students of the resources available on the Allen College website. The resources page includes a Panopto video that assists the students when writing their research papers. (07/26/2021)

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

AU Outcome: ASR 2.3

Measures	Results	Actions
	completes two papers during the pathology course. Minor deductions included: missing title page, improper spacing, and reference page formatting. Overall, the students continue to demonstrate effective oral communication skills.	

AU Outcome: ASR 3.1

Students will appropriately critique radiographic images
Outcome Status: Active

Measures	Results	Actions
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 2020 = 91.94 (n=16) Previous data: 2019 = 92.72% (n=11) 2018 = 93.75% (n=12) 2017=87.75% (n=12) 2016: 90.19% (n=16) Current and previous results indicate the target is consistently exceeded from year to year. (07/27/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the course instructor used the new 5th edition textbook for this cohort. This textbook is considered to be an excellent learning opportunity for the students. The action plan was effective for 2020-2021, with only a slight decrease of .78% in 2020 from 2019. Students demonstrated the ability to apply critical thinking skills while correctly analyzing radiographic images. A variety of learning opportunities were provided to the students through the use of the new textbook.	**Action:** To continue to achieve the benchmark for this measure during the 2021-2022 academic year, the faculty will continue to assign learning opportunities from the new 5th edition textbook. (07/27/2021)
SL: Didactic - RA: 265 Radiographic image analysis worksheets **Target:** Average score of >= 80% **Timeframe:** Level II- Fall Semester	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 2020 = 91.69% (n=16) Previous data 2019 = 88.8% (n = 10)	**Action:** To continue to achieve the target for this measure during the 2021-2022 academic year, the faculty will continue to assign learning opportunities from the

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

AU Outcome: ASR 3.1

Measures	Results	Actions
Responsible Parties: RA: 265 Course Instructors/HS APG Committee	2018 = 93.33% (n=12) 2017 = 88.83% (n=12) 2016 = 91.66% (n=15) Current and previous results indicate the target is consistently exceeded from year to year. (07/27/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the course instructor used the new 5th edition textbook for this cohort. This textbook is considered to be an excellent learning opportunity for the students. The action plan was effective for 2020-2021, as demonstrated by an increase of 2.89% in 2020 from 2019. The instructor carefully reviewed each item on the worksheets for clarity and accuracy with the new edition textbook. Students demonstrated the ability to apply critical thinking skills while correctly analyzing radiographic images. A variety of learning opportunities were provided to the students through the use of the new textbook.	new 5th edition textbook and review each item on the worksheets for clarity and accuracy with the new edition text. (07/27/2021)

AU Outcome: ASR 3.2

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

Measures	Results	Actions
SL: Exam/Quiz - Standardized - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** No 2021 = 69% (n = 16) achieved a 70 or greater on one of the four exams. Previous data: 2020 = 90% (n=10) 2019 = 100% (n=12) 2018 = 100% (n=12) 2017 = 93% (n=15) 2016 = 100% (n=17) 2015 = 93% (n=15) The current data does not meet target. All previous data indicates the target was consistently exceeded from year to year before 2021. Since there is no prior data that does	**Action:** To meet or exceed the benchmark for this measure during the 2021-2022 year, based on student feedback, the course instructor will attempt to schedule the first exam one week later in Sp22 and then evaluate the effectiveness of exam scheduling compared to the first exam scores. The instructor will continue to encourage time management skills for comprehensive review and

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

AU Outcome: ASR 3.2

Measures	Results	Actions
	not meet benchmark, a new action plan will help assist faculty in reflecting on the unexpected decrease in percentage for this measure. (07/27/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the ASR Program curriculum is designed to prepare students for mock board exams. The target was updated to remove the word "passing" from the current year's assessment plan. There was a significant decrease in the percentage of students achieving a score of 70 or greater on at least one of the four comprehensive exams when compared to the prior data. The 2019-2020 action plan was not effective, as a decrease of 21% is demonstrated in 2021 from 2020. COVID-19 did cause this cohort to experience disruptions and changes to the learning environment. In addition, students may not have scored well on the first exam because they perceived that it was scheduled too soon after spring break. In Spring 2021, the first exam was held the Thursday after spring break. Faculty continued to encourage students to use all available learning resources that they are provided throughout the program to help prepare for the exams. Overall, the students did not consistently demonstrate the ability to practice critical thinking in relation to this measure.	continue to encourage the use of all learning resources throughout the course. Based on student feedback, the instructor will attempt to adjust exam scheduling in Sp22. (07/27/2021)
SL: Didactic - RA:154 CT Topic Presentation **Target:** Average score of >= 80% **Timeframe:** Level I- Spring Semester **Responsible Parties:** Program Faculty/HS Curriculum Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Spring 2021 = 96.24% (n=13) No previous data available for comparison. (07/27/2021) **Action Plan Impact:** There is no previous data available for comparison. This is the first cohort to utilize this measurement tool so there was no prior action plan to reflect on. Students are expected to use critical thinking skills to help teach the class about specific CT topics. Overall, this cohort performed well with an average score of 96.24%. When this presentation is assigned, each student receives a grading rubric that includes a breakdown of how their presentation will be graded. 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 the presentation 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	**Action:** To continue to exceed target for the 2021-2022 year, 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. No changes are recommended. (07/27/2021)

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

AU Outcome: ASR 3.2

Measures	Results	Actions
	presentation. Each student conducted peer reviews on a select number of presentations. The student 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.	

AU Outcome: ASR 3.3

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

Measures	Results	Actions
SL: Clinical evaluation tool - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Spring 2021 = 3.65 (N =18) Previous data: 2019-2020 3.60 (N=16) 2018-2019 3.36 (N=13) 2017-2018 3.53 (N=14) 2016-2017 3.63 (N=12) 2015-2016 3.63 (N-16) Current and previous results indicate the target is consistently exceeded from year to year. (07/27/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the clinical instructors and clinical preceptors continued to provide the needed instruction and supervision to the students to evaluate their critical thinking skills in the clinical setting. This action plan was effective for 2020-2021, as demonstrated by a slight increase of .05 in 2021 from 2020. The student scores were higher than the previous year in the ability to follow directions area. There was a slight decrease in the areas of: application of knowledge, self-image for the level of the ASR program, and composure and adaptability. The program faculty continue to work with clinical instructors and preceptors to ensure all students are provided with the education and opportunities needed to be successful in the clinical environment.	**Action:** To continue to meet or exceed the target for this measure during the 2021-2022 academic year, 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. (07/27/2021)

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

AU Outcome: ASR 3.3

Measures	Results	Actions
SL: Clinical evaluation tool - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 2020 3.75 (n=16) Previous Data: 2019 3.86 (n=11) 2018 3.81 (n=12) 2017 3.79 (n=12) 2016 3.86 (n=15) Current and previous results indicate the target is consistently exceeded from year to year. (07/27/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the clinical instructors and clinical preceptors continued to demonstrate and explain to students how to practice critical thinking skills in the clinical setting. This action plan was effective for 2020-2021, with just a slight decrease of .09 in 2020 from 2019. The student scores were lower 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 in Trajecsys. Students continue to demonstrate their ability to critically think in the clinical setting. The program faculty continue to work with clinical instructors and preceptors to ensure all students are provided with the education and opportunities needed to be successful in the clinical environment.	**Action:** To continue to meet or exceed the target for this measure during the 2021-2022 academic year, clinical instructors/preceptors will continue to instruct and explain and demonstrate to students how to practice critical thinking skills in the clinical environment. (07/27/2021)

AU Outcome: ASR 4.1

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

Measures	Results	Actions
SL: Service - RA:135 Community Service/Service Learning Evaluation **Target:** Average score of >= 80% **Timeframe:** Level I-Fall Semester **Responsible Parties:** RA: 135 Course	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 2020 = 88.80% (n=18) Previous data: 2019: 87.71% (n=19)	**Action:** To continue to achieve the target for this measure during the 2021-2022 academic year, the course instructors will continue to assess the assignment instructions

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

AU Outcome: ASR 4.1

Measures	Results	Actions
Instructors/HS Curriculum Committee	2018: 83.69% (n=13) 2017: 94.78% (n=14) 2016: 72.00% (n=13) 2015: 92.56% (n=16) Current results indicate the target continues to be exceeded over the last 4 years. Data from 2016 indicates target was not met that year, but target has been exceeded since. (07/27/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the ASR faculty assessed the assignment rubric/instructions and made modifications accordingly. This action plan was effective for 2020-2021, as demonstrated by a slight increase of 1.09% in 2020 from 2019. Some students offered minimal reflection on the activity and research. Many students did not perform a service activity independently and were encouraged in their grade feedback to further develop their leadership skills by performing independent service later in the program. Course instructors continued to encourage students to engage in a service learning opportunities that will allow them to construct professional practices. Overall, students were able to demonstrate professionalism and leadership through their service learning.	and make modifications accordingly. (07/27/2021)
SL: Service - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 2020 = 84.56% (n=16) Previous data: 2019: 85.60% (n = 10) 2018: 76.75% (n=12) 2017: 93.33% (n=12) 2016: 93.40% (n=15) 2015: 82.47% (n=17) Current and previous results indicate the target is consistently exceeded from year to year with the exception of 2018. (07/27/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the course instructions continued to assess the assignment instructions and made modifications accordingly. This action plan was effective for 2020-2021, with just a slight decrease of 1.04% in 2020 from 2019. Many of the deductions continue to be in the research and writing portion of the grade	**Action:** To continue to achieve the target for this measure for the 2021-2022 academic year, the course instructors will continue to assess the assignment instructions and make modifications accordingly. (07/27/2021)

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

AU Outcome: ASR 4.1

Measures	Results	Actions
	rubric. The students shared their values concerning their service-learning experience and shared how the experience affected them personally and professionally. Course instructors continued to encourage students to engage in service-learning opportunities that will allow them to construct professional practices. Overall, students were able to demonstrate professionalism and leadership through their service learning.	

AU Outcome: ASR 4.2

Students will practice professionalism
Outcome Status: Active

Measures	Results	Actions
SL: Clinical evaluation tool - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 2020: 3.34 (n=22) 2019: 3.51 (n=19) 2018: 3.68 (n=13) 2017: 3.68 (n=14) 2016: 3.60 (n=13) Current and previous results indicate the target is consistently exceeded from year to year. (07/27/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the clinical instructors and clinical preceptors continued to deliver prompt feedback to students when issues arose concerning initiative and professionalism. This action plan was effective for 2020-2021, with a slight decrease of 0.17 in 2020 from 2019. Clinical instructors and preceptors continued to provide instruction to students in the areas of organization of assignments, initiative, appearance, policies and procedures, and ethical and professional behavior. The faculty continue to discuss the importance of initiative and professional in the clinical setting. Overall, the students demonstrated their ability to practice professionalism in the clinical setting.	**Action:** To continue to meet or exceed the benchmark for this measure during the 2021-2022 academic year, the clinical instructors/preceptors will continue to provide instruction to students in the areas of organization of assignments, initiative, appearance, policies and procedures, ethical and professional behavior. (07/27/2021)
SL: Clinical evaluation tool - RA:275 Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes	**Action:** To continue to meet or exceed the target for this measure

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

AU Outcome: ASR 4.2

Measures	Results	Actions
Target: Average score >= 3 (0-4 pt. scale) **Timeframe:** Level II-Spring Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/HS Curriculum Committee	Spring 2021 = 3.65 (n =16) Previous data: 2019 3.51 (n=19) 2018 3.68 (n=13) 2017 3.68 (n=14) 2016 3.60 (n=13) 2015 3.83 (n=16) Current and previous results indicate the target is consistently exceeded from year to year. (07/27/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the clinical instructors and clinical preceptors continued to be positive role models for students by practicing professionalism in the clinical setting. This action plan was effective for 2020-2021, as demonstrated with a slight increase of 0.14 in 2021 from 2020. The students' average score in Ethical and Professional Behavior went up compared to the previous year. The students' average scores decreased in the areas of: performance criteria, organization of assignments, initiative, appearance, and policies and procedures. Clinical instructors and preceptors continued to provide instruction to students on professional behavior. The faculty continue to discuss the importance of initiative and professional in the clinical setting. Overall, the students demonstrated their ability to practice professionalism in the clinical setting.	during the 2020-2021 academic year, the clinical instructors/preceptors will continue to deliver prompt feedback to students when issues arise concerning initiative and professionalism. Faculty continue to discuss the importance of initiative and professionalism in the clinical setting. (07/27/2021)

Program (HS) - Diagnostic Medical Sonography (DMS)

AU Outcome: DMS 1.1

Students will show knowledge of ultrasound transducers
Outcome Status: Active

Measures	Results	Actions
SL: Didactic - Ultrasound Transducer Exam	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes There was an increase in performance from last year but consistent with the previous two	**Action:** To meet the target during the 2020-2021, faculty will continue to provide lecture content

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Program (HS) - Diagnostic Medical Sonography (DMS)

AU Outcome: DMS 1.1

Measures	Results	Actions
Target: Students will receive an average score of >= 80% **Timeframe:** Annually **Responsible Parties:** Program Chair HS Curriculum Committee	years results Spring 2021: 100% (8/8) students received greater than 80%; 7 scoring greater than 90% ; Low score was 86% Fall 2019-Spring 2020: 85.7 % (6 out of 7) students scored at least 80%. Spring 2019: 100% of students scored at least 80% (n=6) (scores: 91.3%-98%) Spring 2018: 100% of students scored at least 80%. Spring 2017: 100% of students scored at least 80%. (09/24/2021) **Action Plan Impact:** Per the 2019-2020 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 and any "at risk" students were referred to Student Success Coordinator for assistance. This action plan appears to have been effective in promoting student success on this assignment.	regarding topic, provide weekly tutoring sessions and referral to Student Success Coordinator for assistance if needed. (09/24/2021)
SL: Didactic - Students will construct transducer model **Target:** Each student will receive a score of >= 80% **Timeframe:** Annually **Responsible Parties:** Program Chair HS Curriculum Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Result were comparable to previous years. 2020-2021: 100% of students received greater than 80%; all students scored >90% (n=8) Fall 2019: 100% of students scored above 80% (n=7) Spring 2018:100% of students scored above 80% 2017- 87% of student scored above 80% (09/24/2021) **Action Plan Impact:** Per the 2019-2020 action plan, faculty provided rubric identifying project requirements and associated scoring. The course also included topic lecture/discussion, graded homework assignments, and offered tutoring. This action plan appears to have been effective in promoting student success on this assignment.	**Action:** To meet the target during 2021-2022, 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. (09/24/2021)

AU Outcome: DMS 1.2

Students will apply correct scanning skills
Outcome Status: Active

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Program (HS) - Diagnostic Medical Sonography (DMS)

AU Outcome: DMS 1.2

Measures	Results	Actions
SL: Lab - Final Lab Practical **Target:** Students will achieve an average score of >= 80%. **Timeframe:** Didactic Level - Fall Semester **Responsible Parties:** Program Faculty/ HS Curriculum Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Results are high and are comparable to previous years. Fall2020: 100% = 80% (n=8) Fall 2019: 100% = 80% Fall 2018: 100% = 80% Fall 2017: 8/8 = 80% Fall 2016: 7/8 = 80% Fall 2015: 3/5 =81.6 % 2/5 < 80% (N=5) Fall 2014: 81.8%(N=6) Fall 2013: 80% (N=6). Fall 2012: 92%(N= 8) Fall 2011: 83.4% (N=5) (09/24/2021) **Action Plan Impact:** Per the 2019-2020 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.	**Action:** To ensure that students are successful on this assignment and achieve the target during 2021-2022, faculty will continue to provide instruction in areas of basic and sonographic anatomy, imaging techniques and instrumentation, and protocols though demonstration, verbal and written instruction, and individual and group image and technique review, and will also continue to provide small group and/or individual scanning sessions. (09/24/2021)
SL: Lab - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes All students achieved target. This is consistent with the results of the last five years. Spring 202: 100% (8/8) passed lab practical on 1st attempt 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%	**Action:** To meet the target during 2021-2022, faculty will continue to provide a variety of methods to enhance student's knowledge and imaging skills, including utilizing PTA's and interactive feedback/assessment. (09/24/2021)

Program (HS) - Diagnostic Medical Sonography (DMS)

AU Outcome: DMS 1.2

Measures	Results	Actions
	Spring 2012: 72% (09/24/2021) **Action Plan Impact:** Per the 2019-2020 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.	

AU Outcome: DMS 2.1

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

Measures	Results	Actions
SL: Clinical evaluation tool - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes The average ratings increased from the previous year. Scores for the last 6 yrs are well above the target of 4. Fall 2020: avg rating =4.92 (n=7). Fall 2019: Avg rating = 4.68 (n=6). Fall 2018: Avg rating = 4.90 (n=9) Fall 2017: Avg rating = 4.78 (n=7) Fall 2016: Avg rating = 4.80 (n=5) Fall 2015: Avg rating = 4.89 (n=5) Fall 2014: Avg rating = 3.60 (n=8) Fall 2013: Avg rating = 3.81 (n=8) (09/24/2021) **Action Plan Impact:** Per the 2019-2020 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.	**Action:** To continue to meet or exceed the target/benchmark for this measure during the 2021-2022 academic year, clinical instructors/preceptors will continue to instruct students by exhibiting effective communication in the clinical environment. (09/24/2021)
SL: Clinical evaluation tool - DMS:409 Clinical Instructor/Preceptor Evaluations 2,	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes	**Action:** To meet the target during the 2022-2022, Faculty will

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Program (HS) - Diagnostic Medical Sonography (DMS)

AU Outcome: DMS 2.1

Measures	Results	Actions
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	Results are consistent with previous years. Sp 2021: avg score is > than 4 (n=5) Sp 2020: avg score is 4.79 (n=6) Sp 2019: average score is 4.92 (N=7). Sp 2018: avg score = 4.94 (N=7). Sp 2017: avg score = 4.78 (N=4). Sp 2016: avg score = 4.96 (N=5). (09/24/2021) **Action Plan Impact:** Per the 2019-2020 action plan for 2020-2021, 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.	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. (09/24/2021)

AU Outcome: DMS 2.2

Students will successfully obtain patient history
Outcome Status: Active

Measures	Results	Actions
SL: Clinical evaluation tool - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes All students were rated 4 (n=6), which is consistent with previous years. Fall 2020 avg 4.6 (n=6) Fall 2019 avg rating of 4.72 Fall 2018 avg rating 4.62 Fall 2017 avg rating 4.94 Fall 2016 avg rating 4.71 Fall 2015 avg rating 4.47	**Action:** To meet the target during the 2021-2022, 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

Program (HS) - Diagnostic Medical Sonography (DMS)

AU Outcome: DMS 2.2

Measures	Results	Actions
Responsible Parties: DMS:408 Course Instructor/Program Faculty/HS Curriculum Committee	(09/24/2021) **Action Plan Impact:** Per the 2019-2021 action plan, this outcome/was to be deactivated and replaced with a new measure for the 2020-2021 academic year. However, due to the additions of new clinical sites, faculty elected to continue this assessment item. Faculty obtained and assessed feedback from clinical instructors. Faculty reviewed evaluations 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	will be developed, if necessary. (09/24/2021)

AU Outcome: DMS 3.1

Students will successfully analyze sonographic images
Outcome Status: Active

Measures	Results	Actions
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes All students scored above 90%. This is consistent with the last three years. Fall 2020: 100% (8/8 scored =80%) Fall 2019: 100% (7/7 scored =80%) Fall 2018: 6 of 6 (100%) met target scores:81-91% Fall 2017: 100% (8/8 scored =80%) Fall 2016: 7 out of 8 students scored = 80% 82-88%; 1 received 78% (09/24/2021) **Action Plan Impact:** Per the 2019-2021 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.	**Action:** To continue to meet or exceed the target for this measure during the 2021-2022 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. (09/24/2021)
SL: Didactic - ABD II Thyroid Image	**Reporting Year:** 2020 - 2021 (Year 3)	**Action:** To continue to meet or

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Program (HS) - Diagnostic Medical Sonography (DMS)

AU Outcome: DMS 3.1

Measures	Results	Actions
Assessment **Target:** Each student will receive score >= 80% **Timeframe:** Annually-Spring semester **Responsible Parties:** ABD II Course Instructor	**Target Met:** Yes All students scored greater than 80%. While this assessment was not evaluated last year, the results are consistent with the previous 2 years. Spring 2021: 100% (8/8) scored =80% Sprint 2020: no results due to Corvid 19 Spring 2019: 100% (6/6) scored =80% Spring 2018: 100% (8/8) scored =80% (09/24/2021) **Action Plan Impact:** Per the 2019-2020 action plan, faculty would continue to include 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.	exceed the target for this measure during the 2021-2022 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. (09/24/2021)

AU Outcome: DMS 3.2

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

Measures	Results	Actions
SL: Clinical evaluation tool - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Results are consistent with previous years Fall 2020: average score is 3.4 (n=5) Fall 2019: avg 3.35 (n=6) Fall 2018: Avg. 3.56 (n=9) Fall 2017: avg 3.29(n=7) Fall 2016: avg 3.32(n=5) Fall 2015: avg 3.65 (n=5) Fall 2014: 3.46 (n=6) Fall 2013 : avg 3.52 (N=8) Fall 2012: avg 3.6 (N=5)	**Action:** To meet the target during the 2020-2021, 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

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Program (HS) - Diagnostic Medical Sonography (DMS)

AU Outcome: DMS 3.2

Measures	Results	Actions
	Fall 2012: avg 3.78 (N=6) (09/24/2021) **Action Plan Impact:** Per the 2019-2020 action plan, the evaluation form was to be updated. However, due to the additions of new clinical sites, faculty elected to continue using current format. Faculty reviewed forms with students. Faculty reviewed then reviewed the student's self-evaluations and conferred with student and their clinical instructors to identify areas 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.	improvement. (09/24/2021)
SL: Clinical evaluation tool - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes This score is consistent with previous years. The results exceed target and show an increase from previous year. Students are able to effectively reflect on their performance in the clinical setting sufficiently for clinical staff. Spring 2021 avg =3.56 (n=5) Spring 2020 avg. 3.52(n=6) Spring 2019 Avg. 3.68 (n=9) Spring 2108 avg 3.42(n=7) Spring 2017 avg 3.57 (n=4) Spring 2016 avg 3.68 (n=5) Spring 2015 avg.- 3.64 (n=5) Spring 2014 avg- 3.7 (n= 8) Spring 2013 avg - 3.8 (n=4) Spring 2012 avg -3.79(n=6) (09/24/2021) **Action Plan Impact:** Per the 2019-2020 action plan, the evaluation form was to be updated. However, due to the additions of new clinical sites, faculty elected to continue using current format. Faculty reviewed forms with students. Faculty then reviewed the student's self-evaluations and conferred with student and their clinical instructors to identify areas 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.	**Action:** To meet the target during the 2020-2021, 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. (09/24/2021)

AU Outcome: DMS 4.1

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Program (HS) - Diagnostic Medical Sonography (DMS)

AU Outcome: DMS 4.1

Students will demonstrate professional growth or learning
Outcome Status: Active

Measures	Results	Actions
SL: Didactic - Innovations in Sonography - Presentation **Target:** Each student will receive score >= 90% **Timeframe:** Annually **Responsible Parties:** Program Faculty/HS Curriculum Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes The target has been met consistently the past three years. Spring 2021: 100% of students receive score = 90% (n=8) Spring 2020: 100% of students receive score = 90% (n=7) Spring 2019: 100% of students receive score = 90% (n=5 All > 97% Spring 2018: 89%% (8/9) received score = 90%;1 received score of 87% (09/24/2021) **Action Plan Impact:** Per the 2019-2020 action plan, the faculty required students to develop and give a presentation on sonography issues or topics. Faculty would continue to provide feedback and tips on development of presentations. This action plan appears to have been effective in helping students be successful on the assignment and achieve the target.	**Action:** To meet the target during 2021-2022, faculty will continue to require that students develop and give a presentation on sonography issues or topics. Faculty and fellow students continued to provide feedback regarding classmates' presentations. (09/24/2021)
SL: Didactic - B- Sonography webinar **Target:** Each student will receive score >= 90% **Timeframe:** Annually **Responsible Parties:** Program Faculty/HS Curriculum Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes All students achieved target; this is consistent with the last 2 years results. Sp 2021: 100% (8/8) received score = 90% Sp 2020: 100% (7/7) received score = 90% Sp 2019: 100% (6/6) received score = 90% Sp 2018: 75% of students (6/8) received score = 90% (09/24/2021) **Action Plan Impact:** Per the 2019-2020 action plan, faculty required students to view a sonography webinar and complete worksheet that followed with webinar which assisted the students in remembering key points. This action plan appears to have been effective in helping students be successful on the assignment.	**Action:** To continue to meet or exceed the target/benchmark for this measure during the 2021-2022 academic year, faculty will continue to require students to view webinar and complete a worksheet as a course requirement. (09/24/2021)

AU Outcome: DMS 4.2

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

Measures	Results	Actions
SL: Clinical evaluation tool - DMS:		

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Program (HS) - Diagnostic Medical Sonography (DMS)

AU Outcome: DMS 4.2

Measures	Results	Actions
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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Scores remain high. Students continue to demonstrate professional in the clinical setting. Fall 2020: average score 4.975 (n=5) Fall 2019: Avg 4.93 Fall 2018: Avg. 4.92 Fall 2017: avg score is 4.8 (n=7) Fall 2016: average score is 4.86 (n=5). Fall 2015: average score was 4.9 (n=5). Fall 2014: student's average score was 3.5 on a scale of 1-4, (n=6). (09/24/2021) **Action Plan Impact:** Per the 2019-2021 action plan, was to be changed. However, due to the additions of new clinical sites, faculty elected to continue using present evaluation form. Faculty obtained and assessed feedback from clinical instructors. Faculty reviewed evaluations 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.	**Action:** To continue to meet or exceed the target/benchmark for this measure during the 2021-2022 academic year, faculty will continue to use current forms. Faculty will continue to review evaluations with students at each site visit, and identify areas of concern, and make recommendations/plan for student improvement. (09/24/2021)
SL: Clinical evaluation tool - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Scores remain high with slight increase over last year. Students continue to demonstrate professional in the clinical setting Spring 2021: average score 5.0 (n=5) Spring 2020: average score 4.95(n=6) Spring 2019: Avg. 4.93 (n=9) Spring 2018: avg score is 4 (n=7) Spring 2017: avg 4.83 (n=4) (09/24/2021) **Action Plan Impact:** Per the 2019-2020 action plan, the evaluation form was to be updated. However, due to the additions of new clinical sites, faculty elected to continue using current format. Faculty reviewed forms with students. Faculty then reviewed the student evaluation forms and conferred with student and their clinical instructors to identify areas for student improvement. This appears to have been effective in helping students be successful in the	**Action:** To continue to meet or exceed the target/benchmark for this measure during the 2021-2022 academic year, faculty will continue to use current forms. Faculty will continue to review evaluations with students at each site visit, and identify areas of concern, and make recommendations/plan for student improvement. (09/24/2021)

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Program (HS) - Diagnostic Medical Sonography (DMS)

AU Outcome: DMS 4.2

Measures	Results	Actions
	clinical setting and in achieving the target for this measure.	

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

AU Outcome: EdD 1.1

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

Measures	Results	Actions
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** NA Course not offered. (09/22/2021) **Action Plan Impact:** Course not offered.	
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Fall 2020 – 2 students 100% of students received a score of >85% Overall average score = 98.5% (49.25/50) 2018 (n=) – target met (overall average = 98.2%) These results demonstrate the target (100% of students will receive an average score of >=	**Action:** Continue to remind students of the discussion topics that align with the final paper to help them use feedback to assist with writing the final paper. (09/22/2021)

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

AU Outcome: EdD 1.1

Measures	Results	Actions
	85%) has been consistently met (2/2 times) since the 2018-2019 academic year. (09/22/2021) **Action Plan Impact:** Per the 2018-2019 action plan for the 2020-2021 academic year, the concepts that feed into this assignment were discussed verbally and in written format as topics throughout the course so students could use feedback from those assignments to develop this paper. This action plan appears to have been effective in helping	
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Fall 2020 – 2 students 100% of students received a score of >85% Overall average score = 100% (100/100) 2018 (n=4) – target not met (overall average = 86.5%) These results demonstrate the target (100% of students will receive an average score of >= 85%) has been inconsistently met (1/2 times) since the 2018-2019 academic year. (09/22/2021) **Action Plan Impact:** Our 2018-2019 action plan for the 2020-2021 academic year included providing formative feedback on the smaller assignments to support completion of the terminal project. The additional feedback helped students in this section complete the project successfully.	**Action:** This course is now offered over an 8-week period and another required assignment is almost identical to this project. Fusing the two assignments into one would provide clarity for students as they work through the course. (09/22/2021)
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** NA Course not offered. (09/22/2021) **Action Plan Impact:** Course not offered.	

College Goal 2 - 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.

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

AU Outcome: EdD 1.1

Measures	Results	Actions
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Spring 2021 – 1 student 100% of students received a score of > 80% Overall average score = 100% (160/160 points). 2020 – 100% ave. score; target met 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. (09/22/2021) **Action Plan Impact:** There was no previous action plan because this course was slated to be discontinued and had not been offered for several years, but will remain part of the curriculum based on the most recent curriculum plan going forward. The project conferences encompassed the work required to complete the final project for this course. The final project is required to be education-oriented and aligned with at least two EdD program outcomes. Students had to complete three separate project conferences during the course. Expectations for each conference were provided within the project guidelines.	**Action:** Continue to support students and provide feedback related to the expectations and project guidelines to help them complete their projects and conferences. (09/22/2021)
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** NA Course not offered. (09/22/2021) **Action Plan Impact:** Course not offered.	

