

Master Evaluation Plan

A nursing education program is a dynamic structure that requires on-going evaluative input to maintain its quality and relevance. CCNE accreditation and State Board of Nursing approval requires evaluative data as evidence that criteria/standards are being met. This Master Evaluation Plan provides a systematic, comprehensive, on-going approach to evaluation. The file is updated each Academic Year by the Academic Programs Team for use by the College of Nursing throughout the next year. This creates a historical record of evaluations done, decisions made, and follow up plans.

Evaluation Framework

In 1997, the CDC Director convened an Evaluation Working Group to establish a framework that combined evaluation with program management. The work of that group included the input of hundreds of stakeholders in the field of public health and resulted, in 1999, in the Framework for Program Evaluation. Intentionally broad, the framework was intended to apply to a wide variety of organized public health activities, including education (Centers for Disease Control and Prevention, 1999).

The College of Nursing at Montana State University has adopted and updated this broad framework to direct the evaluation process of its programs. Structurally, the College has adapted the 2018 Amended CCNE Standards for Accreditation to help guide which aspects of the program to evaluate.



Adapted Framework for Evaluation in Public Health
(Centers for Disease Control and Prevention, 1999)

Definitions

Accuracy Standards: intended to increase the dependability and truthfulness of evaluation representations, propositions, and findings, especially those that support interpretations and judgments about quality.

Community of Interest: Any person or group that is affected by the program or its evaluation. The CON has both internal and external communities of interest. Internal communities of interest include CON faculty, staff, students and committees. External communities of interest include MSU and MUS partners, employers, state boards of nursing, and other regulatory bodies.

Comprehensive Evaluation: integrates both formative and summative evaluation.

Evaluation Accountability Standards: encourage adequate documentation of evaluations and a metaevaluative perspective focused on improvement and accountability for evaluation processes and products.

External Measures: NCLEX scores, clinical supervisor evaluations

External Community of Interest: employers, clinical supervisors, CCNE

Evaluation: the systematic investigation of the quality of programs, projects, subprograms, subprojects, and/or any of their components or elements, together or singly, for the purposes of decision making, judgments, conclusions, findings, new knowledge, organizational development, and capacity building in response to the needs of identified stakeholders, leading to improvement and/or accountability in the users' programs and systems, ultimately leading to organizational or social value.

Feasibility Standards: intended to increase evaluation effectiveness and efficiency.

Formative Evaluation: intended to improve a program's process and services by identifying areas for improvement while commending activities shown to be effective.

Internal Measures: Student GPA, progression, graduation, faculty clinical evaluations, standardized test results (i.e., Kaplan)

Internal Community of Interest: CON Dean, faculty, staff, students, and alumni

Program Evaluation Standards: List of [30 standards developed by the Joint Committee on Standards for Education Evaluation](#), organized into five groups for the Adapted CDC Framework for Evaluation: Utility, Feasibility, Propriety, Accuracy, and Evaluation Accountability. These standards answer the question, "Will this evaluation be effective?"

Program Evaluation Steps: An ordered set of [six connected steps](#) in the Adapted CDC Framework for Evaluation: Engage Community of Interest, Describe the program, Focus the Evaluation Design, Gather Credible Evidence, Justify Conclusions, and Ensure Use and Share Lessons Learned.

Propriety Standards: support what is proper, fair, legal, right and just in evaluations.

Strategy: action item or next step to be taken after considering the analysis and results of the evaluation. Should include any feedback loops or follow-up required

Summative Evaluation: intended to assess the overall merit of a program and is conducted upon program completion

Utility Standards: intended to increase the extent to which program communities of interest find evaluation processes and products valuable in meeting their needs.

Program Quality: Mission and Governance

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

I-A	<p>The mission, goals, and expected program outcomes are:</p> <ul style="list-style-type: none"> • congruent with those of the parent institution; and • reviewed periodically and revised as appropriate. 					
ACME I.H VI.E VI.F VI.G	<p>The midwifery program will reside within or will be affiliated with an institution whose policies and/or initiatives encourage and support diversity and inclusion of faculty, staff, and students The midwifery program will have a plan for reviews and updates of its philosophy, purpose/mission, and objectives/outcomes that include current ACNM philosophy and standards The midwifery program's reviews and updates of its philosophy, purpose/mission, and objectives/outcomes will include national (and state as applicable) standards and educational requirements The midwifery program's reviews and updates of its philosophy, purpose/mission, and objectives/outcomes will include significant changes within the program's institution that are relevant to the program</p>					
Timeline	Parties	Level of Achievement	Method of Assessment	Evidence	Aggregate Results	Analysis & Strategies
<p>Mission & Vision every three years or as needed. Next cycle in 2026.</p> <p>Strategic Plan every five years or as needed. Amended 2023. Next cycle in 2026.</p> <p>→ See also Standards I-B, I-C, IV-A</p>	<ul style="list-style-type: none"> • EC • UAAC • GAAC 	<ul style="list-style-type: none"> • CON's Mission and Vision will be reviewed and approved every three years • CON's Strategic plan will be reviewed and approved every five years • CON's Program Outcomes will be reviewed according to the timeline in Standard IV-A. 	<p>Review appropriateness and alignment of CON Mission, Vision, Strategic Plan, and Program Outcomes with MSU's Mission, Vision, & Values</p>	<ul style="list-style-type: none"> • Meeting Minutes • Website • Updated Mission & Vision • Updated Program Outcomes 	Not reviewed this year.	Continue to monitor.

Annual check in.	• EC	Diversity and Inclusion Plan is reviewed. Also consider congruence with MSU's Diversity & Inclusion Plan.	EC will review progress annually.	<ul style="list-style-type: none"> • Meeting Minutes • Annual Report • Website • MSU Diversity & Inclusion Self-Study 	New Diversity & Inclusion Plan approved, AY 23-24.	No plan to update at the moment. Wait for new President's guidance.
I-B	The mission, goals, and expected program outcomes are consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.					
<i>Timeline</i>	<i>Parties</i>	<i>Level of Achievement</i>	<i>Method of Assessment</i>	<i>Evidence</i>	<i>Aggregate Results</i>	<i>Analysis & Strategies</i>
<p>Mission & Vision every three years or as needed. Next cycle in 2026.</p> <p>Strategic Plan every five years or as needed. Amended 2023. Next cycle in 2026.</p> <p>→ See also Standards I-A, I-C, IV-A</p>	<ul style="list-style-type: none"> • EC • UAAC • GAAC 	<ul style="list-style-type: none"> • CON's Mission and Vision will be reviewed and approved every three years • CON's Strategic plan will be reviewed and approved every five years • CON's Program Outcomes will be reviewed according to the timeline in Standard IV-A 	Review alignment of CON Mission, Vision, Strategic Plan, and Program Outcomes with relevant professional nursing standards and guidelines.	<ul style="list-style-type: none"> • Meeting Minutes • Website • Updated Mission & Vision • Updated Program Outcomes 	Not reviewed this year.	Continue to monitor.
I-C	The mission, goals, and expected program outcomes reflect the needs and expectations of the community of interest.					
<i>Timeline</i>	<i>Parties</i>	<i>Level of Achievement</i>	<i>Method of Assessment</i>	<i>Evidence</i>	<i>Aggregate Results</i>	<i>Analysis & Strategies</i>

<p>Mission & Vision every three years or as needed. Next cycle in 2026.</p> <p>Strategic Plan every five years or as needed. Amended 2023. Next cycle in 2026.</p> <p>→ See also Standards I-A, I-B, III-A, IV-A, IV-I</p>	<ul style="list-style-type: none"> • EC • CDs • UAAC • GAAC • Faculty Council 	<ul style="list-style-type: none"> • CON's Mission and Vision will be reviewed and approved every three years • CON's Strategic plan will be reviewed and approved every five years • CON's Program Outcomes will be reviewed according to the timeline in Standard IV-A 	<p>Review alignment of CON Mission, Vision, Strategic Plan, and Program Outcomes with community of interest.</p>	<ul style="list-style-type: none"> • Meeting Minutes • Student Surveys • Clinical Advisory Group Meeting minutes 	<p>Not reviewed this year.</p>	<p>Continue to monitor.</p>
I-D	The nursing unit's expectations for faculty are written and communicated to the faculty and are congruent with institutional expectations.					
ACME II.A II.B II.H II.J II.P II.Q II.R II.S II.T II.V VI.J VI.K	<p>All faculty will be recruited, appointed and promoted according to the institution's non-discrimination policy in a process that actively fosters diversity and inclusiveness in the faculty All faculty will carry out their responsibilities with respect for diversity and variations among students and colleagues Core faculty will participate in selection, advisement, evaluation, and advancement of students Core faculty will participate in orientation of core and clinical faculty Core faculty will participate in professional service Academic freedom is a faculty right clearly defined, made available in drafted or published policy, and will be applied consistently to all core faculty The academic unit will publish and will employ defined criteria for periodic evaluation that will be applied consistently to all core faculty The academic unit will publish and will employ processes for promotion, tenure, merit, recognition and termination that will be applied consistently to all core faculty Core faculty will have channels within the institution for receipt and consideration of grievances related to their employment Clinical faculty will be responsible for the instruction, supervision, and evaluation of the students in clinical learning The midwifery program's assesment process will include a plan for annual evaluation of core faculty competence as applicable and as defined by the program The midwifery program's assessment process will include a plan for annual evaluation of clinical faculty competence as applicable and as defined by the program</p>					
<i>Timeline</i>	<i>Parties</i>	<i>Level of Achievement</i>	<i>Method of Assessment</i>	<i>Evidence</i>	<i>Aggregate Results</i>	<i>Analysis & Strategies</i>

Role & Scope annually, NTT on three year cycle according to university agreements, Position descriptions as needed.	<ul style="list-style-type: none"> • Faculty Council • MSU HR • LT • NTT Union 	Tenure Track Role & Scope documents are affirmed annually. Position descriptions are updated as needed. Collective bargaining agreement updated as per university agreement with union.	Reviewed for currency and affirmed by faculty vote.	<ul style="list-style-type: none"> • Tenure Track Role and Scope documents • Non Tenure Track Collective Bargaining Agreement • Position Descriptions 	Under revision with NFRC related to faculty practice. Extant web version is current.	
I-E	Faculty and students participate in program governance.					
ACME II.I II.M III.N	Core faculty will participate in recruitment, selection, and promotion of faculty Core faculty will participate in, or will have input into, councils and committees of the academic unit. Clinical faculty will participate or have input as appropriate Students will have opportunities to participate or have input into the representation in councils and committees of the institution or academic unit					
<i>Timeline</i>	<i>Parties</i>	<i>Level of Achievement</i>	<i>Method of Assessment</i>	<i>Evidence</i>	<i>Aggregate Results</i>	<i>Analysis & Strategies</i>
Reviewed every five years and as needed. Next review 2026	Faculty Council	MRJCON Faculty Bylaws is reviewed once every five years or as needed.	Faculty Council solicits feedback from EC, Faculty Council, GAAC, NTT Promotion Review Committee, NFRC, Scholarship Committee, Scholastic Committee, Search Committee, UAAC on governance structure. Are faculty and students included in pertinent decision-making?	<ul style="list-style-type: none"> • Policy edits • Meeting Minutes 	Updated and voted on May 2025 GFM	

Reviewed annually	<ul style="list-style-type: none"> • Student Forum • ACDs • DAF • ADAA 	The College of Nursing will have an active and fully-represented student governance organization	Assistant Campus Directors provide local campus support for Student Forum representatives. DAF provides finance consultation and the ADAA provides academic support	<ul style="list-style-type: none"> • Meeting Minutes • Fiscal Reports • Updated policies and procedures 	Full student representation in GAAC and UAAC. Student feedback gathered for Red Shelf transition AY 24-25	Continue to support
I-F	Academic policies of the parent institution and the nursing program are congruent and support achievement of the mission, goals, and expected program outcomes. These policies are: <ul style="list-style-type: none"> • fair and equitable; • published and accessible; and • reviewed and revised as necessary to foster program improvement. 					
ACME I.N I.O I.P III.A III.B III.C III.D III.E III.M IV.F IV.G IV.H IV.I IV.T V.E	<p>The midwifery program will have academic policies, such as admission, continuation, and graduation requirements, and possible patterns of progression through the program The midwifery program will provide to the public information about the program's tuition and fees, including the relevant refund policy and related costs, such as required texts and technology, and clinical site expenses The midwifery program will have a transfer of credit policy The institution will have admission criteria and policies that meet federal guidelines for nondiscrimination The institution's admission criteria and policies will be aligned with the ACNM core values of inclusiveness, women-centered care and respect for physiologic processes, partnership, and advocacy The institution's admission criteria and policies will be publicly available Student recruitment materials and processes will accurately represent the program practices and policies and demonstrate a commitment to diversity and inclusion The institution will have student policies that will be publicly available and identified to students at or before orientation related to: student evaluation, progression, retention, dismissal and graduation; review of personal records and equitable tuition refund; evaluation of their education; access to university/college catalogs; and access to academic calendars Students will have opportunities for involvement in development and implementation of midwifery program policies The midwifery program will establish criteria and a process for awarding transfer credit for didactic coursework The midwifery program will establish criteria and a process for awarding transfer credit for clinical coursework and clinical experience The midwifery program will establish criteria and a process for granting exemption from didactic coursework The midwifery program will establish criteria and a process for granting exemption from clinical coursework and clinical experience The midwifery program will implement policies and procedures for academic integrity and verification of student identity for academic work, including authorship of work and work done through electronic technologies The midwifery program will have resources for students, faculty, and staff to support diversity and inclusion. This includes resources to address implicit bias and disparities related to race, gender, age, sexual orientation, disability, nationality and religion</p>					
Timeline	Parties	Level of Achievement	Method of Assessment	Evidence	Aggregate Results	Analysis & Strategies

Reviewed every three years. Next review 2027.	<ul style="list-style-type: none"> • EC • UAAC • GAAC • Faculty 	The <i>College of Nursing Policies and Procedures</i> policy is reviewed every three years. All policies are reviewed every three years or as needed.	Individual committees are responsible for Level I review and changes. Faculty are provided with a two-week comment period. Feedback is reviewed by committee and finalized. Level II provides approval and submits for publication on the CON website.	<ul style="list-style-type: none"> • <i>College of Nursing Policies and Procedures</i> policy • MSU Policies and Procedures • Meeting Minutes • CON website 	Updated March 2024. Policy index available in evidence folder.	
I-G	The program defines and reviews formal complaints according to established policies.					
ACME III.O	The midwifery program will have clearly defined and transparent mechanisms for consideration of grievances, complaints or appeals					
<i>Timeline</i>	<i>Parties</i>	<i>Level of Achievement</i>	<i>Method of Assessment</i>	<i>Evidence</i>	<i>Aggregate Results</i>	<i>Analysis & Strategies</i>
As needed	<ul style="list-style-type: none"> • ET 	MRJCON has a procedure for formal complaints and reviews any submissions.	Procedure exists and complaints are reviewed according to the procedure	<ul style="list-style-type: none"> • Complaint Procedure • Student Handbooks • Student Complaints 	All complaints filed in OneDrive.	Continue to use process.
I-H	Documents and publications are accurate. A process is used to notify constituents about changes in documents and publications.					

