



2007

**INSTITUTIONAL EFFECTIVENESS (IE)
PLAN**

Carolinas College of Health Sciences 2007 Institutional Effectiveness Plan

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2007 IE Plan

SUMMARY OF CHANGES MADE TO 2006 IE Plan

IE Plan Location: L:\INSTITUTIONAL RESEARCH OFFICE\Institutional Effectiveness Plans\2007\2007 IE Plan

- Organizational Changes:
 1. Criteria and Activities columns combined to form Objective column
 2. Methods and Tools columns changed to Means of Assessment column
 3. Outcomes column changed to Criteria for Success
 4. Reporting information divided into three columns: Individual, Data Through, and Due Date
 5. The Resources column was removed from the plan (see below for details)
 6. Goal I objectives organized by main portions of Goal I (guides future development, provides resources, and integrates College into community)
 7. Many objectives that were repeated across programs and departments were collapsed into one objective reported on by several individuals.

- Goals: Goals II and III were revised to reflect changes approved by Faculty/Staff and Board of Directors.
 1. Goal II changed from “Regard students as the focal point of the college” to “Provide resources and services to promote a learning environment that facilitates student success
 2. Goal III changed from “Through excellence in education, prepare entry-level and specialized health care practitioners to be competent in providing client services in a variety of healthcare settings” to “Strive for excellence in educating entry-level and specialized practitioners to be competent in providing healthcare services in a variety of settings.

- Means of Assessment: Most methods of assessment were reviewed to ensure that measures listed on plan, as well as specific questions, are consistent with those methods of assessment currently in place.

- Criteria for Success: Three major changes were made to the criteria for success:
 1. A numerical criterion was added to almost all objectives so that determining whether outcomes are met is straightforward and based on objective data
 2. In previous years, the criteria for success included responses of average, good or excellent. For the 2007 IE Plan, the criteria for success have been increased to include only good and excellent.
 3. In previous years, the criteria have been calculated in terms of the percentage of respondents who replied good or excellent. The criteria have been changed to use an average rating of 4.0 or higher to aid in the ease of reporting (and eliminate the need for any additional calculations).

- Reporting: Rather than requesting IE reports every other month, the reporting process has changed so that only midyear and end-of-year reports are submitted. For Midyear reports,

data are collected through June 30 and reported on August 15; for End-of-Year reports, data are collected through December 31 and reported on February 15.

- Resources – In the 2007 IE Plan, the Resources column has been removed. Rather than listing separate Resources for the various objectives listed in the plan, resources will now be tied to the overall College budget by Goal I, II, and III. The Business Office now has an objective to ensure that no objectives are not met because of budgetary constraints. Finally, departmental heads will relate budgetary requests to the specific College Goals to which they are tied.

LIST OF ACRONYMS

ACE	Annual Continuing Education
AHEC	Area Health Education Center
APG	Admission, Progression, & Graduation Committee
CAAHEP	Commission on Accreditation of Allied Health Education Programs
CCHS	Carolinas College of Health Sciences
CHS	Carolinas HealthCare System
DFS	Division of Facility Services
EMS	Emergency Medical Sciences
IE	Institutional Effectiveness
IR	Institutional Research
IRC	Information Resource Center
JRCERT	Joint Review Committee on Education in Radiologic Technology
NAACLS	National Accrediting Agency for Clinical Laboratory Sciences
SACS	Southern Association of Colleges and Schools

MISSION STATEMENT

Vision

Carolinas College of Health Sciences will be the educational institution of choice for Charlotte metropolitan area students preparing for entry-level and specialized healthcare careers.

Mission

The mission of Carolinas College of Health Sciences is to educate future healthcare providers by integrating theoretical concepts with clinical experiences.

In partnership with Carolinas Healthcare System, the College focuses on preparing individuals for employment in general and specialized healthcare fields for the Charlotte metropolitan area.

The College is committed to:

- (1) maintaining a structure that supports the College's mission, guides future development, provides resources, and integrates the College into the community
- (2) providing resources and services to promote a learning environment that facilitates student success
- (3) striving for excellence in educating entry-level and specialized practitioners to be competent in providing healthcare services in a variety of settings.

(Adopted at August and October, 2006 Faculty/Staff Meeting. Approved by the Board of Directors on December 19, 2006).