AU Outcome: EdD 2.1

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

College Goal 2 - 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.

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

AU Outcome: EdD 2.1

Outcome Status: Active

Measures	Results	Actions
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** NA Course not offered. (09/22/2021) **Action Plan Impact:** Course not offered.	
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** NA Course not offered. (09/22/2021) **Action Plan Impact:** Course not offered.	
SL: Didactic - 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:** 2020 - 2021 (Year 3) **Target Met:** NA Course not offered. (09/22/2021) **Action Plan Impact:** Course not offered.	

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

College Goal 2 - 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.

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

AU Outcome: MS in OT 3.0 Incorporate models of practice

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

Measures	Results	Actions
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes The average score for cohort Fall of 2020 was 93.1% . (09/17/2021) **Action Plan Impact:** This is a new outcome this reporting period so no prior action plan is available.	**Action:** The faculty utilized a community volunteer patient rather than a written case study to allow for increased opportunity for multiple types of clinical reasoning and reflection through the live demonstration. Faculty plans to continue to offer similar experiences for the continued achievement of this target. (09/17/2021)

AU Outcome: MS in OT 4.0 Collaborative decision-making

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

Measures	Results	Actions
SL: Clinical - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes The care plan and occupational profile were completed as part of Fieldwork experiences, therefore a grade was not assigned to the assignment. However, the midterm met the goal, outcome, and target. This outcome is new this reporting period so no comparison data is available. (09/17/2021) **Action Plan Impact:** This outcome is new this reporting period so no action plan is available to assess the impact of this outcome.	**Action:** The next offering of OT523 will include a graded Care Plan/Occupational Profile assignment. The midterm will also continue to reflect the goal and outcome stated. (09/17/2021)

AU Outcome: MS in OT 7.0 Adaptive equipment

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

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

AU Outcome: MS in OT 7.0 Adaptive equipment

Outcome Status: Active

Measures	Results	Actions
SL: Exam/Quiz - Teacher-made - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Average cohort score 92%. (11/08/2021) **Action Plan Impact:** This outcome is new this reporting period so no comparison data is available.	**Action:** The faculty will continue to review the assignment and make appropriate changes to capture student learning. Additional opportunities for clinical reasoning and practice with justification for assistive technology recommendations will be provided. (11/08/2021)

AU Outcome: MS in OT 8.0 Ability to modify environments

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

Measures	Results	Actions
SL: Didactic - OT 523 – Case Study Assignment **Target:** Average cohort score of 90% or higher **Timeframe:** 1st Year of program, Semester 3 (Summer) **Responsible Parties:** Responsible Parties: Course Instructor/ OT Faculty /HS Grad Curriculum Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Average score 94.7% (11/08/2021) **Action Plan Impact:** This outcome is new this reporting period so no comparison data is available.	**Action:** Although the target was met, improvements to the assignment can be made to ensure students understand the basics of home modification to prepare for the other courses to address the topic. The faculty will discuss the progression of this assignment in preparing for more advanced learning in environmental modification. (11/08/2021)

AU Outcome: MS in OT 11.0 Collaborate to meet patient outcomes

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

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

AU Outcome: MS in OT 11.0 Collaborate to meet patient outcomes

Outcome Status: Active

Measures	Results	Actions
SL: Exam/Quiz - Teacher-made - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Average cohort score 94%. This was a new experience and assignment to promote interprofessional skills so no previous scores were available. (11/08/2021) **Action Plan Impact:** This outcome is new this reporting period so no comparison data is available.	**Action:** The faculty will continue to provide opportunities for interprofessional OSCE's. The assignment and debriefing wil be modified to best promote interdisciplinary collaboration. (11/08/2021)

AU Outcome: MS in OT 12.0 Collaborate to meet education outcomes

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	Results	Actions
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** No Average cohort score 87%. (11/08/2021) **Action Plan Impact:** This outcome is new this reporting period so no comparison data is available.	**Action:** The faculty of the course will offer 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. The assignment will also be positioned after fieldwork opportunities to allow students to experience this type of report within the natural environment of the school-based OT practice with their clinical

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

AU Outcome: MS in OT 12.0 Collaborate to meet education outcomes

Measures	Results	Actions
		instructors. (12/06/2021)

Program (HS) - Medical Imaging (MI)

AU Outcome: MI 2.1

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

Measures	Results	Actions
AD: Report - Internal - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes In Summer 2020, the average score of the MI480 Clinical Instructor Evaluations numbers 3, 6, 10, and 11 is 3.75. This year's average score is slightly lower at 3.54. Although the current year's average is lower, the data still exceeds benchmark. 2021 = 3.54 (n=3) 2020 = 3.75 (n=3) 2019 (n=0) (09/01/2021) **Action Plan Impact:** As proposed in the 2019-2020 action plan, the clinical instructors continue to work with each student to ensure they are learning how to communicate effectively with all patients. The clinical instructors also continue to guide students as they build upon their interpersonal relationships in the clinical environment. The data shows that the students showed effective communication skills in the following key performance criteria areas: patient care, interpersonal relationships, multicultural diversity, and age appropriate care. One student did struggle a bit with patient care and interpersonal relationships. This was attributed to her lack of clinical experience prior to this program as compared to the other two students who had completed 5 semesters of clinical in a radiology department with their previous program. An evaluation process is in place at each clinical site to ensure that the students have the ability to obtain feedback on their communication skills and has the opportunity to demonstrate growth throughout their clinical rotation.	**Action:** The clinical instructors will continue to work with each individual student in the clinical environment while providing direct patient care. The clinical instructors will focus their attention on helping the students to improve their overall communication with all patients, as well as guiding the students as they learn how to build upon their interpersonal relationships. The evaluation process will remain in effect as it has proven to be beneficial to the student's ability to show growth. The instructor will consider revising the curriculum for primary pathway students who are lacking previous clinical experience. Providing an additional Externship/Clinical

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Program (HS) - Medical Imaging (MI)

AU Outcome: MI 2.1

Measures	Results	Actions
		course with a patient care focus would be beneficial. (09/01/2021)
AD: Report - Internal - MI: 465 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** NA No current data available. The CT student was hired on by her clinical site, so she was able to opt out of the summer Externship course. The proposed 2019-2020 action plan will remain in effect for the next cohort of students. 2021 (n=0) 2020 (n=0) 2019 = 4 (n=1) (09/01/2021) **Action Plan Impact:** The CT student was hired on by her clinical site, so she was able to opt out of the summer Externship course. The proposed 2019-2020 action plan will remain in effect for the next cohort of students. The instructor was unable to implement the proposed 2019-2020 action plan due to no enrollment.	**Action:** The clinical instructors will continue to work with each individual student in the clinical environment. While providing direct patient care, the clinical instructor will continue to work with each student to ensure they are learning how to communicate effectively with all patients. The clinical instructor will also continue to guide students as they build upon their interpersonal relationships in the clinical environment. The instructor will continue to use this measurement tool as it demonstrated that it is beneficial in measuring effective communication skills within the clinical environment. (09/01/2021)

AU Outcome: MI 2.2

Students will practice written communication skills.
Outcome Status: Active

Measures	Results	Actions
MI: 410 Research PowerPoint Presentation (MRI) **Target:** Average score of >= 80%	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes In Fall 2019, the MI 410 Research PowerPoint Presentation average score is 94%. This year's	**Action:** The instructor will continue to provide a detailed rubric so each student understands how they will

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Program (HS) - Medical Imaging (MI)

AU Outcome: MI 2.2

Measures	Results	Actions
Timeframe: Fall Semester **Responsible Parties:** MI: 410 Course Instructor/HS Curriculum Committee	average score of 98.2% is improved when compared to the last two years of data. Each cohort has exceeded benchmark since the first graduating cohort of 2019. 2020 = 98.2% (n=4) 2019 = 94% (n=3) 2018 = 97% (n=1) (09/01/2021) **Action Plan Impact:** As proposed in the 2019-2020 action plan, the instructor broke down the rubric to make it more specific in regards to APA formatting and content. Proper APA formatting examples were provided to the student within their Blackboard course. Only one of the four students struggled with APA formatting throughout their presentation, which is an improvement from last year. Each student is required to submit a portion of their presentation part way through the semester for feedback. The instructor provides detailed feedback regarding APA formatting to each student at that time. The one student who struggled with APA formatting did not submit a portion of their presentation for feedback.	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. (09/01/2021)
MI: 435 CT Procedures I Reflection Paper **Target:** Average score of >= 80% **Timeframe:** Spring Semester **Responsible Parties:** MI: 435 Course Instructor/ HS Curriculum Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes There is no data available from Spring 2020 due to no enrollment in this course. The MI 435 CT Procedures I Reflection Paper average score was 100% in Spring 2019. This year's score of 100% demonstrates that the students continue to exceed expectations of written communication skills. 2021 = 100% (n=1) 2020 = (n=0) 2019 = 100% (n=3) (09/01/2021) **Action Plan Impact:** The 2019-2020 action plan proposed that the instructor provide a detailed rubric for grading consistency. With only one student enrolled in the course, paper requirements and expectations were communicated to the student through assignment instructions via Blackboard. A detailed rubric was not created for this one student, but the instructor plans to create this rubric for future cohorts for consistency moving forward. The student reflects on her depth of knowledge of CT, interesting course content, what she could improve upon moving forward, and how this course has improved her confidence and proficiency in the clinical setting. Effective written communication skills were demonstrated.	**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 also implement APA guidelines to ensure that each paper follows proper APA format. (09/01/2021)

College Goal 2 - 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.

Program (HS) - Medical Laboratory Science (MLS)

Program (HS) - Medical Laboratory Science (MLS)

AU Outcome: MLS 2.1

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

Measures	Results	Actions
SL: Clinical evaluation tool - MLS 428: Cell Morphology - Case Simulator 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Summer 2020 (n=13) 100% of students received an average score of >80% Overall average = 49.8/50 points New target this year. We previously looked at assignment completion as opposed to assignment competency, so there is no way to compare current and previous results. 2019 (n=9) – 100% completed all assignments (09/22/2021) **Action Plan Impact:** During the 2019-2020 academic year, the target for this item measured assignment completion. The 2019-2020 action plan for the 2020-2021 academic year included creating a new terminal assignment to assess students' competency in completing differentials along with changing the target to assess performance. A terminal assignment was not created as indicated; however, students were provided competency results on each completed differential. Students could repeat differentials until mastery was achieved.	**Action:** We will be using a new resource (CellaVision) to teach and assess cell morphology competency. A new measure and target will be developed that is aligned with the new resource and this measure will be retired. (09/22/2021)
SL: Clinical - Affective evaluation– MLS 455: Immunohematology **Target:** 75% of students will receive an average score of >= 80% **Timeframe:** Annually **Responsible Parties:** Program Chair/HS Curriculum Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Spring 2021 – 13 students 100% (13/13) students earned an average score of >80% Overall average score = 24.2/25 points; 96.8%	**Action:** We will continue to promote professional behaviors that are assessed by the affective evaluation throughout the program for the next academic year. We will evaluate subsequent cohorts of

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Program (HS) - Medical Laboratory Science (MLS)

AU Outcome: MLS 2.1

Measures	Results	Actions
	2020 – 93.6%; target met 2019 – 99.2% 2018 – 90% 2016 – 91.4% 2015 – 95.4% 2014 – 95.8% 2013 – 97% 2012 – 100% 2011 – 97% These results demonstrate the target (75% of students will receive an average score of >= 80%) has been consistently met (9/9 times) since the 2010-2011 academic year. (09/22/2021) **Action Plan Impact:** Our 2019-2020 action plan for the 2020-2021 academic year indicated we would also complete a didactic affective evaluation on all students within all the courses. This is the final semester for students and the third or fourth rotation as they progress through the program, so students should be learning and retaining behaviors needed to be successful in a workplace setting. Students are assessed on interest in learning, initiative, communication skills, acceptance of constructive criticism, and safety.	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. This measure will be retired and a new measure will be used to assess this outcome. (09/22/2021)

AU Outcome: MLS 4.2

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

Measures	Results	Actions
SL: Didactic - MLS 455: Immunohematology - Video Journal Entries **Target:** 75% of students will receive an average score of >= 80% **Timeframe:** Annually	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Spring 2021 – (n=13) 100% students earned an average score of >80% The average score earned is 100% 2020 – not assessed due to COVID-19	**Action:** Instructions for this assignment will be released earlier to support students completing rotations so they can post according to the instructions. (09/22/2021)

Program (HS) - Medical Laboratory Science (MLS)

AU Outcome: MLS 4.2

Measures	Results	Actions
Responsible Parties: Program Chair/HS APG Committee	No comparison can be made regarding previous results since this measure was not assessed in spring 2020. (09/22/2021) **Action Plan Impact:** Our 2019-2020 action plan for the 2020-2021 academic year indicated we would use the video journal assignment for the 2020-2021 academic year. The original instructions were to have students complete a mid- and final rotation video post, but due to late release of the instructions and some confusion with the assignment, some students completed only one post. As long as students completed at least one post according to the instructions, they were given full points for the assignment. Because there is such a wide range of work completed in this department within each facility, this is a good way for students to be exposed to the various tests that align with their didactic work.	
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Spring 2021 (n=17) 100% students earned an average score of >80% The average score earned is 100% Spring 2020-100% Spring 2019 – 98% These results demonstrate the target (75% of students will receive an average score of >= 80%) has been consistently met (3/3 times) since the 2018-2019 academic year. (09/22/2021) **Action Plan Impact:** Our 2019-2020 action plan for the 2020-2021 academic year indicated a new assignment to augment the discussion posts would be introduced but was not added for the 2020-2021 academic year. This course was split from another course to help better align content and increase transparency regarding what is covered in this course. This worked well during this first course offering during spring 2020. Overall, students are engaged and enjoy this assignment as it is based on real-world situations. Students use their textbook along with their own workplace experiences to add to the discussion.	**Action:** Discussion board assignments will continue to be used in this course. A new instructor will be teaching this course next year. (09/22/2021)

Program (HS) - Public Health (PH)

AU Outcome: PH 1.1

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Program (HS) - Public Health (PH)

AU Outcome: PH 1.1

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

Measures	Results	Actions
SL: Exam/Quiz - Teacher-made - PH: 430 Final exam **Target:** Average score of >80% **Timeframe:** Fall Semester **Responsible Parties:** Program faculty / HS APG committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes In Fall 2020, five students took the course and earned an average of 81.2% on the final exam, which is an improvement since Fall 2019, when two students took the course and received an average of 79.3% on the final exam. The course this year was taught by a new instructor, though they used the course texts from the previous two years. (01/09/2021) **Action Plan Impact:** The previous plan to put more focus on calculating using Excel and online calculators was abandoned to allow the new instructor flexibility to teach the course to their strengths. This also resulted the entire course curriculum being rewritten, including the final exam, so more data is necessary to if the improvement can be sustained.	**Action:** The instructor will schedule more group study sessions throughout the course in 2021-2022 school year. This is based on student feedback that they felt more comfortable in sessions with other students. (01/09/2021)
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** NA This assignment was moved from PH 440 Health Promotion and Disease Prevention (offered in Spring term) to PH 420 Health Care in Diverse Communities (offered in Summer term), which moved the assignment to the next reporting year. (09/15/2021) **Action Plan Impact:** Results and action plan will be reported on next year's assessment.	

AU Outcome: PH 1.2

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

Measures	Results	Actions
SL: Didactic - Community needs assessment as part of mid-term project. **Target:** Successful completion of report Average score of >80%	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** NA This assignment was moved from PH 440 Health Promotion and Disease Prevention (offered in Spring term) to PH 420 Health Care in Diverse Communities (offered in Summer term), which moved the assignment to the next reporting year. (09/15/2021)	**Action:** Action plan not expected. Assignment relocated to a different course offered in a different reporting year. (04/13/2022)

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Program (HS) - Public Health (PH)

AU Outcome: PH 1.2

Measures	Results	Actions
Timeframe: Spring semester **Responsible Parties:** Program faculty / Health Science (HS) Curriculum committee	**Action Plan Impact:** Results and action plan will be reported on next year's assessment.	

AU Outcome: PH 1.3

Student will be able to analyze data
Outcome Status: Active

Measures	Results	Actions
SL: Exam/Quiz - Teacher-made - PH: 430 Final exam **Target:** Average score of >80% **Timeframe:** Fall semester **Responsible Parties:** Program faculty / HS Faculty Org. committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes In Fall 2020, five students took the course and earned an average of 81.2% on the final exam, which is an improvement since Fall 2019, when two students took the course and received an average of 79.3% on the final exam. The course this year was taught by a new instructor, though they used the course texts from the previous two years. (01/09/2021) **Action Plan Impact:** The previous plan to put more focus on calculating using Excel and online calculators was abandoned in order to allow the new instructor flexibility to teach the course to their strengths. This also resulted the entire course curriculum being rewritten, including the final exam, so more data is necessary to if the improvement can be sustained.	**Action:** The instructor will schedule more group study sessions throughout the course in 2021-2022 school year. This is based on student feedback that they felt more comfortable in sessions with other students. (01/09/2021)

AU Outcome: PH 2.2

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

Measures	Results	Actions
SL: Exam/Quiz - Teacher-made - PH 480 Final Exam. (Public Health Research and Evaluation) **Target:** Average score > 80% **Timeframe:** Spring semester	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 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	**Action:** [Action plan for 2021-2021 academic year not provided.] (04/13/2022)

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Program (HS) - Public Health (PH)

AU Outcome: PH 2.2

Measures	Results	Actions
Responsible Parties: Program faculty / Health Science (HS) Curriculum committee	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%. [What pattern or trend do these results demonstrate? The reflection statement is needed.] (09/15/2021) **Action Plan Impact:** Per the 2019-2020 action plan proposed for 2020-2021, a new instructor with more subject matter expertise taught the course which was included in last year's action plan. There was a nearly a 9% improvement in test scores, though the test was created by the new instructor and cannot be directly compared to old results.	

AU Outcome: PH 3.1

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

Measures	Results	Actions
SL: Didactic - PH: 420 Final report **Target:** Average score of >80% **Timeframe:** Fall semester **Responsible Parties:** Program faculty / HS Curriculum committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 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%. (09/15/2020)	**Action:** The presentation requirement for the final report was removed in Summer 2020 since it had made the project onerous with no direct benefit to the student in the online environment. While one student did not meet the 80% threshold, overall the training materials that students create based on the Cultural and Linguistic Appropriate Standards are a valuable tool and provide a solid foundation for applying these best practices to workplaces. (09/15/2020)

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Program (HS) - Public Health (PH)

AU Outcome: PH 3.2

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	Results	Actions
SL: Exam/Quiz - Teacher-made - PH: 410 Final exam **Target:** Average score of >80% **Timeframe:** Fall semester **Responsible Parties:** Program faculty / HS Faculty Org. committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** No 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. The exam and course materials were the same for all three years. (01/09/2021) **Action Plan Impact:** The action plan was not implemented.	**Action:** Last year's action plan to review the exam was not implemented, so similar results happening between years was not unexpected. While a course curve helps compensate for the low grade, the fact that no student (n=8) was able to score above a 87% on the exam means it is too difficult or does not accurately reflect the course material. Again, the text needs to be examined for fairness and to bring it into alignment with course assignments and readings. (01/09/2021)

AU Outcome: PH 4.1

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

Measures	Results	Actions
SL: Exam/Quiz - Teacher-made - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 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. There was a significant increase despite no changes to the curriculum. However, in Fall 2018, seven students earned an average of 91.8% on the midterm exam, meaning this year's result is more in line with previous years. (01/09/2021) **Action Plan Impact:** The high likelihood of academic dishonesty nullifies any actions.	**Action:** With all four students getting a perfect score on the midterm exam leads to concerns about academic integrity, though no evidence of cheating exists. A new edition of the textbook was recently released but not used this

College Goal 2 - 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.

Program (HS) - Public Health (PH)

AU Outcome: PH 4.1

Measures	Results	Actions
		year, providing an excellent opportunity for the exam will be completely rewritten. (01/09/2021)
SL: Exam/Quiz - Teacher-made - PH: 430 Final exam **Target:** Average score of >80% **Timeframe:** Fall semester **Responsible Parties:** Program faculty / HS Faculty Org. committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes In Fall 2020, five students took the course and earned an average of 81.2% on the final exam. In Fall 2019, two students took the course and received an average of 79.3% on the final exam. The course this year was taught by a new instructor, though they used the course texts from the previous two years. (01/09/2021) **Action Plan Impact:** The measurement tool, the final exam, was completely rewritten by the new course instructor. While there was minor improvement in year-over-year results, more data is needed to see if this improvement can be sustained.	**Action:** In line with last year's action plan, an adjunct with experience in epidemiology and biostatistics was hired to teach the course. While student grades were not much higher than previous years, student satisfaction is higher than in previous years and the instructor will use student feedback to improve the course for next year. (01/09/2021)

College Goal 3 - 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.

Admin - Administration

AU Outcome: Admin 2.0

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

Measures	Results	Actions
AD: Report - External - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Allen College is at or above 2019-20 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. Staff salary comparisons were completed in 2021 for all positions using CUPA-HR reports. UnityPoint Health raised the minimum wage to $15.00 in 2020 which resulted in market adjustments for certain staff positions at the college. (09/27/2021) **Action Plan Impact:** Allen College compared all data as indicated in our action plan for comparison data which resulted in no market adjustments being needed. The 2020-2021 results were influenced by the 2019-2020 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_2021-22 Faculty Salary Review BOT.pptx	**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. (09/27/2021)
AD: Report - Internal - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 98.0% (50/51) met the short-term teaching goals. These results compare more favorably than 2019-2020 where 87.8% (43/49) 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. (09/30/2021) **Action Plan Impact:** The action plan was to continue to use conversations during evaluations and emphasize the importance of achieving the entirety of the teaching goals. This was a continued action plan and appeared to be more successful than the prior year. Perhaps this is one area where the pandemic may have created space for faculty to focus on teaching goals. Recommend continuing the same action plan.	**Action:** Continue the use of conversations during evaluations and emphasize the importance of achieving the entirety of their goals (09/30/2021)

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Admin - Administration

AU Outcome: Admin 2.0

Measures	Results	Actions
AD: Report - Internal - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** No 82.4% (42/51) of faculty demonstrated progress on scholarly enrichment plans. Nine faculty did not demonstrate progress. These results compare less favorably to 2019-2020 where 85.7% (42/49) faculty made progress on plans. The decrease of 3.3% was largely attributed to COVID. (09/30/2021) **Action Plan Impact:** The previous action plan was to evaluate if there are unmet needs to pursue scholarly work in an attempt to support faculty efforts. The action plan did not achieve the intended goal. COVID was cited as a barrier for completion. Perhaps faculty focused on the immediacy of teaching during the pandemic while pivoting to online delivery which helped them to achieve their teaching goals but distracted from their scholarly enrichment goals.	**Action:** Remind faculty of the importance of scholarly enrichment during the annual review process and continue to ask if there are unmet needs to pursue scholarly work. (09/30/2021)
AD: Report - Internal - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes In 2020 we budgeted for our education and travel expenses and were successful as $34,117 was spent on tuition assistance for faculty and staff and $45,423 was spent on conference and meeting travel totaling $79,540 for faculty and staff. For 2021 there is $265,094 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. Also, travel was halted due to the COVID-19 pandemic and most conferences were virtual in 2020 which resulted in significant savings. (09/27/2021) **Action Plan Impact:** As mentioned in the 2019 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	**Action:** Continue to budget education and travel expenses annually for faculty and staff professional development. (09/27/2021)
AD: Report - Internal - Professional Development and Welfare (PDW) committee annual scholarly recognition report. **Target:** 55% of faculty and staff are recognized for their service and	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** No 35% of faculty and staff were recognized for their service and scholarly achievement (increased 1.5% from the previous year) and 20.3% (down 2.5% from the previous year) were recognized for a service award. Previous results for comparison:	**Action:** During the 2021-2022 academic year to ensure the target is achieved or exceeded, faculty and staff will be asked to submit scholarly achievements on a bi-

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Admin - Administration

AU Outcome: Admin 2.0

Measures	Results	Actions
scholarly accomplishments **Timeframe:** Annually **Responsible Parties:** PDW Committee Chair	2019-2020: 33.3% of faculty and staff were recognized for a scholarly award (down 14% from the previous year) and 22.8% were recognized for a service award. 2018-2019: 47% of faculty and staff were recognized for a scholarly award. (12/06/2021) **Action Plan Impact:** Per 2019-2020 action plan proposed for 2020-2021, it was intended that faculty and staff would be asked to submit scholarly achievements on a monthly basis instead of at the end of the calendar year (i.e., a google doc link woud be sent every month from the PDW chair) to encourage faculty and staff to submit scholarly achievements. It was also intended that the PDW chair would continue to remind faculty and staff at CFO meetings to submit scholarly accomplishments. This action plan was implemented, except that (based on feedback), reminders were sent the first month of each semester and bi-monthly afterwards to all eligible faculty and staff with final deadline extended in early January, which seems to have improved reporting of scholarly achievements slightly. **Related Documents:** Criteria for Scholarly Accomplishments_1.16.20.doc 2020 Scholarly & Service Program.pub	monthly basis (a google doc will be sent every two months from the PDW chair with a final document being sent in January), instead of at the end of the calendar year, to encourage faculty and staff to submit scholarly achievements. (12/06/2021)

AU Outcome: Admin 3.0

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

Measures	Results	Actions
AD: Report - Internal - Internal Total Donations to College for Year **Target:** Amount of monetary donations increase. **Timeframe:** Annually **Responsible Parties:** President	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Allen College and the UnityPoint Health – Waterloo Foundation were able to increase the monetary amount donated in 2020-2021 by over $1,000,000 compared to 2019-2020. A contributor is that Allen College received several donations for capital projects and a very substantial estate gift from a longtime supporter. 2020-2021 June 1, 2020 – May 31, 2021: Allen College received the following gifts: Cash: $1,571,863.08	**Action:** The Foundation staff and College President will look for alternative ways to reach donors during the SARS-CoV-2 pandemic because of the impact of how donors are handled. Additionally, the Foundation will continue to work with Eddie Thompson and Associates on meeting with area

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Admin - Administration

AU Outcome: Admin 3.0

Measures	Results	Actions

	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
	
	2018-2019
	    June 1, 2018 – May 31, 2019: Allen College received the following gifts:
	    Cash: $485,174.07
	    Gift-in-Kind: $11,496.24
	    Pledges: $165,434.43
	    Stock/Property: $68,771.43
	    Other:
	    Total: $730,876.17
	 (09/21/2021)
	Action Plan Impact: The 2020-2021 action plan was effective in identifying alternative ways to reach donors due to the pandemic and raising funds for the new Allen Legacy Program. Several factors contributed to the increased amount of donations in 2020-2021. The ongoing pandemic and the resulting attention healthcare workers received may have partially contributed to donors wanting to help healthcare students. The new Allen Legacy Program was launched in 2021 which resulted in increased donations.
		donors to establish estate plans to include Allen College as a beneficiary in donor's estate gifts. (09/22/2021)

College Goal 3 - 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.

