# 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: Practical Nursing

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

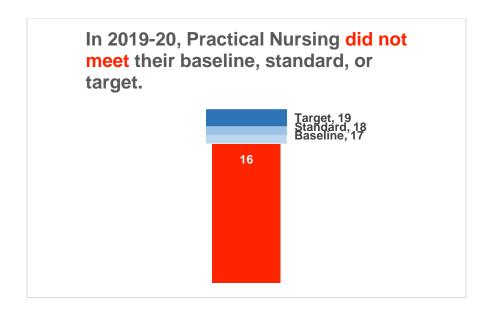
**Baseline:** 17 # (Average of total completers for the last three years – 2016-17; 2017-18; 2018-19)

Standard: 18 # Target: 19 #

#### 2020-2021 Action / Strategy Items:

Item#	Action / Strategy Items:	Results / Use of Results: (Provide results
	(Actions / strategies identified in the 2019-20 program	of the action / strategy identified. Was
	review and outcome assessment.)	the action / strategy successful? How do
		you know?)
1	Continue to implement use of high-fidelity simulation for	High-fidelity simulation was
	clinical	implemented for every student in the
		PN program during the fall of 2019, but
		due to the COVID pandemic and the
		transition to online clinical
		environments was not implemented in
		the spring and summer of 2020. The use
		of high-fidelity simulation during the fall
		semester was successful as evidenced by
		an increase in completers. 2018-2019
		had 15 completers and 2019-2020 had
		16 completers. Overall effectiveness for
		2019-2020 is undetermined due to the
		inability to implement in the spring and
		summer semesters of 2021.

Number of Completers (unduplicated) – Graduation Year – Summer, Fall, Spring						
<b>Graduation Year</b>	Associate	Diploma	Certificate	Total		
2017-2018		18		18		
2018-2019		15		15		
2019-2020		16		16		



**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 practical nursing program did not achieve the baseline of 17. A factor that affected the inability to meet the baseline was the required transition to online learning during the spring of 2021. Online learning was quickly implemented for safety reasons related to the COVID-19 pandemic. High-fidelity simulation was not able to be done as planned. In addition to the inability to conduct high-fidelity simulation, students were not able to participate in face to face clinical in the patient care environment.

**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.)

Although an increase from the previous year, the baseline of 17 was not achieved. Faculty plan to move to 100% face-to-face learning including clinical and high-fidelity simulation as soon as restrictions related to the COVID-19 pandemic allow the move to occur. Because action items in 2020-2021 were not able to be fully implemented, we will keep the same goals of: Target 19, Standard 18, and Baseline 17.

#### 2021-2022 Action / Strategy Items:

Item	Action / Strategy Items (Identify action	Target Date (Identify	Assessment of Action Items (How will
	items as a result of your program outcome assessment.)	your projected target date for completion	you assess the results of action items?)
		of action items.)	
1	Continue to implement use of high-	Summer, 2022	The number of students that complete
	fidelity simulation for clinical		the PN program in Summer, 2022 will
			be used to assess the effectiveness of
			the action plan.

# Program Outcome #2: Program Retention, Fall to Fall

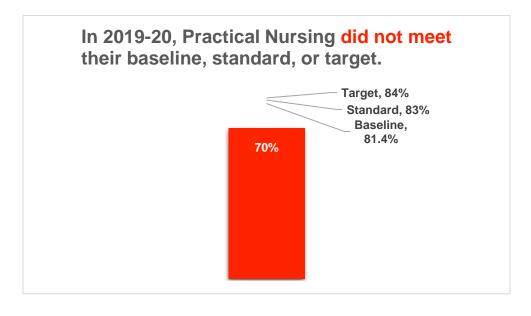
**Baseline:** 81.4 % (*Average of three years – 2016-17; 2017-18; 2018-19; fall-to-fall program retention*)

Standard: 83 % Fall to Fall
Target: 84 % Fall to Fall

# 2020-2021 Action / Strategy Items:

Item#	Action / Strategy Items:	<b>Results / Use of Results:</b> (Provide results
	(Actions / strategies identified in the 2019-20 program	of the action / strategy identified. Was
	review and outcome assessment.)	the action / strategy successful? How do
		you know?)
1	Continue to implement retention and success strategies	Results indicate the action item was not
	and review/update annually for effectiveness.	successful in increasing retention. Data
		indicates a 70% retention which falls
		short of the baseline of 81.4%

Year (Fall to Fall)	Program Fall Enrollment Cohort	Program Completers	Program Retained	Program Stop Outs	Program Transfers	Program Retention Rate
Fall 2017-Fall 2018	19	16	0	1	1	84.2%
Fall 2018-Fall 2019	20	15	0	2	3	75.0%
Fall 2019-Fall 2020	20	14	0	1	5	70%



**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 slight increase in retention was noted from 2019-2020 by 1 student. It is not felt that retention numbers are truly reflective of strategies due to the inability to conduct planned action item for the entire year. This is related to the COVID-19 pandemic and rapid transition to online learning and inability of students to attend clinical and simulation activities in a face-to-face environment. Faculty plan to resume face-to-face learning strategies as soon as restrictions related to the pandemic will permit. This includes fully implementing the strategy of increased high-fidelity simulation for clinical learning.