ACME I.I I.L I.M	The midwifery program will be a definable entity distinguishable from other education programs and services within the institution The midwifery program will display its current ACME preaccreditation status accurately to the public The midwifery program will state and describe the certificate and/or degree/s that may be earned					
Timeline	Parties	Level of Achievement	Method of Assessment	Evidence	Aggregate Results	Analysis & Strategies
See AP Team Tracker	• AP Team	The AP Team Tracker is updated for each academic year to track various timelines	AP Team meets in summer to update the AP Team Tracker	<ul style="list-style-type: none"> • Meeting Minutes • Updated AP Team Tracker • Updated website • Updated published materials 	Have hired Academic Program Coordinator who will be working on this item.	<u>Work remaining:</u> <ul style="list-style-type: none"> • Started annual website review 6/2/2025 • Will be moving AP Team tracker to different format (Summer 2024--Done)

Program Quality: Institutional Commitment and Resources

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

II-A Fiscal resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of fiscal resources is reviewed periodically, and resources are modified as needed.

ACME I.D | I.E | I.F | II.L There is evidence of commitment to the midwifery program from key administrators in the institution and academic unit | The midwifery program will have sufficient fiscal resources to ensure that program objectives can be met | The midwifery program will have input into the budget process and/or financial planning to ensure ongoing adequate program resources | Core faculty will participate in ongoing development and annual evaluation of the midwifery program's resources, facilities, and services

Timeline	Parties	Level of Achievement	Method of Assessment	Evidence	Aggregate Results	Analysis & Strategies
Annually in April/May	<ul style="list-style-type: none"> • Dean • DAF 	Submit budget according to university budgeting process	See MSU budgeting process	<ul style="list-style-type: none"> • Budget reports • Annual budget 	Done	
Annually December-March	<ul style="list-style-type: none"> • Dean • DAF • ET • LT 	Submit plans for MSU's reinvestment processes	See evaluation in submissions	<ul style="list-style-type: none"> • CFAC/EFAC (annual) • Reinvestment (bi-annual) 	Did not happen this year.	
Bi-annually	<ul style="list-style-type: none"> • Dean • DAF • ET 	Program fees			Board of Regents approved fee increase 05/2025	
Annually in June	<ul style="list-style-type: none"> • Dean • DAF 	Close out budget for fiscal year	Dean and DAF meet to review budget for fiscal year		Done	
Monthly	<ul style="list-style-type: none"> • Dean • DAF • LT • FSS 	Review all budgets in the CON			Done	
Bi-annually	<ul style="list-style-type: none"> • Dean • DAF • VPREDGE 	Look at F & As and start-ups			Done	

Annually See II-C	• ET	Organizational structure meets the needs of the CON	• Review Organization Chart • Review position and role descriptions	• Updated Organization Chart • Updated position and role descriptions		<u>Work remaining:</u> • Update Organization Chart (in progress)
II-B	Physical resources and clinical sites enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of physical resources and clinical sites is reviewed periodically, and resources are modified as needed.					
ACME V.C VI.I see ACME II.L	The midwifery program's physical facilities on campus and at clinical sites will be adequate to meet students' needs and program objectives/outcomes The midwifery program's assessment process will ensure the presence of current contracts for each clinical site					
<i>Timeline</i>	<i>Parties</i>	<i>Level of Achievement</i>	<i>Method of Assessment</i>	<i>Evidence</i>	<i>Aggregate Results</i>	<i>Analysis & Strategies</i>
Every Semester	• LT • VP Admin & Finance	Review of physical space		• Space spreadsheet • Space MOUs • Leases • New buildings		Great Falls building to open to students Fall 2025.
Spring Semester	• LT • CON UIT	Review of computers & technology	Make requests for EFAC, CFAC, Strategic Funding, etc.	• EFAC • CFAC • Strategic funding	Standardized plan for workspace computer and monitor setup displayed for faculty to pick preference at May 2025 GFM	Full implementation with new building occupancy
Every Semester	• LT • SIM coordinator	Review of SIM investments		• Simulation Team minutes		

Annually with major clinical partners	<ul style="list-style-type: none"> • CD and/or Dean 	<p>Assess availability of clinical sites at undergraduate and graduate levels:</p> <ul style="list-style-type: none"> • Contract Database • Clinical Placement Database • Faculty survey • Student Survey 	<p>Review of survey responses on clinical capacity given to faculty, students, and clinical agencies</p>	<ul style="list-style-type: none"> • Survey data reports • Dean's Clinical Advisory Council Meeting minutes 	Susan Raph performed all Clinical Advisory Council meetings Spring 2025.	No concerns were voiced by participants. Explored expanded use of Bozeman school district sites with lead school nurse for Fall 2025.
Every semester	<ul style="list-style-type: none"> • Dean • CDs • LT • Local Clinical Advisory Boards 	Secured adequate clinical experiences for each campus	Dean shares information related to adequacy of clinical learning opportunities after meeting with Local Clinical Advisory Boards. Changes discussed as needed.	<ul style="list-style-type: none"> • Course clinical schedules • Student Surveys • Faculty Surveys 	Added opportunity for clinical faculty to comment on adequacy on clinical experiences and changes made on the IFS grid.	Faculty uptake was slow. We will revisit and reemphasize AY 25-26
With changes of enrollment	<ul style="list-style-type: none"> • Dean • CDs • BON • LT • Clinical Agencies 	Internally identified ability to meet substantive enrollment change criteria for the BON	Through internal evaluation and discussion with clinical partners' leadership and CON leadership	<ul style="list-style-type: none"> • Letters of Support • Substantive Change Report to the BON 	Strong applicant pool for Fall 2025 led to 24-seat increase (to 136). Plan to permanently increase TBSN seats in Kalispell to 16, Great Falls to 24. Will move Bozeman to 32 in Fall 2026. One time (4 seat) increases in Missoula and Billings	

Annually at time of graduate admissions	<ul style="list-style-type: none"> • Dean • ADAA • Leads • Clinical Placement Coordinator 	The program evaluates clinical capacity at the graduate level when admitting new cohorts	Dean, ADAA, Program Leads, and Clinical Placement Coordinator meet to evaluate existing clinical capacity and make a plan for enrollment numbers	<ul style="list-style-type: none"> • Misty's spreadsheet • Graduate Enrollment Projection Worksheet • Typhon 	Fall 2025 admitted 8 MN, 2 post-master's DNP, 2 NEDC, 24 FNP, 7 Psych, and 2 nurse-midwifery. Will market midwifery program for Fall 2026. Waitlist of 24 FNP to be decided on July 1.	Sent out flyers to critical access facilities in state promoting both UG and GR nursing programs. Continued website updates. Planning to review MN program for curriculum revision. Information sessions at the graduate level for Fall 2025.
SIM Investment See III-H	<ul style="list-style-type: none"> • DAF • CDs 	Each campus incorporates multiple levels of standardized simulation opportunities for students to achieve program outcomes	Annually review campus technology needs, curricular effectiveness.	<ul style="list-style-type: none"> • Student Surveys • Faculty Surveys 	Closed Ticket 2022-II-B	Monitor
II-C	Academic support services are sufficient to meet program and student needs and are evaluated on a regular basis.					
ACME III.F III.G III.H III.P III.Q III.R V.D see ACME II.L	Student support services will be available and are designed to promote student success Students will be informed of support services at or before orientation All students will have access to ongoing and equitable support services Access to resources and opportunities will be available regardless of student location The midwifery program will attend to students' well-being through the mitigation of fatigue related to clinical learning The midwifery program will have processes to support student health and well-being The midwifery program's learning resources will be accessible and adequate to meet student needs and program objectives/outcomes					
<i>Timeline</i>	<i>Parties</i>	<i>Level of Achievement</i>	<i>Method of Assessment</i>	<i>Evidence</i>	<i>Aggregate Results</i>	<i>Analysis & Strategies</i>

<ul style="list-style-type: none"> • Pre-Nursing advising staffing evaluated annually • Review of surveys annually 	<ul style="list-style-type: none"> • Faculty Advisors • Pre-Nursing Advisors • Students • CDs 	Review Student Advising	Review of Faculty and Student responses to survey	<ul style="list-style-type: none"> • Meeting Minutes • Advising Satisfaction Survey • Graduate Student Survey 	Developed and delivered MRJCON Academic Advising Survey for nursing faculty	<ul style="list-style-type: none"> • Work with Advising Commons to explore potential for advisor survey. (completed Fall 2024). Faculty senate is working on creating evaluation of Faculty advisors. Gave feedback to Christy Butler-Nelson (MRJCON Rep to university Faculty Advising Assessment Task Force) 1/13/2025. Committee put out Mission, Vision, and Goals. Survey to go out Fall 2025 with continued Committee work
Annually	<ul style="list-style-type: none"> • Library • AYCSS • Smarty Cats • Student Forum • ACDs 	Review of MSU academic support services: <ul style="list-style-type: none"> • library • tutoring 	Review of student responses to survey	• Student Surveys	Benchmarks established. Met with Jennifer Joyce to discuss Student Success's plan for program review and assessment.	Will continue our process of gathering feedback for external departments at MSU while Student Success develops their process.
Annually See II-A	• LT	Review Campus Administrative Support	<ul style="list-style-type: none"> • Staff are evaluated annually • Staffing levels are evaluated to meet student & faculty needs 	<ul style="list-style-type: none"> • Completed Staff Evaluations • Updated job descriptions • Captured changes in FTE 	Each campus now has a BOM. As new administrative staff are hired, organization and duties are realigned to provide central administrative support to DAF.	

II-D	The chief nurse administrator of the nursing unit: <ul style="list-style-type: none"> • is a registered nurse (RN); • holds a graduate degree in nursing; • holds a doctoral degree if the nursing unit offers a graduate program in nursing; • is vested with the administrative authority to accomplish the mission, goals, and expected program outcomes; and • provides effective leadership to the nursing unit in achieving its mission, goals, and expected program outcomes. 					
<i>Timeline</i>	<i>Parties</i>	<i>Level of Achievement</i>	<i>Method of Assessment</i>	<i>Evidence</i>	<i>Aggregate Results</i>	<i>Analysis & Strategies</i>
Upon Hire	• Search Committee	CON Dean meets the CCNE requirements	Search committee verifies Dean meets CCNE requirements	<ul style="list-style-type: none"> • License Verification • Degree Verification • Job Description • CV 	No change	
Bi-Annual - March	<ul style="list-style-type: none"> • ET • Faculty • Staff 	Review of Administrator Evaluations (set target?)	Administrator Evaluation survey sent out via Qualtrics annually at the end of calendar year to all CON Faculty and Staff	<ul style="list-style-type: none"> • Survey data reports (available with the Dean) 	Reviewed with annual reviews	
II-E	Faculty are: <ul style="list-style-type: none"> • sufficient in number to accomplish the mission, goals, and expected program outcomes; • academically prepared for the areas in which they teach; and • experientially prepared for the areas in which they teach. 					
ACME I.J I.K II.C II.D II.E II.O V.A V.B	The midwifery program will be directed by a Certified Nurse-Midwife or Certified Midwife who will be clearly identified by title and position, meets institutional qualifications for appointment to that position and has management and administrative capacity The midwifery program director will have sufficient authority to ensure that the midwifery program meets all administrative and curricular requirements for accreditation by ACME Core faculty will be certified, as applicable, by the American Midwifery Certification Board (AMCB), or another appropriate certifying body for faculty who are not CNMs or CMs Core faculty will have education credentials appropriate to the level at which they will teach and meet the academic institution's requirements for faculty Core faculty will have preparation for teaching commensurate with the teaching assignment, e.g. face-to-face, hybrid, and distance delivery Core faculty will maintain clinical expertise as required The midwifery program will have an adequate number of qualified core faculty to meet the program objectives/outcomes The midwifery program will have adequate number of staff for administrative, technical, and student support to meet program objectives/outcomes					
<i>Timeline</i>	<i>Parties</i>	<i>Level of Achievement</i>	<i>Method of Assessment</i>	<i>Evidence</i>	<i>Aggregate Results</i>	<i>Analysis & Strategies</i>

Every semester	<ul style="list-style-type: none"> • DAF • CDs 	100% of Faculty are qualified or have significant justification for their positions	Track data on percentage of qualified faculty over time to show effectiveness of efforts to increase qualified faculty	<ul style="list-style-type: none"> • Board waiver spreadsheet • Dean's presentation to GFM 	<ul style="list-style-type: none"> • Cited on CIPR report with CCNE as standard not met • 30.3% of faculty are full-time (<35% is warning sign for BON) • 28 clinical adjunct (CRRN) (CCNE considers unqualified) 	Reevaluate with BON report Fall 2025
<ul style="list-style-type: none"> • At hire • Every semester 	<ul style="list-style-type: none"> • DAF • CDs 	100% of faculty are licensed to practice in Montana and meet qualifications appropriate to the teaching assignment		<ul style="list-style-type: none"> • NURSYS • Job description • Licensure and certification check spreadsheet 	<p>Created process for Clinical Faculty to load license/certification into Complio bi-annually.</p> <p>All faculty licenses and certifications are collected on hire</p>	<u>Work remaining:</u> <ul style="list-style-type: none"> • AY 25-26: audit Complio for clinical faculty compliance
Every semester	<ul style="list-style-type: none"> • Dean • DAF • CDs • ADAA 	Sufficient number of faculty are entered into TAMS each semester to teach courses		<ul style="list-style-type: none"> • TAMS • Schedule of Classes 	Faculty assigned to all courses with required workload	Monitor
II-F	Preceptors (e.g., mentors, guides, coaches), if used by the program as an extension of faculty, are academically and experientially qualified for their role.					
ACME II.U	Clinical faculty (<i>preceptors</i>) will have qualifications that meet the academic institution's requirements for clinical faculty (<i>preceptors</i>). They will be selected, oriented, mentored, and evaluated by core faculty.					
Timeline	Parties	Level of Achievement	Method of Assessment	Evidence	Aggregate Results	Analysis & Strategies
Every semester	<ul style="list-style-type: none"> • LT 	100% of current semester's preceptors are up to date in preceptor database			<p>Policy C-8 deleted. Graduate policy is finalized. Undergraduate is in progress with UAAC.</p>	<u>Work remaining:</u> <ul style="list-style-type: none"> • Complete policy on preceptors at undergraduate level.