Admin - Diversity and Inclusion Services

AU Outcome: DIS 1.1

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

Measures	*Results*	*Actions*
AD: Report - Internal - 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:** DIS Coordinator **Related Documents:** [Dashboards 2018-2019.doc](#)	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes During the 20-21 academic year, Allen College had 52/634, or 8.2% minority. This percentage is greater than the 2018-2019 academic year percentage of 7.7% (05/24/2021) **Action Plan Impact:** It is likely that there is a continued benefit from the pipeline programs, such as nurse camp and career day. Per the 2018-2019 action plan proposed for subsequent academic years, there were plans for the junior high Day in the Life to change the strategy from including only Carver Middle School to all 8th grade students in the Waterloo School District; however, the COVID-19 pandemic did not allow for the Day in the Life event in the spring 20 or fall 20 semesters. In the spring of 21, virtual Day in the Life events took place.	**Action:** 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. (05/24/2021)
AD: Report - Internal - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** No During the 20-21 academic year, Allen College had 65/634 males, or 10.3%. This percentage is slightly higher from the 18-19 academic year (9.9%): however, the last 5-6 years have remained steady. According to the US Bureau of Labor (https://www.bls.gov/cps/cpsaat11.htm), 12.6% of registered nurses are male. Males in each program: Allen College%, National % Radiography: 18%, 32.2%	**Action:** 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)

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Admin - Diversity and Inclusion Services

AU Outcome: DIS 1.1

Measures	Results	Actions
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:** DIS Coordinator	Diagnostic Medical Sonography: 0%, 16% Medical Lab Science: 11.8%, 30.6% Medical Imaging (MRI): 0%, 42.2% Occupational Therap: 14%, 13.7% Physical Therapy: NA, 32.8% Nursing (RN): 12%, 12.6% Nurse Practitioners: 9.1%, 12% (05/24/2021) **Action Plan Impact:** According to the 2018-2019 action plan proposed for the subsequent academic years, it was planned to continue efforts on pipeline programs and ask the Diversity and Inclusion Committee to brainstorm new ways to recruit and support male students; however, due to the COVID-19 pandemic, it is likely this plan did not have an impact on the 2020-2021 results. Very little recruitment of any kind could take place due to COVID-19.	
AD: Report - Internal - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** No Due to COVID19, many traditional recruitment activities were either cancelled or done virtually. Allen College hosted ten College Visit Days, those in the summer and most of the fall were done virtually. In-person Visit Days resumed in March, 2021. The Admissions Office hosted A Day in the Life events two times in the fall of 2019. COVID19 required spring of 2020 events to be cancelled. The Admissions Office attended all possible career and recruitment fairs, but all were held virtually. The career and recruitment fairs were poorly attended by students. The Admissions office adapted new platforms to conduct online events. Again, online events were poorly attended. (05/24/2021) **Action Plan Impact:** The past year has been interesting in the world of recruitment. Although quarterly meetings with the new Diversity and Inclusion Coordinator were held per the action plan proposed for the 2020-2021 academic year, the action plan was not executed in its entirety due to COVID. The number of recruiting events was limited due to the COVID-19 pandemic.	**Action:** Regroup for the 21-22 academic year and connect with the new Diversity & Inclusion Coordinator and committee to determine the best approach to events. (05/24/2021)
AD: Report - Internal - Pipeline	**Reporting Year:** 2020 - 2021 (Year 3)	**Action:** Host Day in the Life events

Admin - Diversity and Inclusion Services

AU Outcome: DIS 1.1

Measures	Results	Actions
Program Development Report [Report of ODS 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:** DIS Coordinator	**Target Met:** No There were two Day in the Life events hosting a total of 220 students. This number was slightly increased from 118 during the 2019-2020 reporting cycle. The number of students reached decreased significantly from last year. The middle school date was cancelled by Carver Middle School, and both spring 2020 dates were cancelled due to COVID19. 2020 Summer Nurse & Health Sciences Camp was cancelled due to COVID19. (05/24/2021) **Action Plan Impact:** Per the 2019-2020 action plan proposed for 2020-2021, it was intended that the Day in the Life events would use the new model for junior high students, and it was planned to search for a new platform that would allow virtual events, such as Day in the life. This action plan was implemented, but it does not appear to have facilitated achievement of the target. Although the Day in the Life events used the new model for junior high students, events were held virtually which resulted in poor attendance. As a result of the SARS-CoV-2 pandemic, the ineffectiveness of virtual Day in the Life events was demonstrated in the results. Therefore, when public health measures are not in place preventing in-person meetings, future Day in the Life events will be conducted in-person. Additionally, the Admissions Office is more carefully coordinating with the participating high schools to identify students who are interested in health care rather than inviting all students. As a result, the future participation numbers may decrease, but the effectiveness of the recruiting should increase due to removing students who are not interested and cause disruptions for others.	on campus for the 2021-2022 academic year using the new focus for 8th grade students. (05/24/2021)

AU Outcome: DIS 1.2

Recruit and retain a diverse faculty, staff, and administration [ODS Goal 1: Representational Diversity--Recruit, retain, advance, recognize, and promote ...]
Outcome Status: Active

Measures	Results	Actions
AD: Report - Internal - Associate Recruitment Assessment [Report of efforts to recruit associates who represent under-represented groups for open positions and success of	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 2020-2021 results: 8 new faculty/staff positions filled; all 10 were white/non-Hispanic; 5 female, 3 male. This compares similar to the 2019-2020 academic year when 10 faculty/staff positions were filled,	

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Admin - Diversity and Inclusion Services

AU Outcome: DIS 1.2

Measures	Results	Actions
those efforts; e.g., 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	all white/non-Hispanic and 70 percent being female. (04/11/2022) **Action Plan Impact:** The 2019-2020 action plan indicated that the Office of Diversity and Inclusion was to engage with UnityPoint Health's new diversity and inclusion coordinator. That person left his role in late 2020 and no significant discussions occurred. Despite this setback, Allen College is focusing on advertising open faculty/staff positions in more higher education-related forums (e.g., Inside Higher Education, The Chronicle of Higher Education, etc.). All jobs are posted to the Higher Education Recruitment Consortium (HERC) through the University of Iowa which primarily recruits minority applicants. For the next CAP year, the College will continue to work with UnityPoint Health Human Resources as well as continue using the current recruiting tactics to ensure applicants for any open position include minority groups.	
	Reporting Year: 2020 - 2021 (Year 3) **Target Met:** No [Annual measure, so results expected. Results should include statement about how 2020-2021 results compare to 2019-2020 results.] 2019-2020 results: 10 new faculty/staff positions filled; all 10 were white/non-Hispanic; 7 female, 2 male. 17 new adjunct positions filled with 13% (n=2) being ethnically diverse; 15White, non-Hispanic, 2 Black, Non-Hispanic; all female. (12/04/2021) **Action Plan Impact:** [Per the 2019-2020 action plan proposed for 2020-2021, Allen College was supposed to continue to engage in activities designed to recruit associates (team members) who represent ethnically diverse backgrounds. The Office of Diversity and Inclusion was supposed to engage with UnityPoint Health's new diversity and inclusion coordinator to evaluate its hiring processes and seek recommendations for increasing the number of diverse hires.]	

Admin - Enrollment Management

AU Outcome: EM 1.0

College Goal 3 - 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.

Admin - Enrollment Management

AU Outcome: EM 1.0

Retain Students

Outcome Status: Active

Measures	Results	Actions
AD: Report - Internal - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** No Ethnic minority students make up 8.2% of the enrollment for the 2020-21 academic year. This percentage is up by .8% since 2019-20, when 7.4% of ethnic minority students were enrolled. (10/21/2021) **Action Plan Impact:** Last year's action plan was to maintain a 7% - 8% ethnic minority by hosting two events during the 2020-21 that promote inclusiveness. Unfortunately, we were unable to hold most events during the 2020-21 academic year, so last year's action plan had no bearing on meeting the goal this year. While last year's action plan included a goal of maintaining 7-8%, which was met, the goal of increasing ethnic diversity enrollment of 1% was not met.	**Action:** If events are held on-campus, two events will be planned for the 2021-22 academic year to promote inclusiveness. This action is included on the agenda of the Diversity and Inclusion committee. (10/21/2021)
AD: Report - Internal - Program Completion Rates (Graduation Rates Spreadsheet) **Target:** 70% of graduate students complete their program **Timeframe:** Annually **Responsible Parties:** Dean of Enrollment Management	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Graduate program completion rates as reported in the 2020-21 Dashboard Statistics are 70%. Last year's completion rates were 78%. (10/21/2021) **Action Plan Impact:** Last year's action plan included reviewing the first-year retention of Master level nursing students since there was a perceived trend that students were admitted to MSN or PGC programs but left the program in the first year. Two-hundred and twenty-one students out of 238 students either returned or graduated between fall 2018 and fall 2019 (93%). Two-hundred and nine students out of 225 students either returned, were on a leave of absence, or graduated between fall 2019 and fall 2020 (93%). While the perception of MSN and PGC students leaving remains, there is no difference from those two years. **Related Documents:** Dashboards 2020 - 2021.doc	**Action:** Since the pandemic has drastically decreased enrollment in graduate nursing programs, creating an action plan is difficult. There is a limited market for graduate nursing programs at this time, as RNs are not returning to school at this time due to FTE increases, overtime requirements or incentives, and staffing issues at hospitals and clinics. However, the action that can be planned for the 2021-22 academic year is to look for grant or other funding sources for graduate

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Admin - Enrollment Management

AU Outcome: EM 1.0

Measures	Results	Actions
		nursing students. In addition, at least two recruitment events directed specifically towards graduate nursing programs will be held during the 2021-22 academic year and the DNP and MSN program directors will continue to offer a webinar for newly admitted students. (12/06/2021)
AD: Report - Internal - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes School of Health Sciences (2017 cohorts) The ASR graduation rate stayed at 75% The DMS graduation rate stayed at 100% The MLS graduation rate went from 80% to 58% The Public Health Graduation rate stayed at 100% School of Nursing The Accelerated Nursing program graduation rate stayed at 92% (summer & fall 2017 cohorts) The Traditional Nursing program graduation rate went from 83% to 82% (fall 16 and spring 17 cohorts) The graduation rates were almost exactly the same as last year, with the exception of MLS, which went from 80% to 58%. The MLS program typically has higher graduation rates. This year was an anomaly. Last year's action plan included presenting the data at a fall APG meeting. There was no additional action from those meetings, so the action plan did not have an impact on the results.	**Action:** Review retention rates with program directors. (12/10/2021)

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Admin - Enrollment Management

AU Outcome: EM 1.0

Measures	Results	Actions
	(12/10/2021) **Action Plan Impact:** Last year's action plan included presenting the data at a fall APG meeting. There was no additional action from those meetings, so the action plan did not have an impact on the results.	
AD: Report - Internal - Retention Plan **Target:** 100% of tutees achieve a C or higher in tutored courses **Timeframe:** Annually **Responsible Parties:** Student Success Coordinator	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** No Summer 2020: 34/39 87% Fall 2020: 15/15 100% Spring 2021: 16/16 100% (12/13/2021) **Action Plan Impact:** Last year's action plan was to require utilization of question drop off in NU 290 Pathophysiology. Summer 2020 was the only semester when students where required to submit a question to NetTutor for NU 290 Pathophysiology. Thirty-nine total students utilized NetTutor during the semester. 34 of the 39 students passed their course with a C or higher [87%]. The final grades for the students who did not receive a C or higher were: W, C-, C-, C-, and NC. The goal is not met. Four students submitted additional questions. Three of the four achieved a C or higher in the course. Most tutees in the fall 2020 and spring 2021 semesters were graduate nursing students utilizing the NetTutor paper drop off service. All students passed their courses, 15 passing out of 15 tutees in the fall semester and 16 students passing out of 16 total tutees in the spring semester.	**Action:** In 2021-2022, Allen College will add in-person, peer tutoring for NU 290, NU 335, and NU 320 and continue directing graduate nursing students to NetTutor for paper review. (12/13/2021)
AD: Report - Internal - Retention rates **Target:** 90% of first year students retained in all programs. **Timeframe:** Annually **Responsible Parties:** Dean of	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Of the 301 first-time Allen College students enrolled in fall 2019, 275 either enrolled or graduated by fall 2021. (91%) Last year, 86% of first-year students were retained from fall 2018 to fall 2019. The retention of students increased by 5%. (12/10/2021) **Action Plan Impact:** Last year's action plan included developing a retention-oriented webinar for graduate nursing students to attend after admission. This webinar was given at least once before each semester (fall and spring) and included attendance of seven in April, 2020, 18 in	**Action:** This post-admission webinar should continue at the graduate level and should be considered for undergraduate programs. Compare the data from 2020-21 to 2021-22 data. In addition, consider comparing the retention rates of those who did

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Admin - Enrollment Management

AU Outcome: EM 1.0

Measures	Results	Actions
Enrollment Management	August of 2020, and seven in December of 2020. Of the 32 students who attended this webinar, 21 were retained for at least one semester. (66%) Eight students did not begin the program after attending the webinar. Since this is the first year to hold the webinar, there are not enough data to draw conclusions. **Related Documents:** [Dashboards 2019-2020.doc](#) [Retention Information - Graduate Nursing Webinar Results.xlsx](#)	attend the webinar with those who did not. (12/10/2021)

AU Outcome: EM 2.0

Offer a variety of student activities

Outcome Status: Active

Measures	Results	Actions
AD: Report - Internal - 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).	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes The proposed target is to have a mean score of 6.0 or <. On the Ruffalo Noel Levitz Student Satisfaction Inventory (RNLSSI), the students rated their satisfaction of "College-sponsored social activities" as 5.39 on a 7-point scale. The students rated the importance of "College-sponsored social activities" as 5.25 on a 7-point scale. Last year, using the Student Satisfaction Survey, 45% of students reported being satisfied with student activities and only 2% were dissatisfied. However, almost 38% of students reported being unaware or did not participate in student activities. Since the survey changed from a 4-point Likert scale and we reported satisfaction in percentages to a 7-ponit Likert scale that reports a score from 1.0 – 7.0, the results cannot be directly compared.	**Action:** The student activities and events move into the student success office to bring the social aspect into the retention of students. The 21-22 action plan includes brainstorming new ways to bring students together through the Ambassador Program, retention activities, and social events. (12/17/2021)

Admin - Enrollment Management

AU Outcome: EM 2.0

Measures	Results	Actions
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	The 7-point scale identified scores that are 6 or 7 are satisfied, while a score of 5 indicates "somewhat satisfied." Therefore, mean scores of 6 or above are considered as an indication of student satisfaction. Only 45% of students reported being satisfied on the SSS compared to a mean score of 5.39 on the RNLSSI. (12/17/2021) **Action Plan Impact:** Last year's action plan included "In the 2020-21 academic year, we will develop opportunities for virtual activities." The activities during the 2020-21 academic year were not as robust or held as often as planned. There is likely no connection between last year's action plan and the score received on the RNLSSI.	
AD: Survey - Ruffalo Noel Levitz Student Satisfaction Inventory—Satisfaction with "Extracurricular activities (e.g., chorus, Nurses Christian **Target:** 80% of students report satisfied or very satisfied **Timeframe:** Annually	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** No The mean score for the 2020-21 academic year is 5.65 out of 7.0. There is not data to compare to since this is the first year the Ruffalo Noel-Levitz Student Success inventory was given to students. (12/17/2021) **Action Plan Impact:** This item was not measured previously.	**Action:** Take inventory of activities that are considered "extracurricular" to determine whether to merge this item with RNLSSS Q42. (12/17/2021)

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Admin - Enrollment Management

AU Outcome: EM 2.0

Measures	Results	Actions
Responsible Parties: Director of Student Success and Engagement		

AU Outcome: EM 3.0

Admissions policies and processes are fair and timely

Outcome Status: Active

Measures	Results	Actions
AD: Survey - Student Orientation Survey: Satisfaction with student orientation (5 = very helpful, 1 = very unhelpful) **Target:** 90% of new students perceive orientation as helpful or very helpful. **Timeframe:** Annually **Responsible Parties:** Dean of Enrollment Management	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Summer 2020 orientation was virtual due to COVID. No evaluations were given. During the fall 2020, 88% of the students found the orientation helpful or very helpful, 5% were neutral, and 8% found orientation unhelpful. This result cannot be compared to last year's results, as the tool for evaluation changed. (10/25/2021) **Action Plan Impact:** Last year's action plan addressed the possibility of online orientations for the 2020-21 academic year. The action included adding motivation and energy to the virtual platform. This likely did not have an impact on the evaluations from students. In addition, last year's action plan included using tools from the online orientation and apply them to on-ground orientations.	**Action:** The admissions team will review the current survey tool and make changes based on student feedback. The goal of orientation is to inform students and introduce the culture of Allen College, making the students feel welcome and positive towards their college choice. (04/12/2022)
AD: Survey - Ruffalo Noel Levitz Student Satisfaction Inventory—Satisfaction with "7. Admissions staff provide personalized attention prior to **Target:** Gap between importance and satisfaction < .50 **Timeframe:** Annually	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes On Question 7 - Admissions staff provide personalized attention prior to enrollment. The importance was 6.3, Allen College received a 5.96. This results in a gap of .34. Since the survey changed from a 4-point Likert scale and we reported satisfaction in percentages to a 7-ponit Likert scale that reports a score from 1.0 – 7.0, the results cannot be	**Action:** Continue to use Hubspot for the communication plan for applicants and develop a communication plan for admitted students. (12/17/2021)

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Admin - Enrollment Management

AU Outcome: EM 3.0

Measures	Results	Actions
Responsible Parties: Director of Admissions	directly compared. (12/17/2021) **Action Plan Impact:** The action plan for the 2020-21 academic year includes using new communication tools to communicate with students during the admissions process. The new tools include HubSpot, RaiseMe, and Castlebranch. RaiseMe was cancelled at the end of the contract in fall 2020. Castlebranch has not been user friendly. Students have reported that they have been on hold for more than an hour when trying to set up their accounts or upload documents. Hubspot has helped with student communication and provides timely, automated, personal messages during the application process.	
AD: Survey - Ruffalo Noel Levitz Student Satisfaction Inventory—Satisfaction with "17. Admissions counselors accurately portray program offerings in their recruiting practices" **Target:** Gap between importance and satisfaction < .50 **Timeframe:** Annually **Responsible Parties:** Director of Admissions	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Admissions counselors accurately portray program offerings in their recruiting practices. (Importance 6.34, Satisfaction 5.95). The gap is 0.39. There is no previous data to compare. (12/17/2021) **Action Plan Impact:** There was not a previous action plan.	**Action:** Develop a tool to better measure the accuracy of admissions counselors. (12/17/2021)

AU Outcome: EM 5.0

Registration policies and processes are fair and timely

Outcome Status: Active

College Goal 3 - 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.

Admin - Enrollment Management

AU Outcome: EM 5.0

Measures	Results	Actions
AD: Report - Internal - Ruffalo Noel Levitz Student Satisfaction Inventory (replaced Allen College Student Opinion Survey spring 2021)—Satisfaction with academic **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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Using the RNLSSI, students rated the importance of the academic calendar at 6.52 and their satisfaction at 6.36. The gap is .16. This is a benchmark due to changing surveys. (10/26/2021) **Action Plan Impact:** Per the 2019-2020 action plan implemented in 2020-2021, providing links to the calendar in registration emails likely assisted students in finding the schedule book and refund dates during the registration period, which possibly reduced the number of calls and questions to the Enrollment Management Office. This allowed students to be more self-sufficient leading to continued satisfaction. Having nine future semesters outlined in the academic calendar allows students more time to plan for outside events including graduation, semester breaks, spring breaks, etc. I have had fewer calls regarding when breaks are during future semesters due to this change.	**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. (10/26/2021)
AD: Survey - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Importance = 6.52 Allen Satisfaction = 6.36 - GAP .20 This is a benchmark year, so there are no previous data for comparison (12/17/2021) **Action Plan Impact:** The action plan from last year was directed towards the previous measure, however, there were several things changed in the last academic year. Providing links to the calendar in registration emails likely assisted students in finding the schedule book and refund dates during the registration period, which possibly reduced the number of calls and questions to the Enrollment Management Office. This allowed students to be more self-sufficient leading to continued satisfaction.	**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. (12/17/2021)

AU Outcome: EM 6.0

Allen College students are treated with respect

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Admin - Enrollment Management

AU Outcome: EM 6.0

Outcome Status: Active

Measures	Results	Actions
AD: Report - Internal - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes On the RNLSSI, the score of 6.24 of 7.0 was given to the level of satisfaction of policies related to student conduct. When converting last year's score from the ACSOS (4 pt scale) to the RNLSSI (7 pt scale), 5.6 was calculated. Using this conversion method, the satisfaction of policies related to student conduct increased. (12/12/2021) **Action Plan Impact:** Last year's action plan included reviewing comments to determine if there were specific comments relating to policies of student conduct. The comments were reviewed and there were none related to student conduct policies. Therefore, the action plan had impact on the variation.	**Action:** Student conduct policies will be reviewed as scheduled and we will continue to review student comments for statements related to those policies. (12/12/2021)
AD: Survey - 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)	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** No On Question 1 of RNLSSI, students rated the importance or caring and helpful staff as 6.74 and the satisfaction is 6.01. This is listed as a "challenge" in the survey due to the gap between expectations and performance as measured. This is not comparable to last year's data, however, 86% of students reported satisfied with the staff's attitudes towards students. This met last year's benchmark of 80% or greater reporting satisfaction. We do not meet the goal using this year's target. (12/17/2021) **Action Plan Impact:** Last year's action plan had no impact on this year's results.	**Action:** During the 2021-22 academic year, 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. (12/17/2021)

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Admin - Enrollment Management

AU Outcome: EM 7.0

Qualified students are admitted to college programs

Outcome Status: Active

Measures	Results	Actions
AD: Report - Internal - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** No Health Sciences = 64% Accelerated BSN – on-ground summer start = 88% Accelerated BSN – hybrid summer start = 31% Accelerated BSN – on-ground fall start = 97% Traditional BSN – fall start = 78% Traditional BSN – spring start = 65% Last year's data was reported the same for health science programs, but different for nursing programs. During the 2019-20 academic year, programs were filled as follows: School of Health Sciences - 72% School of Nursing - 79% The health sciences enrollment was at 64% during the 2020-21 academic year. While the school of nursing cannot be compared directly, the on-ground accelerated students performed better than last year's school of nursing (88% and 97%, respectively) and the hybrid accelerated program was enrolled at a much lower level. Both traditional programs enrolled at a lower rate than last year's overall school of nursing percentage. (12/20/2021) **Action Plan Impact:** During the 2020-21 academic year, several barriers were identified due to the pandemic. Virtual communications were implemented (HubSpot, specifically) and the admissions office attended high school and college fairs virtually. We hosted virtual "Day in the Life" and Visit Days through Expo Pass. Unfortunately, the online environment was not successful in recruiting new students.	**Action:** For the 2021-22 academic year, the admissions team will work with all programs to determine specific needs and wants to update the recruitment plan. (12/20/2021)
AD: Report - Internal - Enrollment	**Reporting Year:** 2020 - 2021 (Year 3)	**Action:** During the 21-22 academic

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Admin - Enrollment Management

AU Outcome: EM 7.0

Measures	Results	Actions
increases in under enrolled programs (Admissions Report; Correspondence Spreadsheet; Dashboard Statistics) **Target:** 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:** Dean of Enrollment Management	**Target Met:** No Enrollment changes in under-enrolled programs between 2019 and 200 are as follows: Public Health - 2019 enrollment: 3, 2020 enrollment: 5 - 60% increase RN-BSN – 2019 enrollment: 12, 2020 enrollment: 10 - 17% decrease MSN - Edu – 2019 enrollment: 9, 2020 enrollment: 14 - 64% increase MSN - CPH - (including dual tracks) 2019 enrollment: 4, 2020 enrollment: 3 – 25% decrease MSN - Lead – 2019 enrollment: 7, 2020 enrollment: 7 – remained the same DNP (post-master's) 2019 enrollment: 10, 2020 enrollment: 11 – 9% increase EdD – 2019 enrollment: 8, 2020 enrollment: 7 – 12.5% decrease Overall – 2019 enrollment: 53, 2020 enrollment: 57 – 7% increase overall *3 programs increased enrollment, 3 programs decreased *2 programs increased enrollment by at least 25% Last year, enrollment changes compared as follows: 2019 change vs. 2020 change: Public Health – 57.14% decrease vs. 60% increase RN-BSN – 40% decrease vs. 17% decrease Graduate Education – 150% increase vs. 64% increase Graduate Community Public Health – 33.33% decrease vs. 25% decrease Graduate Leadership – 46.15% decrease vs. 9% increase DNP (Post-Graduate) – 125% increase vs. 9% increase EdD – 20% decrease vs. 12.5% decrease (12/20/2021) **Action Plan Impact:** Last year's action plan included engaging outside services to connect to students since in-person events could not take place due to the pandemic. Although Hubspot and Blackboard were used as online platforms, neither had an impact on enrollment in 2020.	year, a marketing and recruitment engagement process is planned to gather information to move forward during the pandemic to determine the next right steps in marketing and recruitment. (12/20/2021)

AU Outcome: EM 8.0

Increase the number of underrepresented students enrolled at Allen College.

Outcome Status: Active

College Goal 3 - 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.

Admin - Enrollment Management

AU Outcome: EM 8.0

Measures	Results	Actions
AD: Report - Internal - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** No The retention rate of ethnic minority and male students from 2019 to 2020 was 92%. This was up slightly from 2019, when 91% were retained. However, the college's overall retention rate was 95%, therefore the 92% retention did not meet the target. (12/20/2021) **Action Plan Impact:** Last year's action plan indicated that a male mentoring program would be explored. This was not acted on, therefore did not have an impact.	**Action:** Have this item moved to the Diversity and Inclusion Committee in order to get feedback from those individuals. (12/20/2021)
AD: Report - Internal - Student awareness of services provided by retention services (Retention Plan) **Target:** 80% of students report being satisfied or very satisfied with the orientation materials for student success **Timeframe:** Bi-Annually **Responsible Parties:** Student Success Coordinator	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** No Fall 2020: 11/15 73% "Very Helpful" or "Helpful" 1/15 7% "Neutral" 3/15 20% "Unhelpful" or "Very Unhelpful" Spring 2021: 13/14 93% "Very Helpful" or "Helpful" 1/14 7% "Unhelpful" Summer 2021: 46/50 92% "Very Helpful" or "Helpful" 2/50 4% "Neutral" 2/50 4% "Unhelpful" or "Very Unhelpful" (12/12/2021) **Action Plan Impact:** Last year's action plan was to continue the current format for New Student Orientation that includes presentation given by Student Success Coordinator. Sessions	**Action:** Allen College will continue to offer student success resource sessions at orientation for all incoming students. (12/12/2021)

Admin - Enrollment Management

AU Outcome: EM 8.0

Measures	Results	Actions
	were presented by different faculty or staff each semester. While the majority of students found the Student Success session helpful or very helpful – 73% in the fall 2020, semester, 93% in the spring 2021 semester, and 92% in the summer 2021 semester – the goal of 100% satisfaction was not met. Beginning in the summer 2021 semester, all incoming students received an orientation session focusing on Student Success resources at Allen College. The fall 2020 and spring 2021 sessions were only presented to graduate nursing students, and the focus of the sessions were APA writing. In offering the sessions to all students, Allen College will increase awareness, regardless of an increase in session satisfaction.	

AD: Report - Internal - 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
	Reporting Year: 2020 - 2021 (Year 3)
	Target Met: Yes
	52 non-white, not unknown
	      40 female
	      12 male
	 53 white or unknown males
	
	 105 total
	
	*Please refer to the table in the resources section
	
	During the 2019-2020 academic year, 49 students identified as belonging to an ethnic minority—11 males and 38 females. Fifty-one additional males who did not belong to an ethnic minority were enrolled during this academic year, for a total of 100 students who did not identify their race as Unknown or White or who were male (62 males and 38 females). I initiated contact by referral with 44 [44%] of these students (16 of the females [42.1%] and 28 of the males [45.2%]); six of the contacted males identified as belonging to an ethnic minority. I had meetings with nine of the females and nine of the males whom I contacted, 56% and 32% respectively. (12/12/2021)
	Action Plan Impact: Last year's action plan was to continue reaching out to ethnic minority
		Action: The Student Success Office will continue to reach out to ethnic minority and male students and encourage their participation in the services offered. To increase awareness of the services provided by the Student Success Office and increase their use, the Student Success Office will present to all incoming students at orientation and make multiple efforts to contact students if they do not respond to the initial emails following referral. (12/12/2021)

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Admin - Enrollment Management

AU Outcome: EM 8.0

Measures	Results	Actions
	and male students and encourage their participation in the services offered. During the 2020-2021 academic year, 52 students identified as belonging to an ethnic minority – 12 males and 40 females. Fifty-three additional males who did not belong to an ethnic minority were enrolled during this academic year, for a total of 105 students who did not identify their races as Unknown or White or who were males. 34 [32%] of these students were contacted via referrals – 13 [38%] females of a racial/ethnic minority, 3 [9%] males of a racial/ethnic minority, and 18 [53%] non-racial/ethnic minority males. **Related Documents:** [Retention - EM Goal 8 Table - Ethnic minority and male retention efforts.docx](#)	

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

AU Outcome: ASR 2.1

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

Measures	Results	Actions
SL: Clinical evaluation tool - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 2020 3.27(n=22) Previous data: 2019 3.47 (n=19) 2018 3.67 (n=13) 2017 3.68 (n=14) 2016 3.56 (n=13) Current and previous results indicate the target is consistently met from year to year. There has been a slight decrease seen each year over the last 3 years. (07/26/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the clinical instructors and preceptors continue to deliver prompt feedback to students when issues arise concerning	**Action:** To continue to meet or exceed the benchmark for this measure during the 2021-2022 academic year, 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. (07/26/2021)

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

AU Outcome: ASR 2.1

Measures	Results	Actions
	patient care and interpersonal relationships. This action plan was effective for 2020-2021, but there was a slight decrease of .20 in 2020 from 2019 demonstrating that the students' average scores decreased in all areas of the performance criteria: patient care, interpersonal relationships, multicultural diversity, and age-appropriate care. Two students withdrew from this course before the end of the semester. 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. Faculty continue to discuss and review the correct way to communicate with the patient and fellow students, technologists, and radiologists.	
SL: Clinical evaluation tool - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Spring 2021 = 3.66 (N =16) Previous data: 2019-2020 3.86 (n=10) 2018-2019 3.90 (n=12) 2017-2018 3.78 (n=12) 2016-2017 3.95 (n=15) 2015-2016 3.97 (n=17) Current and previous results indicate the target is consistently exceeded from year to year. (07/26/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the clinical instructors and clinical preceptors continued to instruct students by exhibiting effective communication in the clinical environment. This action plan was effective for 2020-2021, but there was a slight decrease of .20 in 2021 from 2020 demonstrating that the students' average scores decreased in the areas of interpersonal relationships, multicultural diversity, age-appropriate care, and patient care. Clinical instructors and preceptors continue to provide 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.	**Action:** To continue to meet or exceed the target for this measure during the 2021-2022 academic year, clinical instructors/preceptors will continue to instruct students by exhibiting effective communication in the clinical environment. (07/26/2021)
SL: Clinical evaluation tool - RA:135	**Reporting Year:** 2020 - 2021 (Year 3)	

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

AU Outcome: ASR 2.1

Measures	Results	Actions
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	**Target Met:** Yes 2020 = 3.96 (n=23) Previous data: 2019 = 3.94 (n=19) 2018 = 3.95 (n=13) 2017=3.98 (n=14) 2016=3.92 (n=13) 2015=3.99 (n=16) Current and previous results indicate the target is consistently exceeded from year to year, with most students achieving a score of 3.9 or greater on a 4-point scale. (07/26/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, clinical instructors continued to deliver instruction, supervision, and feedback to the students in the clinical environment. This action plan was effective for 2020-2021, as demonstrated by a slight increase of .02 in 2020 from 2019. All students demonstrated communication skills reflective of their level in the program. The program curriculum and faculty continue to provide students with the necessary skills to progress from the classroom and lab setting to the clinical setting. The students continue to demonstrate effective communication skills in the clinical setting.	**Action:** To continue to exceed the target for this measure for the 2021-2022, the program faculty will continue to provide the students with the skills needed for effective clinical communication and guide and assist the clinical instructors as they provide effective instruction, supervision, and feedback to the students in the clinical setting. (07/26/2021)
SL: Clinical evaluation tool - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 2021 = 3.98 (n=16) Previous data: 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) 2017=4 (n=15) 2016=4 (n=17) 2015=3.99 (n=15) Current and previous results indicate the target is consistently exceeded from year to year, with most students achieving a score of 3.98 or greater on a 4-point scale. (07/26/2021)	**Action:** To continue to exceed the target for this measure for the 2021-2022, students will be instructed and guided in effective clinical communication skills in every semester of the program. (07/26/2021)

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

AU Outcome: ASR 2.1

Measures	Results	Actions
	Action Plan Impact: This measure was not assessed during 2019-2020 due to COVID-19, so there was no proposed action plan for 2020-2021. Per the 2018-2019 action plan proposed for 2019-2020, it was intended that the program will continue to provide students with access to an appropriate exam value in a variety of settings to prepare them for their final competencies. Due to no proposed action plan for 2020-2021, the prior action plan continued during 2020-2021. This plan appears to have been effective because there was no significant change in scores compared to the previous assessed years. The students demonstrated effective communication skills in the clinical setting. Students are instructed and guided in effective clinical communication skills in every semester of the program. Many of this year's final CCE's were performed on patients that required multiple exams and extensive patient communication.	

