

**2009 - 2011**

**INSTITUTIONAL EFFECTIVENESS (IE) PLAN**

**Carolinas College of Health Sciences**  
**2009 – 2011 Institutional Effectiveness Plan**

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# Carolinas College of Health Sciences

## 2009 – 2011 Institutional Effectiveness Plan

### INTRODUCTION

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 (*See Figure 1*).

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 Medical Center, the College focuses on preparing individuals for employment in general and specialized healthcare fields for the Charlotte metropolitan area.

The college is committed to:

Goal (I) maintaining a structure that supports the College's mission, guides future development, provides resources, and integrates the College into the community

Goal (II) providing resources and services to promote a learning environment that facilitates student success

Goal (III) 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 meetings. Approved by the Board of Directors on December 19, 2006*).

All units of the College develop objectives that contribute to the achievement of the College goals. The IE plan consists of objectives linked to the overall College goals, identification of the means of assessment, and the criteria for success. The plans are developed by each unit in a collaborative effort with unit leaders, faculty, and staff. An Institutional Effectiveness Handbook has been developed to provide guidance in developing unit plans. In order to integrate IE plan development with budgeting, the planning calendar is structured so that assessment planning precedes budget planning. Funding sources are specified in each plan, so that initiatives requiring new funds can be easily identified.

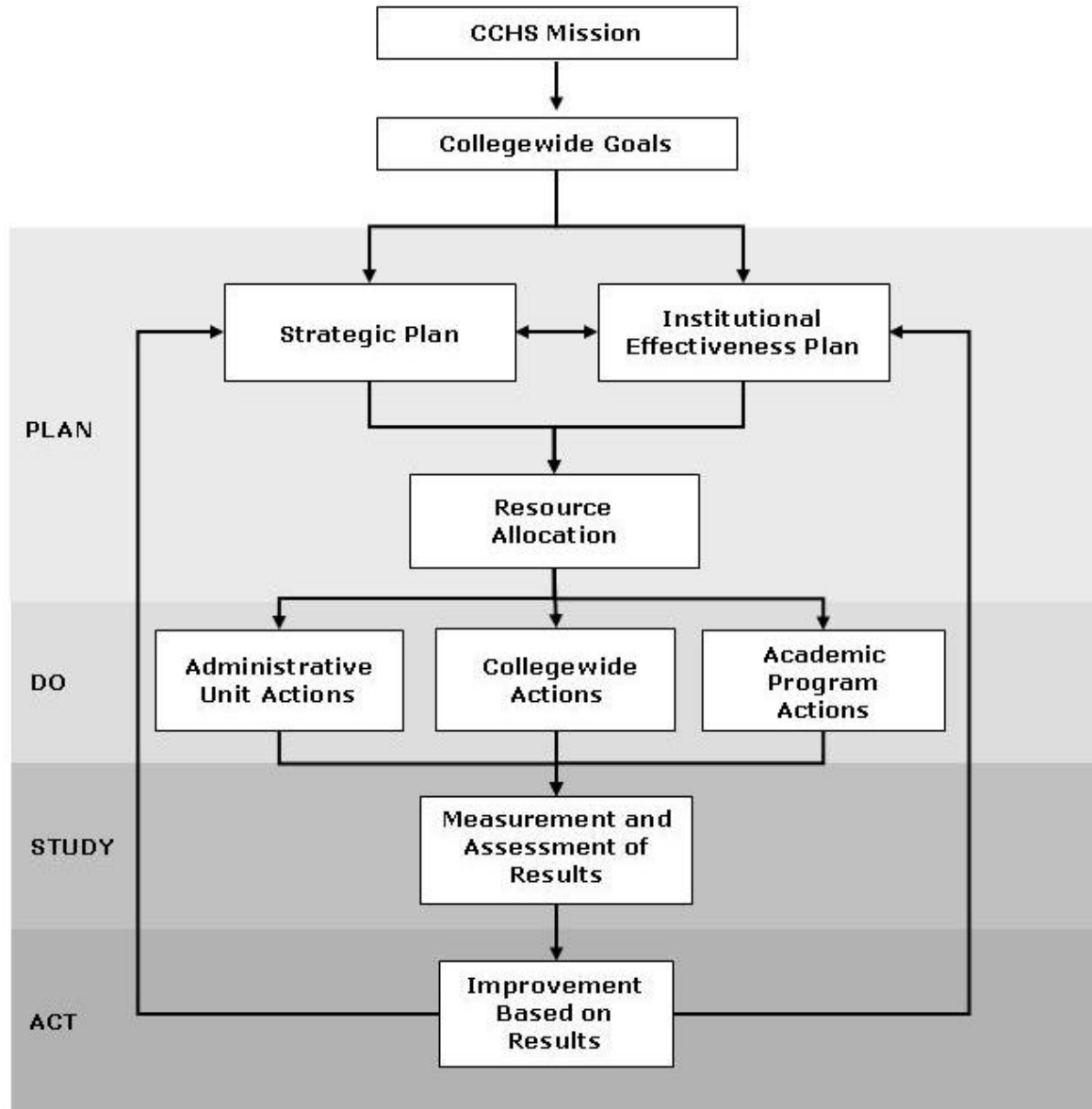
As the plan is implemented, an exhaustive evaluation system is in place to provide feedback data. After gathering assessment data related to the outcomes, members of each unit analyze the data and develop action plans as needed to improve performance. Responsible persons report on progress toward goals 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.

In 2009, a three-year planning process was approved. This change is designed to provide a more comprehensive and evidence-based approach to institutional effectiveness. The three-year cycle will provide more time for careful measurement and thoughtful analysis of reported data and allow time for improvement actions to be taken and analyzed for impact on performance. With this change, the IE plans developed for 2009 will remain in place through 2011. Data will be collected and analyzed each year at mid- and end-of-year intervals. Actions will be developed based on the analysis of data. At each reporting period, the results of the actions and progress toward goals will be tracked. This will provide two years of data (2009 and 2010) to guide the next cycle of planning, which will begin with IE plan development in the spring of 2011.

The Quality Improvement subcommittee has oversight responsibility for the IE planning process, reviewing each of the unit plans as well as the mid- and end-of-year reports. Progress toward achievement of goals and action plans to improve performance are tracked and reported to the College at the Annual Meeting.

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Figure 1. CCHS IE Model



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#### Unit: COLLEGE-WIDE KEY SUCCESS INDICATORS

<b>Goal (I, II, III)</b>	<b>Objective</b>	<b>Means of Assessment</b>	<b>Criteria for Success</b>	<b>Responsible Individual</b>	<b>Funding Source and Amount (E=E, N = New)</b>
II	The College provides an effective placement service to graduating students.	Roster of graduates and their place of employment.	6-month placement report indicates at least 95% of the graduates are employed in field of training.	Student Success Coordinator	E
II	The College provides an effective placement service for graduating students and to Carolinas Medical Center facilities.	Roster of graduates and their place of employment.	6-month placement report indicates at least 85% of the graduates are employed in a Carolinas Medical Center facility.	Student Success Coordinator	E
III	Student learning outcomes for all educational programs reflect the standards of their respective accrediting bodies.	Individual reports of first-time licensure/certification pass rates	First-time licensure/certification pass rate for all programs combined is at or above 90%.	Provost	E
III	A College structure is in place that ensures successful program completion.	Graduation rate data	Graduation rate of 75% of students completing their respective programs within 150% of normal program length	Dean of Student Services	E
III	Employers indicate that quality education is provided to students to enable them to perform entry-level expectations within 6 months of graduation.	6-month Employer surveys	The ability of graduates to perform entry-level expectations within 6 months of graduation, in comparison with all other new graduates, receives an average rating of 4.0 or higher.	Provost	E
III	Students indicate satisfaction with the overall quality of instruction at CCHS.	End-of-Program surveys	Student assessment of the overall quality of instruction at CCHS receives an average rating of 4.0 or higher.	Provost	E

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#### Unit: ACADEMIC AFFAIRS

<b>Goal (I, II, III)</b>	<b>Objective</b>	<b>Means of Assessment</b>	<b>Criteria for Success</b>	<b>Responsible Individual</b>	<b>Funding Source and Amount (E=E, N = New)</b>
I,II,III	Develop and maintain high-quality academic programs	The curriculum of programs are in compliance with the appropriate accreditation criteria (SACS for AAS, NAACLS, NLNAC, JRCERT, CAAHEP).	Award and maintain full accreditation from granting bodies	Provost/Deans/Directors	E
I	Program deans and directors provide effective financial program management.	Review of end-of-year budget report	Academic Affairs office budget and program budgets meet or exceed the budgeted margin.	Provost/Deans/Directors	E
I	Program deans, directors, faculty and staff members participate in professional development activities.	Continuing Education/Professional Development Record	100% of full-time personnel participate in a professional development activity every year. 100% of part-time personnel participate in a professional development activity every two years.	Provost/Deans/Directors	E
I	Retain effective academic deans, directors, and staff members.	Analysis of annual turnover rate of academic program leaders and Academic Affairs support staff	Turnover rates for Academic program leaders and staff do not exceed 10% annually for reasons other than promotion within CCHS/CHS or retirement.	Provost/Deans/Directors	E
II	Student learning outcomes for individual educational programs reflect the standards of their respective accrediting bodies.	Program licensure and certification pass rates for healthcare programs	First-time licensure/certification pass rates for individual programs are at or above 90% per healthcare graduating class.	Provost/Deans/Directors	E
II	Student learning outcomes for General Education are attained.	Attainment of learning outcomes assessment goals for General Education courses	General Education Learning outcomes are at or above 80% attainment of General Education Learning outcomes.	Provost/Deans/Directors	E
III	Employers of CCHS graduates are satisfied with entry-level performance abilities.	Employer survey	Employer responses regarding new-grad employee abilities at entry-level are at or above 4.0 on a 5-point rating scale.	Provost/Deans/Directors	E
III	Students are satisfied with the quality of their academic program.	Student end-of-program survey	Student responses regarding overall quality of their academic programs are at or above 4.0 on a 5-point rating scale.	Provost/Deans/Directors	E

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<b>Goal (I, II, III)</b>	<b>Objective</b>	<b>Means of Assessment</b>	<b>Criteria for Success</b>	<b>Responsible Individual</b>	<b>Funding Source and Amount (E=E, N = New)</b>
III	Alumni are satisfied with the quality of their academic program.	Alumni survey	Alumni responses regarding overall quality of their academic programs are at or above 4.0 on a 5-point rating scale.	Provost/Deans/Directors	E

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#### Unit: ADMINISTRATION

<i>Goal (I, II, III)</i>	<i>Objective</i>	<i>Means of Assessment</i>	<i>Criteria for Success</i>	<i>Responsible Individual</i>	<i>Funding Source and Amount (E=E, N = New)</i>
I	Recruit, hire, and retain members of presidents council and director of continuing education.	For positions of provost, director of business and finance, dean of student services & enrollment management and director of continuing education, review position status (filled/unfilled)	All positions are staffed with no position vacant more than 60 days in prior 12 months, turnover (if any) equal to or less than 15%.	President	E
I	Enhance the financial viability of the college.	Annual review of grants and gifts and of fiscal fund reports from Carolinas HealthCare Foundation.	3% increase in total endowment over 2008 level.	President	E
I	Assess the nursing and allied health workforce needs within Carolinas HealthCare System and the community.	Workforce needs assessments are conducted at five-year intervals (2010, 2015, 2020, etc.) by the college and/or CHS Workforce Development and/or appropriate professional bodies; annual review of "in-system" rates of retention of graduates.	Needs assessments indicate no significant workforce shortages in areas of CCHS's level and scope of education. If needs assessments indicate needs, needs are reviewed, evaluated and considered for implementation.	President	E
I	CCHS maximizes resources available to the college by maintaining excellent communication with CHS Medical Education & Research, the CH Foundation, AHEC, and the management and leadership of CHS's various medical facilities.	Student end-of-program surveys, alumni surveys, personnel comprehensive assessment, and employer surveys.	Responses regarding availability and quality of resources are at or above 4.0 on a 5-point rating scale.	President	E
I	Provide the college Board of Directors with clear and accurate information to facilitate informed decision making regarding the governance of the college.	Board of Directors meeting minutes.	Board minutes reflect the regular reporting of outcomes and substantive discussion relative to governance of the college.	President	E

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<b>Goal (I, II, III)</b>	<b>Objective</b>	<b>Means of Assessment</b>	<b>Criteria for Success</b>	<b>Responsible Individual</b>	<b>Funding Source and Amount (E=E, N = New)</b>
I	Provide the college Board of Directors with clear and accurate information to facilitate informed decision making regarding the direction of the college.	Board of Directors meeting minutes.	Board minutes reflect the regular reporting of outcomes and substantive discussion regarding the direction of the college	President	E
I	Provide the college Board of Directors with clear and accurate information to facilitate informed decision making regarding the board-level policies of the college.	Board of Directors meeting minutes.	Board minutes reflect the regular reporting of outcomes and substantive discussion regarding board-level policies of the college.	President	E
I	All College policies related to students are evaluated on a biannual basis.	Audit of College policies	90% of College policies related to students are current.	President	E
I	The number of faculty meets the needs of the College to fulfill its mission.	The overall faculty to student FTE ratio is calculated and reviewed.	Faculty to student FTE ratio goals are set for 2010.	Dean of Student Services	E
I	A financially sound organization is operated.	Ratio of revenue to expenses.	A 1:1 ratio of revenue to expenses is maintained.	Director of Business and Finance	E
III	Personnel indicate satisfaction with the work environment.	Personnel Comprehensive Assessment	Personnel ratings of overall satisfaction with the work environment receives an average rating of 4.0 or higher.	President	E

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**Unit: BUSINESS OFFICE**

<b>Goal (I, II, III)</b>	<b>Objective</b>	<b>Means of Assessment</b>	<b>Criteria for Success</b>	<b>Responsible Individual</b>	<b>Funding Source and Amount (E=E, N = New)</b>
I	The College has a sufficient annual budget to achieve it's goals and mission	College Annual Report	In the College Annual report, none of the unmet objectives are attributed to budget issues.	Director of Business and Finance	E N (Amounts TBD)
I	Personnel indicate they have input into developing their departmental budget	Personnel Comprehensive Assessment	85% of respondents indicate they have opportunity for input into their departmental budget	Director of Business and Finance	N/A
I	Accurate financial accounting occurs	Internal and external audits of financial records	Audit reports indicate no findings	Director of Business and Finance	E
I	A financially sound organization is operated	Monthly financial performance reports	Monthly reports indicate a positive to neutral operating margin	Director of Business and Finance	E
I	Personnel indicate needed resources are available within a reasonable period of time	Personnel Comprehensive Assessment	Average ratings regarding the availability of resources are at or above 4.0 on a 5-point rating scale.	Director of Business and Finance	E
I	CCHS students are able to register online using an online student management system	Web Portal	The web portal is available and functioning for registration in 2009	Institutional Technology Specialist; Director of Business and Finance; Registrar; Dean of Student Services and Enrollment Management	N \$110,000
I	Provide faculty, staff and students with up-to-date workplace, teaching and learning technologies	Technology inventory listing	Available technology meets established benchmarks of comparable academic institutions	Institutional Technology Specialist; Director of Business and Finance	N \$35,000
I	Personnel credentials verify qualifications outlined in job summaries.	Personnel files	100% of qualifications outlined in job summaries are verified.	Director of Business and Finance	E

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II	Students indicate that Financial counseling and assistance is available and effective.	End of NUR 101 and End of program surveys	Average ratings regarding financial counseling and assistance are at or above 4.0 on a 5-point rating scale.	Financial Aid Coordinator	E N \$8,000
II	Students indicate that Information regarding tuition levels and deadlines is available to them in a timely manner.	End of NUR 101 and End of program surveys	Average ratings of information regarding tuition levels and deadlines are at or above 4.0 on a 5-point rating scale.	Director of Business and Finance	E
II	Tuition and fees are collected in a timely manner	Outstanding balance report	90% of tuition and fees are collected by the 50% point of each term	Director of Business and Finance	E
II	Students indicate that information on their responsibilities for student loan repayment is clear.	End of NUR 101 and End of program surveys	Average ratings of information regarding loan repayment are at or above 4.0 on a 5-point rating scale.	Financial Aid Coordinator	E
II	Merit scholarships are awarded to honors admit students prior to the semester start (pending fund availability).	Scholarship award log	90% of merit scholarships are awarded prior to each semester start	Financial Aid Coordinator	E
II	Students indicate the online bookstore is accessible and easy-to-use.	End of program surveys	Average ratings regarding the accessibility of the online bookstore are at or above 4.0 on a 5-point rating scale.	Director of Business and Finance	E
II	Students indicate that technology resources used in classroom instruction (e.g., online sources/websites, e-mail, videos, slideshows) is appropriate to support their learning.	End of program surveys	Average ratings of technology resources used in classroom instruction are at or above 4.0 on a 5-point rating scale.	Institutional Technology Specialist	E
II	Students indicate technology resources available in the Computer Lab were appropriate to support their learning.	End of program surveys	Average ratings for technology resources available in the Computer lab are at or above 4.0 on a 5-point rating scale.	Learning Technology Specialist	E N \$8,500
II	Provide all faculty and staff with necessary training to demonstrate effective use of technology	Performance Appraisals	100% of faculty and staff demonstrate competency in the use of position-appropriate technology resources	Leadership Team members	E

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III	Personnel indicate that computer equipment and software assigned to them for their office are sufficient to perform job responsibilities.	Personnel Comprehensive Assessment	Average ratings of personnel regarding computer equipment and software are at or above 4.0 on a 5-point rating scale.	Institutional Technology Specialist	N \$15,000
III	Faculty indicate that classroom instructional equipment is available implement teaching strategies appropriate to their discipline	Personnel Comprehensive Assessment	Average ratings of faculty regarding classroom instructional equipment are at or above 4.0 on a 5-point rating scale.	Institutional Technology Specialist	N \$20,000
III	Faculty indicate that technical support is available for problems occurring during the use of classroom equipment.	Personnel Comprehensive Assessment	85% of respondents indicate technical assistance is available	Institutional Technology Specialist	E
III	Personnel indicate that training opportunities are available in the use of technology	Personnel Comprehensive Assessment	85% of respondents indicate training is available	Institutional Technology Specialist; Learning Technology Specialist	E

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#### Unit: STUDENT SERVICES

<i>Goal (I, II, III)</i>	<i>Objective</i>	<i>Means of Assessment</i>	<i>Criteria for Success</i>	<i>Responsible Individual</i>	<i>Funding Source and Amount (E=E, N = New)</i>
I	The College receives a stable number of applications from year to year.	End of Year Admissions Report	The number of applications declines 5% or less from the previous year.	Dean of Student Services	E
I	Department personnel participate in professional development activities.	Continuing Education/Professional Development Record	100% of full-time personnel participate in a professional development activity every year. 100% of part-time personnel participate in a professional development activity every two years.	Dean of Student Services	E
I	Personnel indicate that evaluative data concerning educational programs are promptly and readily available.	Personnel Comprehensive Assessment	Average ratings of the promptness and availability of evaluative data concerning educational programs are at or above 4.0 on a 5-point scale	Registrar/IRC	E
I	Personnel participate in Comprehensive Assessment in efforts to enhance quality improvement.	Response rate on Personnel Comprehensive Assessment	At least 70% of all personnel participate in the Personnel Comprehensive Assessment.	Registrar/IRC	E
I	Data collection activities are completed in a timely manner.	Master Schedule for Institutional Research Office	100% of scheduled data collection activities are completed within 2 months of scheduled date.	Registrar/IRC	E
I	Personnel indicate that evaluative data concerning administrative and support issues are promptly and readily available.	Personnel Comprehensive Assessment	Average ratings of the promptness and availability of evaluative data concerning administrative and support issues are at or above 4.0 on a 5-point scale	Registrar/IRC	E
I	An annual Fact Book is produced that provides easy-to-understand college-wide data.	Annual Fact Book	An annual Fact Book is produced by June of each year.	Registrar/IRC	E
II	Carolinas College is the first or second choice college for all accepted students.	Application Data	Application data indicates 90% of all accepted students indicates that Carolinas College is their first or second choice	Admissions Coordinator	E