INTRODUCTION TO INSTITUTIONAL EFFECTIVENESS (IE) PLAN

As defined in the SACS Criteria, institutional effectiveness is the comprehensive process of planning and evaluation that matches the performance of a college with its purpose.

At Carolinas College of Health Sciences the process is ongoing. The College Mission Statement and the ensuing Goals serve as the Foundation for the Institutional Effectiveness (IE) Plan. The goals of the College are:

- I. Maintain a structure that supports the College's mission, guides future development, provides resources, and integrates the College into the community.
- II. Provide resources and services to promote a learning environment that facilitates student success.
- III. Strive for excellence in educating entry-level and specialized practitioners to be competent in providing healthcare services in a variety of settings.

All units of the College develop goals that contribute to the achievement of the College goals. The IE Plan consists of objectives grouped under the overall goals, identification of the means of assessment, and the criteria for success.

As the plan is implemented, an exhaustive evaluation system is in place to provide feedback data. After gathering assessment data related to the outcomes, various individuals, groups, or committees are charged with the responsibility for analyzing the data and recommending actions/plans to improve the College's performance. Responsible persons report on progress toward goals twice a year as a part of midyear and end-of-year reports. The effectiveness of the College is determined by comparing the actual achievements with the projected goals. The results are documented in the Annual Report, which is a composite picture of the College's effectiveness.

The planning and evaluation process includes all employees. Each department is responsible for reviewing the IE Plan and making suggested changes which are incorporated by the IE Committee at the beginning of each calendar year.

PLANNING ASSUMPTIONS

1. Continue efforts to increase financial independence.
 - A. Adopt a philosophy of pricing offerings (including tuition) between cost and market rate, consider profit margin vs. breaking even.
 - B. Offer more self-supporting courses/workshops.
 - C. Dedicate efforts of a Development person to securing outside funding in coordination with the Foundations.
2. Maintain quality programs at the AAS, diploma, and certificate level. Progressing to higher degree level must be in response to demand from CHS, including financial support.
3. Maintain the single purpose of educating health care providers. Increase emphasis on life-long learning efforts to update health care providers in specialty care and the use of new technologies. Educational efforts should support the needs of CHS and be supported by CHS financially or be self-supporting.
4. Expand the use of technology to provide education by alternative delivery methods (consider the level of the learner) and at remote sites (Distance Education). Concentrate grant efforts toward acquiring the technology needed.
5. Continue to look for opportunities to partner with other agencies/colleges of similar mission, values, and culture to enhance fiscal responsibilities of offerings.
6. Continue efforts toward acquiring the remaining areas of Rankin Education Building; but recognize the physical space limitations in planning offerings.

Adopted by Board of Directors
9-16-98



Goal I

**CAROLINAS COLLEGE OF HEALTH SCIENCES
2007 INSTITUTIONAL EFFECTIVENESS PLAN**

GOAL I: *Maintain a structure that supports the College's mission, guides future development, provides resources, and integrates the College into the community.*

Objective	Means of Assessment	Criteria for Success	Reporting		
			Individual	Data Through	Due Date
Guide Future Development					
1. The College is regionally accredited by the Commission on Colleges of the Southern Association of Colleges and Schools (SACS).	Annual audit based on SACS Criteria	100% Compliance with SACS criteria according to audit.	Accreditation subcommittee chair	December 31	February 15
2. The Leadership Team develops and reviews a long-term strategic plan for the College	Strategic Planning and Quality Improvement subcommittee meeting minutes	Strategic Planning is ongoing process and goals and targets are set for Strategic initiatives and are regularly evaluated.	Strategic Planning and Quality Improvement subcommittee chairs	December 31	February 15
3. Personnel are recruited and hired to support services necessary to achieve the College mission	Monitoring number of currently open personnel positions.	The number of currently open positions will not exceed 5% of current positions.	President, Program Directors	June 30	August 15
4. Personnel are successfully oriented to the College and policies and procedures upon hire.	New Personnel Orientation	The New Personnel Orientation receives an average rating of 4.0 or higher.	President, Program Directors	June 30	August 15
5. Personnel credentials verify qualifications outlined in job summaries.	Personnel files	100% verification of qualifications outlined in job summaries.	President, Provost, Dean of Student Services, Director of Business and Finance, Program Directors	June 30	August 15
6. Personnel participate in Comprehensive Assessment in efforts to enhance quality improvement.	Personnel Comprehensive Assessment	At least 70% of all personnel will participate in the Personnel Comprehensive Assessment.	IR Coordinator	June 30	August 15