AU Outcome: ASR 2.2

Students will practice written communication skills
Outcome Status: Active

Measures	Results	Actions
SL: Didactic - RA: 115 Patient Care Presentation **Target:** Average score of >= 85% **Timeframe:** Level I-Fall Semester **Responsible Parties:** RA: 115 Course Instructor/HS APG Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 2020=96% (n=20) 2019=98% (n=19) 2018=98% (n=13) 2017=98% (n=14) 2016=97% (n=13) Current and previous results indicate the target is consistently exceeded from year to year, with most students achieving a score of 96% or greater. (07/26/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the course instructor continued to discuss the paper requirements with the students throughout the semester. The course instructor emailed the students resource information that included a link to the academic resource page on the Allen College website. Included on this resource page is an APA link that provided information to assist students with practicing written communication	**Action:** To continue to meet or exceed the target for this measure during the 2021-2022 academic year, the course instructor will continue to discuss the paper requirements with the students. Remind students of the resources available on the Allen College website. The resources page includes a Panopto video that assists the students when writing their research papers. (07/26/2021)

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

AU Outcome: ASR 2.2

Measures	Results	Actions
	skills. This action plan was effective for 2020-2021, with just a slight decrease of 2% in 2020 from 2019. Many of the point deductions were APA related: missing title page, missing running head, and reference page formatting issues. The course instructor provided a Panopto video resource that assists students when writing their research papers. Overall, the students continue to practice written communication skills effectively.	
SL: Didactic - RA:258 Pathology Systems Presentation **Target:** Average score of >= 85% **Timeframe:** Level II-Fall Semester **Responsible Parties:** RA: 258 Course Instructor/ HS APG Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 2020=98% (n=16) 2019=99% (n=10) 2018=99% (n=12) 2017=97% (n=12) 2016=95% (n=15) Current and previous results indicate the target is consistently exceeded from year to year. (07/26/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the course instructor continued to discuss the paper requirements with the students throughout the semester. The course instructor emailed the students resource information that included a link to the academic resource page on the Allen College website. Included on this resource page is an APA link that provided information to assist students with practicing written communication skills. This action plan was effective for 2020-2021, with just a slight decrease of 1% in 2020 from 2019. Minor deductions were noted including the following: not displaying radiographic images as part of their presentation, not discussing the reason for selection of the pathology topic, and not meeting the 8-minute length requirement. Overall, the students continue to practice written communication skills effectively.	**Action:** To continue to achieve the target for this measure during the 2021-2022 academic year, the course instructor will continue to discuss the paper requirements with the students. (07/26/2021)

AU Outcome: ASR 2.3

Students will demonstrate oral communication skills
Outcome Status: Active

Measures	Results	Actions

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

AU Outcome: ASR 2.3

Measures	Results	Actions
SL: Didactic - RA: 115 Patient Care Presentation **Target:** Average score of >= 85% **Timeframe:** Level I-Fall Semester **Responsible Parties:** RA: 115 Course Instructor/HS APG Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 2020=99% (n=20) 2019=98% (n=19) 2018=99% (n=13) 2017 =99% (n=14) 2016=99% (n=13) Current and previous results indicate the target is consistently exceeded from year to year. (07/26/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the course instructor continued to discuss the paper requirements with the students throughout the semester. The course instructor also encouraged students to practice reading their papers before the due date to assist them in demonstrating effective oral communication skills. This action plan was effective for 2020-2021, demonstrating an increase of 1% in 2020 from 2019. Only one student had a deduction in their oral presentation due to voice level being too soft. All papers in the RA115 course were presented using Collaborate Ultra on Blackboard with only a few minor technical difficulties. Overall, the students continue to demonstrate effective oral communication skills.	**Action:** To continue to meet or exceed the benchmark for this measure during the 2021-2022 academic year, the course instructor will continue to discuss the paper requirements with the students. (07/26/2021)
SL: Didactic - RA:258 Pathology Systems Presentation **Target:** Average score of >= 85% **Timeframe:** Level II-Fall Semester **Responsible Parties:** RA: 258 Course Instructor/ HS APG Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 2020= 95% (n=16) 2019=98% (n=10) 2018=96% (n=12) 2017=96% (n=12) 2016=97% (n=15) Current and previous results indicate the target is consistently exceeded from year to year. (07/26/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the course instructor continued to discuss the paper requirements with the students throughout the semester. The course instructor also encouraged students to practice reading their papers before the due date to assist them in demonstrating effective oral communication skills. This action plan was	**Action:** To continue to meet or exceed the benchmark for this measure during the 2021-2022 academic year, the course instructor will continue to discuss the paper requirements with the students. Remind students of the resources available on the Allen College website. The resources page includes a Panopto video that assists the students when writing their research papers. (07/26/2021)

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

AU Outcome: ASR 2.3

Measures	Results	Actions
	effective for 2020-2021, with just a slight decrease of 3% in 2020 from 2019. Each student completes two papers during the pathology course. Minor deductions included: missing title page, improper spacing, and reference page formatting. Overall, the students continue to demonstrate effective oral communication skills.	

AU Outcome: ASR 3.2

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

Measures	Results	Actions
SL: Exam/Quiz - Standardized - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** No 2021 = 69% (n = 16) achieved a 70 or greater on one of the four exams. Previous data: 2020 = 90% (n=10) 2019 = 100% (n=12) 2018 = 100% (n=12) 2017 = 93% (n=15) 2016 = 100% (n=17) 2015 = 93% (n=15) The current data does not meet target. All previous data indicates the target was consistently exceeded from year to year before 2021. Since there is no prior data that does not meet benchmark, a new action plan will help assist faculty in reflecting on the unexpected decrease in percentage for this measure. (07/27/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the ASR Program curriculum is designed to prepare students for mock board exams. The target was updated to remove the word "passing" from the current year's assessment plan. There was a significant decrease in the percentage of students achieving a score of 70 or greater on at least one of the four comprehensive exams when compared to the prior data. The 2019-2020 action plan was not effective, as a decrease of 21% is demonstrated in 2021 from 2020. COVID-19 did cause this cohort to experience disruptions and changes to the learning environment. In	**Action:** To meet or exceed the benchmark for this measure during the 2021-2022 year, based on student feedback, the course instructor will attempt to schedule the first exam one week later in Sp22 and then evaluate the effectiveness of exam scheduling compared to the first exam scores. The instructor will continue to encourage time management skills for comprehensive review and continue to encourage the use of all learning resources throughout the course. Based on student feedback, the instructor will attempt to adjust exam scheduling in Sp22. (07/27/2021)

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

AU Outcome: ASR 3.2

Measures	Results	Actions
	addition, students may not have scored well on the first exam because they perceived that it was scheduled too soon after spring break. In Spring 2021, the first exam was held the Thursday after spring break. Faculty continued to encourage students to use all available learning resources that they are provided throughout the program to help prepare for the exams. Overall, the students did not consistently demonstrate the ability to practice critical thinking in relation to this measure.	
SL: Didactic - RA:154 CT Topic Presentation **Target:** Average score of >= 80% **Timeframe:** Level I- Spring Semester **Responsible Parties:** Program Faculty/HS Curriculum Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Spring 2021 = 96.24% (n=13) No previous data available for comparison. (07/27/2021) **Action Plan Impact:** There is no previous data available for comparison. This is the first cohort to utilize this measurement tool so there was no prior action plan to reflect on. Students are expected to use critical thinking skills to help teach the class about specific CT topics. Overall, this cohort performed well with an average score of 96.24%. When this presentation is assigned, each student receives a grading rubric that includes a breakdown of how their presentation will be graded. 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 the presentation 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. Each student conducted peer reviews on a select number of presentations. The student 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.	**Action:** To continue to exceed target for the 2021-2022 year, 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. No changes are recommended. (07/27/2021)

AU Outcome: ASR 3.3

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

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

AU Outcome: ASR 3.3

Measures	Results	Actions
SL: Clinical evaluation tool - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Spring 2021 = 3.65 (N =18) Previous data: 2019-2020 3.60 (N=16) 2018-2019 3.36 (N=13) 2017-2018 3.53 (N=14) 2016-2017 3.63 (N=12) 2015-2016 3.63 (N-16) Current and previous results indicate the target is consistently exceeded from year to year. (07/27/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the clinical instructors and clinical preceptors continued to provide the needed instruction and supervision to the students to evaluate their critical thinking skills in the clinical setting. This action plan was effective for 2020-2021, as demonstrated by a slight increase of .05 in 2021 from 2020. The student scores were higher than the previous year in the ability to follow directions area. There was a slight decrease in the areas of: application of knowledge, self-image for the level of the ASR program, and composure and adaptability. The program faculty continue to work with clinical instructors and preceptors to ensure all students are provided with the education and opportunities needed to be successful in the clinical environment.	**Action:** To continue to meet or exceed the target for this measure during the 2021-2022 academic year, 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. (07/27/2021)
SL: Clinical evaluation tool - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 2020 3.75 (n=16) Previous Data: 2019 3.86 (n=11) 2018 3.81 (n=12) 2017 3.79 (n=12) 2016 3.86 (n=15) Current and previous results indicate the target is consistently exceeded from year to year. (07/27/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the clinical instructors	**Action:** To continue to meet or exceed the target for this measure during the 2021-2022 academic year, clinical instructors/preceptors will continue to instruct and explain and demonstrate to students how to practice critical thinking skills in the clinical environment. (07/27/2021)

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

AU Outcome: ASR 3.3

Measures	Results	Actions
	and clinical preceptors continued to demonstrate and explain to students how to practice critical thinking skills in the clinical setting. This action plan was effective for 2020-2021, with just a slight decrease of .09 in 2020 from 2019. The student scores were lower 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 in Trajecsys. Students continue to demonstrate their ability to critically think in the clinical setting. The program faculty continue to work with clinical instructors and preceptors to ensure all students are provided with the education and opportunities needed to be successful in the clinical environment.	

AU Outcome: ASR 4.1

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

Measures	Results	Actions
SL: Service - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 2020 = 88.80% (n=18) Previous data: 2019: 87.71% (n=19) 2018: 83.69% (n=13) 2017: 94.78% (n=14) 2016: 72.00% (n=13) 2015: 92.56% (n=16) Current results indicate the target continues to be exceeded over the last 4 years. Data from 2016 indicates target was not met that year, but target has been exceeded since. (07/27/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the ASR faculty assessed the assignment rubric/instructions and made modifications accordingly. This action plan was effective for 2020-2021, as demonstrated by a slight increase of 1.09% in 2020 from 2019. Some students offered minimal reflection on the activity and research. Many students	**Action:** To continue to achieve the target for this measure during the 2021-2022 academic year, the course instructors will continue to assess the assignment instructions and make modifications accordingly. (07/27/2021)

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

AU Outcome: ASR 4.1

Measures	Results	Actions
	did not perform a service activity independently and were encouraged in their grade feedback to further develop their leadership skills by performing independent service later in the program. Course instructors continued to encourage students to engage in a service learning opportunities that will allow them to construct professional practices. Overall, students were able to demonstrate professionalism and leadership through their service learning.	
SL: Service - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 2020 = 84.56% (n=16) Previous data: 2019: 85.60% (n = 10) 2018: 76.75% (n=12) 2017: 93.33% (n=12) 2016: 93.40% (n=15) 2015: 82.47% (n=17) Current and previous results indicate the target is consistently exceeded from year to year with the exception of 2018. (07/27/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the course instructions continued to assess the assignment instructions and made modifications accordingly. This action plan was effective for 2020-2021, with just a slight decrease of 1.04% in 2020 from 2019. Many of the deductions continue to be in the research and writing portion of the grade rubric. The students shared their values concerning their service-learning experience and shared how the experience affected them personally and professionally. Course instructors continued to encourage students to engage in service-learning opportunities that will allow them to construct professional practices. Overall, students were able to demonstrate professionalism and leadership through their service learning.	**Action:** To continue to achieve the target for this measure for the 2021-2022 academic year, the course instructors will continue to assess the assignment instructions and make modifications accordingly. (07/27/2021)

AU Outcome: ASR 4.2

Students will practice professionalism
Outcome Status: Active

Measures	Results	Actions

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

AU Outcome: ASR 4.2

Measures	Results	Actions
SL: Clinical evaluation tool - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 2020: 3.34 (n=22) 2019: 3.51 (n=19) 2018: 3.68 (n=13) 2017: 3.68 (n=14) 2016: 3.60 (n=13) Current and previous results indicate the target is consistently exceeded from year to year. (07/27/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the clinical instructors and clinical preceptors continued to deliver prompt feedback to students when issues arose concerning initiative and professionalism. This action plan was effective for 2020-2021, with a slight decrease of 0.17 in 2020 from 2019. Clinical instructors and preceptors continued to provide instruction to students in the areas of organization of assignments, initiative, appearance, policies and procedures, and ethical and professional behavior. The faculty continue to discuss the importance of initiative and professional in the clinical setting. Overall, the students demonstrated their ability to practice professionalism in the clinical setting.	**Action:** To continue to meet or exceed the benchmark for this measure during the 2021-2022 academic year, the clinical instructors/preceptors will continue to provide instruction to students in the areas of organization of assignments, initiative, appearance, policies and procedures, ethical and professional behavior. (07/27/2021)
SL: Clinical evaluation tool - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Spring 2021 = 3.65 (n =16) Previous data: 2019 3.51 (n=19) 2018 3.68 (n=13) 2017 3.68 (n=14) 2016 3.60 (n=13) 2015 3.83 (n=16) Current and previous results indicate the target is consistently exceeded from year to year. (07/27/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the clinical instructors and clinical preceptors continued to be positive role models for students by practicing professionalism in the clinical setting. This action plan was effective for 2020-2021, as	**Action:** To continue to meet or exceed the target for this measure during the 2020-2021 academic year, the clinical instructors/preceptors will continue to deliver prompt feedback to students when issues arise concerning initiative and professionalism. Faculty continue to discuss the importance of initiative and professionalism in the clinical setting. (07/27/2021)

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

AU Outcome: ASR 4.2

Measures	Results	Actions
	demonstrated with a slight increase of 0.14 in 2021 from 2020. The students' average score in Ethical and Professional Behavior went up compared to the previous year. The students' average scores decreased in the areas of: performance criteria, organization of assignments, initiative, appearance, and policies and procedures. Clinical instructors and preceptors continued to provide instruction to students on professional behavior. The faculty continue to discuss the importance of initiative and professional in the clinical setting. Overall, the students demonstrated their ability to practice professionalism in the clinical setting.	

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

AU Outcome: EdD 5.2

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	Results	Actions
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** NA Course not offered. (09/22/2021) **Action Plan Impact:** Course not offered.	

Program (HS) - Medical Imaging (MI)

College Goal 3 - 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.

Program (HS) - Medical Imaging (MI)

AU Outcome: MI 3.1

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

Measures	Results	Actions
MI: 480 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes In Summer 2020, the average score of the MI480 Clinical Instructor Evaluations numbers 2, 4, 7, and 8 is 3.63. This year's average score is slightly lower at 3.46. Although the current year's average is lower, the data still exceeds benchmark. 2020 = 3.46 (n=3) 2020 = 3.63 (n=3) 2019 (n=0) (09/01/2021) **Action Plan Impact:** As proposed in the 2019-2020 action plan, the clinical instructors continue to work with each student to ensure they are given the opportunity to use and demonstrate critical thinking while providing direct patient care. A worksheet was created and provided to the students to help them focus on specific parameters and sequences as they provide direct patient care. These worksheets are not graded, but the instructor views their worksheet content during routine site visits. All students utilized the worksheets and stated they were beneficial. The data shows that the students demonstrated critical thinking skills in the following key performance criteria areas: application of knowledge, ability to follow directions, self-image, and composure and adaptability. An evaluation process is in place at each clinical site to ensure that the students have the ability to obtain feedback on their critical skills and has the opportunity to demonstrate growth throughout their clinical rotation.	**Action:** The clinical instructors will continue to work with each individual student to ensure they are provided with the opportunities needed to enhance their critical thinking skills in the clinical environment. The instructor will continue to utilize the clinical worksheets to assist the students when performing procedures. The evaluation process will remain in effect as it has proven to be beneficial to the student's ability to show growth. (09/01/2021)
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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** NA No current data available. The CT student was hired on by her clinical site, so she was able to opt out of the summer Externship course. 2021 (n=0) 2020 (n=0) 2019 = 4 (n=1) (09/01/2021) **Action Plan Impact:** The CT student was hired on by her clinical site, so she was able to opt out of the summer Externship course. The proposed 2019-2020 action plan will remain in effect	**Action:** The clinical instructors will continue to work with each individual student in the clinical environment. The clinical instructor will continue to work with each student to ensure they are given the opportunity to use and demonstrate critical thinking while providing direct patient care.

Program (HS) - Medical Imaging (MI)

AU Outcome: MI 3.1

Measures	Results	Actions
	for the next cohort of students. The instructor was unable to implement the proposed 2019-2020 action plan due to no enrollment.	(09/01/2021)

AU Outcome: MI 3.2

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

Measures	Results	Actions
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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes In Summer 2020, 100% of the students achieved a passing score of 75 or greater on one of the three mock board exams. This year we also exceeded benchmark with 100%. 2021 (n=2) 100 % of the students achieved a passing score of 75 or greater. 2020 (n=3) 100% 2019 (n=0) (09/01/2021) **Action Plan Impact:** As proposed in the 2019-2020 action plan, the instructor started the registry review assignments in the spring semester to allow each student 16 additional weeks of board preparation. Additional quizzes and exams in each of the four exam categories were assigned to help each student prepare for the mock board exams. The students use an online registry review called MRI All in One. This website provides them with dedicated board review questions regarding safety, patient care, image production, and procedures. When asked about the benefit of starting the board review process early in the program, the students all stated that the board review assignments were beneficial and made them more confident while taking the mock boards. One student scored 97% on all three of her mock exams.	**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 will be assigned to help students prepare for the mock board exams that will occur in the summer semester. (09/01/2021)
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.	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** NA No current data available. The CT student was hired on by her clinical site, so she was able to opt out of the summer Externship course. 2021 (n=0) % of the students achieved a passing score of 75 or greater. 2020 (n=0)	**Action:** The instructor will continue to begin registry review assignments in the spring semester to allow each student 16 additional weeks of board preparation. Additional structured quizzes and

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Program (HS) - Medical Imaging (MI)

AU Outcome: MI 3.2

Measures	Results	Actions
Timeframe: Summer Semester **Responsible Parties:** MI: 465 Course Instructor/HS Curriculum Committee	**2019 (n=1) 100% (09/01/2021)** **Action Plan Impact:** As proposed in the 2019-2020 action plan, registry review assignments were assigned starting in the spring semester that the student did complete. The proposed 2019-2020 action plan will remain in effect for the next cohort of students. The instructor was unable to continue implementation of this proposed plan due to no enrollment in the summer course. The student did mention the helpfulness of starting board review in the spring semester. The student did complete her ARRT board exam and passed on her first attempt prior to graduation.	exams in each of the four categories will be assigned to help each student prepare for the three mock board exams that will occur in the summer semester. (09/01/2021)

Program (HS) - Medical Laboratory Science (MLS)

AU Outcome: MLS 3.2

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

Measures	Results	Actions
SL: Service - Service Learning Project **Target:** 75% of students will receive an average score of >80% **Timeframe:** Annually **Responsible Parties:** Program Chair/HS APG Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** No Fall 2020 (n=15) 73.3% (11/15) of students earned an average score of >80%. Overall average score 31.5/35 = 90% Overall Averages 2019 (n=6) = 98.9% (target met) 2018 = 98.9% 2017 = 95.5% 2016 = 90.0% 2015 = 92.5%	**Action:** A verbal overview of the final project and required elements will be recorded and made available to students. (09/22/2021)

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Program (HS) - Medical Laboratory Science (MLS)

AU Outcome: MLS 3.2

Measures	Results	Actions
	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 (8/9 times) since the 2012-2013 academic year but did not meet target during the 2020-2021 academic year. The overall average score for this assignment was also lower, indicating students may have struggled with understanding the assignment requirements. (09/22/2021) **Action Plan Impact:** Our 2019-2020 action plan for the 2020-2021 academic year indicated there would be no changes made to this assignment. While the students work as a team to complete the service learning project in this course, their final project is an individual submission highlighting each student's contribution and reflection on the experience. The target was not met this year, largely because some students did not include required components within their submission. Written instructions are available to guide students and the final project is modularized and aligned with weekly work, but some students still struggle to put all the pieces together for the final project.	

Program (HS) - Public Health (PH)

AU Outcome: PH 3.1

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

Measures	Results	Actions
SL: Didactic - PH: 420 Final report **Target:** Average score of >80% **Timeframe:** Fall semester **Responsible Parties:** Program faculty / HS Curriculum committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 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%.	**Action:** The presentation requirement for the final report was removed in Summer 2020 since it had made the project onerous with no direct benefit to

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Program (HS) - Public Health (PH)

AU Outcome: PH 3.1

Measures	Results	Actions
	(09/15/2020)	the student in the online environment. While one student did not meet the 80% threshold, overall the training materials that students create based on the Cultural and Linguistic Appropriate Standards are a valuable tool and provide a solid foundation for applying these best practices to workplaces. (09/15/2020)

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

AU Outcome: BSN 6.0 Patient-Centered Care

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

Measures	Results	Actions
SL: Exam/Quiz - Standardized - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** No Fall 2020 semester for the Accelerated Hybrid (AH) students (5/5), a group score was 81.2%, Fall 2020 for Traditional - group score was 67.3%, Fall 2020 for Accelerated - group score was 79.3%, Spring 2021 for Traditional - group score was 75.5%, Spring 2021 for Accelerated - group score was 78.4%. The target of 75% was achieved by all but one of the cohorts. This is a decline from the previous academic year when all cohorts achieved the target. (11/22/2021) **Action Plan Impact:** Faculty used a variety of classroom activities to assist students in mastering this content area which assisted many of the students in meeting the target.	**Action:** In order to consistently meet this target in the future, faculty will continue implementation of application/analysis type learning activities, i.e. case studies, application/analysis practice questions, use of ATI practice exams over each body system. A new focus on NextGen learning

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

AU Outcome: BSN 6.0 Patient-Centered Care

Measures	Results	Actions
		activities, such as use of EHR Tutor, unfolding case studies, will be implemented to promote clinical judgment. (12/30/2021)
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes In Spring 2021, 100% (4/4) of the students achieved at least 73% on the Ethical and Legal Case Study. This is consistent with the results from the previous academic year. (10/04/2021) **Action Plan Impact:** In order to meet this target, faculty reviewed the assignment details and questions related to the paper. Faculty evaluated the ethics video and added a new video regarding nursing and ethics, evaluated, the journal articles regarding ethics, genetics, and legal issues. Faculty reviewed and made changes to the assignment that applied to the journal articles, Panopto, and Power Point that was provided in the module. **Related Documents:** [Outcome 6 NU 421 Ethical and Legal Case Study.docx](#)	**Action:** In order to meet this target in the future, faculty will 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 new educational strategies and methods that were provided in the modules to see if they were effective. (12/30/2021)
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes In Summer 2020, 97% (33/34) of students achieved at least 75% on the Community Assessment paper. In Fall 2020, 87% (45/52) achieved at least 75% on the Community Assessment paper. In Spring, 100% (31/31) achieved at least 75% on the Community Assessment paper. The target of 100% of students achieving at least 75% on the Community Assessment paper was met only for the Spring 2021 semester. Summer 2020 it was 97% and Fall 2020, it was 87%. So, only 1/3 semesters, students met this target. This is an improvement from the previous academic year when neither cohort met the target. (10/04/2021) **Action Plan Impact:** It appears that that the action plan was not successful. Instructors were to review the assignment criteria a minimum of twice (once in class and clinical instructors reviewed with their group)and also the clinical instructors were to review the assignment together to provide consistent direction and grading (was accomplished and no grading issues	**Action:** The action plan for the 2021-2022 academic year is to build in checks where the clinical instructor has a scheduled review of the paper draft (required) to ensure students are on the right path in completing this assignment. The instructor will continue to ask for questions and the clinical instructors will review the assignment before students begin work on it. (12/30/2021)

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

AU Outcome: BSN 6.0 Patient-Centered Care

Measures	Results	Actions
	arose). Students were asked multiple times if they had questions during class. At least one clinical instructor offered to review a draft of the paper to provide feedback. It should be noted that the semester with only 87% achieving the 75% target, one clinical group did not do as instructed by the clinical instructor and therefore did not receive the guidance the other groups received. This is likely to have influenced their grade. **Related Documents:** [Outome 6 NU 450 Community Assessment and Project paper.doc](#)	
AD: Survey - Alumni Survey Item: How well BSN education prepared you to use patient-centered strategies when delivering care to diverse individuals and populations (1= very poorly, 2 = poorly, 3 = well, 4 = very well).. **Target:** 75% of respondents will report that their BSN education prepared them well or very well to use patient-centered strategies when delivering care to diverse individuals and populations. **Timeframe:** Annually **Responsible Parties:** CIRE, Evaluation & Study Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 94% of 2019-2020 alumni reported their education prepared them well (5/18, 27.78%) or very well (12/18, 66.67%) to perform this outcome. One respondent selected "Poorly" on the survey. These results demonstrate a slight decline in student perceptions compared to previous reporting years when 100% of students reported their education prepared them well or very well to perform this outcome. (07/15/2021) **Action Plan Impact:** The BSN curriculum has a favorable impact on graduate's perceptions of how well they were prepared to perform the outcome. The 2019-2020 action plan to survey 2019-2020 alumni during 2021, compare responses, and monitor for favorable and unfavorable trends was appropriate.	**Action:** Results were reported to the Dean and Director of BSN program. 2020-2021 Alumni will be surveyed summer of 2022, results will be compared to previous surveys, and unfavorable trends will be addressed with curriculum adjustment if indicated. Prelicensure program curriculum changes to be implemented starting fall of 2021 include decreasing clinical hours in specialty clinical courses (maternal-newborn, pediatrics, mental health, and community health) and increasing clinical and theory hours in adult medical-surgical courses. These changes may have a positive impact on 2021-2022 and future graduates' perceptions that their education prepared them to demonstrate the outcome.

College Goal 3 - 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.