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II	Applicants to the college receive notification of file status within five business days of receipt of application.	Applicant Survey (to be created) and End of NUR 101 Survey	Average ratings of timely notification of application status are at or above 4.0 on a 5-point scale	Admissions Coordinator	E
II	Applicants and students indicate that information sessions provided adequate information about programs and the application process	End of NUR 101 and End of Program Surveys; Decline Survey; Orientation Evaluation; Applicant Survey (to be created)	Average ratings of information about programs and the application process are at or above 4.0 on a 5-point scale	Admissions Coordinator	E
II	Decrease the admissions yield between those who are accepted and those who enroll as new students.	Demographic Report	5% decrease in the admissions yield is achieved between academic years 2008 and 2009.	Dean of Student Services	E
II	Each starting group of students indicate they feel prepared to be successful students after being presented with orientation information.	New Student Orientation Survey	Average ratings of preparation for student success provided through orientation services are at or above 4.0 on a 5-point scale	Dean of Student Services	E
II	Students indicate faculty advisors are knowledgeable and helpful.	End of Program Surveys	Average ratings of the knowledge of faculty advisors are at or above 4.0 on a 5-point scale	Dean of Student Services	E
II	Faculty advisors indicate that the Advisor Workshop is effective.	Faculty Advisor Workshop Evaluation	Average ratings of the effectiveness of the Advisor Workshop are at or above 4.0 on a 5-point scale	Dean of Student Services	E
II	The Student Success Center maintains appropriate and current information to support student needs.	End of Program Survey	Average ratings of the appropriate and current information in the Student Success Center are at or above 4.0 on a 5-point scale	Dean of Student Services	E
II	Students indicate that College policies are consistently applied.	End of Program Surveys	Average ratings of the consistent application of College policies are at or above 4.0 on a 5-point scale	Dean of Student Services	E

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II	Students indicate College policies are non-discriminatory.	End of Program Surveys	Average ratings of non-discriminatory College policies are at or above 4.0 on a 5-point scale	Dean of Student Services	E
II	Students indicate that College policies are publicly accessible.	End of Program Surveys	Average ratings of the accessibility of College policies over 4.0 on a 5-point scale	Dean of Student Services	E
II	Students indicate the registration process is efficient and timely.	End of NUR 101 and End of Program surveys	Average ratings of the registration process are at or above 4.0 on a 5-point scale	Registrar/IRC	E
II	Students indicate that the availability of academic assistance is appropriate to their needs (including tutoring, test-taking skills, reviews).	End of NUR 101 and End of Program surveys	Average ratings of the availability of academic assistance are at or above 4.0 on a 5-point scale	Student Success Coordinator	E
II	Students who are not making satisfactory academic progress consistent with curricular requirements are offered student support services.	Referral list	100% of students referred due to unsatisfactory academic progress are contacted and offered support services.	Student Success Coordinator	E
II	Students that are referred for and utilize support services show improvement in coursework.	Course grades of students on referral list	60% of referred students who utilize support services more than once pass their course.	Student Success Coordinator	E
II	Students that receive support services indicate that services were helpful.	Student support services survey	Average rating of the helpfulness of student support services are at or above 4.0 on a 5-point scale	Student Success Coordinator	E
II	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.	Student Success Coordinator	E

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II	Students indicate that job placement assistance through the Student Success Center at the College is readily available and helpful.	End of Program Surveys	Average rating of the availability and helpfulness of job placement assistance are at or above 4.0 on a 5-point scale	Student Success Coordinator	E
II	Alumni indicate that job placement assistance through the Student Success Center at the College is readily available and helpful.	6-month alumni surveys	Average rating of the availability and helpfulness of job placement assistance are at or above 4.0 on a 5-point scale	Student Success Coordinator	E

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#### Unit: GENERAL EDUCATION/PRE-NURSING

<b>Goal (I, II, III)</b>	<b>Objective</b>	<b>Means of Assessment</b>	<b>Criteria for Success</b>	<b>Responsible Individual</b>	<b>Funding Source and Amount (E=E, N = New)</b>
I	General Education faculty participate in professional development activities.	Faculty Continuing Education/Professional Development Record	100% of full-time faculty participate in a professional development activity every year. 100% of part-time faculty participate in a professional development activity every two years.	Director of General Education and Learning Resources	E
I	Personnel credentials verify qualifications outlined in job summaries.	Personnel files	100% verification of qualifications outlined in job summaries.	Provost and Director of General Education and Learning Resources	E
I	Communities of interest have input into program goals and decisions	Advisory Committee minutes, employer survey.	Data from evaluation and input from advisory committee are utilized for program change.	Director of General Education and Learning Resources	E
I	Program mission, goals and outcomes are consistent with college mission, goals and outcomes.	Annual structured review with program faculty and advisory committee	100% of program goals are consistent with College goals	Director of General Education and Learning Resources	E
III	General Education courses provide instruction and experiences to help students demonstrate the ability to communicate effectively, either in written format and/or orally.	General Education Assessment Report	80% of the Learning Outcomes established by the General Education faculty are met by the composite of General Education courses	Director of General Education and Learning Resources	E
III	General Education courses provide instruction and experiences to help students demonstrate the ability to understand the fundamental concepts, methods and applications of the natural and life Sciences and their impact on human experience.	General Education Assessment Report	80% of the Learning Outcomes established by the General Education faculty are met by the composite of General Education courses	Director of General Education and Learning Resources	E

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III	General Education courses provide instruction and experiences to help students demonstrate the ability to think critically, apply abstract concepts, and draw conclusions from course concepts.	General Education Assessment Report	80% of the Learning Outcomes established by the General Education faculty are met by the composite of General Education courses	Director of General Education and Learning Resources	E
III	Students indicate satisfaction with General Education courses	Students course evaluations	Average ratings for individual evaluations item are at or above 4.0 on a 5-point rating scale	Director of General Education and Learning Resources	E
III	Students indicate that General Education courses provide a foundation for the Program in which the student participates.	End of Program survey	At least 80% of students indicate that Gen Ed courses served as a foundation for the Program.	Director of General Education and Learning Resources	E
III	Alumni indicate that General Education courses provide a foundation for working within society.	6-month Alumni surveys	Average ratings of General Education courses as a foundation for working within society are at or above 4.0 on a 5-point rating scale	Director of General Education and Learning Resources	E
III	General Education courses provide instruction and experiences to help students demonstrate the ability to examine and understand human behavior in different theoretical, societal, cultural and/or institutional contexts	General Education Assessment Report	80% of the Learning Outcomes established by the General Education faculty are met by the composite of General Education courses	Director of General Education and Learning Resources	E
III	Graduates of the Pre-Nursing Program are eligible and prepared to matriculate into the School of Nursing.	Pre-Nursing Guaranteed Admissions Tracking Report	At least 50% of those entering Pre-Nursing and are seeking admission into the School of Nursing are admitted.	Director of General Education and Learning Resources	E
III	Graduates of the Pre-Nursing Program are prepared to succeed in the Nursing Fundamentals course.	Pre-Nursing Guaranteed Admissions Tracking Report	Pass rates of NUR 101 for Pre-Nursing students meet or exceed pass rates for Non-Pre-Nursing students.	Director of General Education and Learning Resources	E
III	Graduates of the Pre-Nursing program are prepared for successful program completion.	Pre-Nursing Guaranteed Admissions Tracking Report	Graduation rate of 75% of students completing the Pre-Nursing program (completed within 150% of normal program length).	Director of General Education and Learning Resources	E

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#### Unit: SCHOOL OF CLINICAL LAB SCIENCES/ MEDICAL TECHNOLOGY PROGRAM

<b>Goal (I, II, III)</b>	<b>Objective</b>	<b>Means of Assessment</b>	<b>Criteria for Success</b>	<b>Responsible Individual</b>	<b>Funding Source and Amount (E=E, N = New)</b>
I	Employers indicate that graduates are able to perform entry level expectations within 6 months of graduation.	6-month Employer Surveys	Average ratings of the ability of graduates to perform entry-level expectations within 6 months of graduation are at or above 4.0 on a 5-point scale	Director, School of Clinical Laboratory Sciences	E
I	The curriculum of the School of Clinical Laboratory Sciences is in compliance with the appropriate accreditation criteria for NAACLS.	Med Tech faculty minutes	Curricula are in 100% compliance with standards outlined by NAACLS.	Director, School of Clinical Laboratory Sciences	E
I	School of Clinical Laboratory Sciences maintains accreditation by NAACLS	Accreditation reports	Continuous accreditation with NAACLS is maintained	Director, School of Clinical Laboratory Sciences	E
I	Faculty credentials verify qualifications outlined in NAACLS and SACS	Personnel files	100% verification of qualifications outlined in NAACLS and SACS	Director, School of Clinical Laboratory Sciences	E
I	Communities of interest have input into program goals and decisions	Advisory Committee minutes, employer survey.	Data from evaluation and input from advisory committee are utilized for program change.	Director, School of Clinical Laboratory Sciences	E
I	Program mission, goals and outcomes are consistent with college mission, goals and outcomes.	Annual structured review with program faculty and advisory committee	100% of program goals are consistent with College goals	Director, School of Clinical Laboratory Sciences	E
III	Personnel participate in professional development activities.	Continuing Education/Professional Development Record	100% of full time faculty participate in a professional development every year. 100% of part time faculty participate in a professional development activity every two years	Director, School of Clinical Laboratory Sciences	E
III	Student learning outcomes meet current NAACLS standards. respective accrediting bodies. (certification exams)	Individual reports of first-time licensure/certification pass rates	First-time licensure/certification pass rates are at or above 90% for the entire year	Director, School of Clinical Laboratory Sciences	E

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### 2009 – 2011 Institutional Effectiveness Plan

<b>Goal (I, II, III)</b>	<b>Objective</b>	<b>Means of Assessment</b>	<b>Criteria for Success</b>	<b>Responsible Individual</b>	<b>Funding Source and Amount (E=E, N = New)</b>
III	Students demonstrate the psychomotor competencies of an entry-level clinical laboratory sciences professional	Psychomotor skills evaluation.	90% of students receive an average score of 80% or greater.	Director, School of Clinical Laboratory Sciences	E
III	Students demonstrate cognitive knowledge of the concepts, principles and theories from the sciences that underlie clinical laboratory skills.	Written exams	90% of students receive an average score of 80% or greater	Director, School of Clinical Laboratory Sciences	E
III	Students demonstrate the affective behaviors that allow them to function as part of the healthcare team.	Affective evaluations	90% of students receive an average score of 80% or greater	Director, School of Clinical Laboratory Sciences	E
III	Students indicate satisfaction with Class experiences.	Course evaluations	Average ratings for individual evaluations item are at or above 4.0 (5-point rating scale)	Director, School of Clinical Laboratory Sciences	E
III	Students indicate satisfaction with Clinical experiences.	Clinical site evaluations	Average ratings for individual evaluations item are at or above 4.0 (5-point rating scale)	Director, School of Clinical Laboratory Sciences	E
III	Alumni indicate that they are able to perform entry level expectations within 6 months of graduation	6-month Alumni Surveys	Average ratings of the ability of graduates to perform entry-level expectations within 6 months of graduation are at or above 4.0 (5-point scale)	Director, School of Clinical Laboratory Sciences	E

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## 2009 – 2011 Institutional Effectiveness Plan

### Unit: SCHOOL OF NURSING

**Standard 1:** **Mission and Administrative Capacity:** The nursing education unit's mission reflects the governing organization's core values and is congruent with its strategic goals and objectives. The governing organization and program have administrative capacity resulting in effective delivery of the nursing program and achievement of identified outcomes.

- Expected Level of Achievement:**
- The key components (healthcare, education, and research) of CCHS's mission are completely integrated into the Nursing Program's philosophy, goals, outcomes, and evaluative materials.
  - Program purpose and objectives are clearly stated, publicly accessible, and within the scope of nursing practice and NLNAC guidelines.
  - 100% of faculty participate in school governance through school committee representation and program development.
  - Students participate in school governance through the Student Government Association (SGA) and membership on designated school committees.
  - Faculty survey rating of organizational and management practices allowing for internal communication and input into governance meets or exceeds the College quality benchmark of 4.0.
  - Alumni rating of all items on the 6-Month Alumni Survey will meet or exceed the College quality benchmark of 4.0.
  - Employer rating of all items on the 6-Month Employer Survey will meet or exceed the College quality benchmark of 4.0.
  - 100% of faculty participate in community involvement or professional development activities on a biannual basis.

Findings, analysis, and actions related to specific criteria are documented on the criterion-specific EEP Reporting Form.

CCHS IE Goal	EEP Criterion	Where Documents/ Information Is/Are Found	Person(s) Responsible	Frequency of Assessment	Report Due	Assessment Method(s)	Funding Source & Amount (E = E, N = New, N/A = Not Applicable)
I	1.1 The mission/ philosophy and outcomes of the nursing education unit are congruent with those of the governing organization.	<ul style="list-style-type: none"> <li>• SON Philosophy Statement in CCHS Catalog/Student Handbook</li> <li>• Nursing Curriculum Committee Minutes</li> <li>• Nursing Faculty Minutes</li> </ul>	<ul style="list-style-type: none"> <li>• Dean, SON</li> <li>• Nursing Curriculum Committee</li> </ul>	Annually: 4 <sup>th</sup> Quarter	4 <sup>th</sup> Quarter 2009	<ul style="list-style-type: none"> <li>• Review SON philosophy, purpose, and objectives by Nursing Curriculum Committee and SON faculty.</li> <li>• Audit Nursing Curriculum Committee Minutes and Nursing Faculty Minutes to verify that SON philosophy was reviewed for congruence with the mission of CCHS.</li> <li>• Audit Nursing Curriculum Committee Minutes and Nursing Faculty Minutes to verify that SON program purpose and objectives were reviewed and determined to be clearly stated, publicly accessible, and within the scope of nursing practice and NLNAC guidelines.</li> </ul>	N/A

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CCHS IE Goal	EEP Criterion	Where Documents/ Information Is/Are Found	Person(s) Responsible	Frequency of Assessment	Report Due	Assessment Method(s)	Funding Source & Amount (E = E, N = New, N/A = Not Applicable)
I	1.2 The governing organization and nursing education unit ensure representation of students, faculty, and administrators in ongoing governance activities.	<ul style="list-style-type: none"> <li>• Personnel Comprehensive Assessment</li> <li>• CCHS Committee Membership Roster</li> <li>• Meeting Minutes:                             <ul style="list-style-type: none"> <li>○ Nursing Faculty</li> <li>○ Admission, Progression, &amp; Graduation Committee</li> <li>○ Quality Improvement Committee</li> <li>○ Leadership Team</li> </ul> </li> <li>• Nursing Curriculum Committee</li> </ul>	<ul style="list-style-type: none"> <li>• President</li> <li>• Provost</li> <li>• Institutional Research Coordinator</li> <li>• SGA Advisor</li> </ul>	Annually: 3 <sup>rd</sup> Quarter	3 <sup>rd</sup> Quarter 2009	<ul style="list-style-type: none"> <li>• Review data from Personnel Comprehensive Assessment to verify that respondents' rating regarding organizational and management practices allowing for internal communication and input into governance meets or exceeds the College quality benchmark of 4.0.</li> <li>• Review CCHS Committee Membership Roster to verify student, faculty, and administration membership.</li> <li>• Audit CCHS committee meeting minutes to verify student, faculty, and administration membership.</li> </ul>	N/A
I	1.3 Communities of interest have input into program processes and decision making.	<ul style="list-style-type: none"> <li>• Clinical Agency Evaluations</li> <li>• 6-Month Alumni Surveys</li> <li>• 6-Month Employer Surveys</li> <li>• Nursing Advisory Committee Minutes</li> <li>• Course/Level Minutes</li> <li>• Nursing Faculty Minutes</li> <li>• Mid Year &amp; Annual Program Reports</li> </ul>	<ul style="list-style-type: none"> <li>• Dean, SON</li> <li>• Associate Dean, SON</li> <li>• Institutional Research Coordinator</li> </ul>	Annually Ongoing	4 <sup>th</sup> Quarter 2009	<ul style="list-style-type: none"> <li>• SON administration and faculty monitor Clinical Agency Evaluations for areas rated below the College quality benchmark of 4.0 with an assessment of trended decreased performance in those areas.</li> <li>• Dean, SON and Associate Dean, SON review minutes from Nursing Advisory Committee meetings in the Spring and Fall and discuss with SON faculty the program strengths and areas of improvement.</li> <li>• Review data from 6-Month Alumni Surveys and 6-Month Employer Surveys to identify any areas rated below the College quality benchmark of 4.0 and monitor for trends in continued decreased performance in those areas.</li> <li>• Audit Course/Level Minutes, Nursing Faculty Minutes, and Mid Year and Annual Program Reports for action steps to address trended performance below the College quality benchmark of 4.0 on any evaluation or survey items.</li> </ul>	N/A

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CCHS IE Goal	EEP Criterion	Where Documents/ Information Is/Are Found	Person(s) Responsible	Frequency of Assessment	Report Due	Assessment Method(s)	Funding Source & Amount (E = E, N = New, N/A = Not Applicable)
I	1.4 Partnerships exist that promote excellence in nursing education, enhance the profession, and benefit the community.	<ul style="list-style-type: none"> <li>Clinical Agency Agreements</li> <li>Continuing Education &amp; Professional Development Records</li> <li>CHS Community Involvement Log</li> <li>SON Annual Report</li> </ul>	<ul style="list-style-type: none"> <li>Dean, SON</li> <li>Associate Dean, SON</li> <li>SON Faculty</li> </ul>	Annually Ongoing	4 <sup>th</sup> Quarter 2009	<ul style="list-style-type: none"> <li>Audit SON faculty Continuing Education &amp; Professional Development Records and CHS Community Involvement Log for evidence of scholarship of integration and professional/community involvement.</li> <li>Audit clinical agency agreements annually to verify currency and accuracy of information.</li> <li>Audit the SON Annual Report to verify evidence of nursing program professional development and community involvement.</li> </ul>	E

**Standard 1: Mission and Administrative Capacity:** The nursing education unit's mission reflects the governing organization's core values and is congruent with its strategic goals and objectives. The governing organization and program have administrative capacity resulting in effective delivery of the nursing program and achievement of identified outcomes.

- Expected Level of Achievement:**
- The Dean, SON holds a minimum of a Master's degree in nursing.
  - The Dean, SON has a minimum of 2 years' full-time teaching experience.
  - The Dean, SON has authority and responsibility for development and administration of the SON.
  - Faculty survey rating of Dean's time being adequate for program administration meets or exceeds the College quality benchmark of 4.0.
  - Responsibility and authority of the Dean, SON and involvement of the nursing faculty are documented in the budget planning process.
  - Faculty survey rating of their opportunity to have budget input meets or exceeds the College quality benchmark of 4.0.

Findings, analysis, and actions related to specific criteria are documented on the criterion-specific EEP Reporting Form.