Goal I

Objective	Means of Assessment	Criteria for Success	Reporting		
			Individual	Data Through	Due Date
7. Internal communication and governance meets the needs of faculty and staff.	Personnel Comprehensive Assessment	The organizational/ management practices that allow for internal communication receive an average rating of 4.0 or higher.	IR Coordinator	June 30	August 15
8. Faculty, administrators, staff and students participate in the decision-making process of the College.	College Committee membership listings and meeting minutes.	100% of full-time college employees will participate on committees and 80% of committees with assigned student positions will have student participation.	IR Coordinator	June 30	August 15
9. Personnel are satisfied with all aspects of job workload.	Personnel Comprehensive Assessment	Satisfaction with all aspects of job workload receives an average rating of 4.0 or higher.	IR Coordinator	June 30	August 15
10. Numbers of both full time and part time faculty meet the needs of the College to fulfill its purpose.	College-wide student: faculty ratio	A student to faculty ratio between 8:1 and 10:1 is maintained courses.	IR Coordinator	June 30	August 15
11. Performance appraisals are completed annually and merits are awarded based on performance.	Vista reports provided through Carolinas HealthCare System	100% of performance appraisals will be completed on time.	President, Provost, Dean of Student Services, Director of Business and Finance, Program Managers	December 31	February 15
12. Information gathered from exit interviews is used to reduce turnover and support continuous quality improvement efforts.	Calculation of turnover rates	Turnover rates will not exceed 20% annually.	President	December 31	February 15
13. Institutional research data are reviewed and analyzed for trends.	Quality Improvement subcommittee meeting minutes and Survey Tracking Log.	100% internal surveys will be reviewed, trended, and evaluated for recommendations.	Quality Improvement subcommittee chair	December 31	February 15



Goal I

Objective	Means of Assessment	Criteria for Success	Reporting		
			Individual	Data Through	Due Date
14. Input from data users, survey responses, and recommendations from the Quality Improvement subcommittee are used in the improvement of institutional research tools.	Research subcommittee meeting minutes	100% of recommendations from the Quality Improvement subcommittee concerning research tools will be considered by the Research subcommittee.	Research subcommittee chair	December 31	February 15
15. Evaluation tools are updated and/or revised based on feedback from Quality Improvement and College Planning Assessment committees.	Evaluation Tool Revision Table	100% of revisions to evaluation tools will be completed.	Research subcommittee chair	December 31	February 15
16. All data collection activities associated with educational, administrative, and support functions of the college are completed in a timely manner.	Master Schedule for Institutional Research Office and Survey Tracking Log	100% of scheduled data collection activities will be completed in less than 2 months from scheduled date.	IR Coordinator	December 31	February 15
17. Personnel indicate that institutional changes are made based on evaluative data.	Personnel Comprehensive Assessment	The use of evaluative data in making changes receives an average rating of 4.0 or higher.	IR Coordinator	June 30	August 15
18. Personnel indicate that evaluative data are promptly and readily available.	Personnel Comprehensive Assessment	The promptness and availability of evaluative data receives an average rating of 4.0 or higher.	IR Coordinator	June 30	August 15
19. An annual Fact Book is produced that provides easy-to-understand college-wide data.	Annual Fact Book	Annual Fact Book is produced by June of each year.	IR Coordinator	June 30	August 15
20. The success of the Institutional Effectiveness Plan in using evaluative data in implementing and monitoring College-wide goals is evaluated.	Quality Improvement subcommittee and Leadership Team meeting minutes, College Recommendation form	100% of midyear and annual reports will be reviewed, and 100% of recommendations approved by the Leadership Team will be implemented.	Quality Improvement subcommittee chair	December 31	February 15