Every semester	<ul style="list-style-type: none"> • Faculty leads 	100% of CON preceptors will receive orientation and are evaluated	Preceptors are oriented to expected role by course faculty or graduate program leads	<ul style="list-style-type: none"> • Preceptor evaluations • Typhon***Survey Data 	Policy C-8 deleted. Graduate policy is finalized. Undergraduate is in progress with UAAC.	<u>Work remaining:</u> <ul style="list-style-type: none"> • Complete policy on preceptors at undergraduate level.
Every three years. Next review 2027 (GRAD)	<ul style="list-style-type: none"> • UAAC • GAAC 	Preceptor policy	Policy is reviewed by UAAC and GAAC and updated as needed	<ul style="list-style-type: none"> • Meeting Minutes • Updated policy 	Policy C-8 deleted. Graduate policy is finalized. Undergraduate is in progress with UAAC.	<u>Work remaining:</u> <ul style="list-style-type: none"> • Complete policy on preceptors at undergraduate level.
II-G	The parent institution and program provide and support an environment that encourages faculty teaching, scholarship, service, and practice in keeping with the mission, goals, and expected faculty outcomes.					
ACME I-G II.N	The midwifery program will be in an institutional environment that promotes and facilitates faculty scholarship and professional activities Core faculty will continue professional development and participate in scholarly activities					
<i>Timeline</i>	<i>Parties</i>	<i>Level of Achievement</i>	<i>Method of Assessment</i>	<i>Evidence</i>	<i>Aggregate Results</i>	<i>Analysis & Strategies</i>
Upon Hire	<ul style="list-style-type: none"> • Dean • Faculty • DAF • HR 	New Tenure Track Faculty hiring packages reflect supportive environment for retention and tenure success	New hire packages are established in collaboration with the university and reflect expected faculty outcomes	<ul style="list-style-type: none"> • Faculty Employment Records 	No change	
Annually in spring semester	<ul style="list-style-type: none"> • Dean • LT • DAF 	Workload guidelines are updated annually and are consistent with the NTT Collective Bargaining Agreement	Dean works with LT on any edits	<ul style="list-style-type: none"> • Updated Workload Guidelines • Teaching Assignments • TAMS 	Workload Guidelines finalized prior to CCNE site visit	Monitor
Annually in December	<ul style="list-style-type: none"> • MUS • CDs 	100% of 0.5 FTE Faculty report on consultation	Annual reporting of consultation activities by all 0.5 FTE faculty. CDs are noticed of non-compliant faculty and follow up.	<ul style="list-style-type: none"> • University Records 		<u>Work remaining:</u> <ul style="list-style-type: none"> • Work on system for receiving report from CDs.

Annually in May	<ul style="list-style-type: none"> • Faculty • NFRC 	Role and Scope policy is updated annually	Tenure/Tenure Track Faculty review policy annually. Changes reviewed by NFRC and university to update as needed	<ul style="list-style-type: none"> • Updated policy • Meeting Minutes 	Under revision with NFRC related to faculty practice. Extant web version is current.	<u>Work remaining:</u> <ul style="list-style-type: none"> • Updated Role & Scope
Every three years. Next review AY 25-26	<ul style="list-style-type: none"> • NTT Rank Advancement Committee 	Non-Tenure Track Rank Advancement Policy is reviewed every three years and is consistent with the NTT Collective Bargaining Agreement	NTT Rank Advancement Committee reviews and updates policy as needed to be consistent with the CBA	<ul style="list-style-type: none"> • Updated policy • Meeting Minutes • Faculty Employment Records 	Two NTT faculty were promoted using new NTT Rank Advancement process May 2025	
Annually in Summer	<ul style="list-style-type: none"> • DAF • ADAA 	100% of graduate APRN faculty are currently licensed, certified, and actively practicing	Annually track graduate APRN faculty for current APRN licensure, certification, and practice	<ul style="list-style-type: none"> • Licensure, certification, and practice tracking database 		Audit Fall 2025
Annually in May	<ul style="list-style-type: none"> • AP Team 	80% of 0.5 FTE or greater Faculty will take part in professional development provided at GFM meetings.	Taken from GFM attendance	<ul style="list-style-type: none"> • CFE Report 	<ul style="list-style-type: none"> • 56.1% for calendar year 2021 • 26.9% for calendar year 2022 • 88.5% for calendar year 2023 • 2024: 93.75% of >.5 FTE faculty recorded development activity in May GFM. 	Continue to Monitor
See IV-G						

Program Quality: Curriculum and Teaching-Learning Practices

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

III-A	The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that: <ul style="list-style-type: none"> • are congruent with the program's mission and goals; • are congruent with the roles for which the program is preparing its graduates; and • consider the needs of the program-identified community of interest. 					
ACME II.G IV.A	Core faculty will be responsible for development and/or implementation and evaluation of the curriculum The curriculum will be based on a statement of midwifery program philosophy, purpose/mission and objectives/outcomes					
<i>Timeline</i>	<i>Parties</i>	<i>Level of Achievement</i>	<i>Method of Assessment</i>	<i>Evidence</i>	<i>Aggregate Results</i>	<i>Analysis & Strategies</i>
Every three years or as needed. Next review 2025	• UAAC	<i>Professional Nursing Curricula - Program Outcomes and Conceptual Threads</i> Policy is reviewed	Review policy and make edits as necessary. Consider stakeholder feedback from students and employers.	<ul style="list-style-type: none"> • Meeting Minutes • Student Surveys • Employer Surveys 	Not reviewed this year	
Every three years or as needed. Next review 2025	• GAAC	<i>Professional Nursing Curricula - Program Outcomes and Conceptual Threads</i> policy is reviewed	Review policy and make edits as necessary. Consider stakeholder feedback from students and employers.	<ul style="list-style-type: none"> • Meeting Minutes • Student Surveys • Employer Surveys 	Not reviewed this year	
Every semester	<ul style="list-style-type: none"> • Dean • CDs 	Local Clinical Advisory Board input is shared with the CON and considered when developing and revising curriculum		• Meeting Minutes (with report to LT, shared with UAAC/GAAC as appropriate)	Susan Raph performed all Clinical Advisory Council meetings Spring 2025.	No concerns were voiced by participants. Explored expanded use of Bozeman school district sites with lead school nurse for Fall 2025.
III-B	Baccalaureate curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum within the expected student outcomes (individual and aggregate). Baccalaureate program curricula incorporate <i>The Essentials of Baccalaureate Education for Professional Nursing Practice</i> (AACN, 2008)					
<i>Timeline</i>	<i>Parties</i>	<i>Level of Achievement</i>	<i>Method of Assessment</i>	<i>Evidence</i>	<i>Aggregate Results</i>	<i>Analysis & Strategies</i>

Annually according to the Plan	<ul style="list-style-type: none"> • UAAC 	<i>Teaching/Learning Assessment Plan</i> is reviewed and updated as needed.	Follow MSU's Program Assessment Overview according to Assessment Plan schedule	<ul style="list-style-type: none"> • Meeting Minutes 	<p>Aggregated results from exemplar assessments were presented to UAAC (10/28/2024) and GAAC (11/1/2024). No additional recommendations. Reports were disseminated to faculty with request for confirmation of planned changes.</p> <p>AY 23/24 Program Assessment Report presented to EC March 2025</p>	<p>Continue to work to ensure that all faculty are aware of their role in the teaching/learning assessment process.</p> <p>Updated Teaching/Learning Assessment Plan rubric to align with new CDC Framework in AY 24-25</p>
<p>→ See standard III-G</p> <p>Annually on a three year cycle in Fall semester, or as needed</p>	<ul style="list-style-type: none"> • Faculty • UAAC 	100% of MROs will be current (reviewed within 3 years) in any academic year	Faculty review 100% of MROs every three years on a staggered schedule.	<ul style="list-style-type: none"> • Meeting Minutes • Revised MROs • Revised Learning Exemplars 		Reviewed MROs for: NRS 316, 323, 324R, 403, 452

Annually in the Spring	<ul style="list-style-type: none"> • UAAC • Faculty 	100% of IFSs will be assessed for compliance by UAAC once every two years--odd in odd years, even in even years	Committee will look at aggregate assessment results for compliance and make recommendations. Current curriculum: odd courses in odd years, even courses in even years	<ul style="list-style-type: none"> • Meeting Minutes • IFS Grids • Course syllabi 	Closed ticket 2020-III J-001.	Audit IFS reviews from UAAC.
III-C	<p>Master's curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).</p> <ul style="list-style-type: none"> • Master's program curricula incorporate professional standards and guidelines as appropriate. <ul style="list-style-type: none"> a. All master's degree programs incorporate <i>The Essentials of Master's Education in Nursing</i> (AACN, 2011) and additional relevant professional standards and guidelines as identified by the program. b. All master's degree programs that prepare nurse practitioners incorporate <i>Criteria for Evaluation of Nurse Practitioner Programs</i> (NTF, 2016). • Graduate-entry master's program curricula incorporate <i>The Essentials for Baccalaureate Education for Professional Nursing Practice</i> (AACN, 2008) and appropriate graduate program standards and guidelines. 					
Timeline	Parties	Level of Achievement	Method of Assessment	Evidence	Aggregate Results	Analysis & Strategies

Annual	GAAC	<i>Teaching/Learning Assessment Plan</i> is reviewed and updated as needed.	Follow MSU's Program Assessment Overview according to Assessment Plan schedule		Aggregated results from exemplar assessments were presented to UAAC (10/28/2024) and GAAC (11/1/2024). No additional recommendations. Reports were disseminated to faculty with request for confirmation of planned changes. AY 23/24 Program Assessment Report presented to EC March 2025	Continue to work to ensure that all faculty are aware of their role in the teaching/learning assessment process. Updated Teaching/Learning Assessment Plan rubric to align with new CDC Framework in AY 24-25
cf. III-G Annually on a three year cycle in Fall semester, or as needed	Faculty GAAC	100% of MROs will be current (reviewed within 3 years) in any academic year	Faculty review 100% of MROs every three years on a staggered schedule.	<ul style="list-style-type: none"> • Meeting Minutes • Revised MROs • Revised Learning Exemplars 		Updated MROs for NRSG 508, 509, 575
Annually on a two year cycle in Spring semester--odd courses in odd years, even courses in even years	GAAC Faculty	All IFS will be assessed for compliance by GAAC once every two years.	Individual faculty self-assessment uploaded into shared folder. Committee will look at aggregate assessment results for compliance and make recommendations.	<ul style="list-style-type: none"> • Meeting Minutes • IFS Grids • Course syllabi 		Audit IFS reviews from GAAC.

III-D	<p>DNP curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).</p> <ul style="list-style-type: none"> • DNP program curricula incorporate professional standards and guidelines as appropriate. <ul style="list-style-type: none"> a. All DNP programs incorporate <i>The Essentials of Doctoral Education for Advanced Nursing</i> (AACN, 2006) and additional relevant professional standards and guidelines if identified by the program. b. All DNP programs that prepare nurse practitioners incorporate <i>Criteria for Evaluation of Nurse Practitioner Programs</i> (NTF, 2016). • Graduate-entry DNP program curricula incorporate <i>The Essentials for Baccalaureate Education for Professional Nursing Practice</i> (AACN, 2008) and appropriate graduate program standards and guidelines. 					
ACME IV.B IV.C IV.J IV.K IV.V	<p>The midwifery program philosophy will be consistent with: the philosophy of the ACNM, the philosophy or purpose/mission of the institution within which the midwifery program resides or with which it is affiliated, and the philosophy of the academic unit wherein the midwifery program resides The midwifery program's purpose/mission and objectives/outcomes will be consistent with the midwifery program philosophy The curriculum will be consistent with the ACNM Core Competencies for Basic Midwifery Practice The curriculum will include courses in pharmacology/pharmacotherapeutics, physical assessment and physiology/pathophysiology The curriculum will conform to state or nationally recognized guidelines for the educational levels offered by the midwifery program: certificate, master's, or doctoral degree</p>					
Timeline	Parties	Level of Achievement	Method of Assessment	Evidence	Aggregate Results	Analysis & Strategies

Annual	GAAC	<i>Teaching/Learning Assessment Plan</i> is reviewed and updated as needed.	Follow MSU's Program Assessment Overview according to Assessment Plan schedule		Aggregated results from exemplar assessments were presented to UAAC (10/28/2024) and GAAC (11/1/2024). No additional recommendations. Reports were disseminated to faculty with request for confirmation of planned changes. AY 23/24 Program Assessment Report presented to EC March 2025	Continue to work to ensure that all faculty are aware of their role in the teaching/learning assessment process. Updated Teaching/Learning Assessment Plan rubric to align with new CDC Framework in AY 24-25
→ See Standard III-G Annually on a three year cycle in Fall semester, or as needed	Faculty GAAC	100% of MROs will be current (reviewed within 3 years) in any academic year	Faculty review 100% of MROs every three years on a staggered schedule.	<ul style="list-style-type: none"> • Meeting Minutes • Revised MROs • Revised Learning Exemplars 		Updated MROs for NRSG 607, 610, 611, 620, 675