**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.)

Although an increase from the previous year, the baseline of 81.4% was not achieved. Faculty plan to move to 100% face-to-face learning including clinical and high-fidelity simulation as soon as restrictions related to the COVID-19 pandemic allow the move to occur. Because action items in 2020-2021 were not able to be fully implemented, we will keep the same goals of: Target 84%, Standard 83%, and Baseline 81.4%

#### 2021-2022 Action / Strategy Items:

Item	Action / Strategy Items (Identify action	Target Date (Identify	Assessment of Action Items (How will
	items as a result of your program	your projected target	you assess the results of action items?)
	outcome assessment.)	date for completion	
		of action items.)	
1	Continue to implement retention and	Summer, 2022	The number of students that complete
	success strategies and review/update		the PN program in Summer, 2022 will
	annually for effectiveness.		be used to assess the effectiveness of
			the action plan.

# **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: 100 % (Average % passing for three years – 2017, 2018, 2019; NCCCS Report

Practical Nursing performance)

Standard: 100 % Target: 100 %

2020-2021 Action / Strategy Items:

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

# Licensure / Certification Exam - (Practical Nursing)

NCCCS Report	Exam Year	# Tested	# Passed	% Passing	Index Score
2017	2015-16	15	15	100%	
2018	2016-17	17	17	100%	
2019	2017-18	20	20	100%	0.15
2020	2018-19	15	13	87%	0.91

**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. 87% of the Practical Nursing graduates passed the NCLEX-PN on their first attempt. This is a 3-year average of 95.7% for the Practical Nursing program. 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 100 % and the target at 100% The standard and target were set by the program responsible for the individual licensure and/or certification exam performance.

#### 2021-2022 Action / Strategy Items:

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

# **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:** 92 % (Average program success students for three years – 2016-17; 2017-18; 2018-19)

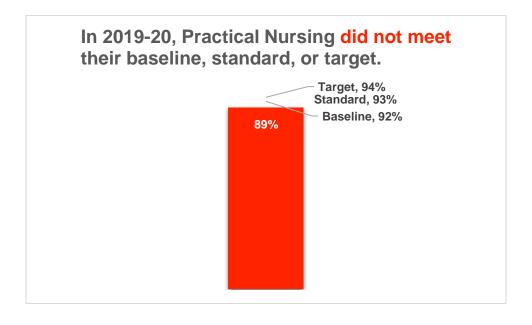
 Standard:
 93 %

 Target:
 94 %

#### 2020-2021 Action / Strategy Items:

Item#	Action / Strategy Items:	<b>Results / Use of Results:</b> (Provide results
	(Actions / strategies identified in the 2019-20 program	of the action / strategy identified. Was
	review and outcome assessment.)	the action / strategy successful? How do
		you know?)
1	Submit planning objectives for additional simulation	A planning objective for 2 additional
	equipment (including high-fidelity simulators)	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	40	36	90%
2018-2019	53	48	91%
2019-2020	54	48	89%



**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 PN 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 PN 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 baseline for program success was not met. 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:

Item	Action / Strategy Items (Identify action items as a result of your program outcome assessment.)	Target Date (Identify your projected target date for completion of action items.)	Assessment of Action Items (How will you assess the results of action items?)
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:	Results / Use of Results: (Provide results
	(Actions / strategies identified in the 2019-20 program	of the action / strategy identified. Was
	review and outcome assessment.)	the action / strategy successful? How do
		you know?)
1	Reapply for reaccreditation with ACEN	The PN 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 PN program.
2	Continue to administer survey assessments (Post-	The post-graduate, student resource
	Graduate, Student Resource Assessment ad Program	assessment, and PLO assessment were
	Learning Outcomes Assessment)	administered to graduating PN 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:

Item	Action / Strategy Items (Identify action items as a result of your program outcome assessment.)	Target Date (Identify your projected target date for completion of action items.)	Assessment of Action Items (How will you assess the results of action items?)
1	Maintain continued accreditation with ACEN.	Ongoing	The PN 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.