Goal I

Objective	Means of Assessment	Criteria for Success	Reporting		
			Individual	Data Through	Due Date
21. Personnel indicate that evaluative data are used in the implementation of the Institutional Effectiveness Plan.	Personnel Comprehensive Assessment	The use of evaluative data in the implementation of the Institutional Effectiveness plan receives an average rating of 4.0 or higher.	Quality Improvement subcommittee chair	December 31	February 15
Provide Resources					
22. The human resources provided by the College support excellence in education.	Personnel Comprehensive Assessment	The provision of human resources receives an average rating of 4.0 or higher.	President	June 30	August 15
23. A physical environment that is conducive to learning is provided.	Personnel Comprehensive Assessment and End of Program student surveys	The conduciveness of the physical environment to learning receives an average rating of 4.0 or higher.	President	December 31	February 15
24. A physical environment that is conducive to work is provided.	Personnel Comprehensive Assessment	The conduciveness of the physical environment to work receives an average rating of 4.0 or higher.	President	December 31	February 15
25. A safe and secure work and educational environment is provided.	Personnel Comprehensive Assessment, End of First Semester (Nursing and Rad Tech) and End of Program student surveys	The safety and security of the physical environment receives an average rating of 4.0 or higher.	Safety Committee Chair	June 30	August 15
26. Personnel receive adequate training to deal with emergencies.	Fire Drill Reports	Excellent performance on Fire Drills indicated by evacuation times under 3 minutes.	Safety Committee Chair	June 30	August 15
27. The Safety Committee administers a safety education program.	Transcripts from Carolinas HealthCare System ACE Modules	100% of personnel have participated in required safety education programs (ACE Modules).	Safety Committee Chair	June 30	August 15
28. The annual operating and capital budget is sufficient to implement the mission of the College	College Annual Report	In College Annual Report, of those objectives that are not met, none will be attributed to budget issues or lack of	Director of Business and Finance	December 31	February 15



Goal I

Objective	Means of Assessment	Criteria for Success	Reporting		
			Individual	Data Through	Due Date
		resources.			
29. Internal and external audits are secured to assure that accurate financial accounting occurs.	Internal and external audits of financial records	Audit report indicates no findings.	Director of Business and Finance	December 31	February 15
30. A financially sound organization is operated by providing budget information to Board of Directors quarterly and to the President, Deans, and Program Directors monthly.	Deans/Directors submit monthly variance reports	Report variances range from positive to neutral margins.	Director of Business and Finance	December 31	February 15
31. Personnel indicate the annual budget is sufficient to implement the mission of the College.	Personnel Comprehensive Assessment	The sufficiency of the annual budget receives an average rating of 4.0 or higher.	Director of Business and Finance	June 30	August 15
32. Personnel indicate they have input into the annual budget.	Personnel Comprehensive Assessment	The level of input into the annual budget from personnel receives an average rating of 4.0 or higher.	Director of Business and Finance	June 30	August 15
33. Personnel indicate the needed resources are available and are received within a reasonable period of time.	Personnel Comprehensive Assessment	The availability of resources receives an average rating of 4.0 or higher.	Learning Resources Committee Chair	June 30	August 15
Integrate the College into the Community					
34. A plan is developed and implemented for integrating the College into the community.	A Community Integration Plan will be developed that lists all community activities in which the College will participate.	90% of activities listed in the Community Integration Plan will be completed.	Community Involvement Chair	December 31	February 15
35. The College has increased recognition in the community to maintain number of applications.	End of Year Admissions Report	The number of applications will be between 5-10% of the number of applications from the previous year.	Dean of Student Services	December 31	February 15
36. Students are involved in community activities.	Minutes from student organization meetings	90% of activities planned by student organizations will be	Student organization	December 31	February 15



Goal I

Objective	Means of Assessment	Criteria for Success	Reporting		
			Individual	Data Through	Due Date
		completed.	leaders		
37. Life support and other community education courses are offered to promote lifelong learning in the community.	Community education course completion details	The number of individuals completing continuing education courses offered by the College will remain the same or increase from year to year.	President	December 31	February 15
38. College collaborates with the CHS foundation to secure external funding.	College/Foundation grant submission activities	The College will collaborate with the CHS foundation to submit at least two grant proposals in 2007.	President	December 31	February 15
39. In collaboration with Carolinas HealthCare System Workforce Development, data are collected that identifies the demand for current and future educational offerings	Needs assessment report	Annual needs assessment in all program areas will be completed, and used in program planning, development, and admissions processes.	Research subcommittee chair	December 31	February 15



Goal II

GOAL II: Provide resources and services to promote a learning environment that facilitates student success.