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

AU Outcome: BSN 6.0 Patient-Centered Care

Measures	Results	Actions
		(07/15/2021)
AD: Survey - Employer Survey Item: How well BSN graduate uses patient-centered strategies when delivering care to diverse individuals and populations (1= very poorly, 2 = poorly, 3 = well, 4 = very well, NA = not applicable, e.g., does not perform outcome, or outcome not applicable to current role). **Target:** 75% of respondents will report that BSN graduate uses patient-centered strategies when delivering care to diverse individuals and populations well or very well. **Timeframe:** Annually **Responsible Parties:** CIRE, Evaluation & Study Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 100% of employers of 2019-2020 BSN grads (10/10) reported BSN graduate demonstrated the outcome well (10%) or very well (90%), exceeding the target and continuing the positive trend for this measure demonstrated in previous reporting years, with 91-100% of employers reporting that BSN graduates demonstrate this outcome well or very well: 91% of employers of 2018-2019 graduates (n = 11) reported graduates demonstrated the outcome well or very well. 100% of employers of 2017-2018 BSN graduates (n = 6) reported graduates perform this outcome very well. 100% of employers of 2016-2017 BSN graduates (n = 9) reported graduates perform this outcome well or very well. (10/14/2021) **Action Plan Impact:** The action plan proposed for 2020-2021 and for previous reporting years has been to continue to survey employers of graduates 1-2 years after graduation and monitor for trends in their responses. It should be acknowledged that this action plan does nothing to improve graduates' ability to perform this outcome well. It should also be acknowledged that the survey results are biased toward graduates who were willing to grant permission to survey their employers because they are performing well in clinical practice.	**Action:** Results were reported to the Dean and BSN program director. Continue to survey employer of graduates 1-2 years after graduation and monitor for trends in performance of this program outcome. (10/14/2021)

College Goal 4 - Allen College is committed to promoting a commitment by all members of the Allen College community to lives of service.

Admin - Administration

AU Outcome: Admin 2.0

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

Measures	Results	Actions
AD: Report - External - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Allen College is at or above 2019-20 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. Staff salary comparisons were completed in 2021 for all positions using CUPA-HR reports. UnityPoint Health raised the minimum wage to $15.00 in 2020 which resulted in market adjustments for certain staff positions at the college. (09/27/2021) **Action Plan Impact:** Allen College compared all data as indicated in our action plan for comparison data which resulted in no market adjustments being needed. The 2020-2021 results were influenced by the 2019-2020 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_2021-22 Faculty Salary Review BOT.pptx	**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. (09/27/2021)
AD: Report - Internal - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 98.0% (50/51) met the short-term teaching goals. These results compare more favorably than 2019-2020 where 87.8% (43/49) 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. (09/30/2021) **Action Plan Impact:** The action plan was to continue to use conversations during evaluations and emphasize the importance of achieving the entirety of the teaching goals. This was a continued action plan and appeared to be more successful than the prior year. Perhaps this is one area where the pandemic may have created space for faculty to focus on teaching goals. Recommend continuing the same action plan.	**Action:** Continue the use of conversations during evaluations and emphasize the importance of achieving the entirety of their goals (09/30/2021)
AD: Report - Internal - Annual report of Faculty Goal Achievement-progress on scholarly enrichment	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** No	**Action:** Remind faculty of the importance of scholarly enrichment

Admin - Administration

AU Outcome: Admin 2.0

Measures	Results	Actions
Target: 85% of faculty demonstrate progress on scholarly enrichment plans. **Timeframe:** Annually **Responsible Parties:** Provost	82.4% (42/51) of faculty demonstrated progress on scholarly enrichment plans. Nine faculty did not demonstrate progress. These results compare less favorably to 2019-2020 where 85.7% (42/49) faculty made progress on plans. The decrease of 3.3% was largely attributed to COVID. (09/30/2021) **Action Plan Impact:** The previous action plan was to evaluate if there are unmet needs to pursue scholarly work in an attempt to support faculty efforts. The action plan did not achieve the intended goal. COVID was cited as a barrier for completion. Perhaps faculty focused on the immediacy of teaching during the pandemic while pivoting to online delivery which helped them to achieve their teaching goals but distracted from their scholarly enrichment goals.	during the annual review process and continue to ask if there are unmet needs to pursue scholarly work. (09/30/2021)
AD: Report - Internal - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes In 2020 we budgeted for our education and travel expenses and were successful as $34,117 was spent on tuition assistance for faculty and staff and $45,423 was spent on conference and meeting travel totaling $79,540 for faculty and staff. For 2021 there is $265,094 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. Also, travel was halted due to the COVID-19 pandemic and most conferences were virtual in 2020 which resulted in significant savings. (09/27/2021) **Action Plan Impact:** As mentioned in the 2019 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	**Action:** Continue to budget education and travel expenses annually for faculty and staff professional development. (09/27/2021)
AD: Report - Internal - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** No 35% of faculty and staff were recognized for their service and scholarly achievement (increased 1.5% from the previous year) and 20.3% (down 2.5% from the previous year) were recognized for a service award. Previous results for comparison: 2019-2020: 33.3% of faculty and staff were recognized for a scholarly award (down 14% from the previous year) and 22.8% were recognized for a service award. 2018-2019: 47% of faculty and staff were recognized for a scholarly award. (12/06/2021) **Action Plan Impact:** Per 2019-2020 action plan proposed for 2020-2021, it was intended that	**Action:** During the 2021-2022 academic year to ensure the target is achieved or exceeded, faculty and staff will be asked to submit scholarly achievements on a bi-monthly basis (a google doc will be sent every two months from the PDW chair with a final document being sent in January), instead of at the end of the calendar year, to

Admin - Administration

AU Outcome: Admin 2.0

Measures	Results	Actions
	faculty and staff would be asked to submit scholarly achievements on a monthly basis instead of at the end of the calendar year (i.e., a google doc link woud be sent every month from the PDW chair) to encourage faculty and staff to submit scholarly achievements. It was also intended that the PDW chair would continue to remind faculty and staff at CFO meetings to submit scholarly accomplishments. This action plan was implemented, except that (based on feedback), reminders were sent the first month of each semester and bi-monthly afterwards to all eligible faculty and staff with final deadline extended in early January, which seems to have improved reporting of scholarly achievements slightly. **Related Documents:** Criteria for Scholarly Accomplishments_1.16.20.doc 2020 Scholarly & Service Program.pub	encourage faculty and staff to submit scholarly achievements. (12/06/2021)

Admin - Center for Engagement, Learning, and Leadership

AU Outcome: CELL 1.1

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

Measures	Results	Actions
AD: Report - Internal - Service-Learning Faculty Scholars Assessment **Target:** 100% of Allen College programs incorporate service and/or learning activities into their curricula. **Timeframe:** Years 2 and 4 **Responsible Parties:** Center for Engagement, Learning, and Leadership Committee/CELL coordinator	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** No The Faculty Scholars program was not used during the 2020-2021 AY. Therefore, no new programs incorporated service-learning teaching strategies. Results for 2019-2020: Programs that have formalized the use of service-learning teaching strategies through the completion of the Faculty Scholars Program are: BSN (Upper Division and Accelerated) MSN (NP tracks) MLS EdD	**Action:** The CELL Committee plans to discuss educating faculty on the benefits of service-learning as well as the Faculty Scholar program that is available to support incorporation of service learning into the program. Focus on programs that currently do not have a service-learning teaching strategy. (08/30/2021)

Admin - Center for Engagement, Learning, and Leadership

AU Outcome: CELL 1.1

Measures	Results	Actions
	The Faculty Scholars program was available for 2019-2020 which was included in the action plan for 2018-2019. Additionally, according to the action plan, Faculty Scholars was re-introduced to all faculty in May of 2019 through an in-service on how to incorporate service-learning into courses. Subsequent to that In-Service, one faculty member applied for and received the Faculty Scholars award. She then incorporated service-learning into her course. This addition of this course in the BSN program does not increase the number of programs that incorporate service learning activities into their curricula so the target is not met. This result indicates that the action plan needs to be reconsidered and possibly revised. (06/22/2021) **Action Plan Impact:** The CELL committee experienced a change in leadership along with the ongoing difficulties of the pandemic. The action plan from the previous year of educating faculty on the benefits of service-learning as well as the Faculty Scholars program was not executed. It is recommended to reconsider and possibly revise the action plan.	
AD: Survey - 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. **Timeframe:** Annually **Responsible Parties:** Center for Engagement, Learning, and Leadership Committee/CELL coordinator	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes For programs that had graduates who completed exit surveys during the 2020-2021 academic year, 92% indicated they intend to volunteer in their community in the future. In most programs 90-100% of students reported intending to volunteer in their communities in the future. The current result exceeds the 90% target by 2% and is 7 percentage points greater than the previous reporting year when 84.6% of exiting students reported intending to volunteer in their communities in the future. The current results are consistent with previous reporting years, when the target was exceeded (97% for 2018-2019; 91% for 2017-2018). (08/31/2021) **Action Plan Impact:** Per the action plan proposed for 2020-2021, the CELL committee planned to offer a variety of opportunities for volunteering and promoting service and volunteer activities by all college programs. The CELL committee also intended to co-sponsor activities initiated by programs, reflecting the mission of the CELL and the College. However, due to the pandemic, this action could not be carried out as planned. The CELL committee made attempts to support faculty individually by compiling and sharing volunteer opportunities that could accommodate a few people at a time due to the pandemic. Faculty were able to share and incorporate these opportunities despite the inability to have a college wide service day because of the pandemic. This action plan was impactful as demonstrated by exceeding the	**Action:** The CELL committee will offer a variety of opportunities for volunteering and promote service and volunteer activities of all programs at the college as it did during the pandemic through smaller activities. The CELL committee will seek to co-sponsor larger activities, pending the pandemic, initiated by programs which highlights the mission of the CELL and the college. These opportunities allow students a better insight into options within communities where they can volunteer. The CELL will promote and support volunteer opportunities of all programs at the college. (08/31/2021)

Admin - Center for Engagement, Learning, and Leadership

AU Outcome: CELL 1.1

Measures	Results	Actions
	target. The opportunities available during the pandemic appear to continue to have value and promote future service. The CELL committee should continue to provide these opportunities as the pandemic continues and return to the original intended action plan when possible. **Related Documents:** [Exit Survey Service Items Report for 2020-2021 CAP Report.pdf](#)	

AU Outcome: CELL 2.1

Alumni will demonstrate community service
Outcome Status: Active

Measures	Results	Actions
AD: Survey - Alumni survey item: To what extent did your educational experience influence your desire to provide service to your community? **Target:** 50% of alumni reported that their educational experience influenced their desire to provide service to their communities at least "some" (i.e., 0= not at all, 1 = very little, 2 = some, 3 = quite a bit, 4 = very much). **Timeframe:** Annually **Responsible Parties:** Center for Engagement, Learning, and Leadership Committee/CELL coordinator	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Alumni survey data indicate that 79% of alumni reported their education at Allen College influenced 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.) Note: These percentages were computed by dividing the number of responses for each response option by the total number of alumni answering the question, which differs from previous reporting years when the percentages were computed by dividing the number of responses for each option by the number of survey responses. The former computation artificially inflated the denominator because not all survey respondents answered this particular survey question. This target has been met consistently for the last three years: 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 least "some." (08/31/2021) **Action Plan Impact:** The action plan for 2019-2020 was to continue to promote service learning opportunities for students, pandemic safety measures permitting and to continue to publish service testimonials on social media. Per the action plan, faculty were encouraged to	**Action:** As the pandemic allows continue to promote service learning opportunities for students, pandemic safety measures permitting. Continue to publish service testimonials on social media. Initially facilitating smaller group activities may be needed due to the pandemic. (08/31/2021)

Admin - Center for Engagement, Learning, and Leadership

AU Outcome: CELL 2.1

Measures	Results	Actions
	take advantage of smaller group opportunities due to the pandemic. These alumni may have been impacted some by the pandemic toward the end of their education. However, the necessary changes continue to engage students in service to their community as demonstrated by exceeding the benchmark. It is recommended to try and implement the 2019-2020 plan again during 2021-2022 year if allowed due to the pandemic. If needed continue the augmented form of the action plan as it appears to be effective. **Related Documents:** Alumni Survey Service Report for 2020-2021 CAP Report.pdf	
AD: Survey - 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:** 60% of alumni responding to the survey report performing at least 5-9 hours of service during the past 12 months. **Timeframe:** Annually **Responsible Parties:** Center for Engagement, Learning, and Leadership Committee/CELL coordinator	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** No Among 2019-2020 graduates of Allen College who returned the alumni survey with an answer to this survey item (n = 38), 10 (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%). Note: These percentages were computed by dividing the number of responses for each response option by the total number of alumni answering the question, which differs from previous reporting years when the percentages were computed by dividing the number of responses for each option by the number of survey responses. The former computation artificialy inflated the denominator because not all survey respondents answered this particular survey question. This target has consistently not been met the last three years, and the results demonstrate steady decline: 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%, 15-19 = 1.6%, 20-24 = 1.6%, 25 or more = 6.3%) . (No data provided for DMS, EdD, PH) . 2017-2018 grads: 34.9% reported at least 5-9 hours of service in the previous 12 months (5-9 = 16%, 10-14 = 5%, 15-19 = 2%, 20-24 = 3%, 25 or more = 10%). (08/31/2021) **Action Plan Impact:** The action plan proposed in the 2019-2020 CAP report was to consider whether the target of 60% is appropriate. This was not completed by the CELL committee. The previous actions are probably still appropriate until the committee discusses any changes that may be indicated. It seems likely that the pandemic would have contributed to a decline in service involvment.	**Action:** The CELL will consider whether the target of 60% is appropriate. If the pandemic allows, the CELL committee will consider inviting alumni to service activities with current students. (08/31/2021)

Admin - Center for Engagement, Learning, and Leadership

AU Outcome: CELL 2.1

Measures	Results	Actions
	Related Documents: [Alumni Survey Service Report for 2020-2021 CAP Report.pdf](#)	

AU Outcome: CELL 2.2

Promote leadership development through community service
Outcome Status: Active

Measures	Results	Actions
SL: Survey - Exit Survey: Participation in on- and off-campus committees, organizations, or projects. **Target:** 60% of the respondents report participation in either on- or off-campus committees, organizations, or projects. **Timeframe:** Annually **Responsible Parties:** Center for Engagement, Learning, and Leadership Committee/CELL coordinator	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** No For the programs reporting, 50% indicated that they participated in either on -or off-campus committees, organizations, or projects while attending Allen College. This result is 10% below the target of 60% and 7.5% lower than the previous reporting year, when 57.5 % reported participation in on -or off-campus committees, organizations, or projects while attending Allen College. The current results are also lower than 2018-2019 (57%) and 2017-2018 (53%). (08/31/2021) **Action Plan Impact:** The 2019-2020 action plan proposed for 2020-2021 indicated a continuation of activities to be offered with new sites added as available. Service opportunities were to be offered on a variety of days and times to accommodate the various schedules of the programs. These actions were difficult to implement due to the pandemic. It seems reasonable that the pandemic and the restrictions it imposed on service opportunities would negatively impact student participation in on- and off-campus committees, organizations, and projects while also attempting to complete college courses. **Related Documents:** [Exit Survey Service Items Report for 2020-2021 CAP Report.pdf](#)	**Action:** Activities will continue to be offered with new sites added as available. Service opportunities will be offered on a variety of days and times to attempt to accommodate the various schedules of the programs. This was done in part due to necessity with the pandemic. Revisiting additional opportunities and varying schedules is appropriate. (08/31/2021)
AD: Survey - Honors Program and Service Learning course rosters **Target:** 35% of each cohort in the upper division prelicensure BSN program enrolls in the service	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** No The December 2020 traditional (1220T) cohort had no participants due to COVID. The May 2021 (052) cohort had 9.7% participation in either service honors or a service-learning elective, traveling to Guatemala in Spring '21.	**Action:** Continue to offer a variety of service-learning options for electives for the upper division nursing students as permitted by

Admin - Center for Engagement, Learning, and Leadership

AU Outcome: CELL 2.2

Measures	Results	Actions
honors program or a service-learning elective. **Timeframe:** Annually **Responsible Parties:** Center for Engagement, Learning, and Leadership Committee/CELL coordinator	Other cohorts have yet to all enroll in their nursing elective. The percent participating 2020-2021 is a dramatic decrease due to the inability to offer programs during COVID. No travel courses were completed in this academic year, which likely affected the overall participation percentage. (09/22/2021) **Action Plan Impact:** The action plan for 2019-2020 indicated that a variety of service-learning options for electives would be offered for the upper division nursing students. Different travel destinations such as Europe and different U.S. locations were to be considered as options for an elective. The action plan was not implemented in large part due to the pandemic. Students were unable to to engage in the service honors and service learning courses and needed to select other electives to continue their education.	pandemic. Different travel destinations may be considered within the guidelines for travel related to the pandemic. (09/22/2021)
SL: Survey - Exit Survey: Managing or leading an organization. **Target:** 15% of respondents report managing or leading an organization. **Timeframe:** Annually **Responsible Parties:** Center for Engagement, Learning, and Leadership Committee/CELL coordinator	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes For reporting programs, 46.8% of students reporting having participated in on or off-campus activities indicated they also managed or led an organization. These results exceed the 15% target and demonstrate an increase of nearly 7 percentage points compared to 2019-2020 when 40.9% of students reporting having participated in an on or off-campus activities indicated they also managed or led an organization. The results are consistent with 2018-2019 results (45%) and far exceed 2017-2018 results (29%). (08/31/2021) **Action Plan Impact:** The 2019-2020 action plan proposed for 2020-2021 was that Allen College would continue to provide leadership opportunities throughout the curriculum, especially in leadership courses. It was intended that AC 316 Service Honors would continue to challenge students through course service projects to take leadership roles in the community and on campus. It was also planned that the CELL would consider gathering information from student groups on campus to compile leadership opportunities offered through their membership, which would perhaps provide important information so all students could see where they could gain leadership experience while in their particular academic programs. However, due to the pandemic, this action was not carried out. **Related Documents:** Exit Survey Service Items Report for 2020-2021 CAP Report.pdf	**Action:** The CELL will seek student input from student groups to develop leadership opportunities. Better understanding the "why" behind this motivation could improve results for this measure and increase leadership opportunities for students. (08/31/2021)

AU Outcome: CELL 3.1

Admin - Center for Engagement, Learning, and Leadership

AU Outcome: CELL 3.1

Collaborate with partners in the community
Outcome Status: Active

Measures	Results	Actions
AD: Report - Internal - Sign up sheets from service days **Target:** 15% of students attend college-wide community service events yearly. **Timeframe:** Annually **Responsible Parties:** Center for Engagement, Learning, and Leadership Committee/CELL coordinator	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** No Due to the pandemic, there were no college-wide service events. Therefore there are no results to report. (09/22/2021) **Action Plan Impact:** Per the 2019-2020 action plan for 2020-2021, it was determined that the CELL committee needed to re-structure how it presents and promotes service opportunities at the college. The pandemic did not permit a college-wide service event, which greatly impacted the results for this measure. committee should evaluate how service is reported and if the target is appropriate.	**Action:** Reinstate college-wide service opportunities as the pandemic allows. Reconsider how service is reported and if the target is still appropriate since the target has not been met for several years. (09/22/2021)
SL: Service - Services 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Fifteen service stories were posted on social media during this reporting year: 7/14 (50%) reached at least 1500 people. 13/14 (93%) had at least 15 "likes". These results demonstrate an increase since the previous year when 5/15 (33%) reached at least 1500 people and 13/15 (87%) had at least 15 "likes," an increase of 17% and 6% respectively. (10/12/2021) **Action Plan Impact:** The 2019-2020 action plan for 2020-2021 was that the CELL committee would work with college groups to increase awareness of posting service stories and seeking "likes" on social media, the idea being that these postings would help get the Allen College name into the community and state of Iowa. The increase in views and awareness demonstrate that the action plan was impactful. The pandemic may have also increased the use of social media.	**Action:** The CELL committee will work with college groups to increase awareness of posting service stories and seeking "likes" on social media. These postings will help get the Allen College name into the community and state of Iowa. (10/12/2021)

Admin - Enrollment Management

AU Outcome: EM 9.0

Students are represented on college committees

Admin - Enrollment Management

AU Outcome: EM 9.0

Outcome Status: Active

Measures	Results	Actions
AD: Report - Internal - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** NA Using question 43 on FNLSSI, the students scored the importance and their satisfaction with the opportunities for involvement in college committees were: Importance = 5.49 – satisfaction = 5.83 How do they compare to last year? This is a new benchmark. (12/20/2021) **Action Plan Impact:** Last year's action plan had no impact.	

AU Outcome: EM10.0

Recognize Student Scholarship

Outcome Status: Active

Measures	Results	Actions

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

AU Outcome: ASR 4.1

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

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

AU Outcome: ASR 4.1

Measures	Results	Actions
SL: Service - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 2020 = 88.80% (n=18) Previous data: 2019: 87.71% (n=19) 2018: 83.69% (n=13) 2017: 94.78% (n=14) 2016: 72.00% (n=13) 2015: 92.56% (n=16) Current results indicate the target continues to be exceeded over the last 4 years. Data from 2016 indicates target was not met that year, but target has been exceeded since. (07/27/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the ASR faculty assessed the assignment rubric/instructions and made modifications accordingly. This action plan was effective for 2020-2021, as demonstrated by a slight increase of 1.09% in 2020 from 2019. Some students offered minimal reflection on the activity and research. Many students did not perform a service activity independently and were encouraged in their grade feedback to further develop their leadership skills by performing independent service later in the program. Course instructors continued to encourage students to engage in a service learning opportunities that will allow them to construct professional practices. Overall, students were able to demonstrate professionalism and leadership through their service learning.	**Action:** To continue to achieve the target for this measure during the 2021-2022 academic year, the course instructors will continue to assess the assignment instructions and make modifications accordingly. (07/27/2021)
SL: Service - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 2020 = 84.56% (n=16) Previous data: 2019: 85.60% (n = 10) 2018: 76.75% (n=12) 2017: 93.33% (n=12) 2016: 93.40% (n=15) 2015: 82.47% (n=17) Current and previous results indicate the target is consistently exceeded from year to year with the exception of 2018. (07/27/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the course instructions continued to assess the assignment instructions and made modifications accordingly. This	**Action:** To continue to achieve the target for this measure for the 2021-2022 academic year, the course instructors will continue to assess the assignment instructions and make modifications accordingly. (07/27/2021)

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

AU Outcome: ASR 4.1

Measures	Results	Actions
	action plan was effective for 2020-2021, with just a slight decrease of 1.04% in 2020 from 2019. Many of the deductions continue to be in the research and writing portion of the grade rubric. The students shared their values concerning their service-learning experience and shared how the experience affected them personally and professionally. Course instructors continued to encourage students to engage in service-learning opportunities that will allow them to construct professional practices. Overall, students were able to demonstrate professionalism and leadership through their service learning.	

AU Outcome: ASR 4.2

Students will practice professionalism
Outcome Status: Active

Measures	Results	Actions
SL: Clinical evaluation tool - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 2020: 3.34 (n=22) 2019: 3.51 (n=19) 2018: 3.68 (n=13) 2017: 3.68 (n=14) 2016: 3.60 (n=13) Current and previous results indicate the target is consistently exceeded from year to year. (07/27/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the clinical instructors and clinical preceptors continued to deliver prompt feedback to students when issues arose concerning initiative and professionalism. This action plan was effective for 2020-2021, with a slight decrease of 0.17 in 2020 from 2019. Clinical instructors and preceptors continued to provide instruction to students in the areas of organization of assignments, initiative, appearance, policies and procedures, and ethical and professional behavior. The faculty continue to discuss the importance of initiative and professional in the clinical setting. Overall, the students demonstrated their ability to practice professionalism in the clinical setting.	**Action:** To continue to meet or exceed the benchmark for this measure during the 2021-2022 academic year, the clinical instructors/preceptors will continue to provide instruction to students in the areas of organization of assignments, initiative, appearance, policies and procedures, ethical and professional behavior. (07/27/2021)
SL: Clinical evaluation tool - RA:275 Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Spring 2021 = 3.65 (n =16)	**Action:** To continue to meet or exceed the target for this measure during the 2020-2021 academic

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

AU Outcome: ASR 4.2

Measures	Results	Actions
Target: Average score >= 3 (0-4 pt. scale) **Timeframe:** Level II-Spring Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/HS Curriculum Committee	Previous data: 2019 3.51 (n=19) 2018 3.68 (n=13) 2017 3.68 (n=14) 2016 3.60 (n=13) 2015 3.83 (n=16) Current and previous results indicate the target is consistently exceeded from year to year. (07/27/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the clinical instructors and clinical preceptors continued to be positive role models for students by practicing professionalism in the clinical setting. This action plan was effective for 2020-2021, as demonstrated with a slight increase of 0.14 in 2021 from 2020. The students' average score in Ethical and Professional Behavior went up compared to the previous year. The students' average scores decreased in the areas of: performance criteria, organization of assignments, initiative, appearance, and policies and procedures. Clinical instructors and preceptors continued to provide instruction to students on professional behavior. The faculty continue to discuss the importance of initiative and professional in the clinical setting. Overall, the students demonstrated their ability to practice professionalism in the clinical setting.	year, the clinical instructors/preceptors will continue to deliver prompt feedback to students when issues arise concerning initiative and professionalism. Faculty continue to discuss the importance of initiative and professionalism in the clinical setting. (07/27/2021)

Program (HS) - Diagnostic Medical Sonography (DMS)

AU Outcome: DMS 2.2

Students will successfully obtain patient history
Outcome Status: Active

Measures	Results	Actions
SL: Clinical evaluation tool - DMS:408 Clinical Instructor/Preceptor Evaluations Number 1 **Target:** On a scale from 1-5, 5 being the highest rating, the average of all	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes All students were rated 4 (n=6), which is consistent with previous years. Fall 2020 avg 4.6 (n=6) Fall 2019 avg rating of 4.72 Fall 2018 avg rating 4.62	**Action:** To meet the target during the 2021-2022, Faculty will continue to use same metrics as well. Faculty will continue to obtain and assess feedback from clinical instructors for any areas of

Program (HS) - Diagnostic Medical Sonography (DMS)

AU Outcome: DMS 2.2

Measures	Results	Actions
the responses >=4 **Timeframe:** Didactic Level - Fall Semester **Responsible Parties:** DMS:408 Course Instructor/Program Faculty/HS Curriculum Committee	Fall 2017 avg rating 4.94 Fall 2016 avg rating 4.71 Fall 2015 avg rating 4.47 (09/24/2021) **Action Plan Impact:** Per the 2019-2021 action plan, this outcome/was to be deactivated and replaced with a new measure for the 2020-2021 academic year. However, due to the additions of new clinical sites, faculty elected to continue this assessment item. Faculty obtained and assessed feedback from clinical instructors. Faculty reviewed evaluations 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	concern that needs to be identified and a recommendation/plan of action for student improvement will be developed, if necessary. (09/24/2021)

AU Outcome: DMS 4.2

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

Measures	Results	Actions
SL: Clinical evaluation tool - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Scores remain high. Students continue to demonstrate professional in the clinical setting. Fall 2020: average score 4.975 (n=5) Fall 2019: Avg 4.93 Fall 2018: Avg. 4.92 Fall 2017: avg score is 4.8 (n=7) Fall 2016: average score is 4.86 (n=5). Fall 2015: average score was 4.9 (n=5). Fall 2014: student's average score was 3.5 on a scale of 1-4, (n=6). (09/24/2021) **Action Plan Impact:** Per the 2019-2021 action plan, was to be changed. However, due to the additions of new clinical sites, faculty elected to continue using present evaluation form. Faculty obtained and assessed feedback from clinical instructors. Faculty reviewed evaluations with clinical instructors and student at each site visit and identified /made recommendations for student improvement. This appears to have been effective in helping	**Action:** To continue to meet or exceed the target/benchmark for this measure during the 2021-2022 academic year, faculty will continue to use current forms. Faculty will continue to review evaluations with students at each site visit, and identify areas of concern, and make recommendations/plan for student improvement. (09/24/2021)

Program (HS) - Diagnostic Medical Sonography (DMS)

AU Outcome: DMS 4.2

Measures	Results	Actions
	students be successful in the clinical setting and in achieving the target for this measure.	
SL: Clinical evaluation tool - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Scores remain high with slight increase over last year. Students continue to demonstrate professional in the clinical setting Spring 2021: average score 5.0 (n=5) Spring 2020: average score 4.95(n=6) Spring 2019: Avg. 4.93 (n=9) Spring 2018: avg score is 4 (n=7) Spring 2017: avg 4.83 (n=4) (09/24/2021) **Action Plan Impact:** Per the 2019-2020 action plan, the evaluation form was to be updated. However, due to the additions of new clinical sites, faculty elected to continue using current format. Faculty reviewed forms with students. Faculty then reviewed the student evaluation forms and conferred with student and their clinical instructors to identify areas 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.	**Action:** To continue to meet or exceed the target/benchmark for this measure during the 2021-2022 academic year, faculty will continue to use current forms. Faculty will continue to review evaluations with students at each site visit, and identify areas of concern, and make recommendations/plan for student improvement. (09/24/2021)

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

AU Outcome: EdD 3.1

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

Measures	Results	Actions
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** NA Course not offered. (09/22/2021) **Action Plan Impact:** Course not offered.	

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

AU Outcome: EdD 3.1

Measures	Results	Actions
Chair/HS Graduate APG Committee		
SL: Didactic - EdD 710: Leading a Health Sciences Learning Organization – Strategic Planning Project **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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** NA Course not offered. (09/22/2021) **Action Plan Impact:** Course not offered.	

