

# **Department of Nurse Anesthesia**

## ***Program Evaluation Plan***

### **Overview**

This document provides a narrative description of the Department of Nurse Anesthesia's written systematic plan for continuous self-evaluation. The plan as described is consistent with the Council on Accreditation of Nurse Anesthesia Educational Programs "Standards for Accreditation of Nurse Anesthesia Programs—Standard H.-Evaluation Standards". For each evaluative component described, the plan incorporates a mechanism for the formulation of plans for purposeful change and needed improvement (PPCNI), and an individual/group within the program responsible for these important activities.

### **Structure for Program Evaluation Plan**

The Department of Nurse Anesthesia Program Evaluation Plan incorporates nine evaluative components; for each component the plan then describes: a) a data source; b) method/tool for data collection; c) schedule for data collection; and d) the format or mechanism for evaluation of that evaluative component, including PPCNI. The Program Evaluation Plan is outlined in detail in the accompanying table. The nine evaluative components include:

- Didactic Faculty
- Didactic Curriculum
- Clinical Faculty
- Clinical Curriculum
- Students
- Alumni
- Employers
- Resources
- Program Outcome Measures of Academic Quality

### **Key Areas of Evaluation within the Program Evaluation Plan**

All of the following key areas of evaluation are incorporated within the Program Evaluation Plan:

- Formative and Summative evaluations of each student that are conducted for the purpose of counseling students and documenting student achievement
  - Terminal evaluation prior to graduation of student achievement of Graduate Standards D1-D51.
  - Evaluation of student competence in scholarship skills relevant to their academic area of focus through grading rubrics established within the Doctoral Project Guide
  - Faculty advising sessions providing students with ongoing feedback, both formal and informal
- Students evaluation of the quality of:
  - Courses
  - Didactic Instruction
  - Clinical Sites

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***Program Evaluation Plan (continued)***

- Clinical Instruction
- Teaching and Learning Environment
- Advising /Mentoring
- Program
  - Institutional/program resources
  - Student services
  - Curriculum
- Faculty evaluation of the quality of:
  - Faculty services
  - Program
  - Their own contributions to teaching, practice, service, and scholarship
- Alumni evaluation of the quality of:
  - Program
  - Their preparation to enter anesthesia practice
- Employers evaluation of the quality of recent graduates
- Outcome measures of program quality:
  - Student attrition
  - NBCRNA NCE pass rates and mean scores
  - Graduate employment rates

**Indicators of Success Monitored within the Program Evaluation Plan**

Indicators used within the Program Evaluation Plan include the following data:

- Student performance on the Self-Evaluation Examination (SEE)
- Student satisfaction (course, faculty, clinical site, end of didactic evaluation, end of program evaluation, RFU Student Satisfaction Surveys, Mistreatment Survey, and self-evaluations)
- Faculty satisfaction on program evaluation surveys
- Quality of translational research (pass rates for Doctoral Project course, publications)
- Professional practice of staff and students (formative and summative evaluations)
- Adequacy of resources
- Alumni evaluations
- Employer evaluations
- Student headcount enrollment and attrition data
- NCE pass rates
- Graduate employment rates
- Program completion rates
- Budget information to document adequate funding of the program
- Ability of the program to meet accreditation standards

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***Program Evaluation Plan (continued)***

**Utilization of Program Evaluation Plan Data**

The Department of Nurse Anesthesia formal committee structure, including the Faculty Committee (faculty as a whole) utilize the data generated from the Program Evaluation Plan to identify areas that need to be changed or improved:

- Planned changes are based on a causal analysis, keeping in mind the mission statement of Rosalind Franklin University, and its resources
- Changes are reconciled with the COA's standards for accreditation to ensure they are compliant with them
- Necessary resources are identified and put into place to implement the changes within an identified timeframe
- The outcome of changes is monitored and assessed to determine their impact on student achievement and/or program outcomes
- Purposeful change and program improvement are planned for within the context of the Rosalind Franklin University strategic plan, as well as the Department of Nurse Anesthesia strategic plan, to ensure the long-range viability of the program.