Annually on a two year cycle in Spring semester--odd courses in odd years, even courses in even years	<ul style="list-style-type: none"> GAAC Faculty 	100% of IFSs will be assessed for compliance by GAAC once every two years.	Individual faculty self-assessment uploaded into shared folder. Committee will look at aggregate assessment results for compliance and make recommendations. Even courses in even Spring years; odd courses in odd Spring years.	<ul style="list-style-type: none"> Meeting Minutes IFS Grids Course syllabi 		Audit IFS reviews from GAAC.
III-E	Post-graduate APRN certificate program curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate). Post-graduate APRN certificate programs that prepare nurse practitioners incorporate <i>Criteria for Evaluation of Nurse Practitioner Programs</i> (NTF, 2016).					
<i>Timeline</i>	<i>Parties</i>	<i>Level of Achievement</i>	<i>Method of Assessment</i>	<i>Evidence</i>	<i>Aggregate Results</i>	<i>Analysis & Strategies</i>
Annual	GAAC	<i>Teaching/Learning Assessment Plan</i> is reviewed and updated as needed.	Follow MSU's Program Assessment Overview according to Assessment Plan schedule		Program started Fall 2023. Will initiate program assessment Summer 2025.	Work Remaining: Based on program assessment findings, need to review and update Program Learning Outcomes Summer 2025 for GAAC to review Fall 2025
→ See Standard III-G Annually on a three year cycle in Fall semester, or as needed	Faculty GAAC	100% of MROs will be current (reviewed within 3 years) in any academic year	Faculty review 100% of MROs every three years on a staggered schedule.	<ul style="list-style-type: none"> Meeting Minutes Revised MROs Revised Learning Exemplars 		No certificate courses were reviewed for updated MROs this AY

Annually on a two year cycle in Spring semester--odd courses in odd years, even courses in even years	<ul style="list-style-type: none"> • UAAC • Faculty 	100% of IFSs will be assessed for compliance by GAAC once every two years.	Individual faculty self-assessment uploaded into shared folder. Committee will look at aggregate assessment results for compliance and make recommendations. Even courses in even Spring years; odd courses in odd Spring years.	<ul style="list-style-type: none"> • Meeting Minutes • IFS Grids • Course syllabi 		Audit IFS reviews from GAAC.
III-F	The curriculum is logically structured to achieve expected student outcomes. <ul style="list-style-type: none"> • Baccalaureate curricula build on a foundation of the arts, sciences, and humanities. • Master's curricula build on a foundation comparable to baccalaureate-level nursing knowledge. • DNP curricula build on a baccalaureate and/or master's foundation, depending on the level of entry of the student. • Post-graduate APRN certificate programs build on graduate-level nursing competencies and knowledge base. 					
ACME IV.D IV.O	The curriculum will be designed to achieve the stated objectives/outcomes of the midwifery program The curriculum will have a logical sequence of progression					
<i>Timeline</i>	<i>Parties</i>	<i>Level of Achievement</i>	<i>Method of Assessment</i>	<i>Evidence</i>	<i>Aggregate Results</i>	<i>Analysis & Strategies</i>

Every three years and as needed. Next review 2027	UAAC	Review <i>Application, Admission and Placement into the College of Nursing Undergraduate Programs</i> policy	UAAC reviews policy paying attention to prerequisites	<ul style="list-style-type: none"> • Survey of Faculty & students (include prereqs) • Map of Prerequisites • University CORE <p>Updated MRJCON policy page webpage</p> <p>UAAC Minutes</p>	<p>Continued poor performance in math prerequisite and T1 med math testing.</p> <p>AACN holistic review workshop conducted April 16, 2024 with UAAC/GAAC attendance. Ad Hoc workgroup AY 24/25 to address scoring and refine model. Policy updated February 2024.</p>	Piloted new math course for nursing students, M 140 AY 24/25. Students in M 140 outperform students in M 121. Added M 140 to the official curriculum for AY 25/26
Annually for each cycle during NursingCAS application editing	AP Team	Review and update CAS application	AP Team meets, reviews feedback from last cycle, and updates new application cycle in NursingCAS	<ul style="list-style-type: none"> • ABSN: Rater Feedback Survey • Meeting Minutes <p>Updated NursingCAS application</p>		<p>Work to systematically utilize NursingCAS functionality from application through to admission and enrollment.</p> <p>Created more templated emails for students during application and for acceptance. Work with Admissions to make sure we are collecting everything needed for integration with MSU application.</p>

Every other year.	AP Team	Review policies related to transfers & course substitution	AP Team and Academic Advisors meet and review policies of transferring and course substitutions	• Meeting Minutes	Continued work with online orientation for admitted students.	<u>Work remaining:</u> <ul style="list-style-type: none"> • Make plan to meet with Shannon Bangen to discuss how to better integrate Nursing transfer student online orientation with university processes Fall 2025 • Develop workflow document for transfer/course substitutions
→ See Standard III-A Every three years. Next review 2028	UAAC	Review Program of Study for TBSN and ABSN			UAAC approved changes to prerequisites for post-baccalaureate applicants at the undergraduate level. No longer required to complete WRIT 201 or COMX 111 (still no need for WRIT 101)	Discuss with strategic the creation of a part-time TBSN track.
Every three years and as needed. Next review 2027	GAAC	Review <i>Graduate Program Admissions and Progression Policy</i>	GAAC reviews policy paying attention to foundational requirements	Updated MRJCON policy page webpage GAAC Minutes		Added section 3.D to policy with the addition of a remediation course for students who step out of the program for one year starting Fall 2025.

Annually for each cycle during CollegeNet application editing. May of each year.	AP Team	Review and update CollegeNet application	AP Team meets, reviews feedback from last cycle, and updates new application cycle in CollegeNet in conjunction with the Grad School	<ul style="list-style-type: none"> Meeting Minutes Updated CollegeNet application 		For next cycle: Add questions related to history of fraud & matriculation to other APRN/Grad program.
→ See Standard III-A Every three years. Next review 2028	GAAC	Review Program of Study for Master's and DNP				Amended for anticipated decoupling of clinical courses starting Spring 2026. Work has begun to re-envision the MN program with committee formation. Needs Assessment Survey will go out Summer 2025. Will continue and finalize AY 25-26.
III-G	Teaching-learning practices: <ul style="list-style-type: none"> support the achievement of expected student outcomes; consider the needs and expectations of the identified community of interest; and expose students to individuals with diverse life experiences, perspectives, and backgrounds. 					
ACME I.H IV.M IV.P IV.L	The midwifery program will reside within or be affiliated with an institution whose policies and/or initiatives encourage and support diversity and inclusion of faculty, staff, and students The midwifery program will provide content throughout the curriculum about implicit bias and health disparities related to race, gender, age, sexual orientation, disability, nationality, and religion The didactic and clinical components of the curriculum will be implemented by a variety of evidence-based methods to achieve the midwifery program objectives/outcomes and ensure student learning The midwifery program's assessment process will include a plan to assess the nondiscriminatory, equitable, and respectful interaction of core faculty and clinical faculty with students, colleagues, and patients					
<i>Timeline</i>	<i>Parties</i>	<i>Level of Achievement</i>	<i>Method of Assessment</i>	<i>Evidence</i>	<i>Aggregate Results</i>	<i>Analysis & Strategies</i>

→ See Standards III-B, III-C, III-D, III E Annually on a three year cycle in Fall semester, or as needed	Faculty UAAC GAAC	100% of MROs will be current (reviewed within 3 years) in any academic year	Faculty review 100% of MROs every three years on a staggered schedule.	<ul style="list-style-type: none"> • Meeting Minutes • Revised MROs • Revised Learning Exemplars MRO and IFS Audit	See standards III-B, III-C, III-D, III E	See standards III-B, III-C, III-D, III E
Annually in Spring	AP Team UAAC GAAC EC	Meet aggregate course evaluation benchmark for mean student "Overall, I rate this course as excellent"	75% of classes will have a rating of 3.75 or greater. Courses less than 3.0 trigger a review by UAAC or GAAC.	<ul style="list-style-type: none"> • Aggregate data • Meeting Minutes 	81.8% for Calendar year 2024. NRSG 616 & 630 were below a 3.0	See <i>Plan for Improvement for Fall 2025</i> and <i>Remediation Plan for NRSG 616</i> and another for NRSG 630 in Evidence folder. Conitnue to monitor for improvement.
Every two years. Next review 2026.	EC AP Team	Assess achievement of College of Nursing Diversity and Inclusion Plan goals and consider revamping for future.	EC will assess achievement of the College of Nursing Diversity and Inclusion Plan	<ul style="list-style-type: none"> • CON Diversity and Inclusion Plan • Meeting Minutes • AP Team report on tickets 		
AY 24-25	Faculty	100% of faculty will complete the Caring for Indigenous Populations training from AHEC	AP Team will solicit completion reports from AHEC. First module due October 1, 2024	<ul style="list-style-type: none"> • Report from AHEC • 		Susan to provide data from Kaylin Mock

Annually	AP Team UAAC GAAC	Student survey questions related to teaching-learning practices are reviewed by UAAC and GAAC. Changes made as necessary.	AP Team will present student survey questions related to teaching-learning practices and present to UAAC and GAAC	<ul style="list-style-type: none"> • Meeting Minutes • Revisions as made • Student Surveys 	Reviewed Spring 2025 in UAAC and GAAC. Had one PLO at UG level very slightly below benchmark. "Apply knowledge of systems, cost-effectiveness, and regulation to plan, provide, and evaluate care" (3.73)	<p>UAAC set benchmarks of 3.75 on a 5 point likert scale 10/28/2024.</p> <p>Decided to gather more data and review AY 25/26</p>
III-H	<p>The curriculum includes planned clinical practice experiences that:</p> <ul style="list-style-type: none"> • enable students to integrate new knowledge and demonstrate attainment of program outcomes; • foster interprofessional collaborative practice; and • are evaluated by faculty. 					
ACME II.V IV.N IV.R IV.S V.F VI.H	<p>Clinical faculty will be responsible for the instruction, supervision, and evaluation of students in clinical learning The midwifery program will have a plan for interprofessional education (IPE) to prepare students for team-based collaborative practice that includes outcomes of student learning The midwifery program will provide students with the necessary clinical experiences to achieve the objectives/outcomes of the program The midwifery program will maintain final responsibility for assessing and approving clinical sites The midwifery program will secure clinical sites for students. These sites will provide access to clinical experiences to ensure that each student has the opportunity to obtain competence in the midwifery practice areas of primary care, gynecologic, antepartum, intrapartum, postpartum, and newborn care The midwifery program's assessment process will include evaluation of the effectiveness of clinical sites to meet student learning needs and monitor and promote their achievement of clinical competence</p>					
<i>Timeline</i>	<i>Parties</i>	<i>Level of Achievement</i>	<i>Method of Assessment</i>	<i>Evidence</i>	<i>Aggregate Results</i>	<i>Analysis & Strategies</i>

See Standard III-B, III-C, III-D, III-E for timelines See III-I	<ul style="list-style-type: none"> • UAAC • GAAC 	100% of students have clinical experiences that meet course objectives	MROs, course syllabi are reviewed for appropriate and sufficient clinical experiences.	<ul style="list-style-type: none"> • MROs • Syllabi • IFS Reviews • Typhon • Standardized Clinical Evaluation Tools • Clinical Contract Database Student Surveys		UAAC trialed a new Clinical Evaluation Tool in Spring 2024 for NRSG 409. Prompted revision for UAAC to create a subgroup to modify the clinical tool template for all courses. UAAC finalized template for clinical course groups to use to individualize evaluate competencies for their courses. UAAC to review and approve individual CETs Fall 2025
SIM Curricula See II-B	<ul style="list-style-type: none"> • Dean • DAF • CDs • UAAC • GAAC 	Each campus incorporates multiple levels of standardized simulation opportunities for students to achieve program outcomes	Annually review campus technology needs, curricular effectiveness.	<ul style="list-style-type: none"> • Student Surveys • Faculty Surveys 		Work Remaining: Sim planning at the graduate level.
III-I	Individual student performance is evaluated by the faculty and reflects achievement of expected student outcomes. Evaluation policies and procedures for individual student performance are defined and consistently applied.					
ACME II.F II.H III.I III.J III.K III.L IV.Q	Instruction, supervision, and evaluation of students in didactic courses containing ACNM Core Competencies for Basic Midwifery Practice will be the responsibility primarily of core faculty Core faculty will participate in selection, advisement, evaluation, and advancement of students Students will be formally informed of course objectives/outcomes and methods of evaluation at the beginning of each course Students will be apprised of their progress on an ongoing basis Students will be evaluated formatively and summatively Students will be informed of remediation policies and processes The midwifery program will ensure that graduates will have achieved competence in clinical practice					
Timeline	Parties	Level of Achievement	Method of Assessment	Evidence	Aggregate Results	Analysis & Strategies
See Standard III-B, III-C, III-D, III-E for timelines	<ul style="list-style-type: none"> • UAAC • GAAC 	100% of courses will utilize the standardized grading scale	IFS review	<ul style="list-style-type: none"> • IFS Reviews 	Two Spring 2025 courses used +/- grading.	Faculty were notified and requested to follow policy and update syllabus.