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

AU Outcome: MS in OT 5.0 Required formats to document

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.
Outcome Status: Active

Measures	Results	Actions
SL: Clinical - 613 – Advocacy Assignment **Target:** Average cohort score of 90% or higher **Timeframe:** 2nd Year of program, Semester 5 (Spring) **Responsible Parties:** Responsible Parties: Course Instructor/ OT Faculty /HS Grad Curriculum Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes The average for the cohort was 100% (19.96/20 pts possible). (11/08/2021) **Action Plan Impact:** This outcome is new this reporting period so no comparison data is available.	**Action:** Analyze assignment components and create rubrics to capture student critical learning components in better detail. (11/08/2021)

AU Outcome: MS in OT 6.0 Ethical Principles

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

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

AU Outcome: MS in OT 6.0 Ethical Principles

Measures	Results	Actions
SL: Exam/Quiz - Teacher-made - OT 613 – Ethics Assessment **Target:** Average cohort score of 90% or higher **Timeframe:** 2nd Year of program, Semester 5 (Spring) **Responsible Parties:** Responsible Parties: Course Instructor/ OT Faculty /HS Grad Curriculum Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Students' average score was 28.07/30 pts possible with a cohort average of 93.6%. (11/08/2021) **Action Plan Impact:** This outcome is new this reporting period so no comparison data is available.	**Action:** Current dissemination of ethical concepts and application meeting current cohort level although delivery of application of critical reasoning will be analyze to meet new cohort students learning style or need. (11/08/2021)

AU Outcome: MS in OT 10.0 Develop program evaluation

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

Measures	Results	Actions
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Average cohort score 95%. (11/08/2021) **Action Plan Impact:** This outcome is new this reporting period so no comparison data is available.	**Action:** The faculty will continue to review requirements and rubrics for program development presentations. Faculty will provide opportunities for students to explore and develop programs for individuals and communities with emerging needs. (11/08/2021)

Program (HS) - Medical Imaging (MI)

AU Outcome: MI 4.1

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

College Goal 4 - Allen College is committed to promoting a commitment by all members of the Allen College community to lives of service.

Program (HS) - Medical Imaging (MI)

AU Outcome: MI 4.1

Measures	Results	Actions
MI: 460 Service Learning Project (MRI) **Target:** Average score of >= 80% **Timeframe:** Spring Semester **Responsible Parties:** MI: 460 Course Instructors/HS Curriculum Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes There is no data available from Spring 2020. Students were unable to perform service-learning activities last year due to COVID-19 restrictions. The Spring 2021 MI 460 Service-Learning Project average score is 91.5. This is comparable to the Spring 2019 average score of 94. 2021 = 91.5% (n=2) 2020 (n=3) This measurement tool was altered for this cohort due to COVID-19 2019 = 94% (n=1) (09/01/2021) **Action Plan Impact:** As proposed in the 2019-2020 action plan, a rubric was given to each student at the beginning of the course to ensure that they were able to select a service-learning opportunity that would fit within the assignment guidelines. Each student was given the duration of the spring semester to complete their service within the community and reflect upon that experience by answering 10 specific questions. One student hosted a fitting clinical for the members of a 4-H group that show cattle. The other student helped with activities at a school for adults with disabilities. Points were deducted from one project due to no reference used and improper APA formatting. Both students were able to integrate leadership skills and construct professional practices during their service-learning opportunity. Both students demonstrated professionalism while providing service to their community.	**Action:** The instructor will continue to provide the students with information on service-learning opportunities. The instructor will continue to provide a detailed rubric at the beginning of the course. APA format information will be added to the Blackboard course for easy access. Each student will be encouraged to submit a rough draft of their assignment for APA format feedback. (09/01/2021)
MI: 445 Service Learning Project (CT) **Target:** Average score of >= 80%. **Timeframe:** Spring Semester **Responsible Parties:** MI: 445 Course Instructors/HS Curriculum Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** NA No current data available. This measurement tool was altered for this cohort due to COVID-19. This student continued to get turned away from various service opportunities because of her direct contact with COVID patients for her job. 2021 (n=1) This measurement tool was altered for this cohort due to COVID-19 2020 (n=0) 2019 = 99% (n=1) (09/01/2021) **Action Plan Impact:** This measurement tool was altered for this cohort due to COVID-19. As proposed in the 2019-2020 action plan, the instructor did provide the student with information on service-learning opportunities. This student continued to get turned away from various service opportunities because of her direct contact with COVID patients for her job. A detailed rubric was provided to the student at the beginning of the course when she anticipated being able to conduct some form of service. An alternative assignment was provided to the student given the circumstances. The proposed 2019-2020 action plan will be	**Action:** The instructor will continue to provide the students with information on service-learning opportunities. A rubric will be given to each student at the beginning of the course to ensure they understand the assignment requirements before they decide what service they would like to provide in the community. Each student will be encouraged to submit a rough draft of their assignment for APA format feedback. (09/01/2021)

Program (HS) - Medical Imaging (MI)

AU Outcome: MI 4.1		

Measures	Results	Actions
	implemented for this next cohort.	

AU Outcome: MI 4.2		

Students will practice professionalism.
Outcome Status: Active

Measures	Results	Actions
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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes In Summer 2020, the average score of the MI480 Clinical Instructor Evaluations numbers 1, 5, 9, 12, and 13 is 3.78. This year's average score is slightly lower at 3.63. This is not considered a significant difference and the benchmark was still met. 2021 = 3.63 (n=3) 2020 = 3.78 (n=3) 2019 (n=0) (09/01/2021) **Action Plan Impact:** As proposed in the 2019-2020 action plan, the instructor met with each student prior to the start of their clinical rotation to discuss professionalism. The clinical instructors continue to provide feedback to each student to help them develop and practice professionalism in the clinical environment. The data shows that the students demonstrated professionalism in the following key performance criteria areas: organization of assignments, initiative, appearance, policies and procedures, and ethical and professional behaviors. An evaluation process is in place at each clinical site to ensure that the students have the ability to obtain feedback on these key performance areas and has the opportunity to show growth. One student did struggle with initiative during her clinical rotation. The clinical instructor completed additional non-graded evaluations throughout the student's clinical rotation to provide her with additional feedback on how she can improve her initiative. All 3 students did get high praise in the areas of appearance, policies and procedures, and ethical and professional behaviors. Professionalism was demonstrated in the clinical environment.	**Action:** The clinical instructors will continue to provide feedback through non-graded evaluations throughout the semester to allow students the opportunity to develop and practice professionalism. 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 direct patient care. The instructor will continue to meet with each student at the start of their clinical rotation to discuss professionalism in the clinical setting. (09/01/2021)
SL: Clinical evaluation tool - MI: 465 Clinical Instructor Evaluations Numbers 1,5,9,12,13 **Target:** Average score >= 3 (0-4 pt. scale)	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** NA No current data available. The CT student was hired on by her clinical site, so she was able to opt out of the summer Externship course. 2021 (n=0)	**Action:** The instructor will continue to meet with each student before they begin their clinical rotations to discuss professionalism. The clinical instructors will continue to

Program (HS) - Medical Imaging (MI)

AU Outcome: MI 4.2

Measures	Results	Actions
Timeframe: Summer Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/HS Curriculum Committee	2020 (n=0) 2019 = 4 (n=1) (09/01/2021) **Action Plan Impact:** The CT student was hired on by her clinical site, so she was able to opt out of the summer Externship course. The proposed 2019-2020 action plan will remain in effect for the next cohort of students. The instructor was unable to implement the proposed 2019-2020 action plan due to no enrollment.	complete a non-graded evaluation at midterm so that the students have a chance to receive feedback that they can learn and grow from while still in the clinical environment. (09/01/2021)

Program (HS) - Medical Laboratory Science (MLS)

AU Outcome: MLS 3.1

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

Measures	Results	Actions
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Fall 2020 (n=15) 80% (12/15) of students received an average score of >80% Overall average = 40.1/45 points (89.1%) 2019 (n=6) = target met (91.7% - overall average) 2018 = target not met (91.1% - overall average) 2017 = 88.4% (overall average) 2016 = 96.2% (overall average) 2015 = 90.9% (overall average) These results demonstrate the target (75% of students will receive an average score of >= 80%) has been met for the last two years after not being met during the 2018-2019 academic year. (09/22/2021) **Action Plan Impact:** Our 2019-2020 action plan for the 2020-2021 academic year included	**Action:** The assignment written instructions and recording will be reviewed for clarity. Additional information about deductions for each section of the assignment will be included—What will earn a deduction? —to provide additional explanation. (09/22/2021)

Program (HS) - Medical Laboratory Science (MLS)

AU Outcome: MLS 3.1

Measures	Results	Actions
	creating a recording to explain the final assignment. Prior to that, improvements have been made to the directions for this assignment. Students had both written and verbal instructions on how to complete the assignment. While the target was met this year, the overall average score was a bit lower than in years past, but students are still meeting the target. Those students who received deductions left out key sections of the assignment.	

Program (HS) - Public Health (PH)

AU Outcome: PH 3.1

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

Measures	Results	Actions
SL: Didactic - PH: 420 Final report **Target:** Average score of >80% **Timeframe:** Fall semester **Responsible Parties:** Program faculty / HS Curriculum committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 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%. (09/15/2020)	**Action:** The presentation requirement for the final report was removed in Summer 2020 since it had made the project onerous with no direct benefit to the student in the online environment. While one student did not meet the 80% threshold, overall the training materials that students create based on the Cultural and Linguistic Appropriate Standards are a valuable tool and provide a solid foundation for applying these best practices to workplaces. (09/15/2020)

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

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

AU Outcome: BSN 7.0 Professional Role

Model the professional role.
Outcome Status: Active
Start Date: 08/01/2014

Measures	Results	Actions
SL: Clinical evaluation tool - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes In Summer 2020, 100% (6/6) Hybrid students & Fall 2020 100% (30/30) Accelerated students met the outcome for Professional Behavior on the clinical evaluation tool. In Fall 2020, 100% (29/29) of the traditional students achieved a "S" rating for Professional Behavior clinical competencies on clinical evaluation tool. In Spring 2021, (21/21) of the traditional students achieved a "S" rating for Professional Behavior clinical competencies on clinical evaluation tool. This is consistent with the results from the previous academic year. (10/04/2021) **Action Plan Impact:** Emphasis on the importance of the FOCUS values and that professional behavior is an expectation was communicated during clinical orientation. In addition to this, students were reminded by their clinical instructor to emulate these qualities, as well as, a professional appearance during their clinical experiences. **Related Documents:** Outcome 7 RN NU 355 Personal Philosophy paper.docx	**Action:** In order to continue to meet this target, faculty will continue to include teaching and communication during clinical orientation on the importance of the FOCUS values and emphasize that this is an expectation to meet the target proposed. In addition to this, students will be reminded to emulate these qualities, as well as, a professional appearance during all clinical experiences. Students who demonstrate unprofessional behaviors will be placed on a clinical contract. (12/30/2021)
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Fall 2020 (6/6) and Spring 2021 (5/5) students achieved 75% on the personal philosophy paper. This is an improvement from the previous academic year. (10/04/2021) **Action Plan Impact:** The assignment was revised and edited with new directions and specific assignment components. These revisions supported they helped to achieve the outcome benchmark. **Related Documents:** Outcome 7 RN NU 355 Personal Philosophy paper.docx	**Action:** In order to continue to meet this target in the future, the grading rubric for the personal philosophy paper will be reviewed. This may be revised to correspond with revised paper components and directions. (12/30/2021)
SL: Clinical evaluation tool - NU 491C & NU 492 Clinical Evaluation Tool – Professional Behaviors **Target:** 100% of students will receive "S" rating for Professional Behavior clinical competencies on clinical	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 100 % (125/125) students achieved an "S" rating for professional behavior clinical competencies on the clinical evaluation tool for NU 491C and NU 492. This is similar to the results from the previous academic year. (10/04/2021) **Action Plan Impact:** All students achieved the benchmark of an "S" on the clinical evaluation	**Action:** In order to continue to meet this target in the future, the clinical evaluation tool is reviewed at clinical orientation and students are aware of the behaviors they are

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

AU Outcome: BSN 7.0 Professional Role

Measures	Results	Actions
evaluation tool. **Timeframe:** Annually **Responsible Parties:** Responsible Parties: BSN Curriculum Committee	tool for professional clinical behaviors. Students must achieve an "S" rating on this tool or else they will not be successful in passing the course. Students are required to achieve an "S" rating on all clinical behaviors on the clinical evaluation tool to successfully pass the course. **Related Documents:** Outcome 7 NU 491C & NU492 Final Clinical Evaluation Tool.docx	expected to achieve in order to successfully meet the clinical requirements for these courses. (12/30/2021)
AD: Survey - Alumni Survey Item: How well BSN education prepared you to model the professional role (1= very poorly, 2 = poorly, 3 = well, 4 = very well). **Target:** 75% of respondents will report that their BSN education prepared them well or very well to model the professional role. **Timeframe:** Annually **Responsible Parties:** CIRE, Evaluation & Study Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 100% of 2019-2020 alumni (18/18) reported their education prepared them well (5/18, 27.78%) or very well (13/18, 72.22%) to perform this outcome. These results are consistent with previous reporting years (2016-2017, 2017-2018, 2018-2019) when 100% of alumni reported their education prepared them well or very well to perform the outcome. (07/15/2021) **Action Plan Impact:** The BSN curriculum has a favorable impact on graduate's perceptions of how well they were prepared to perform the outcome. The 2019-2020 action plan to survey 2019-2020 alumni during 2021, compare responses, and monitor for favorable and unfavorable trends was appropriate.	**Action:** Results were reported to the Dean and Director of BSN program. 2020-2021 Alumni will be surveyed summer of 2022, results will be compared to previous surveys, and unfavorable trends will be addressed with curriculum adjustment if indicated. Prelicensure program curriculum changes to be implemented starting fall of 2021 include decreasing clinical hours in specialty clinical courses (maternal-newborn, pediatrics, mental health, and community health) and increasing clinical and theory hours in adult medical-surgical courses. These changes may have a positive impact on 2021-2022 and future graduates' perceptions that their education prepared them to demonstrate the outcome. (07/15/2021)
AD: Survey - Employer Survey Item: How well BSN graduate models the	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes	**Action:** Results were reported to the Dean and BSN program

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

AU Outcome: BSN 7.0 Professional Role

Measures	Results	Actions
professional role (1= very poorly, 2 = poorly, 3 = well, 4 = very well, NA = not applicable (e.g., does not perform outcome, or outcome not applicable to current role). **Target:** 75% of respondents will report that BSN graduate models the professional role well or very well. **Timeframe:** Annually **Responsible Parties:** CIRE, Evaluation & Study Committee	100% of employers of 2019-2020 BSN grads (10/10) reported BSN graduate demonstrated the outcome well (30%) or very well (70%), exceeding the target and continuing the positive trend for this measure demonstrated in previous reporting years, with 89-100% of employers reporting that BSN graduates demonstrate this outcome well or very well: 100% of employers of 2018-2019 graduates (n = 11) reported graduates demonstrated the outcome well or very well. 100% of employers of 2017-2018 BSN graduates (n = 6) reported graduates perform this outcome very well. 89% of employers of 2016-2017 BSN graduates (n = 9) reported graduates perform this outcome well or very well. (10/14/2021) **Action Plan Impact:** The action plan proposed for 2020-2021 and for previous reporting years has been to continue to survey employers of graduates 1-2 years after graduation and monitor for trends in their responses. It should be acknowledged that this action plan does nothing to improve graduates' ability to perform this outcome well. It should also be acknowledged that the survey results are biased toward graduates who were willing to grant permission to survey their employers because they are performing well in clinical practice.	director. Continue to survey employer of graduates 1-2 years after graduation and monitor for trends in performance of this program outcome. (10/14/2021)

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

AU Outcome: DNP 6.0

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

Measures	Results	Actions
SL: Summative Evaluation - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 100% (4/4) students achieved an acceptable level (1) on a scale of 0-2 on all criteria included in DNP Outcome 6.0. Students did not graduate during the previous academic year (2019-2020), however, results are consistent with 2018-2019 results when 100% (5/5) students achieved acceptable or above ratings on DNP Outcome 6.0 . (12/10/2021) **Action Plan Impact:** Per the 2019-2020 action plan for 2020-2021, summative evaluations	**Action:** Will continue to monitor this target since the number of DNP graduates remains low and it is essential to assure graduates have documented achievement of program outcomes. Outcomes will be monitored on the Outcomes

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

AU Outcome: DNP 6.0

Measures	Results	Actions
acceptable level (1) on a scale of 0-2 **Timeframe:** Annually upon program completion **Responsible Parties:** Assistant Dean, Graduate Nursing /Graduate Curriculum Committee	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.	assessment form submitted throughout the program in courses correlating with specific outcomes. (12/10/2021)
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Summer 2020 - NA - course not taught Fall 2020 - 100% (15/15) of students achieved at least 80% or higher on the Service-Learning Project assignment Spring 2021 - NA - course not taught Summer 2019 - NA - course not taught Fall 2019 - 100% (4/4) of students achieved at least 80% or higher on the Service Learning Project assignment Spring 2020 - NA - course not taught Compared to results from the 2019-2020 academic year, results for 2020-2021 remain consistent in meeting the target. (09/24/2021) **Action Plan Impact:** Per the 2019-2020 action plan proposed for 2020-2021, lectures were added in to enhance learning from the readings and increase collaboration with discussions.	**Action:** In order to continue to meet the target, course faculty will review current textbook and update to text that is more appropriate to facilitate collaboration and learning. Add Panopto to enhance understanding of Service-Learning Assignment. (09/24/2021)
AD: Survey - DNP Alumni Survey: Graduate perceptions of how well their DNP education prepared them to assume leadership roles in interprofessional collaboration to improve the health outcomes of individuals, families, and populations (very poorly, poorly, well, very well). **Target:** 75% of respondents will report that their DNP education prepared them to assume leadership	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** NA No 2019-2020 graduates. Survey not conducted. (10/14/2021) **Action Plan Impact:** NA	

College Goal 4 - Allen College is committed to promoting a commitment by all members of the Allen College community to lives of service.

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

AU Outcome: DNP 6.0

Measures	Results	Actions
roles in interprofessional collaboration to improve the health outcomes of individuals, families, and populations well or very well. **Timeframe:** Annually **Responsible Parties:** Evaluation & Study Committee/CIRE		
SL: Clinical evaluation tool - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** NA Target not measurable, as BSN-DNP students not part of clinical courses. (10/27/2021) **Action Plan Impact:** This was a new measure for 2020-2021, so no previous data is available from a previous reporting year to compare and no action plan to evaluate.	**Action:** Criterion will be evaluated as BSN-DNP students complete clinical courses. (10/27/2021)

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

AU Outcome: MSN 3.0

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

Measures	Results	Actions
SL: Clinical evaluation tool - 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 Clinical	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Target met with all courses at 100% See attached report - 2020 -2021 CAP Summary MSN Outcomes 1,3,7,8 Reflection on results and action plan from previous year: 2019-2020 Results: Target met with all but NU 605C Fall 2019 (12 of 13, 92%) Results are better than previous reporting year (2019-2020). (09/23/2021)	**Action:** To meet this target for the 2021-2022 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

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

AU Outcome: MSN 3.0

Measures	Results	Actions
Coordinator / Graduate Curriculum Committee	**Action Plan Impact:** The 2019-2020 action plan proposed for 2020-2021 was to have measure and target reviewed with Graduate Curriculum Committee in October 2020. Faculty continued to review preceptor evaluations and/or assess with OSCE performance experiences. Faculty maintained contact with preceptors. These actions seem to have been effective for assessing and evaluating safety and outcomes in clinical experiences. **Related Documents:** [2020-2021 CAP Summary MSN Outcomes 1,3,7,8.pdf](#)	to evaluate progress toward outcomes (09/23/2021)
AD: Report - Internal - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 29 of 29 (100%) of 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. (01/18/2022) **Action Plan Impact:** In order to continue to meet this target for all students, graduate project faculty advisers will maintain close working relationships with students as they plan their evidence-based practice/quality improvement project proposals. This should ensure a high-quality presentation and summary paper at the end of the process. This is still perceived to be a valuable measure of student attainment of this outcome; maintain measure and target. (1/18/2022)	
AD: Survey - MSN Alumni Survey--How well MSN graduates perceive that their MSN education prepared them to apply quality principles to promote patient safety and positive individual and systems outcomes (very poorly, poorly, well, very well). **Target:** 75% of respondents will report feeling well or very well prepared to apply quality principles to promote patient safety and positive individual and systems outcomes.	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 100% of 2019-2020 graduates who completed the alumni survey (8/8) reported their education prepared them well (5, 62.5%) or very well (3, 37.5%) to perform this outcome. These results are consistent with previous reporting years (2016-2017, 2017-2018, 2018-2019) when 93-100% of alumni reported performing this outcome well or very well. (07/16/2021) **Action Plan Impact:** The MSN curriculum has a favorable impact on graduate's perceptions of how well they were prepared to perform the outcome. The 2019-2020 action plan to survey 2019-2020 alumni during 2021, compare responses, and monitor for favorable and unfavorable trends was appropriate.	**Action:** Results were reported to the Dean and Director of MSN program. The 2020-2021 Alumni will be surveyed summer of 2022, results will be compared to previous surveys, and unfavorable trends will be addressed with curriculum adjustment if indicated. (07/16/2021)

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

AU Outcome: MSN 3.0

Measures	Results	Actions
Timeframe: Annually **Responsible Parties:** Evaluation & Study Committee		
AD: Survey - MSN Alumni Employer Survey--How well MSN graduates apply quality principles to promote patient safety and positive individual and systems outcomes (very poorly, poorly, well, very well). **Target:** 75% of respondents will report MSN graduates apply quality principles to promote patient safety and positive individual and systems outcomes well or very well. **Timeframe:** Annually **Responsible Parties:** Evaluation & Study Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 100% of employers of 2019-2020 MSN grads (5/5) reported MSN graduate demonstrated the outcome well (20%) or very well (80%). This result exceeds the target and continuing the positive trend for this measure demonstrated in previous reporting years, with 100% of employers reporting that MSN graduates demonstrate this outcome well or very well: 100% of employers of 2018-2019 MSN graduates (n = 10) reported graduates demonstrated the outcome well or very well. 100% of employers of 2017-2018 MSN graduates (n = 6) reported graduates perform this outcome very well. (10/14/2021) **Action Plan Impact:** The action plan proposed for 2020-2021 and for previous reporting years has been to continue to survey employers of graduates 1-2 years after graduation and monitor for trends in their responses. It should be acknowledged that this action plan does nothing to improve graduates' ability to perform this outcome well. It should also be acknowledged that the survey results are biased toward graduates who were willing to grant permission to survey their employers because they are performing well in clinical practice.	**Action:** Results were reported to the Dean and MSN program director. Continue to survey employer of graduates 1-2 years after graduation and monitor for trends in performance of this program outcome. (10/14/2021)

AU Outcome: MSNO 7.0

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

Measures	Results	Actions
SL: Clinical evaluation tool - Clinical Evaluations-Collaboration Criterion **Target:** 95% of students achieve an acceptable level (1) on "Collaboration" criterion on Faculty Clinical Evaluation tool. **Timeframe:** Annually	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Target met with all courses at 100% See attached report - 2020 -2021 CAP Summary MSN Outcomes 1,3,7,8 Reflection on results and action plan from previous year: 2019-2020 Results: Target met with all but NU 605C Fall 2019 (12 of 13, 92%)	**Action:** To meet this target for the 2021-2022 academic year course faculty will review preceptor evaluations and/or assess student performance with OSCE simulation experiences. Contact with preceptors and students will be

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

AU Outcome: MSNO 7.0

Measures	Results	Actions
Responsible Parties: MSN Clinical Coordinator / Graduate Curriculum Committee	Results are better than previous reporting year (2019-2020). (09/23/2021) **Action Plan Impact:** The 2019-2020 action plan proposed for 2020-2021 was to have measure and target reviewed with Graduate Curriculum Committee in October 2020. Faculty continued to review preceptor evaluations and/or assess with OSCE performance experiences. Faculty maintained contact with preceptors. These actions seem to have been effective for assessing and evaluating collaboration in clinical experiences **Related Documents:** [2020-2021 CAP Summary MSN Outcomes 1,3,7,8.pdf](#)	maintained throughout the course to evaluate progress toward outcomes (09/23/2021)
AD: Report - Internal - Graduate Project Evaluation Form - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 29 of 29 (100%) of 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 preceptor and approved prior to the final presentation. (01/18/2022) **Action Plan Impact:** In order to continue to meet this target for all students, graduate project faculty advisers will maintain close working relationships with students as they plan and develop their evidence-based practice/quality improvement project proposals. This should ensure a high-quality presentation and summary paper at the end of the process. This is still perceived to be a valuable measure of student attainment of this outcome; maintain measure and target. (1/18/22)	
AD: Survey - MSN Alumni Survey-- How well MSN graduates perceive that their MSN education prepared them to collaborate within inter-professional teams to manage and improve health care services for individuals, families and populations (very poorly, poorly, well, very well). **Target:** 75% of respondents will report feeling well or very well prepared to collaborate within inter-professional teams to manage and improve health care services for	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 88% of 2019-2020 graduates who completed the alumni survey (7/8) reported their education prepared them well (3, 37.5%) or very well (4, 40%) to perform this outcome. These results are consistent with previous reporting years (2016-2017, 2017-2018, 2018-2019) when 85-94% of alumni reported performing this outcome well or very well. (07/16/2021) **Action Plan Impact:** The MSN curriculum has a favorable impact on graduate's perceptions of how well they were prepared to perform the outcome. The 2019-2020 action plan to survey 2019-2020 alumni during 2021, compare responses, and monitor for favorable and unfavorable trends was appropriate.	**Action:** Results were reported to the Dean and Director of MSN program. The 2020-2021 Alumni will be surveyed summer of 2022, results will be compared to previous surveys, and unfavorable trends will be addressed with curriculum adjustment if indicated. (07/16/2021)

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

AU Outcome: MSNO 7.0

Measures	Results	Actions
individuals, families and populations. **Timeframe:** Annually **Responsible Parties:** Evaluation & Study Committee		
AD: Survey - MSN Alumni Employer Survey--How well employers perceive that MSN graduates collaborate within inter-professional teams to manage and improve health care services for individuals, families and populations (very poorly, poorly, well, very well). **Target:** 75% of respondents will report that MSN graduates collaborate within inter-professional teams to manage and improve health care services for individuals, families and populations well or very well. **Timeframe:** Annually **Responsible Parties:** Evaluation & Study Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 100% of employers of 2019-2020 MSN grads (5/5) reported MSN graduate demonstrated the outcome very well (100%). This result exceeds the target and continuing the positive trend for this measure demonstrated in previous reporting years, with 100% of employers reporting that MSN graduates demonstrate this outcome well or very well: 100% of employers of 2018-2019 and 2017-2018 MSN graduates reported graduates demonstrated the outcome well or very well. (10/14/2021) **Action Plan Impact:** The action plan proposed for 2020-2021 and for previous reporting years has been to continue to survey employers of graduates 1-2 years after graduation and monitor for trends in their responses. It should be acknowledged that this action plan does nothing to improve graduates' ability to perform this outcome well. It should also be acknowledged that the survey results are biased toward graduates who were willing to grant permission to survey their employers because they are performing well in clinical practice.	**Action:** Results were reported to the Dean and MSN program director. Continue to survey employer of graduates 1-2 years after graduation and monitor for trends in performance of this program outcome. (10/14/2021)

Program (Nursing) - Post-Graduate Certificate APRN

AU Outcome: PGC 2.0

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

Measures	Results	Actions
SL: Clinical evaluation tool - Clinical evaluation tool Clinical Evaluations-	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes	**Action:** To meet this target for the 2021-2022 academic year course

Program (Nursing) - Post-Graduate Certificate APRN

AU Outcome: PGC 2.0

Measures	Results	Actions
"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	Target met with all courses at 100% See attached report - 2020 -2021 CAP Summary PGC Outcomes 1,2,3,4 Reflection on results and action plan from previous year: 2019-2020 Results are the same. Target met at 100% for clinical courses (09/23/2021) **Action Plan Impact:** Measure and target reviewed with Graduate Curriculum Committee in October 2020. Faculty continued to review preceptor evaluations and/or assess with OSCE performance experiences. Faculty maintained contact with preceptors **Related Documents:** 2020-2021 CAP Summary PGC Outcomes 1,2 3, 4.pdf	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 (09/23/2021)
AD: Survey - MSN Alumni Survey-- How well MSN graduates perceive that their MSN education prepared them to apply quality principles to promote patient safety and positive individual and systems outcomes (very poorly, poorly, well, very well). **Target:** 75% of respondents will report feeling well or very well prepared to apply quality principles to promote patient safety and positive individual and systems outcomes. **Timeframe:** Annually **Responsible Parties:** Evaluation & Study Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 1/1 2019-2020 PGC graduate (100%) completed the alumni survey. Graduate reported their education prepared them very well to perform this outcome. These results are consistent with the alumni survey of 2018-2019 PGC grads, which showed that 100% reported performing this outcome well or very well. (07/16/2021) **Action Plan Impact:** The MSN PGC curriculum has a favorable impact on graduat's perceptions of how well they were prepared to perform the outcome. The 2019-2020 action plan to survey 2019-2020 MSN-PGC graduates during 2021 and monitor for response trends was appropriate.	**Action:** Results were reported to the Dean and Director of MSN PGC program. The 2020-2021 Alumni will be surveyed summer of 2022, results will be compared to previous surveys, and unfavorable trends will be addressed with curriculum adjustment if indicated. (07/16/2021)
AD: Survey - MSN Alumni Employer Survey--How well MSN graduates apply quality principles to promote patient safety and positive individual and systems	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** NA Permission not received from graduates to survey employers. (10/14/2021) **Action Plan Impact:** NA	

Program (Nursing) - Post-Graduate Certificate APRN

AU Outcome: PGC 2.0

Measures	Results	Actions
outcomes (very poorly, poorly, well, very well). **Target:** 75% of respondents will report MSN graduates apply quality principles to promote patient safety and positive individual and systems outcomes well or very well. **Timeframe:** Annually **Responsible Parties:** Evaluation & Study Committee		

AU Outcome: PGC 3.0

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

Measures	Results	Actions
SL: Clinical evaluation tool - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Target met with all courses at 100% See attached report - 2020 -2021 CAP Summary PGC Outcomes 1,2,3,4 Reflection on results and action plan from previous year: 2019-2020 Results are the same. Target met at 100% for clinical courses (09/23/2021) **Action Plan Impact:** Measure and target reviewed with Graduate Curriculum Committee in October 2020. Faculty continued to review preceptor evaluations and/or assess with OSCE performance experiences. Faculty maintained contact with preceptors. **Related Documents:** 2020-2021 CAP Summary PGC Outcomes 1,2 3, 4.pdf	**Action:** To meet this target for the 2021-2022 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 (09/23/2021)
AD: Survey - MSN Alumni Survey-- How well MSN graduates perceive that their MSN education prepared	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 1/1 2019-2020 PGC graduate (100%) completed the alumni survey. Graduate reported their	**Action:** Results were reported to the Dean and Director of MSN PGC program. The 2020-2021 Alumni

Program (Nursing) - Post-Graduate Certificate APRN

AU Outcome: PGC 3.0

Measures	Results	Actions
them to collaborate within inter-professional teams to manage and improve health care services for individuals, families and populations (very poorly, poorly, well, very well). **Target:** 75% of respondents will report feeling well or very well prepared to collaborate within inter-professional teams to manage and improve health care services for individuals, families and populations. **Timeframe:** Annually **Responsible Parties:** Evaluation & Study Committee	education prepared them very well to perform this outcome. These results are consistent with the alumni survey of 2018-2019 PGC grads, which showed that 100% reported performing this outcome well or very well. (07/16/2021) **Action Plan Impact:** The MSN PGC curriculum has a favorable impact on graduate's perceptions of how well they were prepared to perform the outcome. The 2019-2020 action plan to survey 2019-2020 MSN-PGC graduates during 2021 and monitor for response trends was appropriate.	will be surveyed summer of 2022, results will be compared to previous surveys, and unfavorable trends will be addressed with curriculum adjustment if indicated. (07/16/2021)
AD: Survey - MSN Alumni Employer Survey--How well employers perceive that MSN graduates collaborate within interprofessional teams to manage and improve health care services for individuals, families and populations (very poorly, poorly, well, very well). **Target:** 75% of respondents will report that MSN graduates collaborate within inter-professional teams to manage and improve health care services for individuals, families and populations well or very well. **Timeframe:** Annually **Responsible Parties:** Evaluation & Study Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** NA Permission not received from graduates to survey employers. (10/14/2021) **Action Plan Impact:** NA	

College Goal 5 - Allen College is committed to adopting management practices that demonstrate outstanding stewardship of all resources to our constituents.

