

Program Outcome and Assessment(s)
2020-21 Program Outcome Assessments Year-End Reporting Form
Program Review Cycle –2019-20

In response to SACSCOC 8.2, *“The institution identifies expected outcomes, assesses the extent to which it achieves these outcomes, and provides evidence of seeking improvement based on analysis of the results ...”*

Name of Program: Associate Degree Nursing

Program Outcome #1: Completers (unduplicated) (Degree level, highest level of attainment)

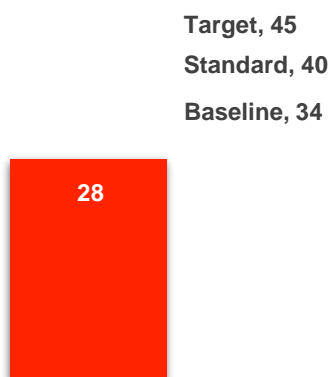
Baseline: 34 # (Average of total completers for the last three years – 2016-17; 2017-18; 2018-19)
Standard: 40 #
Target: 45 #

2020-2021 Action / Strategy Items:

Item #	Action / Strategy Items: <i>(Actions / strategies identified in the 2019-20 program review and outcome assessment.)</i>	Results / Use of Results: <i>(Provide results of the action / strategy identified. Was the action / strategy successful? How do you know?)</i>
1	Implement ATI Concept Based Curriculum throughout the ADN program.	The ATI Concept Based Curriculum was implemented based on the ATI Plan in all ADN courses. Success of strategy is undetermined until it can be determined the number of completers in the ADN 2021 graduating cohort.

Number of Completers (unduplicated) – Graduation Year – Summer, Fall, Spring				
Graduation Year	Associate	Diploma	Certificate	Total
2017-2018	37	0	0	37
2018-2019	39	0	0	39
2019-2020	28	0	0	28

In 2019-20, Associate Degree Nursing **did not meet their baseline, standard, or target.**



Provide narrative for analysis of completers (*Based on the data, provide a narrative of your analysis of completions. Indicate factors that may have affected your completions. How might you increase the number of completers in your program?)*

The baseline for completion of 34 was not met. A contributing factor may have been the abrupt transition from face-to-face learning to an online format due to the COVID-19 pandemic. The nursing faculty have implemented several strategies for online learning to hopefully increase retention.

Provide narrative for analysis of completer standard/target (*As a result of the data analysis, indicate changes to the standard or target. Did you meet your standard/target? State any changes you plan to make for continuous improvement.*)

The baseline for completion of 34 was not met. Nursing faculty felt that the decrease in the number of completers was most likely related to the COVID-19 pandemic and face-to-face instruction is anticipated to resume, we do not recommend a change in the baseline, standard or target at this time. (Target = 45, Standard = 40, and Baseline = 34).

2021-2022 Action / Strategy Items:

(Identify and address outcome assessments that fall below the established standard and/or target and additional recommendations resulting from the review.)

Item	Action / Strategy Items (<i>Identify action items as a result of your program outcome assessment.</i>)	Target Date (<i>Identify your projected target date for completion of action items.</i>)	Assessment of Action Items (<i>How will you assess the results of action items?)</i>
1	Continue to implement ATI Concept Based Curriculum throughout the ADN program.	Spring, 2022	The number of students that complete the ADN program in May 2021 will be used to assess the effectiveness of the action item.