Objective	Means of Assessment	Criteria for Success	Reporting		
			Individual	Data Through	Due Date
Business Office					
1. Students receive adequate information about their financial aid eligibility.	End of First Semester and End of Program surveys	The information provided about federal and CHS financial aid eligibility receives an average rating of 4.0 or higher.	Financial Aid Officer	December 31	February 15
2. Financial counseling and assistance provided to students is available and effective.	End of First Semester and End of Program surveys	The financial counseling and assistance receives an average rating of 4.0 or higher.	Financial Aid Officer	December 31	February 15
3. Students receive information about tuition and fees and payment deadlines in a timely manner.	End of First Semester and End of Program surveys	The information provided about tuition and fees and payment deadlines receives an average rating of 4.0 or higher.	Director of Business and Finance	December 31	February 15
4. Students are well-advised about financial responsibilities, including student loan repayment.	End of Program surveys	The information provided about financial responsibilities receives an average rating of 4.0 or higher.	Director of Business and Finance	December 31	February 15
5. Tuition and fees are collected in a timely manner	Graduation audits	100% fees collected prior to graduation.	Director of Business and Finance	December 31	February 15
6. An online bookstore adequately serves the needs of students.	End of Program Surveys	The adequacy of the online bookstore receives an average rating of 4.0 or higher.	Director of Business and Finance	December 31	February 15
Student Services					
7. New student population demographics reflect the diversity in service area population.	Annual student demographics report	Annual student demographics indicate no more than 20% variance from the county's demographic distribution of gender, ethnic, and age groups.	Dean of Student Services	December 31	February 15
8. Accurate recruitment literature is published.	New Student Orientation Survey	The accuracy of College publications receives an average rating of 4.0 or higher.	Admissions Officer	December 31	February 15



Goal II

Objective	Means of Assessment	Criteria for Success	Reporting		
			Individual	Data Through	Due Date
9. Admissions personnel provide students with excellent assistance with program selection and the application process.	End of Program Surveys	The assistance received for program selection and application receives an average rating of 4.0 or higher.	Admissions Officer	December 31	February 15
10. Admissions statistics indicate that qualified applicants are being admitted into each credit program.	Admissions statistics	100% of students that are admitted into each credit program will be considered qualified based on program requirements.	APG committee chair	December 31	February 15
11. Annual enrollment targets are set and attained.	Enrollment statistics	100% of annual enrollment targets are met.	Program Directors	December 31	February 15
12. Each starting group of students feel prepared to be successful students after being presented with orientation information.	New Student Orientation Survey	Preparation for student success provided through orientation services receives an average rating of 4.0 or higher.	Dean of Student Services	December 31	February 15
13. All new students are provided an orientation to CHS and CCHS parking procedures and security services, including the statistical report on campus crimes.	New Student Orientation Survey	Orientation to parking procedures and security services receives an average rating of 4.0 or higher.	Dean of Student Services	December 31	February 15
14. Students are satisfied that the registration process and grade distribution are efficient and timely	End of First Year and End of Program Surveys	The registration process and grade distribution receives an average rating of 4.0 or higher.	Registrar	December 31	February 15
15. Students are satisfied with the scheduling process.	End of First Year and End of Program Surveys	The scheduling process receives an average rating of 4.0 or higher.	Registrar	December 31	February 15
16. Students indicate that faculty advisors are available, knowledgeable, and helpful.	End of Program Surveys, Graduation Report	The availability, knowledge, and helpfulness of faculty advisors receives an average rating of 4.0 or higher.	Dean of Student Services	December 31	February 15



Goal II

Objective	Means of Assessment	Criteria for Success	Reporting		
			Individual	Data Through	Due Date
17. Students indicate that the frequency and type of academic retention activities that are appropriate to their needs (including tutoring, test-taking skills, reviews).	End of First Year and End of Program Surveys, Graduation Report	The frequency and type of academic retention activities receives an average rating of 4.0 or higher.	Tutorial/ Placement Coordinator	December 31	February 15
18. Faculty advisors are prepared for their role after receiving training during the Advisor's Workshop.	Personnel Comprehensive Assessment	The ability of the Advisor's Workshop to provide adequate preparation for the role as a faculty advisor receives an average rating of 4.0 or higher.	Dean of Student Services	June 30	August 15
19. Faculty advisors have appropriate resources to support their role.	Personnel Comprehensive Assessment	The support provided to serve the role as a faculty advisor receives an average rating of 4.0 or higher.	Dean of Student Services	June 30	August 15
20. Student activities are organized each year to encourage interaction among students and between students and personnel.	Student Life Committee meeting minutes.	100% of student activities scheduled each year will be completed.	Student Life Committee chair	December 31	February 15
21. Students indicate that the frequency and type of nonacademic activities were appropriate to their interests.	End of First Semester and End of Program Surveys	The appropriateness of nonacademic activities to student needs receives an average rating of 4.0 or higher.	Dean of Student Services	December 31	February 15
22. Students that are not making satisfactory academic progress consistent with curricular requirement are referred to the Student Support team for assistance.	Midterm reports; Faculty referral	100% of those students who are not in compliance with requirements will be referred to the Student Support Team for assistance.	Registrar	June 30	August 15
23. A rigorous admission process with qualification requirements is conducted to ensure successful program completion.	Graduation rate data	Graduation rate of 75% of the students admitted to the College completing the program within 150% of normal program length.	Dean of Student Services	June 30	August 15