Admin - Administration

AU Outcome: Admin 1.0

Remain a fiscally sound institution
Outcome Status: Active

Measures	Results	Actions

AD: Report - Internal - 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
	Reporting Year: 2020 - 2021 (Year 3)
	Target Met: No
	For the reporting year 2020-2021, Allen College submitted a total 19 grants that had a potential cumulative value of $378,277. The number of grants submitted (n=19) in 2020-2021 did not meet the target of grant applications to submit (n=20); however, the value of the grants funded was 25% higher in 2020-2021 compared to 2019-2020. Some of the awards received in 2020-2021 were from grant applications submitted prior to July 1, 2020, that were then approved after that date.
	
	2020-2021
	    # 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
	
	2018-2019
	    # Grants Submitted: 17
	    Potential Value: $280,322
	    # Grants Funded: 11
	    Value of Grants Funded: $108,881 (09/22/2021)
	Action Plan Impact: Per the 2020-2021 Action Plan to engage appropriate faculty and staff on grant opportunities to ensure the grant ask is appropriate for the College's needs and to involve faculty and staff in contributing information for grant applications, these actions were met. Key faculty and staff were consulted when determining whether to pursue specific
		Action: To meet target in 2021-2022, the College leadership and grant writers will evaluate the grants which will have the highest potential for success and focus on pursuing those opportunities. (09/22/2021)

College Goal 5 - Allen College is committed to adopting management practices that demonstrate outstanding stewardship of all resources to our constituents.

Admin - Administration

AU Outcome: Admin 1.0

Measures	Results	Actions
	grants, and they were involved in providing data and other information for grant applications. Two factors contributed to not meeting the expected submissions of grants in 2020-2021. Partially, because of the ongoing pandemic, certain programming like the Summer Nurse and Health Careers Camp was in question whether it could be safely held; therefore, some grants were not pursued. The second factor was Allen College pursued a Sustaining Institutions Programs (SIP) federal grant in 2021 which was very time consuming. The result was submitting fewer requests, but the amount of funding requested and received was higher. **Related Documents:** 2020-2021 Grants Annual Report.pdf	
AD: Report - Internal - Allen foundation record of scholarships **Target:** Annual increase in number of endowed scholarships **Timeframe:** Annually **Responsible Parties:** Administrative Assistant to the President	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes The number of newly established endowed scholarships increased in 2020-2021 compared to 2019-2020 (n=4). Establishing four new endowed scholarships in 2020-2021 along with nine additional endowed scholarships from 2018-2020 allowed Allen College to set a record amount of scholarship distributions to students during the 2020-2021 scholarship award cycle. 2020-2021 • # New Endowed Scholarships: 4 • # New Scholarships Established (includes endowed and non-endowed): 9 • # Endowed Scholarships 1st-Time Awarded: 6 2019-2020 • # New Endowed Scholarships: 4 • # New Scholarships Established (includes endowed and non-endowed): 5 • # Endowed Scholarships 1st-Time Awarded: 5 2018-2019 • # New Endowed Scholarships: 5 • # New Scholarships Established (includes endowed and non-endowed): 10 • # Endowed Scholarships 1st-Time Awarded: 2 (09/20/2021) **Action Plan Impact:** The 2020-2021 Action Plan was effective, and the College president and	**Action:** The College and Foundation will continue to pursue donors to establish additional scholarships during the 2021-2022 academic year. (09/22/2021)

College Goal 5 - Allen College is committed to adopting management practices that demonstrate outstanding stewardship of all resources to our constituents.

Admin - Administration

AU Outcome: Admin 1.0

Measures	Results	Actions
	Foundation staff sought to increase scholarship support and establish new endowed scholarships. Fundraising events/activities were held throughout the year to support scholarships in addition to meeting with individual donors and organizations.	
AD: Report - External - 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-licensure BSN programs. **Timeframe:** Annually **Responsible Parties:** DOBAS	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Please see attached chart which is for 2020-21, which shows us as third out of fourteen for all and second out of thirteen when excluding the state institution. There is no change in the results compared to 2019-2020 as Allen College was third out of fourteen for all and second out of thirteen when excluding the state institution last year as well. Allen College remains competitive with tuition and fees and the Board of Trustees approves any increases on an annual basis. In 2019-2020, the Board approved a 1% increase in tuition and fees, which is the same increase as 2018-2019. The tuition increase is a data-driven decision each year and our action item from 2019-2020 on monitoring other institutions' tuition and fees to inform the decision. (09/03/2021) **Action Plan Impact:** Our action plan for 2019-20 was successful based on the information gathered for the 2021 budget process, Allen College remains among the least expenses private colleges in Iowa offering pre-licensure BSN programs. **Related Documents:** Tuition and fees 2020-21.pdf	**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. (09/27/2021)
AD: Report - Internal - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Upon review of the December 31, 2020 balance sheet, the permanently restricted assets represent non-spendable net asset balances, which is account 2540-10000-33000-0000, and primarily represents scholarship endowments. Our action to continue to increase fund was successful as this account increased from $7,880,114 as 12/31/19 to $8,005,129 of as of 12/31/20, which is an increase of 1.6%. The change in beneficial interest (2540-10000-33000-1000) represents market fluctuation which increased from the prior year by $1,004,897 or 803.8%. The total permanently restricted net assets (both accounts) increased between 2019 and 2020 by $1,129,912 or 14.1%. 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	**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. The methods for meeting with donors and securing this funding will need to be evaluated depending on the continuation of the SARS-CoV-2 pandemic and the challenges associated with face-to-face

College Goal 5 - Allen College is committed to adopting management practices that demonstrate outstanding stewardship of all resources to our constituents.

Admin - Administration

AU Outcome: Admin 1.0

Measures	Results	Actions
	restricted endowment. (09/27/2021) **Action Plan Impact:** Our action to continue to increase fund was successful as this account increased from $7,880,114 as 12/31/19 to $8,005,129 of as of 12/31/20, which is an increase of 1.6% **Related Documents:** [12-31-19 AC Balance Sheet.pdf](#) [12-31-2020 AC Balance Sheet.pdf](#)	meetings with donors. (09/27/2021)
AD: Report - Internal - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** No During the 2020 calendar year, 15,382 actual credit hours were taught compared to 16,499 budgeted credit hours. The decreases in credit hours were mainly in BSN, ASR, DPT, MSN and MS in OT credit hours for 2020. Additionally, a couple smaller programs did not attain their budgeted credit hour goals. Our total credit hours decreased from 2019 to 2020 from 15,527 to 15,382. The COVID-19 pandemic greatly affected our credit hours in 2020. Many clinical sites had restrictions because of the COVID-19 pandemic we had to reduce our number of spots for enrollment in FA-20, which impacted our credit hours. (09/27/2021) **Action Plan Impact:** We did use existing enrollment forecast for 2020 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. Also, due to clinical site restrictions because of the COVID-19 pandemic we had to reduce our number of spots for enrollment in FA-20, which impacted our credit hours. **Related Documents:** [Credit Hours 12-31-20.pdf](#)	**Action:** For budget for the 2021 calendar year, adjustments were made to the enrollment forecasting template used to project credit hours due to the continuation of the SARS-CoV-2 pandemic. 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. (09/27/2021)
AD: Report - Internal - Allen College year end income statement year-end income statement: Actual performance compared to budget performance **Target:** Allen College's annual actual operating margin percentage meets or exceeds its annual budgeted	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes We budgeted a 8.4% operating margin for 2020 but we ended 2020 with a 12.8% operating margin due to our action plan being successful and using mitigation when credit hours didn't come in for our budgeted revenue. Also, due to the COVID-19 pandemic many staff were furloughed or took pay cuts during 2020 to help offset costs with the hospital having to stop elective surgeries which impacted Allen College. We came in $527,245 better than budget for the year. Our operating margin dropped slightly from 2019 13.7% to 12.8%.	**Action:** We continue to use actual financials to come up with an starting budget for the following year. When revenue targets are not met, mitigation takes place to reduce our expenses so that we meet budget targets. (09/27/2021)

College Goal 5 - Allen College is committed to adopting management practices that demonstrate outstanding stewardship of all resources to our constituents.

Admin - Administration

AU Outcome: Admin 1.0

Measures	Results	Actions
operating margin percentage. **Timeframe:** Annually **Responsible Parties:** DOBAS	(09/27/2021) **Action Plan Impact:** We did implement mitigation measures in 2020 as prescribed by the 2019 action plan. The 2020 mitigation action plan was successful and due to that action we were able to meet or exceed budget. **Related Documents:** UPH Flex Income Statement December 2020.xls	

AU Outcome: Admin 3.0

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

Measures	Results	Actions

AD: Report - Internal - Internal Total Donations to College for Year
 Target: Amount of monetary donations increase.
 Timeframe: Annually
 Responsible Parties: President
	Reporting Year: 2020 - 2021 (Year 3)
	 Target Met: Yes
	 Allen College and the UnityPoint Health – Waterloo Foundation were able to increase the monetary amount donated in 2020-2021 by over $1,000,000 compared to 2019-2020. A contributor is that Allen College received several donations for capital projects and a very substantial estate gift from a longtime supporter.
	
	 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
		Action: The Foundation staff and College President will look for alternative ways to reach donors during the SARS-CoV-2 pandemic because of the impact of how donors are handled. Additionally, the Foundation will continue to work with Eddie Thompson and Associates on meeting with area donors to establish estate plans to include Allen College as a beneficiary in donor's estate gifts. (09/22/2021)

Admin - Administration

AU Outcome: Admin 3.0

Measures	Results	Actions
	Pledges: $410,181.82 Stock/Property: $470.95 Other: Total: $728,444.27 2018-2019 June 1, 2018 – May 31, 2019: Allen College received the following gifts: Cash: $485,174.07 Gift-in-Kind: $11,496.24 Pledges: $165,434.43 Stock/Property: $68,771.43 Other: Total: $730,876.17 (09/21/2021) **Action Plan Impact:** The 2020-2021 action plan was effective in identifying alternative ways to reach donors due to the pandemic and raising funds for the new Allen Legacy Program. Several factors contributed to the increased amount of donations in 2020-2021. The ongoing pandemic and the resulting attention healthcare workers received may have partially contributed to donors wanting to help healthcare students. The new Allen Legacy Program was launched in 2021 which resulted in increased donations.	

AU Outcome: Admin 4.0

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

Measures	Results	Actions
AD: Report - Internal - Number of FTEs allocated for instructional technology, media services, and, instructional, designer. **Target:** College provides at least 2.0 FTEs to support faculty technology	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes The college currently has 3.5 full time equivalents (FTEs) to support the college technology needs which meets the target of 2 FTEs. 2.5 FTEs are specifically instructional technology, two totaling 1.5 FTEs are instructional designers and the other 1.0 FTE is an AV specialist. All are supervised by the Provost. There is a 1.0 FTE who is a SIS coordinator that writes scripts	**Action:** Monitor work load of current technology staff and review prior to budget cycle 2022/2023 and budget additional staff if deemed necessary. (03/21/2022)

Admin - Administration

AU Outcome: Admin 4.0

Measures	Results	Actions
needs. **Timeframe:** Annually **Responsible Parties:** DOBAS	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. In 2019-20 total FTEs were 3.0. The Provost completed the action recommended in the 2019-2020 plan of reviewing the instructional design and AV work volume, and determined that adding a temporary instructional designer resource for Quality Matters was needed to strengthen our courses. Allen College was successful in receiving a grant to pay for a 0.50 part time FTE for this work to share with St. Luke's College. The temporary assignment is scheduled to end in April 2022 and the provost has signaled that the length of work assignment is sufficient for our needs and does not need to be renewed. (03/18/2022) **Action Plan Impact:** The action plan resulted in a part time FTE to do Quality Matters training and instructional design work that was shared with St. Luke's College. A grant was secured to pay for this needed but unbudgeted and temporary FTE. The temporary assignment is scheduled to end in April 2022 and the provost has signaled that the length of work assignment is sufficient for our needs and does not need to be renewed. This action plan had a positive impact on increasing our training and number of courses that either renewed or became QM certified.	
AD: Report - Internal - Number of major requests by Allen College for hardware-software **Target:** 50% of requests approved **Timeframe:** Annually **Responsible Parties:** DOBAS	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes [Need results, action plan, etc. Adjust "target met" accordingly] (03/18/2022) **Action Plan Impact:** [Need results, action plan, etc. Adjust "target met" accordingly]	
AD: Survey - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** No 90% of students rated this item important (rating of 6) or very important (rating of 7) but only 69 % were satisfied (rating of 6) or very satisfied (rating of 7), indicating a 21% performance gap. This is the first year for this measure so there are not previous results for comparison. (10/15/2021) **Action Plan Impact:** This is the first year for this measure so there is no previous action plan;	**Action:** Continue to monitor and plan for lab facilities upgrades as appropriate to keep our labs up to date. (10/15/2021)

College Goal 5 - Allen College is committed to adopting management practices that demonstrate outstanding stewardship of all resources to our constituents.

Admin - Administration

AU Outcome: Admin 4.0

Measures	Results	Actions
Responsible Parties: Buildings & Grounds	therefore impact cannot be evaluated.	
AD: Survey - Ruffalo Noel Levitz Student Satisfaction Inventory—Satisfaction with "39. On the whole, the school is well- **Target:** 80% of students report satisfied or very satisfied [need to verify target] **Timeframe:** Annually **Responsible Parties:** Buildings & Grounds	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 90% of students rated this item important (rating of 6) or very important (rating of 7) and 93 % were satisfied (rating of 6) or very satisfied (rating of 7), indicating a -3% performance gap. This is the first year for this measure so there are not previous results for comparison. (01/20/2022) **Action Plan Impact:** This is the first year for this measure so there is no previous action plan; therefore impact cannot be evaluated.	**Action:** Facility and grounds are monitored and plans are developed to keep our facilities and grounds well-maintained. A current plan underway is the funding, ordering and placement of new patio furniture, updated AV in classrooms, and updating Gerard Hall faculty offices, collaboration space and first floor restrooms. (01/20/2022)

AU Outcome: Admin 6.0

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

Measures	Results	Actions
AD: Survey - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes For "financial aid counseling is available if I need it," we received a score of 6.24 and the national average is 5.84 so we were above the national average. To maintain or exceed this score next year, we will continue to focus on customer service with students letting them know we are available and providing responses via email, phone call, or in-person within a business day. As we reach out to students to promote financial literacy or financial aid requirements, we will continue to encourage them to meet with us for any follow up questions. (09/29/2021) **Action Plan Impact:** Our actions to continue to have informational days to communicate options and deadlines and provide staff for financial aid services and to keep current with federal regulations and student communication preferences helped us to have above average	**Action:** To maintain or exceed this score next year, we will continue to focus on customer service with students letting them know we are available and providing responses via email, phone call, or in-person within a business day. As we reach out to students to promote financial literacy or financial aid requirements, we will continue to encourage them to meet with us for any follow up questions.

College Goal 5 - Allen College is committed to adopting management practices that demonstrate outstanding stewardship of all resources to our constituents.

Admin - Administration

AU Outcome: Admin 6.0

Measures	Results	Actions
	scores.	(09/29/2021)
AD: Survey - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** No Students rated their satisfaction at 5.93 on a scale of 1-7. (equivalent to 72%) (12/06/2021) **Action Plan Impact:** N/A	**Action:** Allen College financial aid staff will continue to use auto-packaging to create awards as quickly and efficiently as possible after Pell charts are released by the Department of Education. Allen College will also provide an estimated award upon request for any student. (12/06/2021)
AD: Survey - Ruffalo Noel Levitz Student Satisfaction Inventory—Satisfaction with "15. Financial aid counseling is available if **Target:** 80% of students report satisfied or very satisfied on questions [need to verify target] **Timeframe:** Annually **Responsible Parties:** Financial Aid	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Students rated their satisfaction at 6.24 out of a scale of 1-7. (equivalent to 80%) (12/06/2021) **Action Plan Impact:** N/A	**Action:** Allen College financial aid staff will continue to have availability to meet with students in person or virtually at the student's convenience. Financial aid staff will continue to work with Admission's staff to meet with prospective students upon request as well. (12/06/2021)
AD: Survey - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** No Students rated their satisfaction at 5.72 on a scale of 1-7. (Equivalent to 61%) (12/06/2021) **Action Plan Impact:** N/A	**Action:** Allen College will continue to promote the Allen scholarship application as well as outside scholarship resources. Students will also receive communication regarding state grants and deadlines to apply. (12/06/2021)

Admin - Diversity and Inclusion Services

Admin - Diversity and Inclusion Services

AU Outcome: DIS 3.0

Diverse representation in all college materials and buildings (ODS Goal 3: Welcoming and inclusive campus climate--Events, messages, symbols, and values of the campus make it a welcoming and inclusive environment for all students, faculty, staff, and members of the broader community.)
Outcome Status: Active

Measures	Results	Actions
AD: Report - Internal - Inclusivity Assessment (i.e., Report of advertising, marketing materials, website, pamphlets, etc. to ensure they promote inclusivity) **Target:** 50% of materials (e.g., advertising, marketing material, website, and images) promote inclusivity. **Timeframe:** Year 3 **Responsible Parties:** DIS Coordinator	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Due to the pandemic, there was limited promotional activities during the 2020-21 academic year. However, 50% of the materials produced (website photos, pamphlets, etc.) did include images that promote inclusivity. In addition, the physical campus continues to promote diversity and inclusion. A gender neutral bathroom was open on the 1st floor Gerard Hall and a lactation room is in place for new mothers. Students are also surveyed on their satisfaction related to "inclusiveness and acceptance of faculty and the 2021 results indicated that 83% of students were satisfied or very satisfied with inclusiveness on campus. These results are a continuation of the most recent previous results from the 2018-2019 reporting cycle which stated: Enrollment Management team met quarterly to discuss initiatives regarding inclusivity on campus, and Admissions team worked closely with administration to ensure college's diverse background is represented on the website and in other materials. (12/04/2021) **Action Plan Impact:** Per the 2018-2019 action plan proposed for subsequent academic years, a new strategic plan was to be implemented to focus on inclusivity. When promotional materials or photographs are taken to be used for marketing materials, a diverse group of students is selected to participate. Also, campus facilities is now a standing agenda item on the Leadership Team's agenda so they can address anything needed for the campus to address diversity and inclusion. Finally, new events were going to be held to take the place of "Chew and Chat" that was held in the past. Very few gatherings took place due to the pandemic, so the action plan was not carried through during this reporting period but will be carried out in the future.	**Action:** Joanna will send this to the D & I chair for inclusion on the next agenda. (12/04/2021)

AU Outcome: DIS 4.0

Offer programs and activities that promote academic success, retention, and graduation of underrepresented students.
(ODS Goal 4: Support diverse students . . .)

College Goal 5 - Allen College is committed to adopting management practices that demonstrate outstanding stewardship of all resources to our constituents.

Admin - Diversity and Inclusion Services

AU Outcome: DIS 4.0

Outcome Status: Active

Measures	Results	Actions
AD: Report - Internal - 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:** DIS Coordinator	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes NURSING Undergraduate Students Summer Accelerated Of the 1 minority students admitted in the summer 2019 cohort, 100% graduated. (100%) Of the 4 male accelerated students in the summer 2019 cohort, 3 students graduated (75%) Of the 40 accelerated students in the summer 2019 cohort, 39 students graduated. (98%) The graduation rate for minority students was higher than the overall class graduation rate, while the male graduation rate was lower than the overall class graduation rate. Fall Accelerated Of the 4 minority students admitted in the fall 2019 cohort, all 4 students graduated. (100%) Of the 8 male accelerated students in the fall 2019 cohort, all 8 students graduated (100%) Of the 38 accelerated students in the fall 2019 cohort, 37 students graduated. (97%) The graduation rate for minority students and male students is higher than the graduation rate for all students. Spring Traditional Of the 3 minority upper division students in the spring 2018 cohort, all 3 students graduated (100%) No male students were part of the spring 2018 cohort, so could not be evaluated. Of the 52 upper division students in the spring 2014 cohort, 47 students graduated (90%) The graduation rate of minority students was higher than the graduation rates for all students. The male student graduation rate could not be evaluated as there were no males part of the spring 2018 cohort. Fall Traditional Of the 3 minority upper division students in the fall 2018 cohort, 3 students graduated (100%) Of the 4 male upper division students in the fall 2018 cohort, 4 students graduated (100%) Of the 32 upper division students in the fall 2018 cohort, 27 students graduated (84%) The graduation rate of both minority and male students is significantly higher than the graduation rate for all students.	**Action:** Continue to provide services for students who are underrepresented in healthcare. (04/12/2022)

Admin - Diversity and Inclusion Services

AU Outcome: DIS 4.0

Measures	Results	Actions
	RN 2019 (there were no RN students admitted in the spring 2019) There were no minority or male admits to the RN-BSN degree in fall 2019. Four of the 6 students enrolled graduated (67%). Health Sciences Undergraduate Students ASR Of the 2 minority students admitted to the ASR program in summer 2019, both graduated (100%) Of the 4 male students admitted to the ASR program in summer 2019, 2 graduated (50%) Of the 21 students in the summer 2019 ASR program, 16 graduated (76%) While the minority student graduation rate was well above the graduation rate for all students, the male graduation rate was significantly lower. DMS Of the 1 minority students admitted to the DMS program in fall 2018, one student graduated (100%) No male students were admitted to the DMS program in the fall 2018. Of the 7 students in the fall 2018 DMS program, 6 graduated (86%) The minority student graduation rate is higher than the graduation rate of all students. Male graduation rates were not able to be calculated. Medical Imaging (MI) No minority students were admitted to the MI program in the fall 2020. No male students were admitted to the MI program in the fall 2020. Of the 4 students in the fall 2020 MI program, 4 graduated (100%) Since there were no minority or male students enrolled, this data cannot be calculated. Public Health (PH) No minority students were admitted to the PH program in the fall 2019. No male students were admitted to the PH program in the spring 2020. Of the 3 students in the fall 2020 MI program, 2 graduated (67%) and 1 student is in the Dental Hygiene/Public Health partnership with Hawkeye Community College.	

Admin - Diversity and Inclusion Services

AU Outcome: DIS 4.0

Measures	Results	Actions
	Since there were no minority or male students enrolled, this data cannot be calculated. RETENTION RATES Minority 29/49 of fall 2019 minority students enrolled for fall 2020 (59%) 16/49 of fall 2019 minority students graduated (33%) 2/49 of fall 2019 minority students on Leave of Absence (1%) (Both approved and non-approved leaves) 47/49 minority students retained (96% total retention rate) Male 40/64 of fall 2019 male students enrolled for fall 2020 (63%) 16/64 of fall 2019 male students graduated (25%) 2/64 of fall 2019 male students on Leave of Absence (0%) (Both approved and non-approved leaves) 57/64 male students retained (89% total retention rate) 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. Comparing these results to the 2018-2019 (year 1) results, little change in results was evident. Year 3 total minority retention (96%) is similar to year 1 (94%). Graduation rates, described above, were also similar to year 1 (due to the shear magnitude of the data, the actual results are not copied here, please refer to the year 1 action for specific data). There is not an action plan to review from year one (2018-2019), so no comparisons were made. (04/12/2022) **Action Plan Impact:** Since there was not an action plan in the 2018-2019 CAP, the effectiveness of that action plan cannot be evaluated. Due to the high retention and graduation rates of Allen College students who are classified as minority, no specific actions are interventions are recommended. These rates will be monitored by the Student Success Coordinator and reported to the Diversity and Inclusion Committee. At any point if it appears	

College Goal 5 - Allen College is committed to adopting management practices that demonstrate outstanding stewardship of all resources to our constituents.

Admin - Diversity and Inclusion Services

AU Outcome: DIS 4.0

Measures	Results	Actions
	that minority graduation/retention is declining disproportional to non-minority students, action will be taken at that time.	
	Reporting Year: 2020 - 2021 (Year 3) **Target Met:** No [The timeframe for this measure is year 1 and year 3. 2020-2021 was year 3, so results are expected for this measure. (12/04/2021) **Action Plan Impact:** [The 2018-2019 action plan proposed for the next academic year was, "Since there is no current Diversity and Inclusion coordinator, this information will go to the Diversity and Inclusion Committee for review and thought for the 2020-2021 academic year." Did the DIC review the 2018-2019 data in 2019-2020 or 2020-2021? If not, what if anything was done that would improve retention and graduation rates of underrepresented students?]	