CCHS IE Goal	EEP Criterion	Where Documents/ Information Is/Are Found	Person(s) Responsible	Frequency of Assessment	Report Due	Assessment Method(s)	Funding Source & Amount (E = E, N = New, N/A = Not Applicable)
I	1.5 The nursing education unit is administered by a nurse who holds a graduate degree with a major in nursing.	<ul style="list-style-type: none"> <li>Curriculum Vitae of Dean, SON in the CCHS Personnel File Cabinet</li> </ul>	<ul style="list-style-type: none"> <li>Provost</li> <li>President</li> </ul>	Annually: 4 <sup>th</sup> Quarter	4 <sup>th</sup> Quarter 2009	<ul style="list-style-type: none"> <li>Review Curriculum Vitae of the Dean, SON to verify congruence with the job requirements.</li> <li>Upon hire, evaluate qualifications of the candidate for Dean, SON.</li> </ul>	N/A

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CCHS IE Goal	EEP Criterion	Where Documents/ Information Is/Are Found	Person(s) Responsible	Frequency of Assessment	Report Due	Assessment Method(s)	Funding Source & Amount (E = E, N = New, N/A = Not Applicable)
I	1.6 The nurse administrator has authority and responsibility for the development and administration of the program and has adequate time and resources to fulfill the role responsibilities.	<ul style="list-style-type: none"> <li>• Job Description of Dean, SON</li> <li>• Performance Appraisal of Dean, SON</li> <li>• Personnel Comprehensive Assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Provost</li> <li>• President</li> <li>• Institutional Research Coordinator</li> </ul>	Annually: 4 <sup>th</sup> Quarter	4 <sup>th</sup> Quarter 2009	<ul style="list-style-type: none"> <li>• Review job description, organizational structure, and performance appraisal to verify that Dean, SON has the authority for program administration.</li> <li>• Review job description and performance appraisal to confirm that Dean, SON has adequate time for program administration.</li> <li>• Review data from Personnel Comprehensive assessment to verify that SON faculty rating regarding Dean's time being adequate for program administration meets or exceeds the College quality benchmark of 4.0.</li> </ul>	E - Operating Budget
I	1.7 With faculty input, the nurse administrator has the authority to prepare and administer the program budget and advocates for equity within the unit and among other units of the governing organization.	<ul style="list-style-type: none"> <li>• Budget</li> <li>• Variance Reports</li> <li>• Nursing Faculty Minutes</li> <li>• Personnel Comprehensive Assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Dean, SON</li> <li>• Institutional Research Coordinator</li> </ul>	Annually: 2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter 2009	<ul style="list-style-type: none"> <li>• Audit Nursing Faculty Minutes to verify that Dean, SON solicits input from SON faculty in May/June for fiscal allocations, budget development, faculty development, and instruction.</li> <li>• Review data from Personnel Comprehensive Assessment to verify that SON faculty rating regarding their opportunity to have budget input meets or exceeds the College quality benchmark of 4.0.</li> <li>• Compare proposed budget versus actual budget.</li> </ul>	E N (Operating & Capital Budget Needs)

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**Standard 1:** **Mission and Administrative Capacity:** The nursing education unit's mission reflects the governing organization's core values and is congruent with its strategic goals and objectives. The governing organization and program have administrative capacity resulting in effective delivery of the nursing program and achievement of identified outcomes.

- Expected Level of Achievement:**
- Policies of the SON are consistent with policies of CHS and CCHS and differences are justified by the nursing education unit.
  - Policies for use by the faculty are published and available on line.
  - All College policies related to faculty/staff are evaluated annually or biannually per policy/procedure.
  - 100% of faculty and staff are notified of any policy changes.
  - Policies and procedures are published for all education activities that have implications for the health and safety of faculty and staff, including appropriate use of equipment and supplies, infection control, and evacuation.
  - 100% of complaints are reviewed and addressed according to policy.
  - All grievances and complaints are documented.
  - Distance education modalities implemented in nursing courses are congruent with the mission of the College and the mission/philosophy of the nursing education unit.

Findings, analysis, and actions related to specific criteria are documented on the criterion-specific EEP Reporting Form.

CCHS IE Goal	EEP Criterion	Where Documents/ Information Is/Are Found	Person(s) Responsible	Frequency of Assessment	Report Due	Assessment Method(s)	Funding Source & Amount (E = E, N = New, N/A = Not Applicable)
I	1.8 Policies of the nursing education unit are comprehensive, provide for the welfare of faculty and staff, and are consistent with those of the governing organization; differences are justified by the goals and outcomes of the nursing education unit.	<ul style="list-style-type: none"> <li>• CHS Policy &amp; Procedure Manual</li> <li>• CCHS Policy &amp; Procedure Manual</li> <li>• CCHS Personnel Handbook</li> <li>• CCHS On-Line Policies &amp; Procedures</li> <li>• Personnel Comprehensive Assessment</li> <li>• Faculty/Staff Meeting Minutes</li> <li>• CCHS On-Line Policy Changes Log</li> <li>• Safety Module Compliance Report</li> </ul>	<ul style="list-style-type: none"> <li>• Dean, SON</li> <li>• President</li> <li>• Provost</li> <li>• Chair, Safety Committee</li> <li>• Institutional Research Coordinator</li> </ul>	Quarterly	4 <sup>th</sup> Quarter 2009	<ul style="list-style-type: none"> <li>• Review and compare CCHS Catalog/Student Handbook and CCHS Policy &amp; Procedure Manual with SON policies to verify congruence.</li> <li>• Review availability of on-line policies and procedures and CCHS Policy &amp; Procedure Manual to verify accessibility.</li> <li>• Audit Faculty/Staff Meeting Minutes and CCHS Policy Changes Log to verify faculty/staff notification of policy changes.</li> <li>• Review and compare SON policies with CCHS Policy &amp; Procedure Manual and CHS Policy &amp; Procedure Manual to ensure rationale for SON policies that differ.</li> <li>• Review Safety Module Compliance Report to verify that SON faculty and staff have successfully completed all mandatory safety modules.</li> </ul>	N/A
II	1.9 Records reflect that program complaints and grievances receive due process and include evidence of resolution.	<ul style="list-style-type: none"> <li>• Office of President</li> <li>• Student Grievance/Appeal Policy, CCHS Policy &amp; Procedure Manual</li> <li>• CCHS Catalog/Student Handbook</li> </ul>	<ul style="list-style-type: none"> <li>• President</li> <li>• Director of Business &amp; Finance</li> <li>• Dean, SON</li> <li>• Dean, Student Services &amp; Enrollment Management</li> </ul>	Annually: 3 <sup>rd</sup> Quarter	3 <sup>rd</sup> Quarter 2009	<ul style="list-style-type: none"> <li>• Audit appeals/complaints to identify any trends in complaints, evidence of complaint resolution, and if a plan for improvement is indicated.</li> <li>• Review Student Grievance/Appeal Policy and Student Grievance process in CCHS Catalog/Student Handbook to verify availability, fairness, and consistency.</li> </ul>	N/A

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CCHS IE Goal	EEP Criterion	Where Documents/ Information Is/Are Found	Person(s) Responsible	Frequency of Assessment	Report Due	Assessment Method(s)	Funding Source & Amount (E = E, N = New, N/A = Not Applicable)
I	1.10 Distance education, as defined by the nursing education unit, is congruent with the mission of the governing organization and the mission/ philosophy of the nursing education unit.	<ul style="list-style-type: none"> <li>Distance Education Policy</li> <li>Course Syllabi</li> <li>Online Course Proposal Form</li> <li>Online College Group Proposal Form</li> </ul>	<ul style="list-style-type: none"> <li>Provost</li> <li>Distance Education Committee</li> <li>SON Faculty</li> </ul>	Annually: 3 <sup>rd</sup> Quarter	3 <sup>rd</sup> Quarter 2009	<ul style="list-style-type: none"> <li>Audit SON course syllabi to verify consistent and accurate information regarding distance education modalities used.</li> <li>Evaluate compliance with course implementation of distance education modalities according to College policy.</li> </ul>	N/A

**Standard 2:** **Faculty and Staff:** Qualified faculty and staff provide leadership and support necessary to attain the goals and outcomes of the nursing education unit.

**Expected Level of Achievement:**

- Credentialing of the all full-time faculty is at a minimum of a Master's degree with a major in nursing.
- Credentialing of the majority of part-time faculty is at a minimum of a Master's degree with a major in nursing.
- The remaining part-time faculty must hold a minimum of a baccalaureate degree with a major in nursing.
- All faculty who do not meet the minimum credentialing will have rationale documented for their utilization in the nursing program.
- Record of scholarship is on file for 100% of the faculty.
- 100% of faculty meet requirements of NCBON, CHS, and CCHS.
- 100% of faculty have academic and experiential preparation appropriate to their area of responsibility and the nursing program.
- Credentials of Learning Resource Specialist (LRS) are commensurate will the LRS level of responsibility.

**Findings, analysis, and actions related to specific criteria are documented on the criterion-specific EEP Reporting Form.**

CCHS IE Goal	EEP Criterion	Where Documents/ Information Is/Are Found	Person(s) Responsible	Frequency of Assessment	Report Due	Assessment Method(s)	Funding Source & Amount (E = E, N = New, N/A = Not Applicable)
I	2.1 Full-time faculty are credentialed with a minimum of a master's degree with a major in nursing and maintain expertise in their areas of responsibility.	<ul style="list-style-type: none"> <li>CCHS Personnel Files</li> <li>Continuing Education &amp; Professional Development Records</li> </ul>	<ul style="list-style-type: none"> <li>Dean, SON</li> <li>SON Faculty</li> </ul>	Annually: 3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter 2009	<ul style="list-style-type: none"> <li>Audit SON faculty personnel files to verify that transcripts are appropriate for faculty course assignments.</li> <li>Audit SON faculty Continuing Education &amp; Professional Development Records to verify participation in a continuing education activity at least every 2 years.</li> </ul>	E

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CCHS IE Goal	EEP Criterion	Where Documents/ Information Is/Are Found	Person(s) Responsible	Frequency of Assessment	Report Due	Assessment Method(s)	Funding Source & Amount (E = E, N = New, N/A = Not Applicable)
I	2.1.1 The majority of part-time faculty are credentialed with a minimum of a master's degree with a major in nursing; the remaining part-time faculty hold a minimum of a baccalaureate degree with a major in nursing.	<ul style="list-style-type: none"> <li>• CCHS Personnel Files</li> </ul>	<ul style="list-style-type: none"> <li>• Dean, SON</li> </ul>	Annually: 3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter 2009	<ul style="list-style-type: none"> <li>• Audit SON faculty personnel files to verify that transcripts are appropriate for faculty course assignments.</li> <li>• Audit SON faculty Continuing Education &amp; Professional Development Records to verify participation in a continuing education activity at least every 2 years.</li> </ul>	E
I	2.1.2 Rationale is provided for utilization of faculty who do not meet the minimum credential.	<ul style="list-style-type: none"> <li>• CCHS Personnel Files</li> </ul>	<ul style="list-style-type: none"> <li>• Dean, SON</li> <li>• Associate Dean, SON</li> </ul>	Annually: 3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter 2009	<ul style="list-style-type: none"> <li>• Audit SON faculty personnel assignments to verify utilization of faculty who meet the minimum credential with rationale provided in the faculty personnel file for usage of any faculty who do not meet the minimum credentialing level.</li> </ul>	N/A
I	2.2 Faculty (full- and part-time) credentials meet governing organization and state requirements.	<ul style="list-style-type: none"> <li>• CCHS Personnel Files</li> </ul>	<ul style="list-style-type: none"> <li>• Dean, SON</li> </ul>	Annually: 3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter 2009	<ul style="list-style-type: none"> <li>• Audit SON faculty personnel files to verify that transcripts document required credentialing for CHS and NCBON.</li> </ul>	N/A
I	2.3 Credentials of practice laboratory personnel are commensurate with their level of responsibilities.	<ul style="list-style-type: none"> <li>• CCHS Personnel Files</li> <li>• Job Description of LRS</li> </ul>	<ul style="list-style-type: none"> <li>• Dean, SON</li> </ul>	Annually: 3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter 2009	<ul style="list-style-type: none"> <li>• Audit LRS personnel file to verify that transcripts are appropriate for job responsibilities as documented in the LRS job description.</li> </ul>	N/A

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CCHS IE Goal	EEP Criterion	Where Documents/ Information Is/Are Found	Person(s) Responsible	Frequency of Assessment	Report Due	Assessment Method(s)	Funding Source & Amount (E = E, N = New, N/A = Not Applicable)
I	2.4 The number and utilization of faculty (full- and part-time) ensure that program outcomes are achieved.	<ul style="list-style-type: none"> <li>• Faculty Workload Log</li> <li>• End-of-Course Reports</li> <li>• Faculty Workload Policy, CCHS Policy &amp; Procedure Manual</li> <li>• Personnel Comprehensive Assessment</li> <li>• Proposed Budget FTEs</li> <li>• Semester FTE Reports</li> </ul>	<ul style="list-style-type: none"> <li>• Dean, SON</li> <li>• Associate Dean, SON</li> <li>• Provost</li> <li>• Institutional Research Coordinator</li> </ul>	Quarterly Ongoing	4 <sup>th</sup> Quarter 2009	<ul style="list-style-type: none"> <li>• Review Faculty Workload Log and Faculty Workload Policy to verify that definition of recommended workload for full- and part-time SON faculty is appropriate.</li> <li>• Review SON faculty assignments to verify congruence with faculty workload/work week as defined in the Faculty Workload Policy.</li> <li>• Review Faculty Workload Log to verify a course faculty: student ratio of 1:8 in clinical and <math>\leq</math>1:50 in the classroom.</li> <li>• Review End-of-Course Reports to verify a course faculty: student ratio of 1:8 in clinical and <math>\leq</math>1:50 in the classroom.</li> <li>• Compare variance of actual semester FTEs with proposed budget FTEs to verify adequate department coverage related to SON faculty.</li> <li>• Review data from Personnel Comprehensive Assessment to verify that SON faculty rating regarding workload meets or exceeds the College quality benchmark of 4.0.</li> </ul>	E

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## 2009 – 2011 Institutional Effectiveness Plan

**Standard 2:** Faculty and Staff: Qualified faculty and staff provide leadership and support necessary to attain the goals and outcomes of the nursing education unit.

**Expected Level of Achievement:**

- Faculty: student ratios in the clinical area do not exceed 1:8.
- Faculty: student ratios in the classroom do not exceed 1:50.
- Utilization of faculty is guided by the mission and philosophy of the SON for teaching, scholarship, service, practice, and administration.
- Faculty workload is in 100% compliance with the faculty workload policy.
- There is no variance or a positive variance in actual FTEs versus budgeted FTEs of faculty, non-nurse faculty, and staff.
- Personnel Comprehensive Assessment Faculty rating of workload meets or exceeds the College quality benchmark of 4.0.
- Non-nurse faculty and staff survey rating of workload meets or exceeds the College quality benchmark of 4.0.
- Faculty rating of orientation to faculty role responsibilities meets or exceeds the College quality benchmark of 4.0.
- Faculty professional development and scholarship is evident in documentation of faculty individual development plans (IDPs) and continuing education records.
- All faculty are evaluated annually on their performance in scholarship and evidence-based teaching and clinical practices.

Findings, analysis, and actions related to specific criteria are documented on the criterion-specific EEP Reporting Form.

CCHS IE Goal	EEP Criterion	Where Documents/ Information Is/Are Found	Person(s) Responsible	Frequency of Assessment	Report Due	Assessment Method(s)	Funding Source & Amount (E = E, N = New, N/A = Not Applicable)
III	2.5 Faculty (full- and part-time) performance reflects scholarship and evidence-based teaching and clinical practices.	<ul style="list-style-type: none"> <li>• Faculty Job Description</li> <li>• Continuing Education &amp; Professional Development Records</li> <li>• Individual Development Plans</li> <li>• Faculty Performance Appraisals</li> </ul>	<ul style="list-style-type: none"> <li>• Dean, SON</li> <li>• Associate Dean, SON</li> <li>• SON Faculty</li> </ul>	Quarterly Ongoing	2 <sup>nd</sup> Quarter 2009	<ul style="list-style-type: none"> <li>• Audit SON faculty Continuing Education &amp; Professional Development Records to verify participation in a continuing education activity at least every 2 years.</li> <li>• Associate Dean, SON and/or Dean, SON reviews SON faculty IDPs to verify that plans indicate accomplishment of professional teaching development, clinical practice, and scholarship goals.</li> <li>• Associate Dean, SON and/or Dean, SON evaluates SON faculty related to excellence in scholarship, evidence-based teaching, and clinical practice in their annual performance appraisal.</li> </ul>	E
I	2.6 The number, utilization, and credentials of non-nurse faculty and staff are sufficient to achieve the program goals and outcomes.	<ul style="list-style-type: none"> <li>• Proposed Budget FTEs</li> <li>• Semester FTE Reports</li> <li>• Personnel Comprehensive Assessment</li> <li>• CCHS Policy &amp; Procedure Manual</li> </ul>	<ul style="list-style-type: none"> <li>• Dean, SON</li> <li>• Associate Dean, SON</li> <li>• Provost</li> <li>• Institutional Research Coordinator</li> </ul>	Quarterly Ongoing	4 <sup>th</sup> Quarter 2009	<ul style="list-style-type: none"> <li>• Compare variance of actual semester FTEs with proposed budget FTEs to verify adequate department coverage related to non-nurse SON faculty and staff.</li> <li>• Review data from Personnel Comprehensive Assessment to verify that non-nurse SON faculty and staff rating regarding workload meets or exceeds the College quality benchmark of 4.0.</li> </ul>	E

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### 2009 – 2011 Institutional Effectiveness Plan

CCHS IE Goal	EEP Criterion	Where Documents/ Information Is/Are Found	Person(s) Responsible	Frequency of Assessment	Report Due	Assessment Method(s)	Funding Source & Amount (E = E, N = New, N/A = Not Applicable)
I	2.7 Faculty (full- and part-time) are oriented and mentored in their areas of responsibilities.	<ul style="list-style-type: none"> <li>• CCHS Orientation Checklist</li> <li>• CCHS SON Orientation Checklist</li> <li>• CCHS New Personnel Orientation Survey</li> <li>• Personnel Comprehensive Assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Dean, SON</li> <li>• Associate Dean, SON</li> <li>• SON Faculty Mentor</li> <li>• New SON Faculty</li> </ul>	Quarterly Ongoing	4 <sup>th</sup> Quarter 2009	<ul style="list-style-type: none"> <li>• Audit CCHS Orientation Checklists for new SON faculty to verify 100% completion of required and department specific items.</li> <li>• Evaluate assignment of SON faculty mentor for all new SON faculty during the orientation process.</li> <li>• Review data from Personnel Comprehensive Assessment to verify that SON faculty rating regarding orientation to faculty role responsibilities meets or exceeds the College quality benchmark of 4.0.</li> </ul>	N/A

**Standard 2:** Faculty and Staff: Qualified faculty and staff provide leadership and support necessary to attain the goals and outcomes of the nursing education unit.

- Expected Level of Achievement:**
- All faculty are evaluated annually on their performance in scholarship and evidence-based teaching and clinical practices.
  - All non-nurse faculty and staff are evaluated annually on their performance of required job competencies.
  - Faculty rating of development and support in distance education modalities meets or exceeds the College quality benchmark of 4.0.

Findings, analysis, and actions related to specific criteria are documented on the criterion-specific EEP Reporting Form.