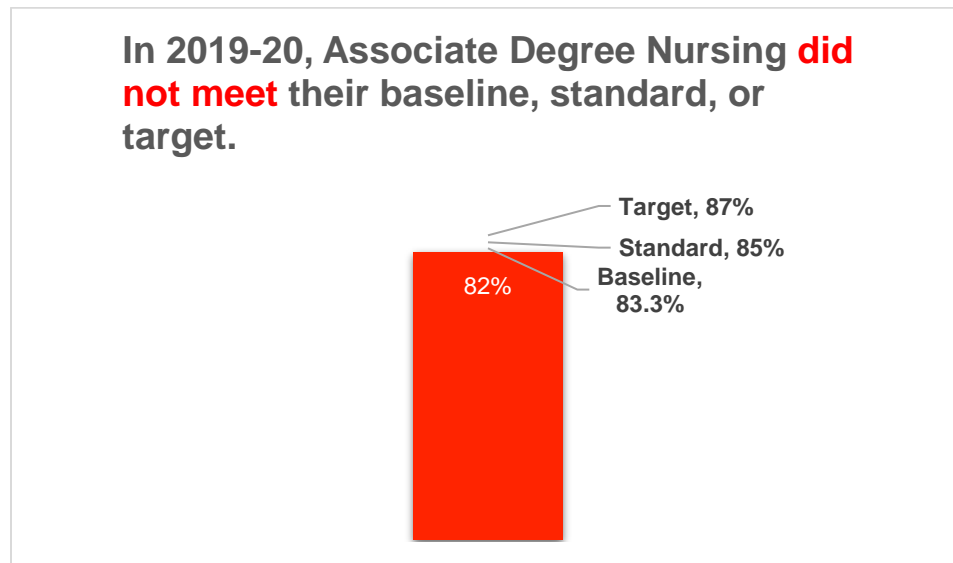
Program Outcome #2: Program Retention, Fall to Fall

Baseline: 83.3 % (Average of three years – 2016-17; 2017-18; 2018-19; fall-to-fall program retention)
Standard: 85 % Fall to Fall
Target: 87 % Fall to Fall

2020-2021 Action / Strategy Items:

Item #	Action / Strategy Items: (Actions / strategies identified in the 2019-20 program review and outcome assessment.)	Results / Use of Results: (Provide results of the action / strategy identified. Was the action / strategy successful? How do you know?)
1	Continue to implement retention and success strategies and review/update annually for effectiveness.	Results indicate the action item was not successful in increasing retention. Data indicates an 82% retention which falls short of the baseline of 83.3%

Year (Fall to Fall)	Program Fall Enrollment Cohort	Program Completers	Program Retained	Program Stop Outs	Program Transfers	Program Retention Rate
Fall 2017-Fall 2018	86	35	36	15	0	82.6%
Fall 2018-Fall 2019	88	38	39	11	10	87.5%
Fall 2019-Fall 2020	84	28	41	11	4	82%



Provide narrative for analysis of program retention data *(Based on the data, provide a narrative of your analysis of fall to fall retention. Indicate factors that may have affected your retention. State any changes you plan to make to improve retention.)*

A decrease in retention was noted during the 2019-2020 year. This corresponds to a decrease in the number of applicants to the ADN program in 2019. Nursing faculty will seek out additional opportunities to recruit highly qualified applicants into the ADN program. In addition, the nursing department has implemented the RIBN/aRIBN program to attract highly qualified applicants.

Provide narrative for analysis of program retention standard/target *(As a result of the data analysis, indicate changes to the standard or target. Did you meet your standard/target? State any changes you plan to make for continuous improvement.)*

The ADN program did not meet the baseline of 83.3% for retention. Nursing faculty will seek out additional recruitment opportunities to reach highly qualified applicants for the program. In addition, the nursing department has implemented the RIBN/aRIBN program to attract applicants into the ADN program.

2021-2022 Action / Strategy Items:

(Identify and address outcome assessments that fall below the established standard and/or target and additional recommendations resulting from the review.)

Item	Action / Strategy Items <i>(Identify action items as a result of your program outcome assessment.)</i>	Target Date <i>(Identify your projected target date for completion of action items.)</i>	Assessment of Action Items <i>(How will you assess the results of action items?)</i>
1	Continue to implement retention and success strategies and review/update annually for effectiveness.	Spring, 2022	Analysis of the number of students retained in the ADN program.