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

AU Outcome: ASR 1.1

Students will practice proper radiation protection
Outcome Status: Active

Measures	Results	Actions
SL: Clinical evaluation tool - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Fall 2020 = 3.94 (n=23) Previous data: 2019 = 3.91 (n=19) 2018 = 3.90 (n=13) 2017=3.97(n=14) 2016 = 3.89 (n=13) 2015 = 3.95 (n=16) Current and past results indicate the target has been met consistently from year to year. (07/26/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, faculty continued to	**Action:** To continue to exceed the benchmark instructors will continue to have students practice radiation protection in each lab and in the clinical environment. No changes to this assessment item are recommended. The program will continue to use and assess this measurement tool with each new cohort. (07/26/2021)

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

AU Outcome: ASR 1.1

Measures	Results	Actions
	have students practice radiation protection in each lab and in the clinical settings. This action plan was effective for 2020-2021, as demonstrated by a slight increase of .03 in 2020 from 2019. The program faculty provided guidance and instruction for students to enable them to practice and apply radiation protection principles in the clinical setting. Students demonstrated clinical competence by applying proper radiation protection. A variety of radiation protection practices and principles are emphasized throughout the curriculum and students continue to evidence the application of this knowledge in the clinical setting.	
SL: Clinical evaluation tool - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 2021= 3.98 (n= 16) Previous data: 2020 no data to assess, this program requirement was waived for this cohort due to COVID-19. Prior data: 2019 = 4.00 (n=12) 2018 = 3.96 (n=12) 2017 = 3.96 (n=15) 2016 = 3.96 (n=17) 2015 = 3.96 (n=15) Current and previous results indicate the target is consistently exceeded from year to year, with most students achieving a score of 4.0 on a 4-point scale. (07/26/2021) **Action Plan Impact:** This measure was not assessed during 2019-2020 due to COVID-19, so there was no proposed action plan for 2020-2021. Per the 2018-2019 action plan proposed for 2019-2020, it was intended that instructors would teach various methods of radiation protection and reinforce this throughout the program. It was also intended that students continue to have access to an appropriate exam volume in a variety of settings to prepare them for their final competencies. Due to no proposed action plan for 2020-2021, the prior action plan continued during 2020-2021. This plan appears to have been effective because there was no significant change in scores compared to the previous assessed years. The students demonstrated clinical proficiency and competency in providing radiation protection.	**Action:** To continue to exceed the benchmark for this measure during the 2021-2022 academic year, 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. In addition, this evaluation is completed by the clinical instructors. (07/26/2021)

AU Outcome: ASR 1.2

Students will apply correct positioning skills
Outcome Status: Active

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

AU Outcome: ASR 1.2

Measures	Results	Actions
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 2021 = 3.93 (n=17) Previous data: 2020= 3.92 (n=16) 2019= 3.88 (n=13) 2018= 3.86 (n=14) 2017 = 4 (n=12) 2016= 3.96 (n=16) 2015=3.79 (n=17) 2014=3.86 (n=15) Current and previous results indicate the target is consistently exceeded from year to year. (07/26/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, course instructors continued to assess this item since certification testing is completed at various clinical sites and with different clinical instructors. This action plan was effective for 2020-2021, as demonstrated by a slight increase of .01 in 2021 from 2020. The clinical instructors, clinical preceptors, and faculty provided the students with the appropriate instruction and supervision to apply correct positioning skills. Students demonstrated knowledge of positioning in relation to their level of placement in the program. Students are encouraged to practice and review positioning principles by the clinical instructors.	**Action:** To continue to meet or exceed this benchmark for this measure during the 2021-2022 academic year, course instructors recommend assessing this item since certification testing is completed at various clinical sites and with different clinical instructors. No changes recommended. (07/26/2021)
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Fall 2020=3.95 (n=16) Previous data: 2019 = 3.9 (n= 10) 2018=3.95 (n=12) 2017=3.90 (n=12) 2016=3.97 (n=15) 2015=3.99 (n=17) Current and previous results indicate the target is consistently exceeded from year to year, with most students achieving a score of 3.9 or greater on a 4-point scale. (07/26/2021)	**Action:** To continue to exceed this benchmark for the 2021-2022 year, 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 which permits

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

AU Outcome: ASR 1.2

Measures	Results	Actions
	Action Plan Impact: Per the 2019-2020 action plan, during 2020-2021, faculty continued to communicate with the clinical instructors and encouraged them to select from more advanced and challenging exams to correlate with the student's level in the program. This action plan was effective for 2020-2021, as demonstrated by a slight increase of .05 in 2020 from 2019. The clinical instructors continued to assess the student's positioning skills on more advanced procedures appropriate for their level in the program. This is the third cohort that excluded some basic level 1 exams. The procedural exam difficulty correlates with the student's level in the program and students continue to demonstrate clinical competency by applying correct positioning skills on these more advanced procedures. Students are guided by the program faculty and are well prepared in the classroom and lab which permits success in the clinical setting.	success in the clinical setting. No changes recommended. (07/26/2021)

AU Outcome: ASR 2.1

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

Measures	Results	Actions
SL: Clinical evaluation tool - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 2020 3.27(n=22) Previous data: 2019 3.47 (n=19) 2018 3.67 (n=13) 2017 3.68 (n=14) 2016 3.56 (n=13) Current and previous results indicate the target is consistently met from year to year. There has been a slight decrease seen each year over the last 3 years. (07/26/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the clinical instructors and preceptors continue to deliver prompt feedback to students when issues arise concerning patient care and interpersonal relationships. This action plan was effective for 2020-2021, but there was a slight decrease of .20 in 2020 from 2019 demonstrating that the students' average scores decreased in all areas of the performance criteria: patient care, interpersonal	**Action:** To continue to meet or exceed the benchmark for this measure during the 2021-2022 academic year, 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. (07/26/2021)

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

AU Outcome: ASR 2.1

Measures	Results	Actions
	relationships, multicultural diversity, and age-appropriate care. Two students withdrew from this course before the end of the semester. 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. Faculty continue to discuss and review the correct way to communicate with the patient and fellow students, technologists, and radiologists.	
SL: Clinical evaluation tool - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Spring 2021 = 3.66 (N =16) Previous data: 2019-2020 3.86 (n=10) 2018-2019 3.90 (n=12) 2017-2018 3.78 (n=12) 2016-2017 3.95 (n=15) 2015-2016 3.97 (n=17) Current and previous results indicate the target is consistently exceeded from year to year. (07/26/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the clinical instructors and clinical preceptors continued to instruct students by exhibiting effective communication in the clinical environment. This action plan was effective for 2020-2021, but there was a slight decrease of .20 in 2021 from 2020 demonstrating that the students' average scores decreased in the areas of interpersonal relationships, multicultural diversity, age-appropriate care, and patient care. Clinical instructors and preceptors continue to provide 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.	**Action:** To continue to meet or exceed the target for this measure during the 2021-2022 academic year, clinical instructors/preceptors will continue to instruct students by exhibiting effective communication in the clinical environment. (07/26/2021)
SL: Clinical evaluation tool - RA:135 Clinical Competency Evaluation/ Part I – Number 4 Part III- Numbers 1,3,6-8	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 2020 = 3.96 (n=23) Previous data: 2019 = 3.94 (n=19)	**Action:** To continue to exceed the target for this measure for the 2021-2022, the program faculty will continue to provide the students

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

AU Outcome: ASR 2.1

Measures	Results	Actions
Target: Average score >= 3 (0-4 pt. scale) **Timeframe:** Level I-Fall Semester **Responsible Parties:** Clinical Instructor/Program Faculty/ HS Curriculum Committee	2018 = 3.95 (n=13) 2017=3.98 (n=14) 2016=3.92 (n=13) 2015=3.99 (n=16) Current and previous results indicate the target is consistently exceeded from year to year, with most students achieving a score of 3.9 or greater on a 4-point scale. (07/26/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, clinical instructors continued to deliver instruction, supervision, and feedback to the students in the clinical environment. This action plan was effective for 2020-2021, as demonstrated by a slight increase of .02 in 2020 from 2019. All students demonstrated communication skills reflective of their level in the program. The program curriculum and faculty continue to provide students with the necessary skills to progress from the classroom and lab setting to the clinical setting. The students continue to demonstrate effective communication skills in the clinical setting.	with the skills needed for effective clinical communication and guide and assist the clinical instructors as they provide effective instruction, supervision, and feedback to the students in the clinical setting. (07/26/2021)
SL: Clinical evaluation tool - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 2021 = 3.98 (n=16) Previous data: 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) 2017=4 (n=15) 2016=4 (n=17) 2015=3.99 (n=15) Current and previous results indicate the target is consistently exceeded from year to year, with most students achieving a score of 3.98 or greater on a 4-point scale. (07/26/2021) **Action Plan Impact:** This measure was not assessed during 2019-2020 due to COVID-19, so there was no proposed action plan for 2020-2021. Per the 2018-2019 action plan proposed for 2019-2020, it was intended that the program will continue to provide students with access to an appropriate exam value in a variety of settings to prepare them for their final competencies. Due to no proposed action plan for 2020-2021, the prior action plan continued	**Action:** To continue to exceed the target for this measure for the 2021-2022, students will be instructed and guided in effective clinical communication skills in every semester of the program. (07/26/2021)

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

AU Outcome: ASR 2.1

Measures	Results	Actions
	during 2020-2021. This plan appears to have been effective because there was no significant change in scores compared to the previous assessed years. The students demonstrated effective communication skills in the clinical setting. Students are instructed and guided in effective clinical communication skills in every semester of the program. Many of this year's final CCE's were performed on patients that required multiple exams and extensive patient communication.	

AU Outcome: ASR 2.2

Students will practice written communication skills
Outcome Status: Active

Measures	Results	Actions
SL: Didactic - RA: 115 Patient Care Presentation **Target:** Average score of >= 85% **Timeframe:** Level I-Fall Semester **Responsible Parties:** RA: 115 Course Instructor/HS APG Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 2020=96% (n=20) 2019=98% (n=19) 2018=98% (n=13) 2017=98% (n=14) 2016=97% (n=13) Current and previous results indicate the target is consistently exceeded from year to year, with most students achieving a score of 96% or greater. (07/26/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the course instructor continued to discuss the paper requirements with the students throughout the semester. The course instructor emailed the students resource information that included a link to the academic resource page on the Allen College website. Included on this resource page is an APA link that provided information to assist students with practicing written communication skills. This action plan was effective for 2020-2021, with just a slight decrease of 2% in 2020 from 2019. Many of the point deductions were APA related: missing title page, missing running head, and reference page formatting issues. The course instructor provided a Panopto video resource that assists students when writing their research papers. Overall, the students continue to practice written communication skills effectively.	**Action:** To continue to meet or exceed the target for this measure during the 2021-2022 academic year, the course instructor will continue to discuss the paper requirements with the students. Remind students of the resources available on the Allen College website. The resources page includes a Panopto video that assists the students when writing their research papers. (07/26/2021)
SL: Didactic - RA:258 Pathology		

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

AU Outcome: ASR 2.2

Measures	Results	Actions
Systems Presentation **Target:** Average score of >= 85% **Timeframe:** Level II-Fall Semester **Responsible Parties:** RA: 258 Course Instructor/ HS APG Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 2020=98% (n=16) 2019=99% (n=10) 2018=99% (n=12) 2017=97% (n=12) 2016=95% (n=15) Current and previous results indicate the target is consistently exceeded from year to year. (07/26/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the course instructor continued to discuss the paper requirements with the students throughout the semester. The course instructor emailed the students resource information that included a link to the academic resource page on the Allen College website. Included on this resource page is an APA link that provided information to assist students with practicing written communication skills. This action plan was effective for 2020-2021, with just a slight decrease of 1% in 2020 from 2019. Minor deductions were noted including the following: not displaying radiographic images as part of their presentation, not discussing the reason for selection of the pathology topic, and not meeting the 8-minute length requirement. Overall, the students continue to practice written communication skills effectively.	**Action:** To continue to achieve the target for this measure during the 2021-2022 academic year, the course instructor will continue to discuss the paper requirements with the students. (07/26/2021)

AU Outcome: ASR 2.3

Students will demonstrate oral communication skills
Outcome Status: Active

Measures	Results	Actions
SL: Didactic - RA: 115 Patient Care Presentation **Target:** Average score of >= 85% **Timeframe:** Level I-Fall Semester **Responsible Parties:** RA: 115 Course Instructor/HS APG Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 2020=99% (n=20) 2019=98% (n=19) 2018=99% (n=13) 2017 =99% (n=14) 2016=99% (n=13)	**Action:** To continue to meet or exceed the benchmark for this measure during the 2021-2022 academic year, the course instructor will continue to discuss the paper requirements with the students. (07/26/2021)

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

AU Outcome: ASR 2.3

Measures	Results	Actions
	Current and previous results indicate the target is consistently exceeded from year to year. (07/26/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the course instructor continued to discuss the paper requirements with the students throughout the semester. The course instructor also encouraged students to practice reading their papers before the due date to assist them in demonstrating effective oral communication skills. This action plan was effective for 2020-2021, demonstrating an increase of 1% in 2020 from 2019. Only one student had a deduction in their oral presentation due to voice level being too soft. All papers in the RA115 course were presented using Collaborate Ultra on Blackboard with only a few minor technical difficulties. Overall, the students continue to demonstrate effective oral communication skills.	
SL: Didactic - RA:258 Pathology Systems Presentation **Target:** Average score of >= 85% **Timeframe:** Level II-Fall Semester **Responsible Parties:** RA: 258 Course Instructor/ HS APG Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 2020= 95% (n=16) 2019=98% (n=10) 2018=96% (n=12) 2017=96% (n=12) 2016=97% (n=15) Current and previous results indicate the target is consistently exceeded from year to year. (07/26/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the course instructor continued to discuss the paper requirements with the students throughout the semester. The course instructor also encouraged students to practice reading their papers before the due date to assist them in demonstrating effective oral communication skills. This action plan was effective for 2020-2021, with just a slight decrease of 3% in 2020 from 2019. Each student completes two papers during the pathology course. Minor deductions included: missing title page, improper spacing, and reference page formatting. Overall, the students continue to demonstrate effective oral communication skills.	**Action:** To continue to meet or exceed the benchmark for this measure during the 2021-2022 academic year, the course instructor will continue to discuss the paper requirements with the students. Remind students of the resources available on the Allen College website. The resources page includes a Panopto video that assists the students when writing their research papers. (07/26/2021)

AU Outcome: ASR 3.1

Students will appropriately critique radiographic images
Outcome Status: Active

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

AU Outcome: ASR 3.1

Measures	Results	Actions
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 2020 = 91.94 (n=16) Previous data: 2019 = 92.72% (n=11) 2018 = 93.75% (n=12) 2017=87.75% (n=12) 2016: 90.19% (n=16) Current and previous results indicate the target is consistently exceeded from year to year. (07/27/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the course instructor used the new 5th edition textbook for this cohort. This textbook is considered to be an excellent learning opportunity for the students. The action plan was effective for 2020-2021, with only a slight decrease of .78% in 2020 from 2019. Students demonstrated the ability to apply critical thinking skills while correctly analyzing radiographic images. A variety of learning opportunities were provided to the students through the use of the new textbook.	**Action:** To continue to achieve the benchmark for this measure during the 2021-2022 academic year, the faculty will continue to assign learning opportunities from the new 5th edition textbook. (07/27/2021)
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 2020 = 91.69% (n=16) Previous data 2019 = 88.8% (n = 10) 2018 = 93.33% (n=12) 2017 = 88.83% (n=12) 2016 = 91.66% (n=15) Current and previous results indicate the target is consistently exceeded from year to year. (07/27/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the course instructor used the new 5th edition textbook for this cohort. This textbook is considered to be an excellent learning opportunity for the students. The action plan was effective for 2020-2021, as demonstrated by an increase of 2.89% in 2020 from 2019. The instructor carefully reviewed each item on the worksheets for clarity and accuracy with the new edition textbook. Students demonstrated the ability to apply critical thinking skills while correctly analyzing	**Action:** To continue to achieve the target for this measure during the 2021-2022 academic year, the faculty will 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. (07/27/2021)

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

AU Outcome: ASR 3.1

Measures	Results	Actions
	radiographic images. A variety of learning opportunities were provided to the students through the use of the new textbook.	

AU Outcome: ASR 3.2

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

Measures	Results	Actions
SL: Exam/Quiz - Standardized - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** No 2021 = 69% (n = 16) achieved a 70 or greater on one of the four exams. Previous data: 2020 = 90% (n=10) 2019 = 100% (n=12) 2018 = 100% (n=12) 2017 = 93% (n=15) 2016 = 100% (n=17) 2015 = 93% (n=15) The current data does not meet target. All previous data indicates the target was consistently exceeded from year to year before 2021. Since there is no prior data that does not meet benchmark, a new action plan will help assist faculty in reflecting on the unexpected decrease in percentage for this measure. (07/27/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the ASR Program curriculum is designed to prepare students for mock board exams. The target was updated to remove the word "passing" from the current year's assessment plan. There was a significant decrease in the percentage of students achieving a score of 70 or greater on at least one of the four comprehensive exams when compared to the prior data. The 2019-2020 action plan was not effective, as a decrease of 21% is demonstrated in 2021 from 2020. COVID-19 did cause this cohort to experience disruptions and changes to the learning environment. In addition, students may not have scored well on the first exam because they perceived that it was scheduled too soon after spring break. In Spring 2021, the first exam was held the Thursday after spring break. Faculty continued to encourage students to use all available	**Action:** To meet or exceed the benchmark for this measure during the 2021-2022 year, based on student feedback, the course instructor will attempt to schedule the first exam one week later in Sp22 and then evaluate the effectiveness of exam scheduling compared to the first exam scores. The instructor will continue to encourage time management skills for comprehensive review and continue to encourage the use of all learning resources throughout the course. Based on student feedback, the instructor will attempt to adjust exam scheduling in Sp22. (07/27/2021)

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

AU Outcome: ASR 3.2

Measures	Results	Actions
	learning resources that they are provided throughout the program to help prepare for the exams. Overall, the students did not consistently demonstrate the ability to practice critical thinking in relation to this measure.	
SL: Didactic - RA:154 CT Topic Presentation **Target:** Average score of >= 80% **Timeframe:** Level I- Spring Semester **Responsible Parties:** Program Faculty/HS Curriculum Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Spring 2021 = 96.24% (n=13) No previous data available for comparison. (07/27/2021) **Action Plan Impact:** There is no previous data available for comparison. This is the first cohort to utilize this measurement tool so there was no prior action plan to reflect on. Students are expected to use critical thinking skills to help teach the class about specific CT topics. Overall, this cohort performed well with an average score of 96.24%. When this presentation is assigned, each student receives a grading rubric that includes a breakdown of how their presentation will be graded. 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 the presentation 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. Each student conducted peer reviews on a select number of presentations. The student 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.	**Action:** To continue to exceed target for the 2021-2022 year, 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. No changes are recommended. (07/27/2021)

AU Outcome: ASR 3.3

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

Measures	Results	Actions
SL: Clinical evaluation tool - RA:145 Clinical Instructor/ Preceptor	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes	**Action:** To continue to meet or

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

AU Outcome: ASR 3.3

Measures	Results	Actions
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	Spring 2021 = 3.65 (N =18) Previous data: 2019-2020 3.60 (N=16) 2018-2019 3.36 (N=13) 2017-2018 3.53 (N=14) 2016-2017 3.63 (N=12) 2015-2016 3.63 (N-16) Current and previous results indicate the target is consistently exceeded from year to year. (07/27/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the clinical instructors and clinical preceptors continued to provide the needed instruction and supervision to the students to evaluate their critical thinking skills in the clinical setting. This action plan was effective for 2020-2021, as demonstrated by a slight increase of .05 in 2021 from 2020. The student scores were higher than the previous year in the ability to follow directions area. There was a slight decrease in the areas of: application of knowledge, self-image for the level of the ASR program, and composure and adaptability. The program faculty continue to work with clinical instructors and preceptors to ensure all students are provided with the education and opportunities needed to be successful in the clinical environment.	exceed the target for this measure during the 2021-2022 academic year, 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. (07/27/2021)
SL: Clinical evaluation tool - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 2020 3.75 (n=16) Previous Data: 2019 3.86 (n=11) 2018 3.81 (n=12) 2017 3.79 (n=12) 2016 3.86 (n=15) Current and previous results indicate the target is consistently exceeded from year to year. (07/27/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the clinical instructors and clinical preceptors continued to demonstrate and explain to students how to practice critical thinking skills in the clinical setting. This action plan was effective for 2020-2021, with just a slight decrease of .09 in 2020 from 2019. The student scores were lower in all four	**Action:** To continue to meet or exceed the target for this measure during the 2021-2022 academic year, clinical instructors/preceptors will continue to instruct and explain and demonstrate to students how to practice critical thinking skills in the clinical environment. (07/27/2021)

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

AU Outcome: ASR 3.3

Measures	Results	Actions
	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 in Trajecsys. Students continue to demonstrate their ability to critically think in the clinical setting. The program faculty continue to work with clinical instructors and preceptors to ensure all students are provided with the education and opportunities needed to be successful in the clinical environment.	

AU Outcome: ASR 4.1

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

Measures	Results	Actions
SL: Service - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 2020 = 88.80% (n=18) Previous data: 2019: 87.71% (n=19) 2018: 83.69% (n=13) 2017: 94.78% (n=14) 2016: 72.00% (n=13) 2015: 92.56% (n=16) Current results indicate the target continues to be exceeded over the last 4 years. Data from 2016 indicates target was not met that year, but target has been exceeded since. (07/27/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the ASR faculty assessed the assignment rubric/instructions and made modifications accordingly. This action plan was effective for 2020-2021, as demonstrated by a slight increase of 1.09% in 2020 from 2019. Some students offered minimal reflection on the activity and research. Many students did not perform a service activity independently and were encouraged in their grade feedback to further develop their leadership skills by performing independent service later in the program. Course instructors continued to encourage students to engage in a service learning opportunities that will allow them to construct professional practices. Overall, students were	**Action:** To continue to achieve the target for this measure during the 2021-2022 academic year, the course instructors will continue to assess the assignment instructions and make modifications accordingly. (07/27/2021)

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

AU Outcome: ASR 4.1

Measures	Results	Actions
	able to demonstrate professionalism and leadership through their service learning.	
SL: Service - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 2020 = 84.56% (n=16) Previous data: 2019: 85.60% (n = 10) 2018: 76.75% (n=12) 2017: 93.33% (n=12) 2016: 93.40% (n=15) 2015: 82.47% (n=17) Current and previous results indicate the target is consistently exceeded from year to year with the exception of 2018. (07/27/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the course instructions continued to assess the assignment instructions and made modifications accordingly. This action plan was effective for 2020-2021, with just a slight decrease of 1.04% in 2020 from 2019. Many of the deductions continue to be in the research and writing portion of the grade rubric. The students shared their values concerning their service-learning experience and shared how the experience affected them personally and professionally. Course instructors continued to encourage students to engage in service-learning opportunities that will allow them to construct professional practices. Overall, students were able to demonstrate professionalism and leadership through their service learning.	**Action:** To continue to achieve the target for this measure for the 2021-2022 academic year, the course instructors will continue to assess the assignment instructions and make modifications accordingly. (07/27/2021)

AU Outcome: ASR 4.2

Students will practice professionalism
Outcome Status: Active

Measures	Results	Actions
SL: Clinical evaluation tool - RA:135 Clinical Instructor/Preceptor Evaluations Numbers 1,5,9,12,13 **Target:** Average score >= 3 (0-4 pt.	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 2020: 3.34 (n=22) 2019: 3.51 (n=19) 2018: 3.68 (n=13)	**Action:** To continue to meet or exceed the benchmark for this measure during the 2021-2022 academic year, the clinical

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

AU Outcome: ASR 4.2

Measures	Results	Actions
scale) **Timeframe:** Level I- Fall Semester **Responsible Parties:** Clinical Instructors/ Program Faculty/HS Curriculum Committee	2017: 3.68 (n=14) 2016: 3.60 (n=13) Current and previous results indicate the target is consistently exceeded from year to year. (07/27/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the clinical instructors and clinical preceptors continued to deliver prompt feedback to students when issues arose concerning initiative and professionalism. This action plan was effective for 2020-2021, with a slight decrease of 0.17 in 2020 from 2019. Clinical instructors and preceptors continued to provide instruction to students in the areas of organization of assignments, initiative, appearance, policies and procedures, and ethical and professional behavior. The faculty continue to discuss the importance of initiative and professional in the clinical setting. Overall, the students demonstrated their ability to practice professionalism in the clinical setting.	instructors/preceptors will continue to provide instruction to students in the areas of organization of assignments, initiative, appearance, policies and procedures, ethical and professional behavior. (07/27/2021)
SL: Clinical evaluation tool - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Spring 2021 = 3.65 (n =16) Previous data: 2019 3.51 (n=19) 2018 3.68 (n=13) 2017 3.68 (n=14) 2016 3.60 (n=13) 2015 3.83 (n=16) Current and previous results indicate the target is consistently exceeded from year to year. (07/27/2021) **Action Plan Impact:** Per the 2019-2020 action plan, during 2020-2021, the clinical instructors and clinical preceptors continued to be positive role models for students by practicing professionalism in the clinical setting. This action plan was effective for 2020-2021, as demonstrated with a slight increase of 0.14 in 2021 from 2020. The students' average score in Ethical and Professional Behavior went up compared to the previous year. The students' average scores decreased in the areas of: performance criteria, organization of assignments, initiative, appearance, and policies and procedures. Clinical instructors and preceptors continued to provide instruction to students on professional behavior. The faculty continue to discuss the importance of initiative and professional in the clinical setting. Overall, the	**Action:** To continue to meet or exceed the target for this measure during the 2020-2021 academic year, the clinical instructors/preceptors will continue to deliver prompt feedback to students when issues arise concerning initiative and professionalism. Faculty continue to discuss the importance of initiative and professionalism in the clinical setting. (07/27/2021)

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

AU Outcome: ASR 4.2

Measures	Results	Actions
	students demonstrated their ability to practice professionalism in the clinical setting.	

Program (HS) - Diagnostic Medical Sonography (DMS)

AU Outcome: DMS 2.2

Students will successfully obtain patient history
Outcome Status: Active

Measures	Results	Actions
SL: Clinical evaluation tool - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes All students were rated 4 (n=6), which is consistent with previous years. Fall 2020 avg 4.6 (n=6) Fall 2019 avg rating of 4.72 Fall 2018 avg rating 4.62 Fall 2017 avg rating 4.94 Fall 2016 avg rating 4.71 Fall 2015 avg rating 4.47 (09/24/2021) **Action Plan Impact:** Per the 2019-2021 action plan, this outcome/was to be deactivated and replaced with a new measure for the 2020-2021 academic year. However, due to the additions of new clinical sites, faculty elected to continue this assessment item. Faculty obtained and assessed feedback from clinical instructors. Faculty reviewed evaluations 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	**Action:** To meet the target during the 2021-2022, 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. (09/24/2021)

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

AU Outcome: EdD 5.1

College Goal 5 - Allen College is committed to adopting management practices that demonstrate outstanding stewardship of all resources to our constituents.

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

AU Outcome: EdD 5.1

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

Measures	Results	Actions
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes Fall 2020 – 2 students 100% of students received a score of >85% Overall average score = 100% (100/100) 2018 (n=4) – target met (overall average = 100%) These results demonstrate the target (100% of students will receive an average score of >= 85%) has been consistently met (2/2 times) since the 2018-2019 academic year. (09/22/2021) **Action Plan Impact:** Per the 2018-2019 action plan for 2020-2021, it was proposed that specific criteria be used to assess each student's work and to make the criteria available to help students complete their submissions. Also, students were going to be allowed to present their topic using whatever methods best applied to their topic.	**Action:** Additional information about the use of virtual solutions will be offered in conjunction with this assignment, but no changes will be made to how the assignment is assessed. (09/22/2021)
SL: Didactic - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** NA Course not offered. (09/22/2021) **Action Plan Impact:** Course not offered.	

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

AU Outcome: MS in OT 9.0 Supervision guidelines

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

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

AU Outcome: MS in OT 9.0 Supervision guidelines

Outcome Status: Active

Measures	Results	Actions
SL: Exam/Quiz - Teacher-made - OT 613 – Supervision Guidelines Assessment **Target:** Average cohort score of 90% or higher **Timeframe:** 2nd Year of program, Semester 5 (Spring) **Responsible Parties:** Responsible Parties: Course Instructor/ OT Faculty /HS Grad Curriculum Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** No Average cohort score 29.24/35 points at 84% average. (11/08/2021) **Action Plan Impact:** This outcome is new this reporting period so no comparison data is available.	**Action:** Instructor to revise lecture and correlating assignments to increase application and critical thinking. (11/08/2021)

Program (HS) - Public Health (PH)

AU Outcome: PH 2.1

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

Measures	Results	Actions
SL: Exam/Quiz - Teacher-made - PH 495 Final Exam **Target:** Average score >= 80% **Timeframe:** Summer semester **Responsible Parties:** PH 495 Course Instructor/HS Curriculum Committee	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 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%. Current results demonstrate improvement in exam scores. This is the second time the course was offered. (09/15/2020) **Action Plan Impact:** Per the action plan proposed for 2020-2021, for the first time, students were allowed to take the exam twice. Though they were not given access to what questions they answered incorrectly, they were able to take notes and study information they may not have known in order to do better on the second attempt. This seems to have worked, as the average on first attempts was 82% (similar to 2019's average of 83.41%) but second attempts	**Action:** Test questions will be reviewed with the intention to replace or rewrite about 10% of commonly missed questions. (09/15/2020)

Program (HS) - Public Health (PH)

AU Outcome: PH 2.1

Measures	Results	Actions
	had an average of 91%. All students except one opted to take the test a second time, with scores increasing in a range of 4-18 points.	

AU Outcome: PH 2.2

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

Measures	Results	Actions
SL: Exam/Quiz - Teacher-made - 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	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** Yes 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%. [What pattern or trend do these results demonstrate? The reflection statement is needed.] (09/15/2021) **Action Plan Impact:** Per the 2019-2020 action plan proposed for 2020-2021, a new instructor with more subject matter expertise taught the course which was included in last year's action plan. There was a nearly a 9% improvement in test scores, though the test was created by the new instructor and cannot be directly compared to old results.	**Action:** [Action plan for 2021-2021 academic year not provided.] (04/13/2022)

AU Outcome: PH 3.2

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	Results	Actions
SL: Exam/Quiz - Teacher-made - PH: 410 Final exam **Target:** Average score of >80% **Timeframe:** Fall semester	**Reporting Year:** 2020 - 2021 (Year 3) **Target Met:** No 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	**Action:** Last year's action plan to review the exam was not implemented, so similar results happening between years was not

Program (HS) - Public Health (PH)

AU Outcome: PH 3.2

Measures	Results	Actions
Responsible Parties: Program faculty / HS Faculty Org. committee	an average of 82.6% on the final exam. The exam and course materials were the same for all three years. (01/09/2021) **Action Plan Impact:** The action plan was not implemented.	unexpected. While a course curve helps compensate for the low grade, the fact that no student (n=8) was able to score above a 87% on the exam means it is too difficult or does not accurately reflect the course material. Again, the text needs to be examined for fairness and to bring it into alignment with course assignments and readings. (01/09/2021)