CCHS IE Goal	EEP Criterion	Where Documents/ Information Is/Are Found	Person(s) Responsible	Frequency of Assessment	Report Due	Assessment Method(s)	Funding Source & Amount (E = E, N = New, N/A = Not Applicable)
I	2.8 Systematic assessment of faculty (full- and part-time) performance demonstrates competencies that are consistent with program goals and outcomes.	<ul style="list-style-type: none"> <li>• Faculty Job Descriptions</li> <li>• Annual Faculty Performance Appraisals</li> <li>• Faculty Individual Development Plans</li> </ul>	<ul style="list-style-type: none"> <li>• Dean, SON</li> <li>• Associate Dean, SON</li> <li>• SON Faculty</li> </ul>	Quarterly Ongoing	2 <sup>nd</sup> Quarter 2009	<ul style="list-style-type: none"> <li>• Associate Dean, SON and/or Dean, SON evaluates SON faculty related to excellence in scholarship, evidence-based teaching, and clinical practice in their annual performance appraisal.</li> <li>• SON administration and faculty review faculty job description annually to verify accuracy of required performance elements.</li> <li>• SON faculty evaluate progress on meeting goals of IDP and submit at the time of annual performance appraisal.</li> </ul>	N/A

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### 2009 – 2011 Institutional Effectiveness Plan

CCHS IE Goal	EEP Criterion	Where Documents/ Information Is/Are Found	Person(s) Responsible	Frequency of Assessment	Report Due	Assessment Method(s)	Funding Source & Amount (E = E, N = New, N/A = Not Applicable)
I	2.9 Non-nurse faculty and staff performance is regularly reviewed in accordance with the policies of the governing organization.	<ul style="list-style-type: none"> <li>• Position Job Descriptions</li> <li>• Annual Performance Appraisals</li> <li>• Individual Development Plans</li> </ul>	<ul style="list-style-type: none"> <li>• Program Directors</li> <li>• Non-nurse Faculty/ Staff</li> </ul>	Quarterly Ongoing	2 <sup>nd</sup> Quarter 2009	<ul style="list-style-type: none"> <li>• Respective program directors evaluate non-nurse faculty and staff related to excellence in job required elements at their annual performance appraisal per CHS Policy and Procedure.</li> <li>• CHS administration and non-nurse faculty/staff review job descriptions annually to verify accuracy of required performance competencies.</li> <li>• Non-nurse faculty and staff evaluate progress on meeting goals of IDP and submit at the time of annual performance appraisal.</li> </ul>	N/A
III	2.10 Faculty (full- and part-time) engage in ongoing development and receive support in distance education modalities including instructional methods and evaluation.	<ul style="list-style-type: none"> <li>• Distance Education Policy</li> <li>• Course Platform Training Tutorial</li> <li>• Online Course Proposal Form</li> <li>• Online College Group Proposal Form</li> <li>• Personnel Comprehensive Assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Provost</li> <li>• Distance Education Committee</li> <li>• SON Faculty</li> <li>• Institutional Research Coordinator</li> </ul>	Quarterly Ongoing	4 <sup>th</sup> Quarter 2009	<ul style="list-style-type: none"> <li>• Audit SON faculty Continuing Education &amp; Professional Development Records to verify that all faculty have obtained course platform training prior to implementation of a course using distance education modalities.</li> <li>• Review data from Personnel Comprehensive Assessment to verify that SON faculty rating regarding development and support in distance education modalities meets or exceeds the College quality benchmark of 4.0.</li> </ul>	N –(Travel & Education)

# Carolinas College of Health Sciences

## 2009 – 2011 Institutional Effectiveness Plan

**Standard 3:**

**Students:** Student policies, development, and services support the goals and outcomes of the nursing education unit.

**Expected Level of Achievement:**

- All College policies are current, publicly accessible, non-discriminatory, and consistently applied throughout the SON with differences justified by the nursing education unit.
- All College policies related to students are evaluated annually or biannually per policy/procedure.
- All new students are provided an orientation to CHS and CCHS policies and procedures.
- All faculty are permitted involvement in policies regarding admission and progression.
- End of program evaluation indicates an overall average that meets or exceeds the College quality benchmark of 4.0 that policies are consistently applied, nondiscriminatory, and publicly accessible.
- Student support services are available to 100% of students.
- Student support services are evaluated at the end of student's first semester, at the end of program, and 6 months post graduation. Student/graduate evaluations indicate an overall average that meets or exceeds the College quality benchmark of 4.0.
- New student orientation is evaluated after each session and indicates an overall average that meets or exceeds the College quality benchmark of 4.0 regarding orientation information.
- 100% of educational records are maintained according to policy.
- 100% of financial records are maintained according to policy.
- Records policy meets state and federal guidelines.

Findings, analysis, and actions related to specific criteria are documented on the criterion-specific EEP Reporting Form.

CCHS IE Goal	EEP Criterion	Where Documents/ Information Is/Are Found	Person(s) Responsible	Frequency of Assessment	Report Due	Assessment Method(s)	Funding Source & Amount (E = E, N = New, N/A = Not Applicable)
II	3.1 Student policies of the nursing education unit are congruent with those of the governing organization, publicly accessible, non-discriminatory, and consistently applied; differences are justified by the goals and outcomes of the nursing education unit.	<ul style="list-style-type: none"> <li>• Decision Logs from Leadership Team</li> <li>• CCHS Catalog/Student Handbook</li> <li>• CCHS Policy &amp; Procedure Manual</li> <li>• End-of-Program Evaluations</li> <li>• Orientation Attendance Roster, Student Services</li> <li>• Orientation Schedule, Student Services</li> <li>• End-of-NUR 101 Evaluations</li> <li>• End-of-Program Evaluations</li> <li>• Nursing Faculty Minutes</li> </ul>	<ul style="list-style-type: none"> <li>• President</li> <li>• Leadership Team</li> <li>• Provost</li> <li>• Dean, Student Services &amp; Enrollment Management</li> <li>• Dean, SON</li> </ul>	Ongoing	3 <sup>rd</sup> Quarter 2009 & 1 <sup>st</sup> Quarter 2010	<ul style="list-style-type: none"> <li>• Review and compare CCHS Catalog/Student Handbook and CCHS Policy &amp; Procedure Manual to verify that policies are consistent, current, nondiscriminatory, and publicly accessible.</li> <li>• Review Orientation Attendance Roster to verify that all newly accepted students attend a mandatory orientation seminar before beginning classes.</li> <li>• Review Orientation Schedule to verify that information disseminated to new students during orientation includes a review of technology, counseling services, advisement, tutoring, retention services, financial aid, and security services/crime statistics.</li> <li>• Audit Nursing Faculty Minutes to verify that SON faculty reviews all policies regarding students and list rationale for differences.</li> <li>• Audit Nursing Faculty Minutes to verify that SON faculty review admission and progression policies.</li> </ul>	N/A

## Carolinas College of Health Sciences

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CCHS IE Goal	EEP Criterion	Where Documents/ Information Is/Are Found	Person(s) Responsible	Frequency of Assessment	Report Due	Assessment Method(s)	Funding Source & Amount (E = E, N = New, N/A = Not Applicable)	
II	3.2	Student services are commensurate with the needs of students pursuing or completing the associate program, including those receiving instruction using alternative methods of delivery.	<ul style="list-style-type: none"> <li>• Student Records, Student Services</li> <li>• CCHS Catalog/Student Handbook</li> <li>• End-of-NUR 101 Evaluations</li> <li>• End-of-Program Evaluations</li> <li>• Institutional Effectiveness Plan</li> </ul>	<ul style="list-style-type: none"> <li>• Dean, Student Services &amp; Enrollment Management</li> <li>• Student Success Coordinator</li> <li>• CHS Employee Assistance Program</li> <li>• CHS Pastoral Care</li> <li>• Dean, SON</li> <li>• Associate Dean, SON</li> <li>• SON Faculty</li> </ul>	End of NUR 101 & End of Program: May December	3 <sup>rd</sup> Quarter 2009 & 1 <sup>st</sup> Quarter 2010	<ul style="list-style-type: none"> <li>• Audit student files to verify that all students who do not have medical insurance coverage have access to the medical insurance coverage provided by CCHS.</li> <li>• Review data from End-of-NUR 101 Evaluations and End-of-Program Evaluations to determine student satisfaction with access to counseling services, advisement, tutoring, retention services, and career placement services (meets or exceeds College quality benchmark of 4.0).</li> <li>• Review student advisement assignments to verify that all SON students are assigned to a SON faculty member as an advisor.</li> </ul>	E
II	3.3	Student educational and financial records are in compliance with the policies of the governing organization and state and federal guidelines.	<ul style="list-style-type: none"> <li>• CCHS Policy &amp; Procedure Manual</li> <li>• CCHS Catalog/Student Handbook</li> <li>• CCHS Personnel Handbook</li> <li>• Office of Student Services &amp; Enrollment Management</li> <li>• Financial Aid Office</li> <li>• Office of Secretary, SON</li> </ul>	<ul style="list-style-type: none"> <li>• Dean, Student Services &amp; Enrollment Management</li> <li>• Financial Aid Officer</li> <li>• Registrar</li> <li>• Dean, SON</li> <li>• Lead Course Instructors</li> <li>• Secretary, SON</li> </ul>	Ongoing	3 <sup>rd</sup> Quarter 2009	<ul style="list-style-type: none"> <li>• Audit educational records of enrolled and former students to verify that records are maintained according to policy.</li> <li>• Audit financial records of enrolled and former students to verify that records are maintained according to policy.</li> </ul>	N/A

# Carolinas College of Health Sciences

## 2009 – 2011 Institutional Effectiveness Plan

**Standard 3:** **Students:** Student policies, development, and services support the goals and outcomes of the nursing education unit.

- Expected Level of Achievement:**
- All admitted students receive financial aid information. Evaluations by students/graduates indicate an overall average that meets or exceeds the College quality benchmark of 4.0 with financial aid services.
  - An annual audit of financial aid reveals full compliance with regulations.
  - The student default rate is below federal standards (less than 25%).
  - There is a written, comprehensive program to promote loan repayment, including student loan information, counseling, monitoring, and cooperation with lenders.
  - 100% of students are informed of their ethical responsibilities regarding financial assistance.

Findings, analysis, and actions related to specific criteria are documented on the criterion-specific EEP Reporting Form.

CCHS IE Goal	EEP Criterion	Where Documents/ Information Is/Are Found	Person(s) Responsible	Frequency of Assessment	Report Due	Assessment Method(s)	Funding Source & Amount (E = E, N = New, N/A = Not Applicable)
II	3.4 Compliance with the Higher Education Reauthorization Act Title IV eligibility and certification requirements is maintained.	<ul style="list-style-type: none"> <li>• Financial Aid Office</li> </ul>	<ul style="list-style-type: none"> <li>• Financial Aid Officer</li> </ul>	Annually: March	4 <sup>th</sup> Quarter 2009	<ul style="list-style-type: none"> <li>• Audit financial aid records annually to verify compliance with regulations.</li> <li>• Review default rate quarterly to verify students' compliance with loan repayment programs.</li> </ul>	N/A
II	3.4.1 A written, comprehensive student loan repayment program addressing student loan information, counseling, monitoring, and cooperation with lenders is available.	<ul style="list-style-type: none"> <li>• Financial Aid Office</li> <li>• End-of-NUR 101 Evaluations</li> <li>• End-of-Program Evaluations</li> </ul>	<ul style="list-style-type: none"> <li>• Financial Aid Officer</li> <li>• Institutional Resource Coordinator</li> <li>• Dean, SON</li> <li>• Lead Course Instructors</li> </ul>	Annually: March	4 <sup>th</sup> Quarter 2009	<ul style="list-style-type: none"> <li>• Audit financial aid files to verify that statistical records of all students who receive financial aid are maintained.</li> <li>• Review data from End-of-NUR 101 Evaluations and End-of-Program Evaluations to verify an overall average rating that meets or exceeds the College quality benchmark of 4.0 regarding financial aid services.</li> </ul>	N/A
II	3.4.2 Students are informed of their ethical responsibilities regarding financial assistance.	<ul style="list-style-type: none"> <li>• Financial Aid Office</li> <li>• Orientation Schedule, Student Services</li> </ul>	<ul style="list-style-type: none"> <li>• Financial Aid Officer</li> </ul>	Ongoing	4 <sup>th</sup> Quarter 2009	<ul style="list-style-type: none"> <li>• Review mandatory new student Orientation Schedule to verify that Financial Aid Officer presents information regarding ethical responsibilities of students regarding financial aid.</li> <li>• Audit financial aid records to verify that Financial Aid Officer maintains entrance and exit evaluation forms on each student receiving financial aid.</li> </ul>	N/A

# Carolinas College of Health Sciences

## 2009 – 2011 Institutional Effectiveness Plan

**Standard 3:** **Students:** Student policies, development, and services support the goals and outcomes of the nursing education unit.

**Expected Level of Achievement:**

- All published documents are current, display an accurate presentation of the program, are written clearly, and communicate consistent information.
- All program publications accurately reflect student policies.
- There is accurate representation of the program to its public and provision of sufficient information to ensure accountability and consumer choice by:
  - Availability of current and accurate information about admission policies, tuition/fees, financial aid, graduation, licensing/credentialing requirements, academic policies, academic calendar, and student services.
  - Program documents and publications accurately reflect mission and philosophy of the SON.
  - Advertising, recruitment, admission materials, and course syllabi clearly and accurately represent the program and career opportunities.
  - Clear statements of accreditation/approval status including results of accreditation/approval reviews.
- All policy changes are communicated to students per College procedure manual.
- Student evaluations for End-of-NUR 101, Course, and End-of-Program indicate an overall average that meets or exceeds the College quality benchmark of 4.0 regarding technology orientation and technology support are adequate.
- Student evaluations for End-of-NUR 101, Course, and End-of-Program indicate an overall average that meets or exceeds the College quality benchmark of 4.0 regarding information related to technology requirements and policies are clear, accurate, and accessible specific to distance education.

Findings, analysis, and actions related to specific criteria are documented on the criterion-specific EEP Reporting Form.

CCHS IE Goal	EEP Criterion	Where Documents/ Information Is/Are Found	Person(s) Responsible	Frequency of Assessment	Report Due	Assessment Method(s)	Funding Source & Amount (E = E, N = New, N/A = Not Applicable)
II	3.5 Integrity and consistency exist for all information intended to inform the public, including the program's accreditation status and NLNAC contact information.	<ul style="list-style-type: none"> <li>• CCHS Catalog/Student Handbook</li> <li>• Course Syllabi</li> <li>• CCHS Website</li> <li>• CCHS Application Packet</li> </ul>	<ul style="list-style-type: none"> <li>• Dean, SON</li> <li>• Dean, Student Services &amp; Enrollment Management</li> <li>• SON Faculty</li> <li>• Associate Dean, SON</li> </ul>	Annually: March Ongoing	2 <sup>nd</sup> Quarter 2009	<ul style="list-style-type: none"> <li>• Dean, SON or Associate Dean, SON reviews all published material regarding the SON for currency and accuracy prior to publication and distribution.</li> <li>• Dean, SON, Associate Dean, SON, and SON faculty review current published documents at least annually in March. When a document is found inaccurate, it is corrected to reflect currency, clarity, accuracy, and consistency.</li> <li>• Dean, SON or Associate Dean, SON reviews College website quarterly for currency and accuracy. When an inaccuracy is found, it is corrected.</li> </ul>	N/A
II	3.6 Changes in policies, procedures, and program information are clearly and consistently communicated to students in a timely manner.	<ul style="list-style-type: none"> <li>• Student Services</li> </ul>	<ul style="list-style-type: none"> <li>• Dean, Student Services &amp; Enrollment Management</li> <li>• Dean, SON</li> </ul>	Annually: March & Ongoing	2 <sup>nd</sup> Quarter 2009	<ul style="list-style-type: none"> <li>• Dean, Student Services &amp; Enrollment Management, Dean, SON, and SON faculty review policies regarding SON students annually. Consensus must be reached by Deans and faculty unless mandated by external source (i.e., NCBON) and communicated to the students in writing prior to implementation.</li> <li>• Review Orientation Attendance Rosters to verify that incoming SON students attend mandatory orientation in which policies are explained.</li> </ul>	N/A

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III	3.7	Orientation to technology is provided and technological support is available to students, including those receiving instruction using alternative methods of delivery.	<ul style="list-style-type: none"> <li>• Director, Business &amp; Finance</li> <li>• Chair, Distance Education Committee</li> <li>• Dean, SON</li> <li>• Associate Dean, SON</li> <li>• SON Faculty</li> <li>• Learning Resource Specialist</li> </ul>	Ongoing	3 <sup>rd</sup> Quarter 2009 & 1 <sup>st</sup> Quarter 2010	<ul style="list-style-type: none"> <li>• Review data from End-of-NUR 101 Evaluations, Course Evaluations, and End-of-Program Evaluations to verify that students indicate that technology orientation and support are adequate for their learning needs (meets or exceeds College quality benchmark of 4.0).</li> <li>• Review Orientation Attendance Roster to verify that all newly accepted students attend a mandatory orientation seminar before beginning classes.</li> <li>• Review Orientation Schedule to verify that information disseminated to new students during orientation includes a review of technology requirements.</li> </ul>	N – (Operating Budget – Technical)
II	3.8	Information related to technology requirements and policies specific to distance education is clear, accurate, consistent, and accessible.	<ul style="list-style-type: none"> <li>• President</li> <li>• Leadership Team</li> <li>• Provost</li> <li>• Dean, Student Services &amp; Enrollment Management</li> <li>• Chair, Distance Education Committee</li> </ul>	Ongoing	3 <sup>rd</sup> Quarter 2009 & 1 <sup>st</sup> Quarter 2010	<ul style="list-style-type: none"> <li>• Review and compare CCHS Catalog/Student Handbook and CCHS Policy &amp; Procedure Manual to verify that policies are consistent, current, and publicly accessible.</li> <li>• Review Orientation Attendance Roster to verify that all newly accepted students attend a mandatory orientation seminar before beginning classes.</li> <li>• Review Orientation Schedule to verify that information disseminated to new students during orientation includes a review of technology requirements, policies, and procedures.</li> <li>• Review Distance Education Committee Minutes for annual and ongoing review of technology needs and policies as it relates to distance education.</li> </ul>	N/A

# Carolinas College of Health Sciences

## 2009 – 2011 Institutional Effectiveness Plan

**Standard 4:** Curriculum: The curriculum prepares students to achieve the outcomes of the nursing education unit, including safe practice in contemporary healthcare environments.

**Expected Level of Achievement:**

- Curriculum demonstrates congruence among the philosophy, organizing framework, program objectives, curriculum design, course progression, and outcome measures.
- End-of-Program evaluations indicate an overall average that meets or exceeds the College quality benchmark of 4.0 regarding course sequencing and complexity.
- Master curriculum plan continuously meets professional standards set by NLNAC and NCBON.
- End-of-Program evaluations indicate an overall average that meets or exceeds the College quality benchmark of 4.0 regarding all general education courses providing a foundation for nursing courses.
- Evaluation tools and methods are consistent with course objectives and competencies of didactic and clinical components of the program.
- Program evaluations indicate an overall average that meets or exceeds the College quality benchmark of 4.0 regarding availability of technical support to facilitate student success in meeting objectives.
- There is an annual review of the rigor, currency, and cohesiveness of nursing courses by faculty.

Findings, analysis, and actions related to specific criteria are documented on the criterion-specific EEP Reporting Form.

CCHS IE Goal	EEP Criterion	Where Documents/ Information Is/Are Found	Person(s) Responsible	Frequency of Assessment	Report Due	Assessment Method(s)	Funding Source & Amount (E = E, N = New, N/A = Not Applicable)
III	4.1 The curriculum incorporates established professional standards, guidelines, and competencies, and has clearly articulated student learning and program outcomes.	<ul style="list-style-type: none"> <li>• CCHS Catalog/Student Handbook</li> <li>• Nursing Curriculum Committee Minutes</li> <li>• Nursing Faculty Minutes</li> <li>• Institutional Effectiveness Committee Report, Goal III.12.</li> </ul>	<ul style="list-style-type: none"> <li>• Nursing Curriculum Committee</li> <li>• Dean, SON</li> <li>• Associate Dean, SON</li> <li>• SON Faculty</li> </ul>	Annually: October	4 <sup>th</sup> Quarter 2009	<ul style="list-style-type: none"> <li>• Review philosophy, organizing framework, curriculum master plan, and course descriptions for currency, cohesiveness, and congruency.</li> </ul>	N/A
III	4.2 The curriculum is developed by the faculty and regularly reviewed for rigor and currency.	<ul style="list-style-type: none"> <li>• Curriculum Master Plan, Course Descriptions, Course Objectives, Course Syllabi, &amp; Cognitive Levels of Testing</li> <li>• Course Minutes</li> <li>• Nursing Curriculum Committee Minutes</li> <li>• Nursing Faculty Minutes</li> <li>• End-of-Program Evaluations</li> </ul>	<ul style="list-style-type: none"> <li>• Nursing Curriculum Committee</li> <li>• SON Faculty</li> </ul>	Annual Committee Review: May  Course Faculty Review with Each Course  End of Program: May December	2 <sup>nd</sup> Quarter 2009 (for May 2009) & 4 <sup>th</sup> Quarter 2009 (for December 2009)	<ul style="list-style-type: none"> <li>• Review Nursing Curriculum Master Plan, course descriptions and objectives, and cognitive levels of tests.</li> <li>• Course faculty review syllabi and cognitive levels of testing.</li> <li>• Review data from End-of-Program Evaluations for student feedback on attainment of program objectives.</li> <li>• Review nursing curriculum grids for rigor, currency, and cohesiveness of nursing courses.</li> </ul>	N/A

# Carolinas College of Health Sciences

## 2009 – 2011 Institutional Effectiveness Plan

**Standard 4:** Curriculum: The curriculum prepares students to achieve the outcomes of the nursing education unit, including safe practice in contemporary healthcare environments.