Annually end of academic year See Standard III-H	<ul style="list-style-type: none"> • UAAC • GAAC 	100% of students will be evaluated using a standardized Clinical Evaluation Tool	Random sample of student folders (undergrad) and Typhon (Grad) for evidence of documented clinical evaluation using the standardized tool	<ul style="list-style-type: none"> • Standardized Clinical Evaluation Template • Student Files • Typhon 	Review to be completed Summer 2025	Audit of new T-4, A-3 for AY 24/25 practice courses. 15 undergraduate student folders were randomly audited. No campus folders were complete. Will bring to UAAC/LT Fall 2025.
Every three years	<ul style="list-style-type: none"> • UAAC • GAAC 	Preceptor Policy is reviewed by UAAC and GAAC (as appropriate) every three years. Conform to QSEN and NONPF competencies.	Committee review	<ul style="list-style-type: none"> • Meeting minutes • Updated policies • Website 	GAAC has completed updated policy.	Continued work on finalizing preceptor policy at the undergraduate level (replaces C-9)
III-J	The curriculum and teaching-learning practices are evaluated at regularly scheduled intervals, and evaluation data are used to foster ongoing improvement					
ACME IV.E IV.L	Curriculum development will be a continuing process The curricular content will be regularly updated to include current evidence for midwifery practice and will be congruent with the ACNM Standards for Practice of Midwifery; ACNM Position Statement on Racism and Racial Bias; ACNM Code of Ethics; ACNM Transgender/Transexual/Gender Variant Healthcare, and other ACNM documents					
Timeline	Parties	Level of Achievement	Method of Assessment	Evidence	Aggregate Results	Analysis & Strategies

Annually in Summer	<ul style="list-style-type: none"> • UAAC • GAAC 	<i>Teaching/Learning Assessment Plan</i> is reviewed and updated as needed.	Follow MSU's Program Assessment Overview according to Assessment Plan schedule	<ul style="list-style-type: none"> • Meeting Minutes • Program Assessment documents and reports 	<p>Aggregated results from exemplar assessments were presented to UAAC (10/28/2024) and GAAC (11/1/2024). No additional recommendations. Reports were disseminated to faculty with request for confirmation of planned changes.</p> <p>AY 23/24 Program Assessment Report presented to EC March 2025</p>	<p>Continue to work to ensure that all faculty are aware of their role in the teaching/learning assessment process.</p> <p>-Module added in faculty sharepoint/Canvas onboarding site</p> <p>Updated Teaching/Learning Assessment Plan rubric to align with new CDC Framework in AY 24-25</p>
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Program Effectiveness: Assessment and Achievement of Program Outcomes

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

IV-A	A systematic process is used to determine program effectiveness.					
ACME VI.A	The midwifery program will have a comprehensive plan for ongoing assessment of the program philosophy, mission/purpose, and objectives/outcomes to achieve continuous quality improvement					
<i>Timeline</i>	<i>Parties</i>	<i>Level of Achievement</i>	<i>Method of Assessment</i>	<i>Evidence</i>	<i>Aggregate Results</i>	<i>Analysis & Strategies</i>
Every 3 years and ongoing. Next evaluation cycle AY 27-28	EC	Master Evaluation Plan is reviewed and approved in three-year cycles according to the policy.	The Master Evaluation Plan is implemented formatively on an annual basis and reviewed summatively every three years by Academic Programs, approved by EC	<ul style="list-style-type: none"> • Master Evaluation Plan changes • Meeting Minutes • Clinical Advisory Group meeting minutes 	Master Evaluation Plan policy reviewed in EC 10/21/2024. Reported alignment of CDC framework and change of structure to EC 4/21/2025	Unanimously approved. Work to align MEP with new CDC framework for evaluation. Have new plan by AY 25-26.
IV-B	Program completion rates demonstrate program effectiveness.					
ACME VI.C	The midwifery program assessment process will include evaluations for enrollment, graduation, and attrition goals					
<i>Timeline</i>	<i>Parties</i>	<i>Level of Achievement</i>	<i>Method of Assessment</i>	<i>Evidence</i>	<i>Aggregate Results</i>	<i>Analysis & Strategies</i>
	BSN					
Annually in Spring semester	UAAC	CCNE-70%, MSU-75% Calculated as graduating number from cohort / (number admitted per cohort - students leaving for non-academic reasons) over four-semester timeline	Reviewed by UAAC. Changes made as seen fit.	<ul style="list-style-type: none"> • Meeting Minutes • 	AY 24/25 Graduates: 96.6% (172/178)	
	ABSN					

Annually in Spring semester	UAAC	CCNE-70%, MSU-75% Calculated as graduating number from cohort / (number admitted per cohort - students leaving for non-academic reasons) over three-semester timeline	Reviewed by UAAC. Changes made as seen fit.	<ul style="list-style-type: none"> • Meeting Minutes • Graduate data • Intake cohort data 	AY 24/25 Graduates: 100.0% (66/66)	
	MN					
Annually in Spring semester	GAAC	CCNE-70%, MSU-75% Calculated as graduating number from cohort / (number admitted per cohort - students leaving for non-academic reasons) over six-semester timeline	Reviewed by GAAC. Changes made as seen fit.	<ul style="list-style-type: none"> • Meeting Minutes • Graduate data • Intake cohort data 	AY 24/25 Graduates: 100.0% (2/2)	
	DNP					
Annually in Spring semester	GAAC	CCNE-70%, MSU-75% Calculated as graduating number from cohort / (number admitted per cohort - students leaving for non-academic reasons) over eleven-semester timeline	Reviewed by GAAC. Changes made as seen fit.	<ul style="list-style-type: none"> • Meeting Minutes • Graduate data • Intake cohort data 	AY 24/25 Graduates, FNP: 100.0% (22/22), PMHNP: 100.0% (5/5)	
	Post-Graduate APRN Certificate					

Annually in Spring semester	GAAC	CCNE-70%, MSU-75% Calculated as graduating number from cohort / (number admitted per cohort - students leaving for non-academic reasons) over six-semester timeline	Reviewed by GAAC. Changes made as seen fit.	<ul style="list-style-type: none"> • Meeting Minutes • Graduate data • Intake cohort data 	AY 24/25 Graduates: 100.0% (1/1)	
IV-C	Licensure pass rates demonstrate program effectiveness.					
<i>Timeline</i>	<i>Parties</i>	<i>Level of Achievement</i>	<i>Method of Assessment</i>	<i>Evidence</i>	<i>Aggregate Results</i>	<i>Analysis & Strategies</i>
Annually in Spring semester	UAAC	CCNE-80% CON-92%	Calculate annual NCLEX pass rates by program (BSN/ABSN) and Campus within two years of program completion.	<ul style="list-style-type: none"> • Ticket # 2020-IV C-001 • Meeting Minutes • NCLEX pass rates data 	92.05% pass rate for TBSN in 2024 and 90.91% for ABSN	
IV-D	Certification pass rates demonstrate program effectiveness.					
ACME VI.D	The midwifery program will set its own AMCB certification rate goal in accordance with the program's mission. Failing to meet the goal requires the development of an improvement plan to bring the certification rate to the goal					
<i>Timeline</i>	<i>Parties</i>	<i>Level of Achievement</i>	<i>Method of Assessment</i>	<i>Evidence</i>	<i>Aggregate Results</i>	<i>Analysis & Strategies</i>
	CNL					
Annually in Spring semester	GAAC	CCNE-80%, MSU-90%	Calculate annual pass rates by degree and option	<ul style="list-style-type: none"> • Meeting Minutes • Certification data 	100% who have tested over last four years	
	FNP					

Annually in Spring semester	GAAC	CCNE-80%, MSU-90%	Calculate annual pass rates by degree and option		ANCC - 5/5, 100% (2020) AANP - 7/8, 88% (2020) ANCC - ?/? , --% (2021) AANP - 14/15, 93% (2021) ANCC - 2/2 , 100% (2022) AANP 18/19 , 94% (2022) ANCC - 5/5, 100% (2023) AANP - 13/21, 61% (2023) ANCC-3/3, 100% (2024) AANP - 31/32, 97% (2024)	See Ticket 2024-IV D-001 Establishing proctored testing protocols. Started in NRSG 602 in Spring 2025.
	PMHP					
Annually in Spring semester	GAAC	CCNE-80%, MSU-90%	Calculate annual pass rates by degree and option	<ul style="list-style-type: none"> • Meeting Minutes • Certification data 	ANCC-5/5, 100% (2020) ANCC - 8/8, 100% (2021) ANCC - 4/4, 100% (2022) ANCC - 10/10, 100% (2023) ANCC - 8/8, 100% (2024)	
	Post-Graduate APRN Certificate					

Annually in Spring semester	GAAC	CCNE-80%, MSU-90%	Calculate annual pass rates by degree and option	<ul style="list-style-type: none"> • Meeting Minutes • Certification data 		
IV-E	Employment rates demonstrate program effectiveness.					
<i>Timeline</i>	<i>Parties</i>	<i>Level of Achievement</i>	<i>Method of Assessment</i>	<i>Evidence</i>	<i>Aggregate Results</i>	<i>Analysis & Strategies</i>
	BSN (<i>trad and ABSN</i>)					
	AP Team UAAC	70% of graduates will be employed or continuing education	Presented to UAAC. Changes made as necessary.	<ul style="list-style-type: none"> • Meeting Minutes • AYCSS Career Destination Survey data 	2019: 100% 2020: 96% 2021: 94.5% 2022: 96.1% 2023: 96.3%	
	MN					
Annually in Spring semester	AP Team GAAC	70% of graduates will be employed or continuing education	Presented to GAAC. Changes made as necessary.	<ul style="list-style-type: none"> • Meeting Minutes • AYCSS Career Destination Survey data 	2019: 100% 2020: 100% 2021: 87.5 (7/8) 2022: 100% 2023: 100%	
	FNP					

Annually in Spring semester	AP Team GAAC	70% of graduates will be employed or continuing education	Presented to GAAC. Changes made as necessary.	<ul style="list-style-type: none"> Meeting Minutes AYCSS Career Destination Survey data 	2019: 80% 2020: 90% 2021: 100% 2022: (8/9) 88.9% 2023: 100%	
	PMHP					
Annually in Spring semester	AP Team GAAC	70% of graduates will be employed or continuing education	Presented to GAAC. Changes made as necessary.	<ul style="list-style-type: none"> Meeting Minutes AYCSS Career Destination Survey data 	2019: 100% 2020: 100% 2021: 100% 2022: 100% 2023: 100%	
IV-F	Data regarding completion, licensure, certification, and employment rates are used, as appropriate, to foster ongoing program improvement.					
<i>Timeline</i>	<i>Parties</i>	<i>Level of Achievement</i>	<i>Method of Assessment</i>	<i>Evidence</i>	<i>Aggregate Results</i>	<i>Analysis & Strategies</i>
cf IV-B, IV-C, IV-D, IV-E Summative-Annual calendar year Data (see above timelines)	UAAC & GAAC & LT	Data is analyzed and action taken based on committee decision-making	Compare rates and compare difference between actual and CCNE expected outcomes	•see IV-B, IV-C, IV-D, IV-E evidence columns		

Every Fall semester	UAAC NCLEX Champions	NCLEX Prep data is used to make adjustments to address areas of underperformance	Use NCLEX Prep data to identify areas for improvement.	<ul style="list-style-type: none"> • RFP • Prep data results • NCLEX Champions meetings 	RFP is out for review for new NCLEX Prep product. Did not renew NurseTim contract.	
Formative-Quarterly NCLEX results	UAAC	Data is analyzed and action taken based on committee decision-making	Compare rates and compare difference between actual and MSU expected outcomes. Evaluate benchmark.	<ul style="list-style-type: none"> • Meeting Minutes • NCLEX pass rate data 	Explore possibility of getting individual test scores with MT BON next year.	
IV-G	Aggregate faculty outcomes demonstrate program effectiveness.					
ACME II.K	Core faculty will participate in development and/or implementation of a mechanism for student evaluation of faculty, courses, and midwifery program effectiveness					
<i>Timeline</i>	<i>Parties</i>	<i>Level of Achievement</i>	<i>Method of Assessment</i>	<i>Evidence</i>	<i>Aggregate Results</i>	<i>Analysis & Strategies</i>
Annually in January/February	EC	100% of 0.5 FTE or greater are evaluated. 70% will have a mean score at or above 3.75 on the "Overall, I rate this instructor an excellent teacher" response.	Aggregate faculty data on student course evaluations is gathered and presented to EC. Changes made as needed.	<ul style="list-style-type: none"> • IDEA Course Evaluation reports • Meeting Minutes 	2020 - 91% at or above 3.75 2021: 89.7% of >0.5 FTE faculty at or above 3.75 2022: 91.4% of >0.5 FTE faculty at or above 3.75 2023: 88.2% of >0.5 FTE faculty at or above 3.75 2024: 93.6% of >0.5 FTE faculty at or above 3.75	Asked EC to consider increasing the benchmark score in January. New benchmark: 75% of all faculty at 4.00.

Annually in January/February See II-G	EC	100% of 0.5 FTE or greater are evaluated. 80% will participate in faculty development activities annually.	Aggregate faculty data on faculty development is gathered and presented to EC. Changes made as needed.	<ul style="list-style-type: none"> • Faculty Success data • Meeting Minutes 	<p>2021: 56.1% of >0.5 FTE recorded participation in Faculty Success.</p> <p>2022: 60.4% of >0.5 FTE recorded participation in Faculty Success</p> <p>2023: 88.5% of >.5 FTE recorded attendance at development offerings during GFM.</p> <p>2024: 93.75% of >.5 FTE faculty recorded development activity in Faculty Success or May GFM.</p>	
Annually in January/February	EC, ADR	100% of tenure track faculty are evaluated. 70% will disseminate scholarship (orally or in writing) at least once every two calendar years	Aggregate faculty data on faculty scholarship is gathered and presented to EC. Changes made as needed.	<ul style="list-style-type: none"> • Faculty Success data • Meeting Minutes 	<p>January 2020-December 2021: 92.86% of TT faculty disseminated scholarly work</p> <p>January 2022-December 2023: 93.33% of TT Faculty disseminated scholarly work</p>	
IV-H	Aggregate faculty outcome data are analyzed and used, as appropriate, to foster ongoing program improvement.					
Timeline	Parties	Level of Achievement	Method of Assessment	Evidence	Aggregate Results	Analysis & Strategies

See IV-G Annually in January/February	EC	Data is analyzed and action taken based on committee decision-making	Compare difference between actual and MSU expected outcomes. Changes as needed. Evaluate benchmarks.	• see IV-G evidence columns	2021: 56.1% of >0.5 FTE recorded participation in Faculty Success. 2022: 60.4% of >0.5 FTE recorded participation in Faculty Success 2023: 88.5% of >.5 FTE recorded attendance at development offerings during GFM. 2024: 93.75% of >.5 FTE faculty recorded development activity in Faculty Success or May GFM.	
IV-I	Program outcomes demonstrate program effectiveness.					
ACME IV.U VI.B	Regular communication will occur among and between faculty and students during implementation of the curriculum The midwifery program assessment process will include evaluations of the program by students and recent graduates					
<i>Timeline</i>	<i>Parties</i>	<i>Level of Achievement</i>	<i>Method of Assessment</i>	<i>Evidence</i>	<i>Aggregate Results</i>	<i>Analysis & Strategies</i>
Every Semester at graduation	• UAAC	xx% of student portfolios will meet either proficient or exemplary	Completed by the end of T-4/A-3 curricula in Professional Development courses	• Meeting Minutes • aggregate Student Portfolio data		UAAC needs to set threshold AY 25-26. Suggest developing rubric
Fall Semester	• UAAC • GAAC	Teaching/Learning Assessment Plan annual exemplar review	AP Team gathers data in summer and has two independent faculty reviewers review to provide feedback to UAAC/GAAC for possible curricular changes	• Teaching/Learning Assessment Plan • Student Exemplars • Exemplar Review	See III-B	

At graduation	<ul style="list-style-type: none"> • UAAC • GAAC 	UG: 3.5 (out of 5) on a likert scale for PLOs GR: 3.5 (out of 5) on a likert scale for PLOs		<ul style="list-style-type: none"> • Meeting Minutes • Graduation & Post-graduation student surveys 	Reviewed Spring 2025 in UAAC and GAAC. Had one PLO at UG level very slightly below benchmark. "Apply knowledge of systems, cost-effectiveness, and regulation to plan, provide, and evaluate care" (3.73)	UAAC set benchmarks of 3.75 on a 5 point likert scale 10/28/2024. GAAC followed suit, so new benchmark for next year. Decided to gather more data and review AY 25/26
Spring Semester	<ul style="list-style-type: none"> • UAAC (as needed) • GAAC (as needed) • LT • ET 	Review Clinical Advisory Group minutes		<ul style="list-style-type: none"> • Meeting Minutes 		See earlier
IV-J	Program outcome data are used, as appropriate, to foster ongoing program improvement.					
see ACME II.K						
Timeline	Parties	Level of Achievement	Method of Assessment	Evidence	Aggregate Results	Analysis & Strategies
See IV-I						

Other Ongoing Evaluation

The College of Nursing also undertakes ongoing evaluation in areas that fall outside the prescribed CCNE Standards for Accreditation. These areas of ongoing evaluation are captured below.