Goal II

Objective	Means of Assessment	Criteria for Success	Reporting		
			Individual	Data Through	Due Date
24. Student files are audited prior to graduation to assure all required documents are in place.	Graduation audits	100% of the students completing programs meet the progression criteria and the degree, diploma, or certificate requirements.	Registrar	June 30	August 15
25. The College provides an effective placement service to graduating students.	Roster of graduates and their place of employment (listed for College and individual programs)	6-Month placement report indicates at least 90% of the graduates are employed in field of training.	Tutorial/ Placement Coordinator	June 30	August 15
26. Students are satisfied that job placement assistance is readily available and helpful.	End of Program Surveys	The availability and helpfulness of job placement assistance receives an average rating of 4.0 or higher.	Tutorial/ Placement Coordinator	December 31	February 15
27. Students indicate that College policies are consistently applied.	End of Program Surveys	The consistent application of College policies receives an average rating of 4.0 or higher.	Dean of Student Services	December 31	February 15
28. Students indicate College policies are non-discriminatory.	End of Program Surveys	Non-discriminatory College policies receives an average rating of 4.0 or higher.	Dean of Student Services	December 31	February 15
29. Students indicate that College policies are publicly accessible.	End of Program Surveys	The accessibility of College policies receives an average rating of 4.0 or higher.	Dean of Student Services	December 31	February 15
30. All College policies related to students are evaluated on a biannual basis.	Audit of College policies	Audit will indicate that 100% of College policies related to students are current.	President	June 30	August 15



Goal III

GOAL III: Strive for excellence in educating entry-level and specialized practitioners to be competent in providing healthcare services in a variety of settings.

Objective	Means of Assessment	Criteria for Success	Reporting		
			Individual	Data Through	Due Date
1. All personnel participate in a continuing education activity at least every 2 years	Continuing Education/Professional Development Record	100% of personnel will participate in a continuing education activity every 2 years.	Program Directors	June 30	August 15
2. Personnel indicate that continuing education activities are readily available.	Personnel Comprehensive Assessment	The availability of professional development/ continuing education activities receives an average rating of 4.0 or higher.	IR Coordinator	December 31	February 15
3. Personnel indicate they have adequate support and resources to participate in continuing education activities.	Personnel Comprehensive Assessment	The resources and support for continuing education activities receives an average rating of 4.0 or higher.	IR Coordinator	December 31	February 15
Technology					
4. Personnel indicate that personal computer equipment and software are sufficient to perform job responsibilities.	Personnel Comprehensive Assessment	The availability of personal computer equipment and software in allowing personnel to perform job responsibilities receives an average rating of 4.0 or higher.	Instructional Technology Coordinator	June 30	August 15
5. Faculty indicate that classroom technology is available that allows the implementation of appropriate teaching strategies.	Personnel Comprehensive Assessment	The availability of appropriate classroom technology receives an average rating of 4.0 or higher.	Instructional Technology Coordinator	June 30	August 15
6. Personnel are satisfied with technical training opportunities available to them.	Personnel Comprehensive Assessment	The availability of technical training opportunities receives an average rating of 4.0 or higher.	Instructional Technology Coordinator	June 30	August 15
7. Personnel are satisfied with availability of technical support	Personnel Comprehensive Assessment	The availability of technical support receives an average rating of 4.0 or higher.	Instructional Technology Coordinator	June 30	August 15
Information Resource Center					
8. New students and personnel are satisfied with the orientation to	New Personnel Orientation and New Student Orientation	The orientation process to the IRC and AHEC of Charlotte for	Learning Resources	June 30	August 15