**Expected Level of Achievement:**

- The curriculum provides for attainment of knowledge and skill sets in the current practice of nursing, collaboration, critical thinking, communication, therapeutic interventions, and current trends in nursing as indicated by program evaluations with an overall average that meets or exceeds the College quality benchmark of 4.0.
- The program leads students to develop professional ethics, values, and accountability as indicated by program evaluations with an overall average that meets or exceeds the College quality benchmark of 4.0.

Findings, analysis, and actions related to specific criteria are documented on the criterion-specific EEP Reporting Form.

CCHS IE Goal	EEP Criterion	Where Documents/ Information Is/Are Found	Person(s) Responsible	Frequency of Assessment	Report Due	Assessment Method(s)	Funding Source & Amount (E = E, N = New, N/A = Not Applicable)
III	4.3 The student learning outcomes are used to organize the curriculum, guide the delivery of instruction, direct learning activities, and evaluate student progress.	<ul style="list-style-type: none"> <li>• Institutional Research Office</li> <li>• Testing Reports</li> <li>• NCLEX-RN Reports</li> <li>• Course Syllabi: Objectives &amp; Clinical Evaluation Tool of Each Course</li> <li>• Course Syllabi: Communication/ Writing Assignments</li> <li>• 6-Month Alumni Surveys</li> <li>• 6-Month Employer Surveys</li> </ul>	<ul style="list-style-type: none"> <li>• Dean, SON</li> <li>• Associate Dean, SON</li> <li>• Nursing Curriculum Committee</li> <li>• Lead Course Instructors</li> <li>• SON Faculty</li> <li>• Quality Improvement Committee</li> <li>• Institutional Research Coordinator</li> </ul>	Each Class/Course	3 <sup>rd</sup> Quarter 2009 & 1 <sup>st</sup> Quarter 2010	<ul style="list-style-type: none"> <li>• Review course tracking data sheet to verify that all students have met CAP testing requirements prior to progressing to the next level within the curriculum.</li> <li>• Review data from RN-Assess (NCLEX-RN predictive test) testing to determine content areas of strength and weakness.</li> <li>• Review NCLEX-RN Report to verify that 90% (Threshold 80%) of the eligible graduates pass the NCLEX-RN on the first writing.</li> <li>• Review course syllabi to verify that organizing framework components are included.</li> <li>• Review data from Course Evaluations to determine student satisfaction with attainment of course objectives.</li> <li>• Review data from 6-Month Alumni Surveys for achievement of program outcomes.</li> <li>• Review data from 6-Month Employer Surveys for achievement of program outcomes.</li> <li>• Review Clinical Evaluation Tool for learning outcomes.</li> </ul>	E
III	4.4 The curriculum includes cultural, ethnic, and socially diverse concepts and may also include experiences from regional, national, or global perspectives.	<ul style="list-style-type: none"> <li>• Course Syllabi: Objectives, Assignments, &amp; Clinical Evaluation Tool of Each Course</li> <li>• Organizing Framework</li> </ul>	<ul style="list-style-type: none"> <li>• Dean, SON</li> <li>• Associate Dean, SON</li> <li>• Nursing Curriculum Committee</li> <li>• Lead Course Instructors</li> <li>• SON Faculty</li> </ul>	Ongoing	3 <sup>rd</sup> Quarter 2009 & 1 <sup>st</sup> Quarter 2010	<ul style="list-style-type: none"> <li>• Review course syllabi and clinical evaluation tools for behavioral objectives pertaining to cultural, ethnic, and socially diverse concepts.</li> <li>• Review data from Course Evaluations, End-of-Program Evaluations, Alumni Surveys, and Employer Surveys for attainment of learning outcomes related to caring.</li> </ul>	N/A

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III	4.5	Evaluation methodologies are varied, reflect established professional and practice competencies, and measure the achievement of student learning and program outcomes.	<ul style="list-style-type: none"> <li>• Dean, SON</li> <li>• Associate Dean, SON</li> <li>• <b>Nursing Curriculum Committee</b></li> <li>• Lead Course Instructors</li> <li>• SON Faculty</li> </ul>	Ongoing	3 <sup>rd</sup> Quarter 2009 & 1 <sup>st</sup> Quarter 2010	<ul style="list-style-type: none"> <li>• Review Clinical Evaluation Tool for behavioral objectives related to the organizing framework.</li> <li>• Review data from Course Evaluations and End-of-Program Evaluations for program and professional competencies and learning outcomes.</li> <li>• Review CAP testing results for achievement of established testing benchmarks.</li> <li>• Review National Council of State Boards of Nursing Program Reports for program content strengths and weaknesses.</li> </ul>	E

# Carolinas College of Health Sciences

## 2009 – 2011 Institutional Effectiveness Plan

**Standard 4:**                    **Curriculum:** The curriculum prepares students to achieve the outcomes of the nursing education unit, including safe practice in contemporary healthcare environments.

**Expected Level of Achievement:**

- Interdisciplinary collaboration is evident in course syllabi.
- Standard of Practice and evidence based practice are evident in course syllabi and curriculum grids.
- The Alumni and Employer Surveys 6 months following graduation will indicate an overall average that meets or exceeds the College quality benchmark of 4.0 regarding: the respondents rate the graduate’s ability to work collaboratively and implement accurate and quality clinical decisions.
- 75% of students complete the program within 150% of the required time.
- All students selected for admission meet SON admission requirements.
- 51% of total program credits are allocated to nursing courses.
- Total credit hours in the curriculum are 71.
- Credit/clinical hour ratio is 1:3.

Findings, analysis, and actions related to specific criteria are documented on the criterion-specific EEP Reporting Form.

CCHS IE Goal	EEP Criterion	Where Documents/ Information Is/Are Found	Person(s) Responsible	Frequency of Assessment	Report Due	Assessment Method(s)	Funding Source & Amount (E = E, N = New, N/A = Not Applicable)
III	4.6 The curriculum and instructional processes reflect educational theory, interdisciplinary collaboration, research, and best practice standards while allowing for innovation, flexibility, and technological advances.	<ul style="list-style-type: none"> <li>• Agency Evaluations</li> <li>• Advisory Committee Minutes</li> <li>• Nursing Faculty Minutes</li> <li>• Nursing Curriculum Committee Minutes</li> <li>• Course Syllabi</li> <li>• Course Minutes</li> <li>• Course Evaluations</li> <li>• End-of-Program Evaluations</li> <li>• 6-Month Alumni Surveys</li> <li>• 6-Month Employer Surveys</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Nursing Curriculum Committee</b></li> <li>• Dean, SON</li> <li>• Associate Dean, SON</li> <li>• SON Faculty</li> </ul>	Ongoing	3 <sup>rd</sup> Quarter 2009 & 1 <sup>st</sup> Quarter 2010	<ul style="list-style-type: none"> <li>• Review data from Course Evaluations for student attainment of course objective related to collaboration and advocacy (meets or exceeds the College quality benchmark of 4.0).</li> <li>• Review data from End-of-Program Evaluations for feedback regarding curriculum.</li> <li>• Review textbooks to verify currency (5 years).</li> <li>• Review NCLEX-RN blueprint and NCSBN reports to verify currency of curriculum content.</li> <li>• Lead Course Instructors evaluate course offering to verify currency of course content.</li> <li>• Review total testing package test blueprints for validity, reliability, and currency.</li> <li>• Review nursing curriculum grids for rigor, currency, and cohesiveness of nursing courses.</li> <li>• Review 6-Month Alumni Surveys and 6-Month Employer Surveys for evidence of graduates ability to work collaboratively and make appropriate clinical decisions.</li> </ul>	N –(Operating & Capital Budget - Instructional Needs)

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### 2009 – 2011 Institutional Effectiveness Plan

CCHS IE Goal	EEP Criterion	Where Documents/ Information Is/Are Found	Person(s) Responsible	Frequency of Assessment	Report Due	Assessment Method(s)	Funding Source & Amount (E = E, N = New, N/A = Not Applicable)
III	4.7 Program length is congruent with the attainment of identified outcomes and consistent with the policies of the governing organization, state and national standards, and best practices.	<ul style="list-style-type: none"> <li>• Graduation Rates</li> <li>• Nursing Curriculum Master Plan</li> <li>• Course Syllabi</li> <li>• Course Calendars</li> <li>• Nursing Faculty Minutes</li> <li>• Nursing Curriculum Committee Minutes</li> <li>• End-of-Program Evaluations</li> </ul>	<ul style="list-style-type: none"> <li>• Dean, SON</li> <li>• Associate Dean, SON</li> <li>• <b>Nursing Curriculum Committee</b></li> <li>• SON Faculty</li> <li>• Student Services</li> </ul>	Ongoing	3 <sup>rd</sup> Quarter 2009 & 1 <sup>st</sup> Quarter 2010	<ul style="list-style-type: none"> <li>• Review graduation rates to verify that 75% of students complete the program within 150% of the required time.</li> <li>• Review Curriculum Master Plan to verify that total credit hours in the curriculum are 71 and that 51% of total program credits are allocated to nursing courses.</li> <li>• Review course syllabi and course calendars to verify credit/clinical hour ratio of 1:3.</li> <li>• Review data from End-of-Program Evaluations for feedback regarding adequate time allowed for meeting program objectives.</li> </ul>	N/A

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**Standard 4:** Curriculum: The curriculum prepares students to achieve the outcomes of the nursing education unit, including safe practice in contemporary healthcare environments.

**Expected Level of Achievement:**

- There are current written agreements with NCBON approved clinical agencies.
- Practice learning environments provide clinical practice support for students to meet curriculum requirements as indicated by program evaluations with an overall average that meets or exceeds the College quality benchmark of 4.0.
- Faculty and student evaluations regarding development and support in distance education learning activities meet or exceed the College quality benchmark of 4.0.

Findings, analysis, and actions related to specific criteria are documented on the criterion-specific EEP Reporting Form.

CCHS IE Goal	EEP Criterion	Where Documents/ Information Is/Are Found	Person(s) Responsible	Frequency of Assessment	Report Due	Assessment Method(s)	Funding Source & Amount (E = E, N = New, N/A = Not Applicable)	
III	4.8	Practice learning environments are appropriate for student learning and support the achievement of student learning and program outcomes; current written agreements specify expectations for all parties and ensure the protection of students.	<ul style="list-style-type: none"> <li>• Clinical Agency Agreements</li> <li>• Student Evaluations of Clinical Site</li> <li>• End-of-Program Evaluations</li> <li>• Faculty Evaluations of Clinical Site</li> <li>• End-of-Course Reports</li> </ul>	<ul style="list-style-type: none"> <li>• President</li> <li>• Dean, SON</li> <li>• Associate Dean, SON</li> <li>• Lead Course Instructors</li> <li>• SON Faculty</li> </ul>	Ongoing	3 <sup>rd</sup> Quarter 2009 & 1 <sup>st</sup> Quarter 2010	<ul style="list-style-type: none"> <li>• Audit Clinical Agency Agreements to verify that agreements are renewed annually.</li> <li>• Review data from Faculty Evaluations of Clinical Site for students' ability to meet clinical objectives.</li> <li>• Review data from Agency Evaluations of Clinical Experience for students' knowledge, skill, and appropriateness of chosen unit.</li> <li>• Review End-of-Course Reports for faculty's evaluation of clinical agencies.</li> <li>• Review data from Student Evaluations of Clinical Site for students' ability to perform skills and therapeutic nursing interventions at the expected level as identified by clinical objectives.</li> <li>• Review data from End-of-Program Evaluations for students' evaluation of class/lab/clinical experiences.</li> </ul>	N/A
III	4.8.1	Student clinical experiences reflect current best practices and nationally established patient health and safety goals.	<ul style="list-style-type: none"> <li>• Student Evaluations of Clinical Site</li> <li>• End-of-Program Evaluations</li> <li>• Faculty Evaluations of Clinical Site</li> <li>• End-of-Course Reports</li> </ul>	<ul style="list-style-type: none"> <li>• Dean, SON</li> <li>• Associate Dean, SON</li> <li>• Lead Course Instructors</li> <li>• SON Faculty</li> </ul>	Ongoing	3 <sup>rd</sup> Quarter 2009 & 1 <sup>st</sup> Quarter 2010	<ul style="list-style-type: none"> <li>• Review data from Student Evaluations of Clinical Site for students' ability to perform skills and therapeutic nursing interventions at the expected level as identified by clinical objectives.</li> <li>• Review data from End-of-Program Evaluations for students' evaluation of class/lab/clinical experiences.</li> </ul>	N/A

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CCHS IE Goal	EEP Criterion	Where Documents/ Information Is/Are Found	Person(s) Responsible	Frequency of Assessment	Report Due	Assessment Method(s)	Funding Source & Amount (E = E, N = New, N/A = Not Applicable)
III	4.9 Learning activities, instructional materials, and evaluation methods are appropriate for the delivery format and consistent with student learning outcomes.	<ul style="list-style-type: none"> <li>• Distance Education Policy</li> <li>• Course Syllabi</li> <li>• Online Course Proposal Form</li> <li>• Online College Group Proposal Form</li> </ul>	<ul style="list-style-type: none"> <li>• Provost</li> <li>• Distance Education Committee</li> <li>• SON Faculty</li> </ul>	Annually: 3 <sup>rd</sup> Quarter	3 <sup>rd</sup> Quarter 2009	<ul style="list-style-type: none"> <li>• Audit nursing course syllabi to verify consistent and accurate information regarding distance education modalities used.</li> <li>• Evaluate compliance with course implementation of distance education modalities according to College policy.</li> <li>• Review faculty and student evaluations of distance education learning activities for satisfaction and attainment of learning outcomes.</li> </ul>	N (Operating & Capital Budget - Instructional Needs)

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## 2009 – 2011 Institutional Effectiveness Plan

**Standard 5:** **Resources:** Fiscal, physical, and learning resources promote the achievement of the goals and outcomes of the nursing education unit.

**Expected Level of Achievement:**

- Personnel Comprehensive Assessment evaluation indicates an overall average that meets or exceeds the College quality benchmark of 4.0 regarding faculty agree that fiscal resources are sufficient for the program to achieve its goals and objectives.
- Responsibility and authority of the Dean, SON and involvement of the nursing faculty are documented in the budget planning process.
- Personnel Comprehensive Assessment evaluation indicate an overall average that meets or exceeds the College quality benchmark of 4.0 regarding faculty agree that there are adequate resources to support faculty development and instruction.
- Evaluation by faculty and students indicate an overall average that meets or exceeds the College quality benchmark of 4.0 regarding faculty and students agree physical facilities are appropriate to support the purposes of the SON.
- Personnel Comprehensive Assessment evaluation indicates an overall average that meets or exceeds the College quality benchmark of 4.0 regarding faculty agree that learning resources are current, accessible, and that there is sufficient quantity to meet the program objectives and teaching methods.
- Student evaluations indicate an overall average that meets or exceeds the College quality benchmark of 4.0 regarding students/graduates agree that learning resources are adequate for their learning needs.
- Nursing faculty have input into the development and maintenance of learning resources.
- Personnel Comprehensive Assessment evaluation indicates an overall average that meets or exceeds the College quality benchmark of 4.0 regarding faculty agree that instructional equipment adequately allows for implementation of teaching strategies.

Findings, analysis, and actions related to specific criteria are documented on the criterion-specific EEP Reporting Form.

CCHS IE Goal	EEP Criterion	Where Documents/ Information Is/Are Found	Person(s) Responsible	Frequency of Assessment	Report Due	Assessment Method(s)	Funding Source & Amount (E = E, N = New, N/A = Not Applicable)
I	5.1 Fiscal resources are sufficient to ensure the achievement of the nursing education unit outcomes and commensurate with the resources of the governing organization.	<ul style="list-style-type: none"> <li>• Budget</li> <li>• Variance Reports</li> <li>• Nursing Faculty Minutes</li> <li>• Personnel Comprehensive Assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Dean, SON</li> <li>• Institutional Research Coordinator</li> <li>• Director, Business &amp; Finance</li> </ul>	Annually: May/June	3 <sup>rd</sup> Quarter 2009	<ul style="list-style-type: none"> <li>• Audit Nursing Faculty Minutes to verify that Dean, SON solicits input from SON faculty in May/June for fiscal allocations, budget development, faculty development, and instruction.</li> <li>• Review data from Personnel Comprehensive Assessment to verify an overall average rating that meets or exceeds the College quality benchmark of 4.0 regarding faculty agree that fiscal resources are sufficient for the program to achieve its goals and objectives.</li> <li>• Review data from Personnel Comprehensive Assessment to verify an overall average rating that meets or exceeds the College quality benchmark of 4.0 regarding faculty agree that there are adequate resources to support faculty development and instruction.</li> <li>• Compare proposed budget versus actual budget.</li> </ul>	E N (Operating & Capital Budget)

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CCHS IE Goal	EEP Criterion	Where Documents/ Information Is/Are Found	Person(s) Responsible	Frequency of Assessment	Report Due	Assessment Method(s)	Funding Source & Amount (E = E, N = New, N/A = Not Applicable)
I	5.2 Physical resources (classrooms, laboratories, offices, etc.) are sufficient to ensure the achievement of the nursing education unit outcomes and meet the needs of faculty, staff, and students.	<ul style="list-style-type: none"> <li>• Institutional Effectiveness Plan</li> <li>• End-of-Program Evaluations</li> <li>• Nursing Faculty Minutes</li> <li>• Personnel Comprehensive Assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Dean, SON</li> <li>• Institutional Research Coordinator</li> <li>• Operations &amp; Environmental Services</li> <li>• <b>President</b></li> <li>• Provost</li> </ul>	Annually: May	3 <sup>rd</sup> Quarter 2009	<ul style="list-style-type: none"> <li>• Audit Nursing Faculty Minutes and minutes from other meetings such as Faculty/Staff to verify faculty input regarding current physical facilities and anticipated needs for the next academic year.</li> <li>• Review data from Personnel Comprehensive Assessment to verify SON faculty agreement that physical facilities are adequate in size, number, clean, and functional in order to support the nursing program (meets or exceeds the College quality benchmark of 4.0).</li> <li>• Review data from End-of-Program Evaluations to verify student agreement that physical facilities are adequate in size, number, clean, and functional in order to support the nursing program (meets or exceeds the College quality benchmark of 4.0).</li> </ul>	E N (Operating & Capital Budget)
III	5.3 Learning resources and technology are selected by the faculty and are comprehensive, current, and accessible to faculty and students, including those engaged in alternative methods of delivery.	<ul style="list-style-type: none"> <li>• The Information Resource Center and AHEC of Charlotte Library Inventory</li> <li>• Learning Resources Committee Minutes</li> <li>• End-of-Program Evaluations</li> <li>• Personnel Comprehensive Assessment</li> <li>• IRC Policies</li> </ul>	<ul style="list-style-type: none"> <li>• Medical Librarian</li> <li>• Institutional Research Coordinator</li> <li>• <b>Director, Business &amp; Finance</b></li> <li>• Chair, Learning Resources Committee</li> <li>• Learning Resource Specialist</li> </ul>	Annually: July	3 <sup>rd</sup> Quarter 2009	<ul style="list-style-type: none"> <li>• Review Annual Learning Resources Inventory to assess quality, currency, and comprehensiveness of holdings.</li> <li>• Review data from End-of-Program Evaluations to verify student agreement that learning resources and technology support are adequate for their learning needs (meets or exceeds the College quality benchmark of 4.0).</li> <li>• Review data from Personnel Comprehensive Assessment to verify faculty/staff agreement that learning resources are current, accessible, and sufficient to meet program objectives and teaching methods (meets or exceeds the College quality benchmark of 4.0).</li> <li>• Audit Learning Resources Committee Minutes to verify faculty input into LRC collections through the Learning Resources Committee.</li> <li>• Review policies for accuracy and to verify faculty input into development and maintenance of learning resources.</li> <li>• Review data from Personnel Comprehensive Assessment to verify faculty input into development and maintenance of learning resources (meets or exceeds the College quality benchmark of 4.0).</li> </ul>	E N (Operating & Capital Budget)

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CCHS IE Goal	EEP Criterion	Where Documents/ Information Is/Are Found	Person(s) Responsible	Frequency of Assessment	Report Due	Assessment Method(s)	Funding Source & Amount (E = E, N = New, N/A = Not Applicable)	
I	5.4	Fiscal, physical, technological, and learning resources are sufficient to meet the needs of faculty and students and ensure that students achieve learning outcomes.	<ul style="list-style-type: none"> <li>Personnel Comprehensive Assessment</li> <li>End-of-Program Evaluations</li> </ul>	<ul style="list-style-type: none"> <li>Institutional Research Coordinator</li> <li>Learning Resource Specialist</li> <li>Director, Business &amp; Finance</li> <li>Dean, SON</li> </ul>	Annually: July	3 <sup>rd</sup> Quarter 2009	<ul style="list-style-type: none"> <li>Review data from Personnel Comprehensive Assessment to verify an overall average rating that meets or exceeds the College quality benchmark of 4.0 regarding resources available adequately allow for implementation of teaching strategies to achieve the identified student outcomes.</li> <li>Review data from End-of-Program Evaluations to verify student agreement that resources available are sufficient to meet the required student outcomes (meets or exceeds the College quality benchmark of 4.0).</li> </ul>	E N (Operating & Capital Budget)

**Standard 6:**                   **Outcomes:** Evaluation of student learning demonstrates that graduates have achieved identified competencies consistent with the institutional mission and professional standards and that the outcomes of the nursing education unit have been achieved.