V-A	Metaevaluation					
Timeline	Parties	Level of Achievement	Method of Assessment	Evidence	Aggregate Results	Analysis & Strategies
Annually in the Summer	AP Team	An internal, formative metaevaluation is performed annually in the summer when preparing the next Academic Year's MEP.	AP Team meets and completes the Metaevaluation Checklist & Questions and reviews the Community of Interest Survey results. Changes are made as appropriate and reflected in next Academic Year's MEP	<ul style="list-style-type: none"> • Updated Master Evaluation Plan • Metaevaluation Checklist & Questions • Community of Interest Survey Results 		<p><u>Work remaining:</u></p> <ul style="list-style-type: none"> • Develop Metaevaluation Checklist & Questions • Develop Survey Questions for Community of Interest <p>Develop system for tracking dates of completion</p>
Every Five Years: • See I-A, IV-A	EC	An internal, summative metaevaluation is performed every five years	See I-A, IV-A			
Every 10 Years, with Five year CIPR Report	CCNE	An external, summative metaevaluation is conducted by CCNE in following the accreditation process and timelines	Accreditation report completed and site visit conducted every 10 years. Mid-way CIPR report completed and submitted to CCNE five years post-accreditation	<ul style="list-style-type: none"> • Accreditation Report • Site-Visitor Report • Continuous Accreditation • CIPR Report 		

**undefined processes fit here. Or processes under review.

<i>Ticket #</i>	<i>Name</i>	<i>Timeline</i>	<i>Parties</i>	<i>Level of Achievement</i>	<i>Method of Assessment</i>	<i>Aggregate Results</i>	<i>Analysis & Strategies</i>
2020-IV A-001	Master Evaluation Plan	AY 20-21	AP Team EC UAAC GAAC All CON	A comprehensive evaluation of the Master Evaluation Plan (A-9) will be completed and approved by EC by the end of AY 20-21.	See link	MEP completed and approved by EC on April 26, 2021. See link for details.	See link
2020-III J-001	IFS	Spring 2021	<ul style="list-style-type: none"> • GAAC • UAAC • Faculty • AP Team 	70% of IFSs are completed by end of Spring 2021	Faculty complete course syllabi self-evaluation and modify syllabi accordingly. Results are reviewed by appropriate curriculum committee with feedback. Changed timeline to be odd courses done Spring of odd years; even courses done Spring of even years.	Did not hit benchmark Spring 2021.	<p>Refocused effort to prioritize the collection of course syllabi for AY 21/22.</p> <p>Fall 2022 made progress in collecting syllabi by centralizing the process. Assistant CDs will be backup for collecting & populating syllabi.</p>
		Spring 2022	<ul style="list-style-type: none"> • GAAC • UAAC • Faculty • AP Team 	100% collection of course syllabi each semester.	Establish standardized collection method through UAAC and GAAC and audit as needed throughout the year.	Four audits were conducted during the AY 21/22 with multiple email solicitations to faculty. 100% submission achieved.	<p>AY 22/23:</p> <p>UAAC & GAAC will review IFS grid for edits. Set up a schedule for them.</p> <p>Reintroduce IFS review process to include the Assistant CDs for the first level of review prior to first time course implementation (program assessment plan).</p>
		Fall 2022	<ul style="list-style-type: none"> • GAAC • UAAC • ACDs • Faculty • AP Team 	100% collection of course syllabi each semester.	AP Team solicits compliance and audits. Follow up as needed. ACDs also help.		
		Fall 2023	<ul style="list-style-type: none"> • GAAC • UAAC • ACDs • Faculty • AP Team 	100% collection of course syllabi by the first week of each semester.	Established system with TAMS for Maggie to track faculty and request syllabi	Have been able to receive all faculty syllabi.	Working on receiving them more promptly and monitoring quality.

2020-IV C-001	NCLEX Pass Rates	AY 20-21	AP Team Admins CDs MT BON	CON Will increase NCLEX pass rates to 91% in 2021 and 92% in 2022.	<ul style="list-style-type: none"> • BON Authorization form: CON will be able to track 100% of BSN graduates 1st time pass rates in 2021 • Increased focus on faculty role, particularly use of Kaplan • Leesha Ford as Faculty Kaplan liaison for Spring 2021 	Can track on 95.8% of Fall 2020 graduates results	<p>Poor response rate to paper form for May 2020 graduates. Adopted electronic PowerForm beginning for Fall 2020 grads.</p> <p>Currently (7/23/2021) at 95.8% tracking for Fall 2020 graduates. Will work to add NCLEX Authorization Form to Compliance Tracking at all levels. May not be able to hit 100% as a realistic goal.</p> <p>Spring 2021 at 93.6% of students that we can track. Still not thinking 100% as realistic goal.</p> <p>Q3 pass rate 85.5%. 83.3% aggregate annual. Presented to UAAC on 11/2/2021 (see minutes). Each campus site has identified an NCLEX champion that will be working with our current Senior 2 class on their campus site. We do need to address NCLEX in our new curriculum from the very beginning. We have also built in an NCLEX review into the last semester of our new curriculum. Follow up with results in Q1 of next year</p> <p>Calendar year 2021 pass rate was 83.59%. Q1 2022 is 82.22% and Q2 is 77.46%.</p>
		AY 21-22	Everyone	CON Will increase NCLEX pass rates to 91% in 2021 and 92% in 2022.		Did not hit benchmark.	<p>Fired Kaplan and adopted NurseTim. Established NCLEX Champions. Part of NurseTime is three benchmark exams and an embedded review course.</p> <p>Calendar Year 22: 81.9% pass rate. National average 79.9%</p>

		AY 22-23	Everyone	Need benchmark			Stronger focus on NCLEX approval forms receipt. Establishing data collection separated by campus for calendar year 2023 in preparation for CIPR report. Put in for strategic investment in January 2023 for funded NCLEX Faculty Lead to standardize implementation of NurseTim across the College
2020-IV E-001	Program Surveys	2020	AP Team	Develop program surveys where indicated in MEP.		Surveys for students (J2/T2/A2; upon Graduation; post-Graduation), employer, clinical agencies Summer of 2021. Develop MN, DNP Fall 2021.	Done
2019-III B-001	Curriculum Refresh	AY 19-23	CRW UAAC GAAC ET AP Team All CON MSU Curriculum & Programs Committee	A comprehensive evaluation and re-working of the existing curriculum by the Curriculum Refresh Workgroup as assigned by the Dean (cf CON SP 1.3)		See link	See link
2021-?-001	Course Syllabi	Spring 2021	AP Team LT	Establish procedure for securing course syllabi for every nursing course offered each semester	ADAA will conduct an audit for Fall of 2021. Bring back results to EC and LT.		Develop checklist?
		Spring 2023	AP Team ACDs Campus Admins	100% collection. Formalize the campus staff and ACD to be tasked to collect the syllabi every semester for their campus and stored in CON Shared folder.	Run audit at the end of semester	Fall 2022 100% compliance	
2021-?-001	Clery Compliance	Calendar Year	AP Team	Bring the CON into compliance with Clery Reporting requirements	CON will submit its own ASR for satellite campuses. Year TBD.	we gave this responsibility back to MSU	

2021-II C-001	Holistic Admissions	AY 21-22	AP Team UAAC	Apply AACN framework to develop CON holistic review, admissions, and placement policy (CON SP Goal 1.1)		UAAC outlined a pilot to use for Spring 2022 application cycle in Spring of 2021.	
		AY 22-23	AP Team UAAC	Apply AACN framework to develop CON holistic review, admissions, and placement policy (CON SP Goal 1.1)	Will successfully implement holistic admissions for the traditional BSN application	Application for Fall 2023 is the first holistic cycle.	
2021-I F-001	Direct Entry	AY 21-22	AP Team UAAC	Identify strategies to retain Pre-Nursing students that declare the nursing major (CON SP Goal 1.1)	Implement Direct Entry program for MT High School graduates for Fall 2023. 99 eligible students enrolled Fall 2023. Will assess numbers and ongoing feasibility as cohort matriculates and progresses through the program.	News Publication October 2022 with details of program. Collaborated with Admissions office to communicate program with high school counselors. Created informational flyer for distribution	Establish criteria for participants upon matriculation.
2021-II C-003	Tribal Transfer Transition	AY 20-21 & 21-22	COOP & AP Team	Facilitate the smooth matriculation of tribal transfer students (CON SP Goal 1.1)			
2020-III E-001	Psych Mental Health Certificate	AY 20-21	GAAC & AP Team	Create and maintain graduate nursing programs to meet the needs in Montana (CON SP Goal 1.2)			Has been approved. Accepted first cohort for Fall 2023. Document Gap analysis
2021-III J-001	Teaching-Learning Assessment Plan	21-22	UAAC & GAAC	Review graduate program curricula to ensure quality and outcomes (CON SP Goal 1.2)	Finalize Teaching-Learning Assessment Plan AY 21-22.	Began work with undergraduate group in Spring of 2021. Graduate group began Summer of 2021.	
		AY 21-22	UAAC & GAAC	Implement a Teaching-Learning Assessment Plan at the undergraduate and graduate level		Finalized plan and approved by UAAC & GAAC Fall 2022. Waiting for UAAC to finalize BSN Level 1 exemplars	

2021-I C-001	Grand Challenge Two - Promoting Wellness		EC	The CON will define external outcome measures that reflect success in grand-challenge 2 (promoting wellness in our communities) and monitor these for demonstrated improvement (CON SP 2.1)			
2021-II G-001			ADR	Enhance education of undergraduate and graduate students through increased participation in research, creative, and entrepreneurial activities (CON SP 2.1)			
2021-II G-002			Faculty Council ADAA	Support engagement with the clinical track process for NTT faculty to elevate clinical scholarship (CON SP 2.1)	E-5 policy needs to be revised		
2021-I C-002			ADR	Expand interdisciplinary scholarship: <ul style="list-style-type: none"> • One new interdisciplinary training grant • Increase grant expenditures • Increase scholarly products • AHEC partnerships • Identify and disseminate interdisciplinary funding opportunities (CON SP 2.2) 			
2021-I C-003	Increasing College of Nursing Scholarship Reputation		ADR	(CON SP 2.3)			
2021-II G-003	Elevate expectations for scholarship		Dean Faculty Council Campus Directors ADR	(CON SP 2.4)			

2021-I C-004	Collaborations with Tribal Nations and partners		COOP UAAC GAAC AP Team ADR	(CON SP 3.1)			
2021-IV G-?	MT Partnerships			(CON SP 3.2)	ANEW, BWET, RPCT		
2022-II-B	SIM Investment		ET, LT,				<p>Simulation Centers - August 2022</p> <ul style="list-style-type: none"> • \$1,264,000 over about five years • High Fidelity Advanced Simulators provided by Gaumard <ul style="list-style-type: none"> o Adult Female Patient (5 – 1 per campus) o Neonatal Patient (5 – 1 per campus) o Pediatric Patient (5 – 1 per campus) o Obstetric Patient (1 for Missoula & 1 for Kalispell (Jan 2023) – this adds to already existing in Billings, Great Falls, Bozeman) o Service Plans and Comprehensive Training <p>Invested in two SIM leads at \$78,750 from Program Fees (0.5 FTE each) to standardize the implementation of simulation in curricula (NRSG 400)</p> <p>\$15,750 per campus to provide simulation support for NRSG 400</p>
2021-II-C	Staff checklist		DAF, AADA, DAPE				
2021-II-E	Employee D2L Shell	Pilot Summer 2023, implement Fall 2023	ADAA, DAF			Have established an employee non-credit D2L Platform Workgroup	
2022-III-F	UG Application and Transfer Evaluation Process	AY 22/23	Registrar, Provost, Admissions, MRJCON, AP Team, Dean	Create an efficient application and transfer evaluation process for students and MSU staff.			Strategic Investment proposal Meetings with Provost, Registrar, Admissions, Advising Team to discuss issue

2023	Student Compliance Improvement	AY 23-24	AP Team, CDs, Ad	Increase student clinical compliance by due date to 85%			
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The table below lists all of the timelines for evaluative work that other

Semesterly	
Timeline	Parties
Quarterly	• UAAC
Bi-annually	• Dean • DAF • VPREDGE
Every Semester	• LT • VP Admin & Finance
Every Semester	• LT • CON UIT
Every Semester	• LT • SIM coordinator
Every semester	• Dean • CDs • LT • Local Clinical Advisory Boards
Every semester	• DAF • CDs
Every semester	• DAF • CDs
Every semester	• Dean • DAF • CDs • ADAA
Every semester	• Faculty • Program leads
Every semester	• Dean • CDs