Program Outcome #3: Job Placement / Employment

This assessment was recommended for deletion due to the lack of a standardized method of measurement. The Planning Council approved the deletion on September 24, 2020.

Program Outcome #4: Labor Market Data

This assessment was recommended for deletion due to the lack of a standardized method of measurement. The Planning Council approved the deletion on September 24, 2020.

Program Outcome #5: Licensure and Certification Passing Rates (if applicable) (NCCCS Performance Measure)

Baselines were set based upon WCC's average college performance of the individual licensure and/or certification exam. Standards and targets were set by the program responsible for the individual licensure and/or certification exam and based on the baseline average performance.

Baseline: 95 % (Average of three years, NCCCS Reports; 2017, 2018, 2019; Registered Nursing performance)
Standard: 96 %
Target: 97 %

2020-2021 Action / Strategy Items:

Item #	Action / Strategy Items: <i>(Actions / strategies identified in the 2019-20 program review and outcome assessment.)</i>	Results / Use of Results: <i>(Provide results of the action / strategy identified. Was the action / strategy successful? How do you know?)</i>
1	The Nursing faculty will continue to utilize the ADN curriculum crosswalk to ensure content tested in the NCLEX is kept current. <i>(Program Review and Outcome Assessment)</i>	The ADN curriculum crosswalk was utilized to ensure content tested on the NCLEX-RN was addressed in the ADN program. Nursing faculty felt the strategy was successful based on success in meeting the performance measure 97% target.
2	Conduct Advisor-Advisee engagement meetings with all nursing students entering the nursing program. <i>(Performance Measures Year-End Report)</i>	All incoming ADN students (100%) had an Advisor-Advisee engagement meeting at the beginning of the ADN program. Nursing faculty felt the strategy was successful based on success in meeting the performance measure 97% target.
2	Implement dosage calculations improvement project for tracking individual students that are at high risk for calculation errors, and implement remediation to improve performance. <i>(Performance Measures Year-End Report)</i>	The dosage calculations improvement project was implemented with students that were at risk for calculation errors. Students received remediation to improve performance based on an analysis of dosage calculation test questions. Nursing faculty felt the strategy was successful based on success in meeting the performance measure 97% target.

Licensure / Certification Exam – Registered Nursing

NCCCS Report	Exam Year	# Tested	# Passed	% Passing	Index Score
2017	2015-16	33	33	100%	
2018	2016-17	27	25	93%	
2019	2017-18	37	34	92%	1.02
2020	2018-19	39	39	100%	1.1

Provide narrative for analysis of licensure / certification passing rates data *(Based on the performance measure data, provide a narrative of your analysis of licensure / certification. Are you satisfied with your program licensure or certification rates? State any changes you plan to make for continuous improvement.)*

87% of the Practical Nursing graduates passed the NCLEX-PN on their first attempt. 100% of the Associate Degree Nursing graduates passed the NCLEX-RN on their first attempt. This is a combined average of 93.5% for the Nursing Department. Overall, the faculty are pleased with the outcome of the nursing program's licensure pass rates. The WCC pass rates are higher than the national average and meet requirements of the NC Board of Nursing and Accrediting Commission for Education in Nursing (ACEN). The nursing department continuously evaluates outcomes data to improve performance and incorporates it into the departmental systematic evaluation plan.

Nursing faculty feel that Action/Strategy Items have been beneficial in meeting performance goals. The nursing department has established a combined performance goal of 90% of all nursing graduates (ADN and PN) will pass the licensure examination on their first attempt. In 2019-2020, the department exceeded the goal.

Provide narrative for analysis of licensure / certification passing rates standard/target *(Standards and targets were set by the program responsible for the individual licensure and/or certification exam and based on the baseline average performance.)*

Baselines were set based upon WCC's average college performance of the individual licensure and/or certification exam. Standards and targets were set by the program responsible for the individual licensure and/or certification exam and based on the baseline average performance.