- Expected Level of Achievement:**
- NLNAC and NCBON standards and criteria are included in the Educational Effectiveness Plan.
  - The plan includes levels of achievement, time frames, and assessment methods.
  - Reports of the plan components contain aggregated and trended data where appropriate.
  - All data collected is analyzed and recommendations are made when indicated.
  - Implementation of recommendations is documented.

Findings, analysis, and actions related to specific criteria are documented on the criterion-specific EEP Reporting Form.

CCHS IE Goal	EEP Criterion	Where Documents/ Information Is/Are Found	Person(s) Responsible	Frequency of Assessment	Report Due	Assessment Method(s)	Funding Source & Amount (E = E, N = New, N/A = Not Applicable)	
I	6.1	The systematic plan for evaluation emphasizes the ongoing assessment and evaluation of the student learning and program outcomes of the nursing education unit and NLNAC standards.	<ul style="list-style-type: none"> <li>Accreditation by NLNAC &amp; NCBON</li> <li>Nursing Curriculum Committee Minutes</li> <li>Educational Effectiveness Plan</li> <li>Nursing Faculty Minutes</li> </ul>	<ul style="list-style-type: none"> <li>Dean, SON</li> <li>Associate Dean, SON</li> <li>Nursing Curriculum Committee</li> <li>SON Faculty</li> </ul>	Annually: August	3 <sup>rd</sup> Quarter 2009	<ul style="list-style-type: none"> <li>Audit Nursing Curriculum Committee Minutes to verify review of Master Curriculum to ensure professional standards are being met.</li> <li>Review Educational Effectiveness Plan to verify that most recent NLNAC and NCBON standards and criteria are reflected.</li> <li>Review Educational Effectiveness Plan for clarity and utility, specific levels of achievement, and assessment methods.</li> </ul>	N/A

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CCHS IE Goal	EEP Criterion	Where Documents/ Information Is/Are Found	Person(s) Responsible	Frequency of Assessment	Report Due	Assessment Method(s)	Funding Source & Amount (E = E, N = New, N/A = Not Applicable)
I	6.2	Aggregated evaluation findings inform program decision making and are used to maintain or improve student learning outcomes.	<ul style="list-style-type: none"> <li>• Dean, SON</li> <li>• Associate Dean, SON</li> <li>• Nursing Curriculum Committee</li> <li>• Course Faculty</li> </ul>	Each Semester According to Educational Effectiveness Plan	4 <sup>th</sup> Quarter 2009	<ul style="list-style-type: none"> <li>• Review data from evaluation tools with recommendations for change made by SON faculty.</li> <li>• Audit Nursing Curriculum Committee Minutes and Nursing Faculty Minutes to verify that they reflect a summary of pertinent data, recommendations, approvals, and follow-up.</li> <li>• Audit Nursing Curriculum Committee Minutes and Nursing Faculty Minutes to verify that recommendations are made to the appropriate committees/management.</li> <li>• Review Educational Effectiveness Plan/Reports to verify that strategies are in place to address areas needing improvement.</li> </ul>	E N (Operating & Capital Budget)
I	6.3	Evaluation findings are shared with communities of interest.	<ul style="list-style-type: none"> <li>• Dean, SON</li> <li>• Associate Dean, SON</li> <li>• Institutional Research Coordinator</li> </ul>	Annually Ongoing	4 <sup>th</sup> Quarter 2009	<ul style="list-style-type: none"> <li>• SON administration and faculty monitor Clinical Agency Evaluations for areas rated below the College quality benchmark of 4.0 with an assessment of trended decreased performance in those areas.</li> <li>• Dean, SON and Associate Dean, SON review minutes from Nursing Advisory Committee meetings in the Spring and Fall and discuss with SON faculty the program strengths and areas of improvement.</li> <li>• Review data from 6-Month Alumni Surveys and 6-Month Employer Surveys to identify any areas rated below the College quality benchmark of 4.0 and monitor for trends in continued decreased performance in those areas.</li> <li>• Audit Course/Level Minutes, Nursing Faculty Minutes, and Mid Year and Annual Program Reports for action steps to address trended performance below the College quality benchmark of 4.0 on any evaluation or survey items.</li> </ul>	N/A

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**Standard 6:** **Outcomes:** Evaluation of student learning demonstrates that graduates have achieved identified competencies consistent with the institutional mission and professional standards and that the outcomes of the nursing education unit have been achieved.

**Expected Level of Achievement:**

- The graduation rates indicate that at least 75% of the students admitted to the nursing program complete the program within 3 years.
- 90% (80% Threshold) of the graduates will pass the NCLEX-RN on the first writing of the examination as verified by the licensure reports from the NCBON.
- 95% (90% Threshold) of the eligible graduates will be employed in an entry level healthcare setting 6 months following graduation or enrolled in an educational program.
- Student evaluations indicate an overall average that meets or exceeds the College quality benchmark of 4.0 regarding student program satisfaction for class, clinical, and laboratory environment.
- The Alumni and Employer Surveys 6 months following graduation will indicate an overall average that meets or exceeds the College quality benchmark of 4.0 regarding the respondents rate the graduate's ability to perform entry level therapeutic nursing interventions safely and effectively.
- The Alumni and Employer Surveys 6 months following graduation will indicate an overall average that meets or exceeds the College quality benchmark of 4.0 regarding the respondents rate the graduate's ability to communicate both therapeutically and effectively as satisfactory or above.
- The Alumni and Employer Surveys 6 months following graduation will indicate an overall average that meets or exceeds the College quality benchmark of 4.0 regarding the respondents rate the graduate's ability to critically think by using analytical reasoning in making clinical judgments as satisfactory or above.

Findings, analysis, and actions related to specific criteria are documented on the criterion-specific EEP Reporting Form.

CCHS IE Goal	EEP Criterion	Where Documents/ Information Is/Are Found	Person(s) Responsible	Frequency of Assessment	Report Due	Assessment Method(s)	Funding Source & Amount (E = E, N = New, N/A = Not Applicable)
III	6.4 Graduates demonstrate achievement of competencies appropriate to role preparation.	<ul style="list-style-type: none"> <li>• Institutional Research Office</li> <li>• 6-Month Alumni Surveys</li> <li>• 6-Month Employer Surveys</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Institutional Research Coordinator</b></li> <li>• Dean, SON</li> <li>• Associate Dean, SON</li> </ul>	6 Months Following Graduation	2 <sup>nd</sup> Quarter 2009 & 4 <sup>th</sup> Quarter 2009	<ul style="list-style-type: none"> <li>• Review data from 6-Month Alumni Surveys to verify an overall average rating that meets or exceeds the College quality benchmark of 4.0 regarding graduate's ability to critically think by using analytical reasoning in making clinical judgments, communicate both therapeutically and effectively, and perform entry level therapeutic nursing interventions safely and effectively.</li> <li>• Review data from 6-Month Employer Surveys to verify an overall average rating that meets or exceeds the College quality benchmark of 4.0 regarding graduate's ability to critically think by using analytical reasoning in making clinical judgments, communicate both therapeutically and effectively, and perform entry level therapeutic nursing interventions safely and effectively.</li> </ul>	E N (Operating & Capital Budget)

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CCHS IE Goal	EEP Criterion	Where Documents/ Information Is/Are Found	Person(s) Responsible	Frequency of Assessment	Report Due	Assessment Method(s)	Funding Source & Amount (E = E, N = New, N/A = Not Applicable)	
III	6.5	The program demonstrates evidence of achievement in meeting the following program outcomes: <ul style="list-style-type: none"> <li>• Performance on licensure exam</li> <li>• Program completion</li> <li>• Program satisfaction</li> <li>• Job placement</li> </ul>	<ul style="list-style-type: none"> <li>• Institutional Research Office</li> <li>• NCBON Web Page</li> <li>• Course Evaluations</li> <li>• Student Evaluations of Clinical Site</li> <li>• Student Evaluations of Clinical Instructor</li> <li>• Classroom Presentation Evaluations</li> <li>• End-of-Program Evaluations</li> <li>• Placement Records</li> </ul>	<ul style="list-style-type: none"> <li>• Dean, SON</li> <li>• Associate Dean, SON</li> <li>• Institutional Research Coordinator</li> <li>• Dean, Student Services &amp; Enrollment Management</li> <li>• Lead Course Instructors</li> <li>• Institutional Research Coordinator</li> <li>• Student Success Coordinator</li> </ul>	Ongoing	3 <sup>rd</sup> Quarter 2009 & 1 <sup>st</sup> Quarter 2010	<ul style="list-style-type: none"> <li>• See Below for assessment methods in sub-criteria 6.5.1 - 6.5.4.</li> </ul>	N (Operating & Capital Budget)
III	6.5.1	The licensure exam pass rates will be at or above the national mean.	<ul style="list-style-type: none"> <li>• Institutional Research Office</li> <li>• NCBON Web Page</li> </ul>	<ul style="list-style-type: none"> <li>• Dean, SON</li> <li>• Associate Dean, SON</li> </ul>	Each Graduating Class: May December	3 <sup>rd</sup> Quarter 2009 & 1 <sup>st</sup> Quarter 2010	<ul style="list-style-type: none"> <li>• Review NCLEX-RN pass rates to verify that at least 90% of the graduates pass NCLEX-RN on the first writing of the examination as verified by licensure reports from the Board of Nursing.</li> <li>• Review NCLEX-RN pass rates to verify that licensure exam pass rates are at or above the national mean.</li> </ul>	E N (Operating & Capital Budget)
III	6.5.2	Expected levels of achievement for program completion are determined by the faculty and reflect program demographics, academic progression, and program history.	<ul style="list-style-type: none"> <li>• Institutional Research Office</li> <li>• Nursing Curriculum Committee Minutes</li> <li>• Nursing Faculty Minutes</li> </ul>	<ul style="list-style-type: none"> <li>• Institutional Research Coordinator</li> <li>• Dean, Student Services &amp; Enrollment Management</li> </ul>	Each Graduating Class: May December	3 <sup>rd</sup> Quarter 2009 & 1 <sup>st</sup> Quarter 2010	<ul style="list-style-type: none"> <li>• Review graduation rates to verify that at least 75% of the students admitted to the nursing program complete the program within 3 years (70% Threshold, 75% Target).</li> <li>• Nursing Curriculum Committee annually reviews in the fourth quarter program goals and outcomes and progression policies and makes recommendations for changes, if needed, to SON faculty.</li> </ul>	N/A

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III	6.5.3 Program satisfaction measures (qualitative and quantitative) address graduates and their employers.	<ul style="list-style-type: none"> <li>• Course Evaluations</li> <li>• Student Evaluations of Clinical Site</li> <li>• Student Evaluations of Clinical Instructor</li> <li>• Classroom Presentation Evaluations</li> <li>• End-of-Program Evaluations</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Institutional Research Coordinator</b></li> <li>• Dean, SON</li> <li>• Associate Dean, SON</li> <li>• Course Faculty</li> </ul>	<p>Ongoing Course and Clinical Evaluations Per Evaluation Schedule: End-of-Program</p> <p>Alumni &amp; Employer Surveys 6 Months Following Graduation</p>	3 <sup>rd</sup> Quarter 2009 & 1 <sup>st</sup> Quarter 2010	<ul style="list-style-type: none"> <li>• Review data from Course Evaluations, Student Evaluations of Clinical Site, Student Evaluations of Clinical Instructor, and Classroom Presentation Evaluations to verify an overall average rating that meets or exceeds the College quality benchmark of 4.0 regarding student satisfaction with class/lab/clinical experiences.</li> <li>• Review data from End-of-Program Evaluations to verify an overall average rating that meets or exceeds the College quality benchmark of 4.0 regarding student satisfaction with class/lab/clinical experiences.</li> <li>• Review student evaluations for trends in narrative comments</li> </ul>	E N (Operating & Capital Budget)
I	6.5.4 Job placement rates are addressed through quantified measures that reflect program demographics and history.	<ul style="list-style-type: none"> <li>• Institutional Research Office</li> <li>• Placement Records</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Institutional Research Coordinator</b></li> <li>• Student Success Coordinator</li> </ul>	6 Months Following Graduation	3 <sup>rd</sup> Quarter 2009 & 1 <sup>st</sup> Quarter 2010	<ul style="list-style-type: none"> <li>• Review job placement lists to verify that at least 95% of the eligible graduates are employed in entry level healthcare settings 6 months after graduation or enrolled in an educational program (90% Threshold, 95% Target).</li> </ul>	N/A
III	6.6 The systematic plan for evaluation encompasses students enrolled in distance education and includes evidence that student learning and program outcomes are comparable for all students.	<ul style="list-style-type: none"> <li>• Need to finalize after Distance Ed Committee completes</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>			<ul style="list-style-type: none"> <li>•</li> </ul>	E N (Operating & Capital Budget)

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**2009 – 2011 Institutional Effectiveness Plan**

**Unit: SCHOOL OF MEDICAL IMAGING  
COMPUTED TOMOGRAPHY PROGRAM**

<b>Goal (I, II, III)</b>	<b>Objective</b>	<b>Means of Assessment</b>	<b>Criteria for Success</b>	<b>Responsible Individual</b>	<b>SO CT Goal</b>	<b>Funding Source and Amount (E=E, N = New)</b>
III	Students demonstrate quality patient care.	Competency Skills Test,	100% of graduates receive average rating of 2.5 or higher on a scale of 1—3	Program Director, Faculty and Clinical Staff	1	N
III	Students demonstrate knowledge of computed tomography positioning, procedures and protocols.	Competency Skills Test, Procedure section	100% of graduates receive average rating of 2.5 or higher on a scale of 1—3	Program Director, Faculty and Clinical Staff	1	N
III	Students practice radiation protection and safety for the patient, self, and others.	Competency Skills Test, Procedure section	100% of graduates receive average rating of 2.5 or higher on a scale of 1—3	Program Director, Faculty and Clinical Staff	1	N
III	Students indicate satisfaction with Class experiences.	Course Evaluations	Average ratings for individual evaluations item are at or above 4.0 on a 5-point rating scale	Program Director,	2	E

**Carolinas College of Health Sciences**

**2009 – 2011 Institutional Effectiveness Plan**

**Unit: SCHOOL OF MEDICAL IMAGING  
RADIATION THERAPY PROGRAM**

<b>Goal (I, II, III)</b>	<b>Objective</b>	<b>Means of Assessment</b>	<b>Criteria for Success</b>	<b>Responsible Individual(s)</b>	<b>Funding Source and Amount (E=E, N = New)</b>
III	Students will indicate overall satisfaction with classroom experiences.	Course Evaluations	Average ratings for individual evaluations item are at or above 4.0 on a 5-point rating scale	Program Director, Adjunct Faculty	N
III	Students will indicate overall satisfaction with clinical experiences.	Clinical Affiliate Evaluations	Average ratings for individual evaluations item are at or above 4.0 on a 5-point rating scale	Program Director, Clinical Supervisors	N
III	Full-time faculty will participate in professional development activities.	Continuing Education/Professional Development Record	100% of full-time faculty participate in a professional development activity every year.	Dean of Medical Imaging	N
III	Program officials will be appropriately credentialed and meet the qualifications for appointment outlined by the JRCERT and SACS.	Personnel files	100% of program officials will provide verification of appropriate credentials and qualifications for appointment outlined by the JRCERT and SACS.	Program Director	N

## Carolinas College of Health Sciences

### 2009 – 2011 Institutional Effectiveness Plan

**Unit: SCHOOL OF MEDICAL IMAGING  
RADIOLOGIC TECHNOLOGY PROGRAM**

<b>Goal (I, II, III)</b>	<b>Objective</b>	<b>Means of Assessment</b>	<b>Criteria for Success</b>	<b>Responsible Individual</b>	<b>SOR Goal</b>	<b>Funding Source and Amount (E=E, N = New)</b>
I	Program mission, goals and outcomes are consistent with college mission, goals and outcomes.	Annual structured review with program faculty and advisory committee	100% of program goals are consistent with College goals	Director, School of Radiologic Technology	4	E
III	Students demonstrate quality patient care.	Competency Skills Test, Procedure section, Items b and c; Behavioral Objectives Section III, 1—5	100% of graduates receive average rating of 2.5 or higher on a scale of 1—3	Clinical Coordinator and Faculty, Radiologic Technology	1	E
III	Students demonstrate knowledge of radiographic positioning and techniques.	Competency Skills Test, Procedure section, Item a and Equipment section, Items a—c ; Behavioral Objectives Section IV, 1—4 and Section V, 1—2	100% of graduates receive average rating of 2.5 or higher on a scale of 1—3	Clinical Coordinator and Faculty, Radiologic Technology	1	E
III	Students practice radiation protection and safety for the patient, self, and others.	Competency Skills Test, Procedure section, Item c; Behavioral Objectives, Section V, 3 c	100% of graduates receive average rating of 2.5 or higher on a scale of 1—3	Clinical Coordinator and Faculty, Radiologic Technology	1	E
III	Students indicate satisfaction with Class experiences.	Course Evaluations	Average ratings for individual evaluations item are at or above 4.0 on a 5-point rating scale	Program Faculty	2	E
III	Students indicate satisfaction with Clinical experiences.	Clinical Site evaluations	Average ratings for individual evaluations item are at or above 4.0 on a 5-point rating scale	Program Faculty	2	E
III	Alumni indicate that students are able to perform entry level expectations within 6 months of graduation	6-month Alumni Surveys	Average ratings of the ability of graduates to perform entry-level expectations within 6 months of graduation are at or above 4.0 on a 5-point scale	Director, School of Radiologic Technology	2	E

## Carolinas College of Health Sciences

### 2009 – 2011 Institutional Effectiveness Plan

<b>Goal (I, II, III)</b>	<b>Objective</b>	<b>Means of Assessment</b>	<b>Criteria for Success</b>	<b>Responsible Individual</b>	<b>SOR Goal</b>	<b>Funding Source and Amount (E=E, N = New)</b>
III	Graduates belong to a professional organization.	6-Month Alumni Survey	15% of graduates completing survey indicate membership in a professional organization.	Director, School of Radiologic Technology	3	E
III	Graduates participate in some form of continuing education.	6-Month Alumni Survey; 5-year alumni surveys	15% of graduates completing survey indicate participation in continuing education activities.	Director, School of Radiologic Technology	3	E
III	Graduates enroll in and complete a specialty certification or Baccalaureate degree program	5-year alumni survey	15% of graduates completing survey indicate enrollment in program; 15% of graduates completing survey indicate completion of program.	Director, School of Radiologic Technology	3	E
III	All faculty participate in professional development activities.	Continuing Education/Professional Development Record	100% of faculty participate in a professional development activity every year/100% of part-time faculty participate in a professional activity every two years.	Director, School of Radiologic Technology	4	E
III	Personnel credentials verify qualifications outlined in JRCERT and SACS.	Personnel files	100% verification of qualifications outlined in JRCERT and SACS.	Director, School of Radiologic Technology	4	E
III	Faculty indicate that clinical sites offer opportunities to support course objectives	Clinical Site evaluations	Average ratings of the opportunities clinical sites offer to support course objectives are at or above 4.0 on a 5-point scale	Director, School of Radiologic Technology	5	E
III	The curriculum of the School of Radiologic Technology is in compliance with the appropriate accreditation criteria for JRCERT.	JRCERT accreditation site visit report.	Curricula are in 100% compliance with standards outlined by JRCERT.	Director, School of Radiologic Technology	5	E