Every semester	<ul style="list-style-type: none"> • UAAC • GAAC
Every semester	<ul style="list-style-type: none"> • UAAC • GAAC
Annually	
<i>Timeline</i>	<i>Parties</i>
Annually in October	<ul style="list-style-type: none"> • MUS • CDs
Annually in spring semester	<ul style="list-style-type: none"> • Dean • LT • DAF
Annually in spring semester	<ul style="list-style-type: none"> • AP Team • UAAC • GAAC
Annually in spring semester	• UAAC
Annually in spring semester	• GAAC
Annually in spring semester	• UAAC
Annually in spring semester	• GAAC
Annually in spring semester	<ul style="list-style-type: none"> • AP Team • UAAC • GAAC
Annually in January	• EC
Annually in February	<ul style="list-style-type: none"> • Dean • DAF
Annual - March	<ul style="list-style-type: none"> • ET • Faculty • Staff
Annually at end of academic year	<ul style="list-style-type: none"> • UAAC • GAAC
Annually in May	<ul style="list-style-type: none"> • Faculty • NFRC
Annually in May	• AP Team
Annually in Summer	<ul style="list-style-type: none"> • DAF • ADAA

Annually in Summer	<ul style="list-style-type: none"> • AP Team
Annually in June	<ul style="list-style-type: none"> • Dean • DAF
Annually at time of graduate admissions	<ul style="list-style-type: none"> • Dean • ADAA • Leads • Clinical Placement Coordinator
Annually	<ul style="list-style-type: none"> • Faculty Council • MSU HR • LT
Annually	<ul style="list-style-type: none"> • Student Forum • ACDs • DAF • ADAA
Annually	<ul style="list-style-type: none"> • AP Team
Annually	<ul style="list-style-type: none"> • ET
Annually	<ul style="list-style-type: none"> • CD and/or Dean
Annually in January	<ul style="list-style-type: none"> • Faculty Advisors • Pre-Nursing Advisors • Students • CDs
Annually	<ul style="list-style-type: none"> • Library • AYCSS • Smarty Cats • Student Forum • ACDs
Annually	<ul style="list-style-type: none"> • LT
Annually	<ul style="list-style-type: none"> • UAAC • GAAC
Annually on a three year cycle in Fall semester	<ul style="list-style-type: none"> • Faculty • UAAC

Annually on a two year cycle in Spring semester--odd courses in odd years, even courses in even years	<ul style="list-style-type: none"> • UAAC
Annually	<ul style="list-style-type: none"> • UAAC • AP Team
Annually for each cycle during NursingCAS application editing	<ul style="list-style-type: none"> • AP Team
Annually in November	<ul style="list-style-type: none"> • AP Team • UAAC • GAAC
Annually	<ul style="list-style-type: none"> • UAAC • GAAC
Annually	<ul style="list-style-type: none"> • UAAC • GAAC
Annually	?
Other	
<i>Timeline</i>	<i>Parties</i>
2021 (three year cycles)	<ul style="list-style-type: none"> • UAAC • GAAC
2021 (three year cycles)	<ul style="list-style-type: none"> • NTT Faculty • MUS
AY 21-22 (three year cycles)	<ul style="list-style-type: none"> • NTT Rank Advancement Committee
AY 21-22 (three year cycles)	<ul style="list-style-type: none"> • UAAC • GAAC
2022 (three year cycles)	<ul style="list-style-type: none"> • GAAC
2022 (two year cycles)	<ul style="list-style-type: none"> • EC • AP Team
2023 (three year cycles)	<ul style="list-style-type: none"> • EC • UAAC • GAAC

2023 (three year cycles)	<ul style="list-style-type: none"> • EC • UAAC • GAAC • Faculty
2023 (three year cycles)	<ul style="list-style-type: none"> • UAAC
2023 (three year cycles)	<ul style="list-style-type: none"> • UAAC
2023 (three year cycles)	<ul style="list-style-type: none"> • UAAC
2024 (five year cycles)	<ul style="list-style-type: none"> • EC • UAAC • GAAC
AY 24-25 (five year cycles)	<ul style="list-style-type: none"> • EC
2025 (five year cycles)	<ul style="list-style-type: none"> • Faculty Council
With changes of enrollment	<ul style="list-style-type: none"> • Dean • CDs • BON • LT • Clinical Agencies
Upon Hire	<ul style="list-style-type: none"> • Search Committee
Upon Hire	<ul style="list-style-type: none"> • Dean • Faculty • DAF • HR
Every other year	<ul style="list-style-type: none"> • AP Team

Table of Timelines

It needs to be done within the Master Evaluation Plan. Timelines are broken up by semesterly, annually, and

Standard

IV-F (Quarterly NCLEX Results)

II-A (look at F & As and start-ups)

II-B (Review of physical space)

II-B (Review of computers & technology)

II-B (Review of SIM investments)

II-B (ensure we secured adequate clinical experiences for each campus)

II-E (Faculty board waiver rules are compliant with BON regulations)

II-E (100% of faculty are licensed to practice in Montana and meet qualifications appropriate to the teaching assignment)

II-E (Sufficient number of faculty are entered into TAMS each semester to teach courses)

II-F (100% of CON preceptors will receive orientation and are evaluated)

III-A (Local Clinical Advisory Board input is shared)

III-I (100% of courses will utilize the standardized grading scale)
IV-I (Program Outcomes)
<i>Standard</i>
II-G (100% of 0.5 FTE Faculty report on consultation)
II-G (Workload guidelines are updated annually and are consistent with the NTT Collective Bargaining Agreement)
III-G (Meet aggregate course evaluation benchmark for mean student "Overall, I rate this course as excellent")
IV-B (TBSN & ABSN Completion Rates)
IV-B (MN & DNP Completion Rates)
IV-C (Licensure Pass Rates)
IV-D (CNL, FNP, PMHNP Certification Pass Rates)
IV-E (Employment Rates)
IV-G (Aggregate Faculty Outcomes)
II-A (submit budget)
II-D (Review of Administrator Evaluations)
III-I (100% of students will be evaluated using a standardized Clinical Evaluation Tool)
II-G (Role and Scope policy is affirmed annually at the May GFM)
II-G (XX% of Faculty will take part in Center for Faculty Excellence trainings annually)
II-G (100% of graduate APRN faculty are currently licensed, certified, and actively practicing)

V-A (Metaevaluation of MEP)
II-A (close budget)
II-B (the program evaluates clinical capacity at the graduate level when admitting new cohorts)
I-D (Role & Scope)
I-E (Student Governance)
I-H (AP Team Tracker)
II-A (Organizational structure meets the needs of the CON)
II-B (review Clinical Site adequacy with clinical agencies)
II-C (Review Student Advising)
II-C (review of MSU academic support services)
II-C (review Campus Administrative Support)
III-B, III-C, III-D, III-E (<i>Teaching/Learning Assessment Plan</i>)
III-B, III-C, III-D, III-E, III-G (100% of MROs will be current (reviewed within 3 years))

III-B, III-C, III-D, III-E (100% of IFSs will be assessed for compliance by UAAC once every two years)
III-F (Review of Application & Admissions Requirements and Processes)
III-F (Review and update CAS application)
III-G (Student survey questions related to teaching-learning practices are reviewed by UAAC and GAAC)
III-H (100% of students have clinical experiences that meet course objectives)
III-J (<i>Teaching/Learning Assessment Plan</i> is reviewed and updated as needed.)
I-G (Student Complaints--need to establish policy first)
<i>Standard</i>
II-F (Preceptor policy is updated--need to meld UG & Grad)
I-D (NTT Collective Bargaining Agreement)
II-G (E-5 Policy is reviewed every three years and is consistent with the NTT Collective Bargaining Agreement)
III-I (C-1, C-9, and D-6 Policies are reviewed by UAAC and GAAC (as appropriate) every three years. Conform to QSEN and NONPF competencies.)
III-A (<i>D-1 Policy & Procedure</i>)
III-G (Assess achievement of College of Nursing Diversity and Inclusion Plan goals and consider revamping for future)
I-A, I-B, I-C (Mission & Vision)

I-F (College of Nursing Policies and Procedures policy)
III-A (<i>Professional Nursing Curricula - Program Outcomes and Conceptual Threads</i> Policy)
III-F (Review C-16 policy)
III-F (Review Program of Study for TBSN and ABSN)
I-A, I-B, I-C (Strategic Plan)
IV-A (Master Evaluation Plan)
I-E (Policy F-1 - College of Nursing Faculty Organization Bylaws)
II-B (identified ability to meet substantive enrollment change criteria for the BON)
II-D (CON Dean meets the CCNE requirements)
II-G (New Tenure Track Faculty hiring packages reflect supportive environment for retention and tenure success)
III-F (Review policies related to transfers & course substitution in Operations Manual)

The table below lists all of the internal stakeholders of the CON d

Academic Programs Team (AP Team)

<i>Timeline</i>	<i>Parties</i>
Annually in spring semester	<ul style="list-style-type: none"> • AP Team • UAAC • GAAC
Annually in spring semester	<ul style="list-style-type: none"> • AP Team • UAAC • GAAC
Annually in May	<ul style="list-style-type: none"> • AP Team
Annually in Summer	<ul style="list-style-type: none"> • AP Team
Annually	<ul style="list-style-type: none"> • AP Team
Annually	<ul style="list-style-type: none"> • UAAC • AP Team
Annually for each cycle during NursingCAS application editing	<ul style="list-style-type: none"> • AP Team
Annually	<ul style="list-style-type: none"> • AP Team • UAAC • GAAC
2022 (two year cycles)	<ul style="list-style-type: none"> • EC • AP Team
Every other year	<ul style="list-style-type: none"> • AP Team

Assistant Campus Directors (ACDs)

<i>Timeline</i>	<i>Parties</i>
Annually	<ul style="list-style-type: none"> • Student Forum • ACDs • DAF • ADAA
Annually	<ul style="list-style-type: none"> • Library • AYCSSL • Smarty Cats • Student Forum • ACDs

Associate Dean for Academic Affairs (ADAA)

<i>Timeline</i>	<i>Parties</i>
Every semester	<ul style="list-style-type: none"> • Dean • DAF • CDs • ADAA
Annually in Summer	<ul style="list-style-type: none"> • DAF • ADAA

Annually at time of graduate admissions	<ul style="list-style-type: none"> • Dean • ADAA • Leads • Clinical Placement Coordinator
Annually	<ul style="list-style-type: none"> • Student Forum • ACDs • DAF • ADAA

Campus Directors (CDs)

<i>Timeline</i>	<i>Parties</i>
Every semester	<ul style="list-style-type: none"> • Dean • CDs • LT • Local Clinical Advisory Boards
Every semester	<ul style="list-style-type: none"> • DAF • CDs
Every semester	<ul style="list-style-type: none"> • DAF • CDs
Every semester	<ul style="list-style-type: none"> • Dean • DAF • CDs • ADAA
Every semester	<ul style="list-style-type: none"> • Dean • CDs
Annually in October	<ul style="list-style-type: none"> • MUS • CDs
Annually	<ul style="list-style-type: none"> • CDs and/or Dean
Annually	<ul style="list-style-type: none"> • Faculty Advisors • Pre-Nursing Advisors • Students • CDs

Clinical Placement Coordinator

<i>Timeline</i>	<i>Parties</i>
Annually at time of graduate admissions	<ul style="list-style-type: none"> • Dean • ADAA • Leads • Clinical Placement Coordinator

College of Nursing Dean (Dean)

<i>Timeline</i>	<i>Parties</i>
Bi-annually	<ul style="list-style-type: none"> • Dean • DAF • VPREDGE

Every semester	<ul style="list-style-type: none"> • Dean • CDs • LT • Local Clinical Advisory Boards
Every semester	<ul style="list-style-type: none"> • Dean • DAF • CDs • ADAA
Every semester	<ul style="list-style-type: none"> • Dean • CDs
Annually in spring semester	<ul style="list-style-type: none"> • Dean • LT • DAF
Annually in February	<ul style="list-style-type: none"> • Dean • DAF
Annually in Summer	<ul style="list-style-type: none"> • DAF • ADAA
Annually in June	<ul style="list-style-type: none"> • Dean • DAF
Annually at time of graduate admissions	<ul style="list-style-type: none"> • Dean • ADAA • Leads • Clinical Placement Coordinator
Annually	<ul style="list-style-type: none"> • CD and/or Dean
With changes of enrollment	<ul style="list-style-type: none"> • Dean • CDs • BON • LT • Clinical Agencies
Upon Hire	<ul style="list-style-type: none"> • Dean • Faculty • DAF • HR
College of Nursing University Information Technology (CON UIT)	
<i>Timeline</i>	<i>Parties</i>
Every Semester	<ul style="list-style-type: none"> • LT • CON UIT
Director of Administratio & Finance (DAF)	
<i>Timeline</i>	<i>Parties</i>
Bi-annually	<ul style="list-style-type: none"> • Dean • DAF • VPREDGE
Every semester	<ul style="list-style-type: none"> • DAF • CDs

Every semester	<ul style="list-style-type: none"> • DAF • CDs
Every semester	<ul style="list-style-type: none"> • Dean • DAF • CDs • ADAA
Annually in February	<ul style="list-style-type: none"> • Dean • DAF
Annually in Summer	<ul style="list-style-type: none"> • DAF • ADAA
Annually in June	<ul style="list-style-type: none"> • Dean • DAF
Annually	<ul style="list-style-type: none"> • Student Forum • ACDs • DAF • ADAA
Upon Hire	<ul style="list-style-type: none"> • Dean • Faculty • DAF • HR

Executive Council (EC)

<i>Timeline</i>	<i>Parties</i>
Annually in January	<ul style="list-style-type: none"> • EC
2022 (two year cycles)	<ul style="list-style-type: none"> • EC • AP Team
2023 (three year cycles)	<ul style="list-style-type: none"> • EC • UAAC • GAAC
2023 (three year cycles)	<ul style="list-style-type: none"> • EC • UAAC • GAAC • Faculty
2024 (five year cycles)	<ul style="list-style-type: none"> • EC • UAAC • GAAC
AY 24-25 (five year cycles)	<ul style="list-style-type: none"> • EC

Executive Team (ET)

<i>Timeline</i>	<i>Parties</i>
Annual - March	<ul style="list-style-type: none"> • ET • Faculty • Staff
Annually	<ul style="list-style-type: none"> • ET
2021-2022 (one time)	<ul style="list-style-type: none"> • ET