The standard has been set at 96 % and the target at 97% The standard and target were set by the program responsible for the individual licensure and/or certification exam performance.

2021-2022 Action / Strategy Items:

(Identify and address outcome assessments that fall below the established standard and/or target and additional recommendations resulting from the review.)

Item	Action / Strategy Items <i>(Identify action items as a result of your program outcome assessment. The action items mirror those identified in the licensure/certification performance measure.)</i>	Target Date <i>(Identify your projected target date for completion of action items.)</i>	Assessment of Action Items <i>(How will you assess the results of action items?)</i>
1	The Nursing faculty will continue to utilize the ADN curriculum crosswalk to ensure content tested in the NCLEX is kept current.	Ongoing	Assessment will be based upon first-time test-takers pass rate on the NCLEX-RN.
2	Conduct Advisor-Advisee engagement meetings with all nursing students entering the nursing program.	September, 2021	Assessment will be based upon first-time test-takers pass rate on the NCLEX-RN.

Program Outcome #6: Third-Party Credentials (if applicable)

This assessment was recommended for deletion due to the lack of a standardized method of measurement. The Planning Council approved the deletion on September 24, 2020.

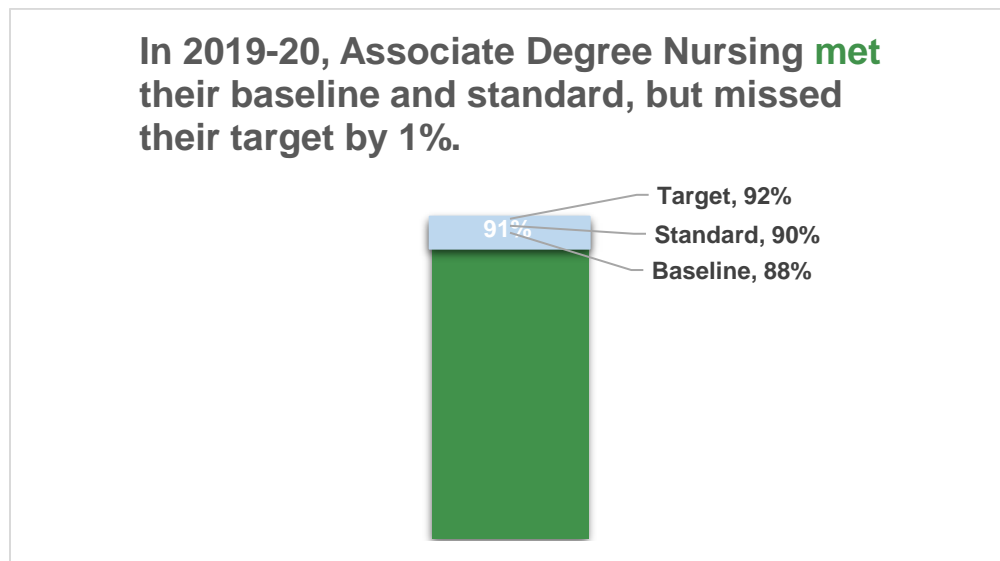
Program Outcome #7: Program Success Rate (all delivery methods)
(Duplicated based on number of courses taken by students in the program.) (Program Success Rate tab)

Baseline: 88 % (Average program success students for three years – 2016-17; 2017-18; 2018-19)
Standard: 90 %
Target: 92 %

2020-2021 Action / Strategy Items:

Item #	Action / Strategy Items: <i>(Actions / strategies identified in the 2019-20 program review and outcome assessment.)</i>	Results / Use of Results: <i>(Provide results of the action / strategy identified. Was the action / strategy successful? How do you know?)</i>
1	Submit planning objectives for additional simulation equipment (including high-fidelity simulators).	A planning objective for 2 additional high-fidelity simulators was submitted. The simulators were specifically for a pediatric and maternity simulators. The birthing simulator was approved and funded. The pediatric simulator was also approved and funded. Use of results and assessment of these equipment items will be provided in the 2020-21 Year-End Status Report.