## Carolinas College of Health Sciences

### 2009 – 2011 Institutional Effectiveness Plan

<b>Goal (I, II, III)</b>	<b>Objective</b>	<b>Means of Assessment</b>	<b>Criteria for Success</b>	<b>Responsible Individual</b>	<b>SOR Goal</b>	<b>Funding Source and Amount (E=E, N = New)</b>
III	School of Radiologic Technology maintains accreditation by JRCERT	JRCERT accreditation reports	Continuous accreditation with the JRCERT is maintained.	Director, School of Radiologic Technology	5	E
III	Communities of interest have input into program goals and decisions.	Advisory committee and employer surveys	Data from evaluations and input from advisory committee are utilized for program change	Director, School of Radiologic Technology	5	E
III	Student learning outcomes meet current ASRT curriculum standards.	Individual reports of first-time licensure/certification pass rates on ARRT examination	First-time licensure/certification pass rates are at or above 90% per graduating class	Director, School of Radiologic Technology	5	E
III	Students communicate effectively in the classroom environment.	Power Point presentation grade form Section 4	100% of graduates receive average rating of 7.5 or higher on a scale of 0–10	Program Faculty, Radiologic Technology	6	E
III	Students communicate effectively in the medical environment.	Behavioral Objectives Section III, items 3 and 5; Competency Skills Test, Procedure section, Item b	100% of graduates receive average rating of 2.5 or higher on a scale of 1–3	Clinical Coordinator and Faculty, Radiologic Technology	6	E
III	Students demonstrate basic computer competency skills	Computer Competency test	100% of graduates receive average of 80% or higher	Director, School of Radiologic Technology	6	E
III	Students adjust exposure factors and vary positioning techniques for a variety of patient conditions to maintain radiographic quality.	Competency Skills Test, Equipment section, Items a, b, c; Competency Skills Test, Procedure section, Item f (Critical Thinking); Behavioral Objective Form Section V, Item 4 (Critical Thinking)	100% of graduates receive average rating of 2.5 or higher on a scale of 1–3	Clinical Coordinator and Faculty, Radiologic Technology	7	E
III	Students evaluate radiographic images for appropriate positioning and image quality.	Competency Skills Test, Procedure section, Item d;	100% of graduates receive a score of 2.5 or higher on a scale of 1–3	Clinical Coordinator and Faculty, Radiologic Technology	7	E
III	Employers indicate that graduates are able to perform entry level expectations within 6 months of graduation	6-month Employer Surveys	Average ratings of the ability of graduates to perform entry-level expectations within 6 months of graduation are at or above 4.0 on a 5-point scale	Director, School of Radiologic Technology	8	E

## Carolinas College of Health Sciences

### 2009 – 2011 Institutional Effectiveness Plan

#### Unit: SCHOOL OF SURGICAL TECHNOLOGY

<b>Goal (I, II, III)</b>	<b>Objective</b>	<b>Means of Assessment</b>	<b>Criteria for Success</b>	<b>Responsible Individual</b>	<b>Funding Source and Amount (E=E, N = New)</b>
I	Surgical Technology courses are taught by qualified personnel	Established CAAHEP and SACS standards	100% Faculty possess credentials congruent with CAAHEP and SACS standards	Director, School of Surgical Technology	E
I	Faculty meet established credentials verify qualifications outlined in CAAHEP and SACS	Personnel files	100% verification of qualifications outlined in CAAHEP and SACS	Director, School of Surgical Technology	E
I	Faculty performance demonstrates competencies consistent with program goals	Program Evaluations, Peer Review, Faculty Job Descriptions	100% of faculty demonstrate competencies consistent with program goals	Director, School of Surgical Technology	E
I	Communities of interest have input into program goals and decisions	Surgical Technology Advisory Committee Minutes, Clinical Agency Evaluations, 6-month Employer Surveys,	Data from evaluations and input from Advisory Committee is utilized to improve program outcomes	Director, School of Surgical Technology	E
I	Program mission, goals and outcomes are consistent with college mission, goals and outcomes.	Annual structured review with program faculty and advisory committee	100% of program goals are consistent with College goals	Director, School of Surgical Technology	E
III	All faculty participate in professional development activities	Continuing Education/Professional Development Record	100% of full time faculty participate in a professional development activity every year. 100% of part time faculty participate in a professional development activity every two years.	Director, School of Surgical Technology	E
III	Student learning outcomes reflect the standards of CAAHEP	Reports of first-time licensure/certification pass rates, Program Assessment Exam (PAE)	First-time Certification pass rates are at or above 90% ; PAE pass rates are at or above 90%	Director, School of Surgical Technology	E
III	School of Surgical Technology maintains accreditation by CAAHEP	Accreditation reports	Program maintains continuous accreditation	Director, School of Surgical Technology	E
III	Students indicate satisfaction with class experiences	Course evaluations rating data	Average ratings for individual evaluations item are at or above 4.0 on a 5-point rating scale	Director, School of Surgical Technology	E

## Carolinas College of Health Sciences

### 2009 – 2011 Institutional Effectiveness Plan

<b>Goal (I, II, III)</b>	<b>Objective</b>	<b>Means of Assessment</b>	<b>Criteria for Success</b>	<b>Responsible Individual</b>	<b>Funding Source and Amount (E=E, N = New)</b>
III	Students indicate satisfaction with clinical experiences	Clinical site evaluations rating data	Average ratings for individual evaluations item are at or above 4.0 on a 5-point rating scale	Director, School of Surgical Technology	E
III	Alumni indicate that they are able to perform entry level expectations within 6 months of graduation	6-month Alumni surveys	Average ratings of the ability of graduates to perform entry-level expectations within 6 months of graduation are at or above 4.0 on a 5-point scale	Director, School of Surgical Technology	E
III	Employers indicate that graduates are able to perform entry level expectations within 6 months of graduation	6-month Employer surveys	Average ratings of the ability of graduates to perform entry-level expectations within 6 months of graduation are at or above 4.0 on a 5-point scale	Director, School of Surgical Technology	E
III	Students demonstrate entry – level knowledge of basic-care concepts of surgical aseptic technique, surgical procedures and patient care	Course Tests/Exams	90% of students receive a score of 80% or greater	Director, School of Surgical Technology	E
III	Students demonstrate competence in the performance of essential skills specific to the role of the Surgical Technologist	Skill Competency Profile	100% of students receive a score of 80% or greater	Director, School of Surgical Technology	E
III	Students demonstrate technical proficiency in basic core and specialty surgical procedures	Clinical Evaluations	100% of students will meet AST Clinical Case Requirements: Minimum of 80 first scrub cases with at least 25 of the 80 performed in the solo role (90% of role).	Director, School of Surgical Technology	E

## Carolinas College of Health Sciences

### 2009 – 2011 Institutional Effectiveness Plan

#### Unit: CAROLINAS SIMULATION CENTER

<b>Goal (I, II, III)</b>	<b>Objective</b>	<b>Means of Assessment</b>	<b>Criteria for Success</b>	<b>Responsible Individual</b>	<b>Funding Source and Amount (E=E, N = New)</b>
III	Increase number of simulation user groups.	Simulation utilization data base.	100% increase from 6 to 12 user groups.	Simulation Center Coordinator	E
III	Increase simulation center hourly utilization.	Room Scheduler hourly utilization report.	200% increase hourly utilization from 4% to 12%.	Simulation Center Coordinator	E
III	CCHS faculty indicate the addition of simulation into curricula is an effective educational delivery method.	CCHS faculty educational delivery survey.	Average ratings of the effectiveness of the addition of simulation into curricula as a delivery method are at or above 4.0 on a 5-point rating scale.	Simulation Center Coordinator	E
III	CCHS students indicate simulation based learning is an effective educational delivery method.	Carolinas Simulation Center learner survey.	Average ratings of the effectiveness of simulation based learning are at or above 4.0 on a 5-point rating scale.	Simulation Center Coordinator	E

## Carolinas College of Health Sciences

### 2009 – 2011 Institutional Effectiveness Plan

#### Unit: CONTINUING EDUCATION

<b>Goal (I, II, III)</b>	<b>Objective</b>	<b>Means of Assessment</b>	<b>Criteria for Success</b>	<b>Responsible Individual</b>	<b>Funding Source and Amount (E=E, N = New)</b>
I	Provide professional development courses to meet identified workforce needs within Carolinas HealthCare System which fall within the mission and vision of the college.	Enrollment in continuing education offerings, compared with capacity.	Continuing Education offerings are at or above 70% capacity.	Continuing Education Director	N
II	A structure is in place to ensure successful completion of continuing education courses.	Continuing Education Completion Data	80% of students starting continuing education courses complete those courses.	Continuing Education Coordinator	N
II	The Nurse Aide program meets mandated student ratio in student lab and clinical rotations.	Faculty and student lab and clinical assignment.	All lab and clinical groups are no higher than a 1:10 faculty to student ratio.	Nurse Aide Coordinator	E
II	The Nurse Aide program meets DHSR mandated supply requirements.	Supply inventory will be conducted 3 times a year.	All lab supplies are inventoried and purchased to maintain DHSR mandate	Nurse Aide Coordinator and Lead instructor	E
III	Provide high-quality continuing education content which meets learners expectations.	Participant evaluations	Average ratings on individual course evaluation items are at or above 4.0 on a 5-point rating scale.	Continuing Education Director	N
III	Full time Continuing Education personnel participate in professional development activities.	Continuing Education/Professional Development Record	100% of the Full Time personnel participate in a professional development activity every year	Continuing Education Director	E
III	Part time Continuing Education personnel participate in professional development activities.	Continuing Education/Professional Development Record	100% of the Part time personnel participate in at least one development activity every two years	Continuing Education Director	E
III	The Phlebotomy Program meets NAACLS Program Approval Standards	Accreditation Reports	The Phlebotomy program maintains continuous accreditation.	Continuing Education Director/Phlebotomy Program Coordinator	E

## Carolinas College of Health Sciences

### 2009 – 2011 Institutional Effectiveness Plan

<b>Goal (I, II, III)</b>	<b>Objective</b>	<b>Means of Assessment</b>	<b>Criteria for Success</b>	<b>Responsible Individual</b>	<b>Funding Source and Amount (E=E, N = New)</b>
III	The Phlebotomy Program meets NAACLS Program Approval Standards for Instructional Curricula Guidelines	Student Clinical Logs	Students complete a minimum of 120 clinical hours of training and document a minimum of 100 successful collections.	Phlebotomy Program Coordinator	E
III	Phlebotomy students indicate satisfaction with classroom/student lab experience	Course and classroom evaluations rating data	Average ratings on individual course evaluation items are at or above 4.0 on a 5-point rating scale.	Phlebotomy Program Coordinator	E
III	Phlebotomy students indicate satisfaction with clinical experiences	Clinical site evaluations rating data	Average ratings on clinical site evaluations are at or above 4.0 on a 5-point rating scale.	Phlebotomy Program Coordinator	E
III	Graduates indicate that quality education is provided to students to enable them to perform entry level expectations within 6 months of graduation	6-month Alumni surveys	Average alumni ratings of the ability of graduates to perform entry-level expectations within 6 months of graduation are at or above 4.0 on a 5-point rating scale.	Continuing Education Director/Phlebotomy Program Coordinator	E
III	Employers indicate that quality education is provided to students to enable them to perform entry level expectations within 6 months of graduation	6-month Employer surveys	Average employer ratings of the ability of graduates to perform entry-level expectations within 6 months of graduation are at or above 4.0 on a 5-point rating scale.	Continuing Education Director/Phlebotomy Program Coordinator	E
III	The Nurse Aide Program meets DHSR and NCBON guidelines.	Accreditation Reports	The Nurse Aide program maintains continuous accreditation.	Continuing Education Director, Nurse Aide Coordinator	E
III	Nurse Aide students indicate satisfaction with classroom/student lab experience	Course and classroom evaluations rating data	Average ratings on individual course evaluation items are at or above 4.0 on a 5-point rating scale.	Nurse Aide Coordinator	E
III	Nurse Aide students indicate satisfaction with clinical experiences	Clinical site evaluations rating data	Average ratings on clinical site evaluations are at or above 4.0 on a 5-point rating scale.	Nurse Aide Coordinator	E

**Carolinas College of Health Sciences**

**2009 – 2011 Institutional Effectiveness Plan**

**Unit: COMMUNITY TRAINING CENTER**

<b><i>Goal (I, II, III)</i></b>	<b><i>Objective</i></b>	<b><i>Means of Assessment</i></b>	<b><i>Criteria for Success</i></b>	<b><i>Responsible Individual</i></b>	<b><i>Funding Source and Amount (E=E, N = New)</i></b>
I	The Community Training Center incorporates the Simulation Skills Lab into Carolinas College of Health Sciences ACLS and PALS classes	Observation of courses will show that ACLS and PALS courses consistently utilize the simulation labs	95% of the ACLS and PALS courses utilize the simulation labs	Community Training Center Coordinator	E
II	Simulation training adds value to the ACLS and PALS courses	Community Training Center Course evaluation	Average ratings of simulation experiences are at or above 4.0 on a 5-point rating scale.	Community Training Center Coordinator	E

**Carolinas College of Health Sciences**

**2009 – 2011 Institutional Effectiveness Plan**

**Unit: ACADEMIC SUPPORT**

<b>Goal (I, II, III)</b>	<b>Objective</b>	<b>Means of Assessment</b>	<b>Criteria for Success</b>	<b>Responsible Individual</b>	<b>Funding Source and Amount (E=E, N = New)</b>
I	College personnel indicate necessary resources are available.	Personnel Comprehensive Assessment survey	Average ratings of availability of resources are at or above 4.0 on a 5-point scale	Learning Resources Committee chair	E
I	Develop goals, policies and procedures which affect distance learning instruction at CCHS.	Learning Resources Committee minutes	Approved initiatives are implemented	Learning Resources Committee chair	E
I	Provide support to faculty in planning, designing and building effective online courses and programs.	Faculty responses to annual PCA and specific distance education workshop evaluations	Average ratings of faculty satisfaction with distance education training are at or above 4.0 on a 5-point scale	Learning Resources Committee chair	E
II	Make acquisition/deletions recommendations for resource materials to support instructional technology and distance education goals	Annual audit of Learning Resources Inventory	Recommended resource materials are procured through the Learning Resource Committee or other College or external sources based on needs and recommendations of faculty/staff	Learning Resources Committee chair	E
II	Students indicate technology resources available in the Computer Lab were appropriate to support their learning.	End of program surveys	Average ratings for technology resources available in the Computer lab are at or above 4.0 on a 5-point rating scale.	Learning Technology Specialist	N (\$8,500)
III	Students are satisfied with the resources of the IRC and AHEC of Charlotte Library	End of Program surveys	Average ratings of student satisfaction with IRC and AHEC resources are at or above 4.0 on a 5-point scale	Learning Resources Committee chair	E
III	Faculty rate the resources of IRC and AHEC of Charlotte Library as sufficient to support coursework	Personnel Comprehensive Assessment survey	Average ratings of faculty satisfaction with IRC and AHEC resources are at or above 4.0 on a 5-point scale	Learning Resources Committee chair	E

## Carolinas College of Health Sciences

### 2009 – 2011 Institutional Effectiveness Plan

<b>Goal (I, II, III)</b>	<b>Objective</b>	<b>Means of Assessment</b>	<b>Criteria for Success</b>	<b>Responsible Individual</b>	<b>Funding Source and Amount (E=E, N = New)</b>
III	Students rate the online services of IRC and AHEC of Charlotte Library as satisfactory	End of Program surveys	Average ratings of student satisfaction with online library resources are at or above 4.0 on a 5-point scale	Learning Resources Committee chair	E
III	Faculty rate the online services of IRC and AHEC of Charlotte Library as satisfactory	Personnel Comprehensive Assessment	Average ratings of faculty satisfaction with online library resources are at or above 4.0 on a 5-point scale	Learning Resources Committee chair	E
III	The Learning Resource Committee has adequate input in recommending changes in the services provided by the IRC and AHEC of Charlotte Library to meet the needs of the College	Learning Resource Committee minutes	Annual needs assessment conducted to determine availability and currency of library resources. All recommendations by the Learning Resource Committee are considered. All recommendations critical to the successful functioning of the College are implemented.	Learning Resources Committee chair	E
III	Students utilize online resources available through the NC AHEC digital library	End of Program surveys	At least 50% of students utilize online resources	Learning Resources Committee chair	E
III	Personnel utilize online resources available through the NC AHEC digital library	Personnel Comprehensive Assessment survey	At least 50% of College personnel will utilize online resources	Learning Resources Committee chair	E
III	CCHS personnel and students utilize online resources through the NC AHEC digital library	NC AHEC digital library tracking sheet	Number of distinct users and sessions are at or above 2008 levels	Learning Resources Committee chair	E
III	Training sessions provided by IRC and AHEC library staff meet established learning outcomes	Training evaluations	80% of students meet the training session learning objectives	Learning Resources Committee chair; IRC and AHEC library liaison	E

**Carolinas College of Health Sciences**

**2009 – 2011 Institutional Effectiveness Plan**

**Unit: ACADEMIC TEAM**

<b>Goal (I, II, III)</b>	<b>Objective</b>	<b>Means of Assessment</b>	<b>Criteria for Success</b>	<b>Responsible Individual</b>	<b>Funding Source and Amount (E=E, N= New)</b>
I	Ongoing coordination of academic and faculty initiatives.	Academic Team Meeting Minutes	Approved recommendations sent to Curriculum Committee, Leadership Team, Faculty/Staff and/or Board of Directors are implemented.	Team Chair (Provost) and members	E No budget is allocated to the Academic Team. Funding of approved initiatives is included in Academic Affairs and Program budgets.
I	Ongoing review and assessment of academic policy, procedures and program curricula	Academic Team Meeting Minutes	Approved recommendations sent to Curriculum Committee, Leadership Team, Faculty/Staff and/or Board of Directors are implemented.	Team Chair (Provost) and members	E No budget is allocated to the Academic Team. Funding of approved initiatives is included in Academic Affairs and Program budgets.