Goal III

Objective	Means of Assessment	Criteria for Success	Reporting		
			Individual	Data Through	Due Date
the Information Resource Center (IRC) and AHEC of Charlotte Library.	Surveys	new student and personnel receives an average rating of 4.0 or higher.	Committee Chair		
9. Students are satisfied with accessibility to the IRC and AHEC of Charlotte Library.	End of Program Surveys	The availability of the IRC and AHEC of Charlotte Library receives an average rating of 4.0 or higher.	Learning Resources Committee Chair	December 31	February 15
10. Students and faculty are satisfied that the IRC and AHEC of Charlotte library provides adequate access to reference, audiovisual, and bibliographical information that supports coursework.	Personnel Comprehensive Assessment and End of Program Surveys	The access to materials that support coursework and study receives an average rating of 4.0 or higher.	Learning Resources Committee Chair	December 31	February 15
11. Students and personnel utilize online resources available through the NC's AHEC Digital Library.	Personnel Comprehensive Assessment and End of Program Surveys	At least 50% of students and personnel will utilize online resources available through the NC's AHEC Digital Library.	Learning Resources Committee Chair	December 31	February 15
12. The Learning Resource Committee makes recommendations for changes in the services provided by the IRC.	Learning Resources Committee meeting minutes	100% of the recommendations made by the Learning Resource Committee to IRC will be reviewed. 100% of those recommendations approved will be implemented.	Learning Resources Committee Chair	June 30	August 15
13. Students (excluding those enrolled in Medical Technology program) agree that the general education courses provided a foundation for the requirements of their specific program and for working within society.	End of Program Surveys	At least 80% of students will agree that the general education courses provided a foundation for the discipline and to working within society	General Education Director	December 31	February 15



Goal III

Objective	Means of Assessment	Criteria for Success	Reporting		
			Individual	Data Through	Due Date
14. Students enrolled in General Education courses demonstrate attainment of learning outcomes on a course-by-course basis.	General Education Assessment matrix across courses outlining learning outcomes and criteria	At least 80% of students will demonstrate attainment of General Education learning outcomes.	General Education Director	December 31	February 15
15. Graduates of the Pre-Nursing Program are eligible and prepared to matriculate into the School of Nursing.	Pre-Nursing Guaranteed Admission Tracking Report	At least 50% of those entering Pre-Nursing and seeking admission into the School of Nursing are admitted.	Dean of Student Services	June 30	August 15
16. The curriculum of programs are in compliance with the appropriate accreditation criteria (SACS for AAS, NAACLS, NLNAC, DFS, JRCERT, CAAHEP)	Curriculum Committee minutes	Curricula from all programs will be in 100% compliance with standards outlined by the appropriate accrediting bodies.	Program Directors	June 30	August 15
17. Individual educational programs maintain accreditation by the appropriate accrediting body (NAACLS, NLNAC, DFS, JRCERT, CAAHEP)	Accreditation reports	Individual education programs will maintain continuous accreditation.	Program Directors	June 30	August 15
18. Student learning outcomes reflect the standards of their respective accrediting bodies.	Composite and individual report of first-time licensure/certification pass rates	First-time licensure/certification pass rates are at or above 90% per graduating class.	Dean of Student Services	December 31	February 15
19. Student input indicates satisfaction with Class/Lab/Clinical experiences.	Course evaluations, Clinical site evaluations	The Class/Lab/Clinical experience of students receives an average rating of 4.0 or higher.	Program Directors	December 31	February 15
20. Faculty input indicates satisfaction with clinical sites meeting course objectives.	Clinical Site/Instructor evaluations	The ability of clinical sites and instructors to meet the course objectives and learning needs of students receives an average rating of 4.0 or higher.	Program Directors	June 30	August 15