## Department of Nurse Anesthesia

### Program Evaluation Plan Summary Table

Evaluative Component	Data Source	Method/Tool	Schedule	Format/Mechanism of Evaluation/PPCNI
A. Didactic Faculty	1. Students	Didactic instruction/faculty evaluations	Quarterly	Course Directors prepare quarterly summary reports, reviewed at DNA Curriculum Committee meetings, and PPCNI followed by QI Tracking Tool for each course. Evaluation survey results are shared with each faculty member.
		Personal Communications	Ongoing	Ongoing
	2. Chair/PD	Chair's evaluation of faculty performance (CHP Workload Model & Department of Nurse Anesthesia Workload Model) and faculty outcomes compared to established expectations for teaching, practice, service, and scholarship	Annually	Individual meeting with Chair and involved faculty member; QI Tracking Tool for faculty workload/outcomes
		Chair evaluation of faculty teaching	As needed	Chair shares observations with faculty; formative mentoring and summative evaluation
	3. Dean's Office	Evaluation of Chair	Annually	Individual Meeting with Dean and Chair
		University 5 Year Department Review Program	Every five years (next AY 21-22)	Formal process managed by CHP Dean's office
	4. Peer didactic faculty	Peer-to-peer evaluation form	Annually	Written feedback to faculty member; copy to Chair
	5. Self	Curriculum vitae	Annually updated	Formal documentation of activities
		Self-evaluation of faculty contributions to teaching, practice, service, and scholarly activities (self-evaluation-CHP Workload form)	Annually	Self-reflection of goals and accomplishments for previous AY, shared with Chair
	6. COA	Accreditation process & associated surveys	Midpoint Survey 5 years Site Visit Survey 10 years	Feedback shared with stakeholders, action as needed
B. Didactic Curriculum	1. Students & Alumni	Course Evaluation Form	Quarterly	Results reviewed by the DNA

Evaluative Component	Data Source	Method/Tool	Schedule	Format/Mechanism of Evaluation/PPCNI
				Curriculum Committee, PPCNI are followed with the QI Tracking Tool for each course in the didactic curriculum
		Alumni survey to include: <ul style="list-style-type: none"> <li>Rating of the quality of the program</li> <li>Rating of their preparation to enter anesthesia practice (self-evaluation)</li> </ul>	Annually 1 year following graduation	Results to Faculty Meeting and to the Program Standards and Benchmarks Committee; QI Tracking Tool for PPCNI based on results
	2. Chair/PD	Oversees all program assessment and PPCNI activities	Regular and ongoing	Follows the Program Evaluation Plan
		DNA Faculty Meetings	Monthly	Standing agenda item
		Annual Faculty Curriculum Retreat	Annual	Results of curricular review activities, are reviewed and discussed; PPCNI activities for each element are reviewed and refined based on the results.
	3. Academic & Clinical Faculty	DNA Faculty Meetings	Monthly	Standing agenda item
		Personal Communications	Regular and ongoing	Regular departmental interactions, site visits, and feedback from clinical preceptors on student preparation to enter clinical
	4. NBCRNA NCE & SEE scores/first-time pass rates	Aggregated cohort results on the NCE and SEE	Annual	Programmatic outcomes reported on Dashboard, monitored by Chair/PD and Program Standards and Benchmark Committee. Included in Annual retreat review.
	5. Employers	Employer survey regarding the performance of recent graduates at 1 year following graduation	Annually at 1 year following graduation	Results to the Faculty Meeting and the Program Standards and Benchmarks Committee; QI Tracking Tool for PPCNI based on results
	6. COA	Accreditation process & associated surveys	Midpoint Survey 5 years Site Visit Survey 10 years	Feedback shared with stakeholders, action as needed
C. Clinical Faculty	1. Students	Student evaluations of clinical	At the end of each clinical	Results are monitored,

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		preceptors	residency rotation	aggregated, and reported by Coordinator of Clinical Education to the Chair/PD, and at the <b>Clinical Education Committee</b> . PPCNI are developed within the Clinical Education Committee and followed with a QI Tracking Tool.
		Personal communications	Regular and ongoing	Informal feedback from students to faculty/mentors regarding quality of clinical faculty
	2. Coordinator Clinical Education	Site Visit Forms	During clinical site visits, minimum annually	Results of site visits reviewed and compiled by Coordinator of Clinical Ed, and reported at <b>Clinical Ed Committee</b> meetings
		Clinical Site Demographic Spreadsheet	Updated as needed	Reviewed by the Chair/PD and Coordinator of Clinical Education
		Personal communication	Regular and ongoing	During site visits, email, phone
	3. Academic Faculty/Mentors	Department Faculty Meetings	Monthly	Standing agenda item
	4. COA	Accreditation process & associated surveys	Midpoint Survey 5 years Site Visit Survey 10 years	Feedback shared with stakeholders, action as needed
D. Clinical Curriculum	1. Students & Alumni	Student Clinical Site Evaluations	After each clinical residency rotation	Results reviewed, and PPCNI formulated and monitored by Coordinator of Clinical Education and the <b>Clinical Education Committee</b> .
		End of Program Survey including the student's evaluation of the quality of: <ul style="list-style-type: none"> <li>Clinical sites</li> <li>Clinical instruction</li> </ul>	Annually	Results reviewed by the Chair, discussed at the Faculty meeting, and the <b>Program Standards and Benchmarks Committee</b> for potential PPCNI based on results.
		Alumni Survey	At 1 year post-graduation	Results to Faculty Meeting and to the <b>Program Standards and Benchmarks Committee</b> ; QI