**Carolinas College of Health Sciences**

**2009 – 2011 Institutional Effectiveness Plan**

**Unit: ADMISSION, PROGRESSION AND GRADUATION COMMITTEE**

<b>Goal (I, II, III)</b>	<b>Objective</b>	<b>Means of Assessment</b>	<b>Criteria for Success</b>	<b>Responsible Individual</b>	<b>Funding Source and Amount (E=E, N = New)</b>
II	Graduating students meet all graduation requirements.	Admissions, Progression, and Graduation Committee Meeting minutes	100% of the students completing programs meet the progression criteria and the degree, diploma, or certificate requirements.	Admissions, Progression, and Graduation Committee chair	E
II	Admissions statistics indicate that qualified applicants are being admitted into each credit program	Admissions, Progression, and Graduation Committee Meeting minutes	100% of students that are admitted into each credit program will be considered qualified based on program requirements	Admissions, Progression, and Graduation Committee chair	E

**Carolinas College of Health Sciences**

**2009 – 2011 Institutional Effectiveness Plan**

**Unit: COLLEGE PLANNING AND ASSESSMENT COMMITTEE**

<b>Goal (I, II, III)</b>	<b>Objective</b>	<b>Means of Assessment</b>	<b>Criteria for Success</b>	<b>Responsible Individual</b>	<b>Funding Source and Amount (E=E, N = New)</b>
I	<p>Review, monitor and recommend college initiatives in planning, assessment, quality improvement, accreditation and research through the following subcommittees:</p> <p>a) Strategic Planning b) Accreditation c) Quality Improvement</p>	<p>a. Committee minutes b. Subcommittee recommendations approved by CPA and sent forward to Leadership Team, Faculty/Staff and/or Board of Directors</p>	<p>Full implementation of approved recommendations from the CPA subcommittees.</p>	<p>CPA Chair and committee members and President's Council members</p>	E

**Carolinas College of Health Sciences**

**2009 – 2011 Institutional Effectiveness Plan**

**Unit: ACCREDITATION SUBCOMMITTEE**

<b>Goal (I, II, III)</b>	<b>Objective</b>	<b>Means of Assessment</b>	<b>Criteria for Success</b>	<b>Responsible Individual</b>	<b>Funding Source and Amount (E=E, N = New)</b>
I	The College is regionally accredited by the Commission on Colleges of the Southern Association of Colleges and Schools (SACS).	a. Annual audit based on SACS criteria b. SACS Off-site Compliance Review and On-site review	The College is in 100% compliance with SACS criteria	CPA Committee - Accreditation Subcommittee Chair and Members, President's Council and Program Directors	E (Compliance Assist through 2010)  N \$15,000 (QEP chair release) N 2,000 (CCSSE survey 2009)
I	The College maintains accreditation of all healthcare programs from the appropriate accrediting bodies.	Program accreditation reviews (SACS, NAACLS, NLNAC, JRCERT, CAAHEP, NCBON).	The College is in 100% compliance with program accreditation requirements	CPA Committee, Accreditation Subcommittee Chair and Members, President's Council and Program Directors	N

## Carolinas College of Health Sciences

### 2009 – 2011 Institutional Effectiveness Plan

#### Unit: QUALITY IMPROVEMENT SUBCOMMITTEE

<b>Goal (I, II, III)</b>	<b>Objective</b>	<b>Means of Assessment</b>	<b>Criteria for Success</b>	<b>Responsible Individual</b>	<b>Funding Source and Amount (E=E, N = New)</b>
I	The Quality Improvement subcommittee reviews all Institutional Effectiveness Plans.	Quality Improvement subcommittee minutes, IE Plan tracking tool	100% of submitted IE plans are reviewed.	QI subcommittee chair	E
I	The Quality Improvement Subcommittee approves all Institutional Effectiveness Plans.	Quality Improvement subcommittee minutes, IE Plan tracking tool	100% of submitted IE plans are revised if necessary and approved.	QI subcommittee chair	E
I	The success of the Institutional Effectiveness Plan in using evaluative data in implementing and monitoring College-wide goals is evaluated.	Quality Improvement subcommittee minutes, Tracking unmet goals in Annual Report, IE Plan report Review Log	100% of midyear and end-of-year reports are reviewed and subsequent action plans are tracked for progress.	QI subcommittee chair	E
I	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.	QI subcommittee chair	E
I	Input from data users, survey responses, and recommendations are used in the review of institutional research tools.	Evaluation Tool Revision Forms	100% of recommendations and requests concerning research tools are considered by the Quality Improvement subcommittee.	QI subcommittee chair	E
I	Evaluation tools are updated and/or revised for improvement based on feedback.	Evaluation Tool Revision Forms	100% of revisions to evaluation tools are completed.	QI subcommittee chair	E
I	The College engages in benchmarking activities to provide comparative data for quality improvement.	College Benchmark Report	An annual benchmark survey is completed by identified comparison institutions and compiled into a College Benchmark Report available for review.	QI subcommittee chair	E

**Carolinas College of Health Sciences**

**2009 – 2011 Institutional Effectiveness Plan**

**Unit: STRATEGIC PLANNING SUBCOMMITTEE**

<b><i>Goal (I, II, III)</i></b>	<b><i>Objective</i></b>	<b><i>Means of Assessment</i></b>	<b><i>Criteria for Success</i></b>	<b><i>Responsible Individual</i></b>	<b><i>Funding Source and Amount (E=E, N = New)</i></b>
I	The College develops and reviews a long-term strategic plan.	Strategic Planning subcommittee meeting minutes	Strategic Planning is an ongoing process and is regularly evaluated.	Strategic Planning subcommittee chair	N
I	The College develops and reviews a long-term strategic plan.	Strategic Plan Implementation Plan Progress Report	Implementation dates are met for Strategic Plan goals	Strategic Planning subcommittee chair	E

**Carolinas College of Health Sciences**

**2009 – 2011 Institutional Effectiveness Plan**

**Unit: COMMUNITY INVOLVEMENT COMMITTEE**

<b>Goal (I, II, III)</b>	<b>Objective</b>	<b>Means of Assessment</b>	<b>Criteria for Success</b>	<b>Responsible Individual</b>	<b>Funding Source and Amount (E=E, N = New)</b>
I	Community Involvement Committee provides faculty, staff and student support for the CHS System wide fundraisers and community projects.	Community Involvement Committee Meeting Minutes	90% of planned activities are completed successfully	Community Involvement Committee Chair	E
I	A plan for integrating the college within the community is implemented.	Community Involvement Activities Chart	90% of planned activities are completed successfully	Community Involvement Committee Chair	E

**Carolinas College of Health Sciences**

**2009 – 2011 Institutional Effectiveness Plan**

**Unit: CURRICULUM COMMITTEE**

<b>Goal (I, II, III)</b>	<b>Objective</b>	<b>Means of Assessment</b>	<b>Criteria for Success</b>	<b>Responsible Individual</b>	<b>Funding Source and Amount (E=E, N = New)</b>
I	All proposals to adopt new curriculum or modify E curriculum are reviewed according to established committee processes.	Curriculum Committee Meeting Minutes	90% of curriculum proposals are processed according to established committee processes.	Chair, Curriculum Committee	E
I	Curriculum decisions are consistent with relevant accrediting and approval body criteria.	Compliance with accreditation criteria.	100% of curricula are in compliance with institutional and programmatic accrediting criteria.	Chair, Curriculum Committee	E
I	All curriculum taught at the college has received approval prior to adoption.	Curriculum Committee Meeting Minutes	100% of E curricula are approved by the committee prior to adoption.	Chair, Curriculum Committee	E

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**Unit: DEVELOPMENT COMMITTEE**

<b>Goal (I, II, III)</b>	<b>Objective</b>	<b>Means of Assessment</b>	<b>Criteria for Success</b>	<b>Responsible Individual</b>	<b>Funding Source and Amount (E=E, N = New)</b>
I	Increase Alumni donations to the endowment fund	Donation reports from the Carolinas HealthCare Foundation	Percentage of alumni who donate increases by 6% over the previous year	Development Committee Chair	E \$5500
I	Host a donor appreciation event	Development Committee Meeting Minutes	Documentation of event occurrence in development committee minutes	Development Committee Chair	N \$8000
I	Host one annual fund-raising event.	Development Committee Meeting Minutes	Documentation of event occurrence in development committee minutes	Development Committee Chair	N \$1500

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**Unit: EMPLOYEE RETENTION COMMITTEE**

<b>Goal (I, II, III)</b>	<b>Objective</b>	<b>Means of Assessment</b>	<b>Criteria for Success</b>	<b>Responsible Individual</b>	<b>Funding Source and Amount (E=E, N = New)</b>
I	Retain personnel to achieve the mission of the college	Narrative data from CCHS exit interview Exit survey from CHS Human resources	The Employee Retention Committee evaluates trends by employees that terminate from CCHS and makes appropriate recommendations	Employee Retention Committee Chair	E
I	Provide a work environment where each employee is recognized for personal and professional accomplishments	Employee Retention Committee Meeting Minutes; Birthday lists	Each employee's birthday and any professional accomplishments are recognized Rewards and traditions are upheld as identified in the personnel handbook	Employee Retention Committee Chair	N \$100
I	Provide opportunities for networking between the different programs and divisions within the College	Employee Retention Committee Meeting Minutes	One social event occurs each quarter Lunch ladders are organized for each quarter	Employee Retention Committee Chair	E
I	Personnel are successfully oriented to the College and polices and procedures upon hire.	New Personnel Orientation Survey	The utility of the new personnel orientation receives an average rating of 4.0 or higher.	Employee Retention Committee Chair	E

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**UNIT: LEADERSHIP TEAM**

<b>Goal (I, II, III)</b>	<b>Objective</b>	<b>Means of Assessment</b>	<b>Criteria for Success</b>	<b>Responsible Individual</b>	<b>Funding Source and Amount (E=E, N = New)</b>
I	Provide thoughtful, cohesive, consistent, and coordinated direction to the staff and faculty of the college.	Personnel Comprehensive Assessment	Average ratings of leadership are at or above 4.0 on a 5-point scale.	President	E
I	College staff indicate that communication from administration is effective	Personnel Comprehensive Assessment	Average staff ratings of effectiveness of communication from administration are at or above 4.0 on a 5-point scale	President	E
I	College faculty indicate that communication from administration is effective	Personnel Comprehensive Assessment	Average faculty ratings of effectiveness of communication from administration are at or above 4.0 on a 5-point scale	President	E
I	College staff indicate they have input into decisions that affect them.	Personnel Comprehensive Assessment	Average staff ratings of input into decisions are at or above 4.0 on a 5-point scale	President	E
I	College faculty indicate they have input into decisions that affect them.	Personnel Comprehensive Assessment	Average faculty ratings of input into decisions are at or above 4.0 on a 5-point scale	President	E
I	Staff indicate satisfaction with the College work environment.	Personnel Comprehensive Assessment	PCA results reflect that fewer than 20% of staff are likely to leave the college within the next year.	President	E
I	Faculty indicate satisfaction with the College work environment.	Personnel Comprehensive Assessment	PCA results reflect that fewer than 20% of faculty are likely to leave the college within the next year.		E

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**Unit: SAFETY COMMITTEE**

<b>Goal (I, II, III)</b>	<b>Objective</b>	<b>Means of Assessment</b>	<b>Criteria for Success</b>	<b>Responsible Individual</b>	<b>Funding Source and Amount (E=E, N = New)</b>
I	Personnel indicate a safe and secure educational environment is provided	Personnel Comprehensive Assessment	Average personnel ratings of the safety and security of the physical environment are at or above 4.0 on a 5-point scale	Safety Committee Chair	E
I	Students indicate a safe and secure educational environment is provided.	End of program surveys	Average student ratings of the safety and security of the physical environment are at or above 4.0 on a 5-point scale	Safety Committee Chair	E
I	Personnel receive training to deal with emergencies.	Faculty/Staff meeting minutes	At least one college wide safety session is provided each year.	Safety Committee Chair	E
I	Personnel complete safety education programs required by Carolinas Healthcare System (CHS).	Transcripts from CHS ACE Modules.	95% of personnel participate in required safety education programs (ACE Modules)	Safety Committee Chair	E
I	Personnel receive training to deal with fire emergencies	Fire Drill Reports	Excellent performance on fire drills indicated by a score of 93% or greater.	Safety Committee Chair	E
I	Personnel feel they know how to respond to emergency/ safety situations at the College.	Personnel Comprehensive Assessment	Average personnel rating of emergency/safety knowledge are at or above 4.0 on a 5-point scale	Safety Committee Chair	E

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**Unit: SCHOLARSHIP COMMITTEE**

<b>Goal (I, II, III)</b>	<b>Objective</b>	<b>Means of Assessment</b>	<b>Criteria for Success</b>	<b>Responsible Individual</b>	<b>Funding Source and Amount (E=E, N = New)</b>
I	Annual scholarship reception is attended by all award recipients.	Annual scholarship reception attendance	100% of recipients attend	Financial Aid Officer	E
II	Merit scholarships are awarded prior to start of academic terms.	Scholarship Award Log	90% of merit scholarships are awarded prior to start of fall and spring terms	Financial Aid Officer/Scholarship Committee Chair	E

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**Unit: SERVICE EXCELLENCE COMMITTEE**

<b><i>Goal (I, II, III)</i></b>	<b><i>Objective</i></b>	<b><i>Means of Assessment</i></b>	<b><i>Criteria for Success</i></b>	<b><i>Responsible Individual</i></b>	<b><i>Funding Source and Amount (E=E, N = New)</i></b>
I	Promote Faculty, Staff and Students awareness of the CHS Standards of Excellence throughout the year.	Service Excellence Committee Meeting Minutes	Information regarding standards of excellence (The Standard of the Quarter) is posted quarterly.	Service Excellence Committee Chair	E

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**Unit: STUDENT LIFE COMMITTEE**

<b><i>Goal (I, II, III)</i></b>	<b><i>Objective</i></b>	<b><i>Means of Assessment</i></b>	<b><i>Criteria for Success</i></b>	<b><i>Responsible Individual</i></b>	<b><i>Funding Source and Amount (E=E, N = New)</i></b>
II	Student activities are organized on a flexible annual schedule to encourage participation from a broad spectrum of students	Student Life Committee post-activity financial reports Random Surveys	50% participation from students on campus	Student Life Committee Chair	E

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#### Unit: STUDENT ORGANIZATION/PHI THETA KAPPA

<b>Goal (I, II, III)</b>	<b>Objective</b>	<b>Means of Assessment</b>	<b>Criteria for Success</b>	<b>Responsible Individual</b>	<b>Funding Source and Amount (E=E, N = New)</b>
I	Phi Theta Kappa provides service through community outreach to the community	PTK Annual Report PTK Meeting Minutes	The organization provides at least 2 community outreach opportunities throughout the year	PTK Officers PTK Advisors	E
II, III	Phi Theta Kappa provides leadership development opportunities for PTK members	PTK Annual Report PTK Meeting Minutes	The offices for leadership are continuously be filled.	PTK Officers PTK Advisors	E
II	Phi Theta Kappa promotes scholarship among the PTK	PTK Annual Report PTK Meeting Minutes Fx Scholar	A leadership scholarship is given once a year 100% of members maintain the required GPA	PTK Officers PTK Advisors	E
II	Phi Theta Kappa cultivate fellowship among the members of PTK	PTK Annual Report PTK Meeting Minutes	There are at least 3 fellowship opportunities during the year	PTK Officers PTK Advisors	E
II	The Beta Zeta Sigma Chapter provides opportunity for membership in Phi Theta Kappa	List of Inductees	There is an opportunity for induction into PTK each semester At least 60% of eligible students are inducted into PTK	PTK Officers PTK Advisors	E

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**Unit: STUDENT ORGANIZATIONS/STUDENT GOVERNMENT ASSOCIATION**

<b>Goal (I, II, III)</b>	<b>Objective</b>	<b>Means of Assessment</b>	<b>Criteria for Success</b>	<b>Responsible Individual</b>	<b>Funding Source and Amount (E=E, N = New)</b>
I	Students are given opportunities to become involved in community activities	Student Government association meetings minutes	90% of community activities planned by student organizations are completed.	SGA Officers/Representatives and SGA Advisors	E
II	Leadership opportunities are provided to students.	Student Government association meetings minutes	SGA holds elections each year to enlist new officers and keeps the positions filled with qualified students.	SGA Officers/Representatives and SGA Advisors	E
II	Students are able to have communication exchange with college leaders in open forums.	End of program survey	Average ratings of open forums are at or above 4.0 on a 5-point scale	SGA Officers/Representatives and SGA Advisors	E

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**Unit: STUDENT ORGANIZATIONS/STUDENT NURSES' ASSOCIATION**

<b>Goal (I, II, III)</b>	<b>Objective</b>	<b>Means of Assessment</b>	<b>Criteria for Success</b>	<b>Responsible Individual</b>	<b>Funding Source and Amount (E=E, N = New)</b>
I	Promote integration of the college within the community	Student Nurses Association Meeting Minutes	The organization provides a student representative who serves as student coordinator of the Explorer Scout Troupe; the organization participates in at least 1 community outreach program throughout the year	SNA Board Members and SNA Advisors	N\$100.00
I	Maintain an annual operating budget that is sufficient to implement the goals of the organization	Student Nurses Association Meeting Minutes, Treasurer's Report	The organization sponsors fundraising activities that adequately support the Cynthia Favorite Scholarship awards	SNA Board Members and SNA Advisors	E
II, III	Promote leadership development	Student Nurses Association Meeting Minutes	The offices for board members are continuously filled	SNA Board Members and SNA Advisors	N \$100.00
II, III	Recognize students' leadership contributions to the school, the community, and the profession of nursing	Student Nurses Association Meeting Minutes	The "Cynthia Favorite Scholarship" is awarded at least annually to a graduating student nurse	SNA Board Members and SNA Advisors	N \$250.00 2/year
II, III	Facilitate student success	Student Nurses Association Meeting Minutes	SNA provides 2 panel discussions/year for NUR 101 students that provide strategies to promote student success	SNA Board Members and SNA Advisors	E
II, III	Promote professional growth and an introduction to future career paths	Student Nurses Association Meeting Minutes	SNA offers at least 2 programs or activities per year related to future career paths and/or strategies promoting professional growth	SNA Board Members and SNA Advisors	E

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**APPENDIX A**

**SUMMARY 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

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#### APPENDIX B

#### SUMMARY OF COLLEGE INSTITUTIONAL EFFECTIVENESS MEASUREMENT TOOLS

<b>TOOL (ARRANGED ALPHABETICALLY)</b>	<b>SOURCE OF DATA</b>	<b>FREQUENCY OF DISTRIBUTION</b>	<b>UTILIZATION OF DATA</b>	<b>RESPONSIBLE FOR DISTRIBUTING/SUMMARIZING</b>
Decline Survey	Students declining admission	Upon declination of admission	To discover reasons for admissions decline and improve percentage of accepted students who start at CCHS	Registrar/Institutional Research Coordinator
Employee Assistance Program Utilization	EAP Annual Management Report	Annually	Monitor utilization of EAP services by students and staff	Dean of Student Services and Enrollment Management
New Employee Orientation Evaluation	New Employees	90-days after start date of new employees	Identification of areas of strength and areas requiring improvement for new employee orientation	Managers/Registrar/Institutional Research Coordinator
New Student Orientation Evaluation	New students	Immediately after orientation sessions (Spring, Summer, Fall)	Identification of areas of strength and areas requiring improvement for new student orientation	Admissions Officer /Registrar/Institutional Research Coordinator
Personnel Comprehensive Assessment	Faculty and staff	Annually	Evaluation of employee satisfaction	Registrar/Institutional Research Coordinator
Special Accommodations (ADA) Evaluation	Students	Annually	Identify effectiveness of procedures for special accommodations	Dean of Student Services and Enrollment Management
Student Funding Participation Percentage	Financial Aid Officer	Annually	Used to determine adequacy of funding options	Financial Aid Officer
Withdrawal Survey	Students	Upon Withdrawal	Evaluation of admissions criteria, support services, financial assistance, advisor programs and faculty quality.	Registrar/Institutional Research Coordinator

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#### SUMMARY OF COLLEGE INSTITUTIONAL EFFECTIVENESS MEASUREMENT TOOLS

<b>TOOL (ARRANGED ALPHABETICALLY)</b>	<b>SOURCE OF DATA</b>	<b>FREQUENCY OF DISTRIBUTION</b>	<b>UTILIZATION OF DATA</b>	<b>RESPONSIBLE FOR DISTRIBUTING/SUMMARIZING</b>
Agency Evaluation of Clinical Experience	Clinical manager or supervisor	One per academic year	Identify areas of strength and improvement in clinical instruction	Program Director or Clinical Faculty/Program Secretary
Course Evaluations	Students	One per semester	Analyze for course effectiveness	Program Director or Faculty/Program Secretary
End of Nursing 101 Evaluation	NUR 101 students	One per semester	Measures progress towards goals and adequacy of support services	Program Director or Faculty/Program Secretary
End of Program Evaluation	Graduating students	End of program	Measure goal attainment and adequacy of support services	Program Director or Faculty/Program Secretary
Evaluation of Classroom Presentation	Students	One per semester	Measure student perception of instructor effectiveness	Faculty/Program Secretary
Evaluation of Clinical/lab instructor	Students	One per semester	Measure student perception of instructor effectiveness	Faculty/Program Secretary
Evaluation of Clinical Site	Students/Faculty	One per semester	Identify adequacy of clinical site for instruction	Program Director or Faculty/Program Secretary
Five-year Alumni survey	School of Radiologic Technology Alumni	Five years after graduation	Determine employment in field, value of life-long learning and adequacy of basic education	Program Director or Faculty/Registrar/Institutional Research Coordinator
Six-month Alumni survey	CCHS Alumni	Six months after graduation	Determine employment in field, value of life-long learning and adequacy of basic education	Program Director or Faculty/Registrar/Institutional Research Coordinator
Six-month Employer Survey	Employers	Six months after graduation	Measures employer's evaluation of adequacy of program in preparing for professional role	Program Director or Faculty/Registrar/Institutional Research Coordinator