Academic Year Fall, Spring, Summer	Program Enrolled Students	Program Success Students	Program Success Rate
2017-2018	278	248	89%
2018-2019	302	262	87%
2019-2020	363	331	91%



Provide narrative for analysis of student success in program courses *(Are students more successful in program courses in face-to-face, online, hybrid, or blended methods of course delivery? Do you plan to make any changes to course offerings based upon your analysis of the data?)*

Students in the ADN program are more successful with face-to-face instruction. The use of high-fidelity simulation equipment is a strategy to increase face-to-face instructional time with faculty and can focus on content that can be tailored to the needs of the students especially with clinical placements that may be difficult to find (i.e. maternity and pediatrics). As a result the nursing faculty plan increased usage of simulation in ADN courses.

Provide narrative for analysis of student success in program courses standard/target *(As a result of the data analysis, indicate changes to the standard or target. Did you meet your standard/target? State any changes you plan to make for continuous improvement.)*

The standard for program success was met, but did not meet the target. Nursing faculty feel that simulation is an appropriate way to improve student success and will continue to implement simulated learning in the simulation lab to reinforce content that may be difficult to find in clinical facilities. No change in the baseline, standard, or target is recommended.

2021-2022 Action / Strategy Items:

(Identify and address outcome assessments that fall below the established standard and/or target and additional recommendations resulting from the review.)

Item	Action / Strategy Items <i>(Identify action items as a result of your program outcome assessment.)</i>	Target Date <i>(Identify your projected target date for completion of action items.)</i>	Assessment of Action Items <i>(How will you assess the results of action items?)</i>
1	Submit planning objectives for additional simulation equipment (including high-fidelity simulators).	Spring 2021 (2021-22 Plan/Budget)	Planning objectives will be submitted for consideration in the 2021-22 Plan/Budget cycle. Objectives will be prioritized and then reviewed by President’s Council for consideration of approval and funding, based on available budget allocations.

Program Outcome #8: Other Assessment (if applicable)

Analysis of other assessments. *(Have you performed other assessments to evaluate the effectiveness of your program, to include surveys, self-assessments, or other assessment instruments used to evaluate the program. If so, please explain how information collected from the(se) assessments will be used to improve the program.)*

2020-2021 Action / Strategy Items:

Item #	Action / Strategy Items: <i>(Actions / strategies identified in the 2019-20 program review and outcome assessment.)</i>	Results / Use of Results: <i>(Provide results of the action / strategy identified. Was the action / strategy successful? How do you know?)</i>
1	Reapply for reaccreditation with ACEN.	The ADN program did apply for continued accreditation with ACEN. Outcomes of the accreditation process are still pending at this time. Nursing faculty feel that seeking continued accreditation is a good way to evaluate the ADN program.
2	Continue to administer survey assessments (Post-Graduate, Student Resource Assessment, and Program Learning Outcome Assessment).	The post-graduate, student resource assessment, and PLO assessment were administered to graduating ADN students. Positive results have been received from all three of the mentioned assessments. Nursing faculty felt the assessments administered were successful in evaluating the program.

2021-2022 Action / Strategy Items:

(Identify and address outcome assessments that fall below the established standard and/or target and additional recommendations resulting from the review.)

Item	Action / Strategy Items <i>(Identify action items as a result of your program outcome assessment.)</i>	Target Date <i>(Identify your projected target date for completion of action items.)</i>	Assessment of Action Items <i>(How will you assess the results of action items?)</i>
1	Maintain continued accreditation with ACEN.	Ongoing	The ADN program will be evaluated per ACEN standards.
2	Continue to administer survey assessments (Post-Graduate, Student Resource Assessment, and Program Learning Outcome Assessment).	Administered every spring semester	Surveys will be analyzed to ensure a majority of graduates either agree or strongly agree that indicators on the assessment were achieved.