Faculty

<i>Timeline</i>	<i>Parties</i>
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Every semester	<ul style="list-style-type: none"> • Faculty • Program leads
Annual - March	<ul style="list-style-type: none"> • ET • Faculty • Staff
Annually in May	<ul style="list-style-type: none"> • Faculty • NFRC
Annually	<ul style="list-style-type: none"> • Faculty Advisors • Pre-Nursing Advisors • Students • CDs
Annually on a three year cycle in Fall semester	<ul style="list-style-type: none"> • Faculty • UAAC
Annually on a two year cycle in Spring semester--odd courses in odd years, even courses in even years	<ul style="list-style-type: none"> • UAAC • GAAC • Faculty
2021 (three year cycles)	<ul style="list-style-type: none"> • NTT Faculty • MUS
2023 (three year cycles)	<ul style="list-style-type: none"> • EC • UAAC • GAAC • Faculty
Upon Hire	<ul style="list-style-type: none"> • Dean • Faculty • DAF • HR

Faculty Council

<i>Timeline</i>	<i>Parties</i>
Annually	<ul style="list-style-type: none"> • Faculty Council • MSU HR • LT
2025 (five year cycles)	<ul style="list-style-type: none"> • Faculty Council

Graduate Academic Affairs Committee (GAAC)

<i>Timeline</i>	<i>Parties</i>
Every semester	<ul style="list-style-type: none"> • UAAC • GAAC
Every semester	<ul style="list-style-type: none"> • UAAC • GAAC
Annually in spring semester	<ul style="list-style-type: none"> • AP Team • UAAC • GAAC
Annually in spring semester	<ul style="list-style-type: none"> • GAAC
Annually in spring semester	<ul style="list-style-type: none"> • GAAC

Annually in spring semester	<ul style="list-style-type: none"> • AP Team • UAAC • GAAC
Annually at end of academic year	<ul style="list-style-type: none"> • UAAC • GAAC
Annually	<ul style="list-style-type: none"> • UAAC • GAAC
Annually in November	<ul style="list-style-type: none"> • AP Team • UAAC • GAAC
Annually	<ul style="list-style-type: none"> • UAAC • GAAC
Annually	<ul style="list-style-type: none"> • UAAC • GAAC
Annually on a two year cycle in Spring semester--odd courses in odd years, even courses in even years	<ul style="list-style-type: none"> • GAAC
2021 (three year cycles)	<ul style="list-style-type: none"> • UAAC • GAAC
AY 21-22 (three year cycles)	<ul style="list-style-type: none"> • UAAC • GAAC
2022 (three year cycles)	GAAC
2023 (three year cycles)	<ul style="list-style-type: none"> • EC • UAAC • GAAC
2023 (three year cycles)	<ul style="list-style-type: none"> • EC • UAAC • GAAC • Faculty
2024 (five year cycles)	<ul style="list-style-type: none"> • EC • UAAC • GAAC
Leadership Team (LT)	
<i>Timeline</i>	<i>Parties</i>
Every Semester	<ul style="list-style-type: none"> • LT • VP Admin & Finance
Every Semester	<ul style="list-style-type: none"> • LT • CON UIT
Every Semester	<ul style="list-style-type: none"> • LT • SIM coordinator
Every semester	<ul style="list-style-type: none"> • Dean • CDs • LT • Local Clinical Advisory Boards

Annually in spring semester	<ul style="list-style-type: none"> • Dean • LT • DAF
Annually	<ul style="list-style-type: none"> • Faculty Council • MSU HR • LT
Annually	<ul style="list-style-type: none"> • LT
With changes of enrollment	<ul style="list-style-type: none"> • Dean • CDs • BON • LT • Clinical Agencies
Nursing Formal Review Committee (NFRC)	
<i>Timeline</i>	<i>Parties</i>
Annually in May	<ul style="list-style-type: none"> • Faculty • NFRC
Program Leads	
<i>Timeline</i>	<i>Parties</i>
Every semester	<ul style="list-style-type: none"> • Faculty • Program leads
Annually at time of graduate admissions	<ul style="list-style-type: none"> • Dean • ADAA • Leads • Clinical Placement Coordinator
Simulation Coordinator (Sim Coordinator)	
<i>Timeline</i>	<i>Parties</i>
Every Semester	<ul style="list-style-type: none"> • LT • SIM coordinator
Staff	
<i>Timeline</i>	<i>Parties</i>
Annual - March	<ul style="list-style-type: none"> • ET • Faculty • Staff
Undergraduate Academic Affairs Committee (UAAC)	
<i>Timeline</i>	<i>Parties</i>
Quarterly	<ul style="list-style-type: none"> • UAAC
Every semester	<ul style="list-style-type: none"> • UAAC • GAAC
Every semester	<ul style="list-style-type: none"> • UAAC • GAAC
Annually in spring semester	<ul style="list-style-type: none"> • AP Team • UAAC • GAAC
Annually in spring semester	<ul style="list-style-type: none"> • UAAC
Annually in spring semester	<ul style="list-style-type: none"> • UAAC

Annually in spring semester	<ul style="list-style-type: none"> • AP Team • UAAC • GAAC
Annually at end of academic year	<ul style="list-style-type: none"> • UAAC • GAAC
Annually	<ul style="list-style-type: none"> • UAAC • GAAC
Annually on a three year cycle in Fall semester	<ul style="list-style-type: none"> • Faculty • UAAC
Annually on a two year cycle in Spring semester--odd courses in odd years, even courses in even years	<ul style="list-style-type: none"> • UAAC
Annually	<ul style="list-style-type: none"> • UAAC • AP Team
Annually	<ul style="list-style-type: none"> • AP Team • UAAC • GAAC
Annually	<ul style="list-style-type: none"> • UAAC • GAAC
Annually	<ul style="list-style-type: none"> • UAAC • GAAC
2021 (three year cycles)	<ul style="list-style-type: none"> • UAAC • GAAC
AY 21-22 (three year cycles)	<ul style="list-style-type: none"> • UAAC • GAAC
2023 (three year cycles)	<ul style="list-style-type: none"> • EC • UAAC • GAAC
2023 (three year cycles)	<ul style="list-style-type: none"> • EC • UAAC • GAAC • Faculty
2023 (three year cycles)	<ul style="list-style-type: none"> • UAAC
2023 (three year cycles)	<ul style="list-style-type: none"> • UAAC
2023 (three year cycles)	<ul style="list-style-type: none"> • UAAC
2024 (five year cycles)	<ul style="list-style-type: none"> • EC • UAAC • GAAC

Table of Stakeholders

Alphabetically and their intersections with the MEP

Standard
III-G (Meet aggregate course evaluation benchmark for mean student "Overall, I rate this course as excellent")
IV-E (Employment Rates)
II-G (XX% of Faculty will take part in Center for Faculty Excellence trainings annually)
V-A (Metaevaluation of MEP)
I-H (AP Team Tracker)
III-F (Review of Application & Admissions Requirements and Processes)
III-F (Review and update CAS application)
III-G (Student survey questions related to teaching-learning practices are reviewed by UAAC and GAAC)
III-G (Assess achievement of College of Nursing Diversity and Inclusion Plan goals and consider revamping for future)
III-F (Review policies related to transfers & course substitution in Operations Manual)
Standard
I-E (Student Governance)
II-C (review of MSU academic support services)
Standard
II-E (Sufficient number of faculty are entered into TAMS each semester to teach courses)
II-G (100% of graduate APRN faculty are currently licensed, certified, and actively practicing)

II-B (the program evaluates clinical capacity at the graduate level when admitting new cohorts)

I-E (Student Governance)

Standard

II-B (ensure we secured adequate clinical experiences for each campus)

II-E (Faculty board waiver rules are compliant with BON regulations)

II-E (100% of faculty are licensed to practice in Montana and meet qualifications appropriate to the teaching assignment)

II-E (Sufficient number of faculty are entered into TAMS each semester to teach courses)

III-A (Local Clinical Advisory Board input is shared)

II-G (100% of 0.5 FTE Faculty report on consultation)

II-B (review Clinical Site adequacy with clinical agencies)

II-C (Review Student Advising)

Standard

II-B (the program evaluates clinical capacity at the graduate level when admitting new cohorts)

Standard

II-A (look at F & As and start-ups)

II-B (ensure we secured adequate clinical experiences for each campus)
II-E (Sufficient number of faculty are entered into TAMS each semester to teach courses)
III-A (Local Clinical Advisory Board input is shared)
II-G (Workload guidelines are updated annually and are consistent with the NTT Collective Bargaining Agreement)
II-A (submit budget)
II-G (100% of graduate APRN faculty are currently licensed, certified, and actively practicing)
II-A (close budget)
II-B (the program evaluates clinical capacity at the graduate level when admitting new cohorts)
II-B (review Clinical Site adequacy with clinical agencies)
II-B (identified ability to meet substantive enrollment change criteria for the BON)
II-G (New Tenure Track Faculty hiring packages reflect supportive environment for retention and tenure success)
<i>Standard</i>
II-B (Review of computers & technology)
<i>Standard</i>
II-A (look at F & As and start-ups)
II-E (Faculty board waiver rules are compliant with BON regulations)

II-E (100% of faculty are licensed to practice in Montana and meet qualifications appropriate to the teaching assignment)
II-E (Sufficient number of faculty are entered into TAMS each semester to teach courses)
II-A (submit budget)
II-G (100% of graduate APRN faculty are currently licensed, certified, and actively practicing)
II-A (close budget)
I-E (Student Governance)
II-G (New Tenure Track Faculty hiring packages reflect supportive environment for retention and tenure success)
<i>Standard</i>
IV-G (Aggregate Faculty Outcomes)
III-G (Assess achievement of College of Nursing Diversity and Inclusion Plan goals and consider revamping for future)
I-A, I-B, I-C (Mission & Vision)
I-F (College of Nursing Policies and Procedures policy)
I-A, I-B, I-C (Strategic Plan)
IV-A (Master Evaluation Plan)
<i>Standard</i>
II-D (Review of Administrator Evaluations)
II-A (Organizational structure meets the needs of the CON)
I-G (Student Complaints--gather data to establish policy)
<i>Standard</i>

II-F (100% of CON preceptors will receive orientation and are evaluated)
II-D (Review of Administrator Evaluations)
II-G (Role and Scope policy is affirmed annually at the May GFM)
II-C (Review Student Advising)
III-B, III-C, III-D, III-E, III-G (100% of MROs will be current (reviewed within 3 years))
III-B, III-C, III-D, III-E (100% of IFSs will be assessed for compliance by UAAC once every two years)
I-D (NTT Collective Bargaining Agreement)
I-F (College of Nursing Policies and Procedures policy)
II-G (New Tenure Track Faculty hiring packages reflect supportive environment for retention and tenure success)
<i>Standard</i>
I-D (Role & Scope)
I-E (Policy F-1 - College of Nursing Faculty Organization Bylaws)
<i>Standard</i>
III-I (100% of courses will utilize the standardized grading scale)
IV-I (Program Outcomes)
III-G (Meet aggregate course evaluation benchmark for mean student "Overall, I rate this course as excellent")
IV-B (MN & DNP Completion Rates)
IV-D (CNL, FNP, PMHNP Certification Pass Rates)

IV-E (Employment Rates)
III-I (100% of students will be evaluated using a standardized Clinical Evaluation Tool)
III-B, III-C, III-D, III-E (<i>Teaching/Learning Assessment Plan</i>)
III-G (Student survey questions related to teaching-learning practices are reviewed by UAAC and GAAC)
III-H (100% of students have clinical experiences that meet course objectives)
III-J (<i>Teaching/Learning Assessment Plan</i> is reviewed and updated as needed.)
III-C, III-D, III-E (100% of IFSs will be assessed for compliance by GAAC once every two years)
II-F (Preceptor policy is updated--need to meld UG & Grad)
III-I (C-1, C-9, and D-6 Policies are reviewed by UAAC and GAAC (as appropriate) every three years. Conform to QSEN and NONPF competencies.)
III-A (<i>D-1 Policy & Procedure</i>)
I-A, I-B, I-C (Mission & Vision)
I-F (College of Nursing Policies and Procedures policy)
I-A, I-B, I-C (Strategic Plan)
<i>Standard</i>
II-B (Review of physical space)
II-B (Review of computers & technology)
II-B (Review of SIM investments)
II-B (ensure we secured adequate clinical experiences for each campus)

II-G (Workload guidelines are updated annually and are consistent with the NTT Collective Bargaining Agreement)
I-D (Role & Scope)
II-C (review Campus Administrative Support)
II-B (identified ability to meet substantive enrollment change criteria for the BON)
<i>Standard</i>
II-G (Role and Scope policy is affirmed annually at the May GFM)
<i>Standard</i>
II-F (100% of CON preceptors will receive orientation and are evaluated)
II-B (the program evaluates clinical capacity at the graduate level when admitting new cohorts)
<i>Standard</i>
II-B (Review of SIM investments)
<i>Standard</i>
II-D (Review of Administrator Evaluations)
<i>Standard</i>
IV-F (Quarterly NCLEX Results)
III-I (100% of courses will utilize the standardized grading scale)
IV-I (Program Outcomes)
III-G (Meet aggregate course evaluation benchmark for mean student "Overall, I rate this course as excellent")
IV-B (TBSN & ABSN Completion Rates)
IV-C (Licensure Pass Rates)

IV-E (Employment Rates)
III-I (100% of students will be evaluated using a standardized Clinical Evaluation Tool)
III-B, III-C, III-D, III-E (<i>Teaching/Learning Assessment Plan</i>)
III-B, III-C, III-D, III-E, III-G (100% of MROs will be current (reviewed within 3 years))
III-B, III-C, III-D, III-E (100% of IFs will be assessed for compliance by UAAC once every two years)
III-F (Review of Application & Admissions Requirements and Processes)
III-G (Student survey questions related to teaching-learning practices are reviewed by UAAC and GAAC)
III-H (100% of students have clinical experiences that meet course objectives)
III-J (<i>Teaching/Learning Assessment Plan</i> is reviewed and updated as needed.)
II-F (Preceptor policy is updated--need to meld UG & Grad)
III-I (C-1, C-9, and D-6 Policies are reviewed by UAAC and GAAC (as appropriate) every three years. Conform to QSEN and NONPF competencies.)
I-A, I-B, I-C (Mission & Vision)
I-F (College of Nursing Policies and Procedures policy)
III-A (<i>Professional Nursing Curricula - Program Outcomes and Conceptual Threads</i> Policy)
III-F (Review C-16 policy)
III-F (Review Program of Study for TBSN and ABSN)
I-A, I-B, I-C (Strategic Plan)

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