Goal III

Objective	Means of Assessment	Criteria for Success	Reporting		
			Individual	Data Through	Due Date
21. Quality education is provided to students to enable them to perform entry-level expectations within 6 months of graduation.	6-month alumni and employer surveys	The ability of graduates to perform entry-level expectations within 6 months of graduation receives an average rating of 4.0 or higher.	Program Directors	June 30	August 15
22. Students are able to demonstrate problem-solving and critical thinking skills through coursework and clinical performance.	Clinical Evaluation Tool, Behavioral Objectives, Performance Objectives	Clinical evaluation of student performance by instructors indicate that at least 80% of the students demonstrate adequate critical thinking, communication skills, analytical reasoning, and independent learning	Program Directors	December 31	February 15
23. Students are able to demonstrate problem-solving and critical thinking skills as entry-level health care professionals.	6-month Employer Surveys questions: <u>Medical Technology</u> – Integrate and evaluate data; <u>Nursing</u> – Accurately make quality clinical decisions <u>Radiologic Technology</u> – Evaluate radiologic images for appropriate positioning and quality <u>Surgical Technology</u> – Demonstrates problem-solving skills <u>EMS</u> – Integrate the principles of kinematics to enhance patient assessment	Graduates ability to demonstrate problem-solving and critical-thinking skills 6 months after graduation receives an average rating of 4.0 or higher.	Program Directors	December 31	February 15
24. Services and resources provided to students promote life-long learning	6-month Alumni Surveys	At least 15% of alumni will have participated in some form of continuing education within six months following graduation.	Program Directors	December 31	February 15

**Carolinas College of Health Sciences
2007 Institutional Effectiveness Plan**

**MIDYEAR REPORT SCHEDULE
Due Date: August 15, 2007**

PERSON RESPONSIBLE	GOAL	OBJECTIVE	PAGE
President	I	3	1
		4	1
		5	1
		22	4
		30	12
Provost	II	3	1
	I	3	1
Dean of Student Services	I	5	1
		3	1
		4	1
	II	5	1
		18	10
		19	10
		23	11
	III	1	13
		15	15
		31	5
Director of Business and Finance	I	3	1
		4	1
		5	1
		32	5
		32	5
Program Directors	I	3	1
		4	1
		5	1
	III	1	13
		16	15
		17	15
		20	16
		21	16
Institutional Research Coordinator	I	6	1
		7	2
		8	2
		9	2
		10	2
		17	3
		18	4
	19	4	

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PERSON RESPONSIBLE	GOAL	OBJECTIVE	PAGE
Instructional Technology Coordinator	III	4	13
		5	13
		6	13
		7	13
Registrar	II	22	10
		24	11
Tutorial/Placement Coordinator	II	25	11
Learning Resources Committee Chair	I	33	6
	III	8	14
		12	14
Safety Committee Chair	I	25	4
		26	5
		27	5

**Carolinas College of Health Sciences
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**END OF YEAR REPORT SCHEDULE
Due Date: February 18, 2008**

PERSON RESPONSIBLE	GOAL	OBJECTIVE	PAGE		
President	I	11	2		
		12	3		
		23	4		
		24	4		
		37	6		
		38	6		
Provost	I	11	2		
Dean of Student Services	I	11	2		
		35	6		
	II	7	8		
		12	9		
		13	9		
		16	10		
		21	10		
		27	11		
	28	11			
	29	11			
	III	18	15		
	Director of Business and Finance	I	11	2	
			28	5	
			29	5	
30			5		
II		3	8		
		4	8		
		5	8		
		6	8		
		Program Directors	I	11	2
				11	9
III	1		13		
	16		15		
	17		15		
	19		16		
	22		16		
	23		16		
	24		17		
	General Education Director		III	13	14
14		15			
Institutional Research Coordinator	I	16	3		

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PERSON RESPONSIBLE	GOAL	OBJECTIVE	PAGE
Institutional Research Coordinator	III	2	13
	III	3	13
Registrar	II	14	9
		15	9
Financial Aid Officer	II	1	8
		2	8
Admissions Officer	II	8	9
		9	9
Tutorial/Placement Coordinator	II	17	10
		26	11
Accreditation Subcommittee Chair	I	1	1
APG Committee Chair	II	10	9
Community Involvement Chair	I	34	6
Learning Resources Committee Chair	III	9	14
		10	14
		11	14
Quality Improvement Subcommittee Chair	I	2	1
		13	3
		20	4
		21	4
Research Subcommittee Chair	I	14	3
		15	3
	I	39	6
Strategic Planning Subcommittee Chair	I	2	1
Student Life Committee Chair	II	20	10
Phi Theta Kappa Advisor	I	36	6
Student Government Association Advisor	I	36	6
Student Nurses Association Advisor	I	36	6