Evaluative Component	Data Source	Method/Tool	Schedule	Format/Mechanism of Evaluation/PPCNI
				Tracking Tool for PPCNI based on results
	2. Coordinator Clinical Education	End of Program Survey (as above)	Annually	Results reviewed by the Chair, discussed at the Faculty meeting, and the Program Standards and Benchmarks Committee for potential PPCNI based on results.
	3. Clinical Coordinators and clinical faculty	Formative and Summative Evaluations	Formative evaluations are regular and ongoing; summative evaluations at the end of each clinical residency rotation.	Formative & summative evaluations are reviewed by Faculty mentors and the Academic Review Committee as needed based on progression.
		Participation/feedback for Preceptor Enhancement Program (PEP)	Regular and ongoing	Results of the participation of clinical faculty in the PEP program is monitored by the Coordinator of Clinical Education and Clinical Education Committee.
		Personal communication	Regular and ongoing	Feedback from clinical faculty shared with the program
	4. NBCRNA NCE scores/ first-time pass rates	Aggregated cohort results on the NCE	Annually	Programmatic outcomes reported on Dashboard, monitored by Chair/PD and Program Standards and Benchmark Committee. Included in Annual retreat review.
	5. COA	Accreditation process & associated surveys	Midpoint Survey 5 years Site Visit Survey 10 years	Feedback shared with stakeholders, action as needed
E. Students	1. Prospective Students	Inquiries, attendance at Open House Events with survey results	Ongoing	Formal and informal feedback from prospective students strategically reviewed by didactic faculty & Admissions Committee
	2. Applicants/Interviews	Program Admissions Report; Post-Interview survey	Weekly during admissions cycle; annual summary report	Results reviewed at DNA Admissions Committee meetings monthly during the admissions cycle

Evaluative Component	Data Source	Method/Tool	Schedule	Format/Mechanism of Evaluation/PPCNI
	3. Current Students	Students evaluate the quality of their own achievement (self-evaluation)	Quarterly	Faculty mentor/advisors review the self-evaluation results of assigned students; aggregate results of these surveys are reviewed by the <b>DNA Academic Review Committee</b> for potential PPCNI based on the results.
	4. Course Director/Faculty Mentor	Course Director/Faculty mentor provides mentorship and advising to students with ongoing feedback, both formal (grading of assessment activities, formal documentation of advising sessions) and informal.	Formal feedback-For each graded assignment, and course grades Quarterly  Informal feedback-Regular and ongoing	Results of formal feedback reviewed quarterly by <b>DNA Academic Review Committee</b> .  Student surveys provide feedback about quality of advising/mentorship; these results are reviewed by the <b>Program Standards and Benchmarks Committee</b> .
	5. Doctoral Project Advisor	Project Advising Sessions	Regular and ongoing	Verbal and written feedback regarding ongoing project planning, implementation, evaluation.
		Doctoral Project Grading	Quarterly	The Doctoral Project Guide, and the enclosed grading rubrics for each component of the doctoral project, provide an established assessment procedure to verify competence in scholarship skills relevant to the area of academic focus.
		Terminal Evaluation of each student	End of Program Evaluation	Terminal evaluation of each student is completed by their Doctoral Project Advisor to demonstrate student achievement of COA Graduate Standards D1-D51.
	6. Clinical Faculty	Formative and summative evaluations of each student are conducted by clinical faculty for the purpose of counseling students and documenting	Formative evaluations-regular and ongoing during clinical residency courses	Results of formative and summative evaluations are reviewed by faculty advisors and discussed with each student during return to



Evaluative Component	Data Source	Method/Tool	Schedule	Format/Mechanism of Evaluation/PPCNI
		student achievement.	Summative evaluation- Quarterly, or at the end of each clinical residency rotation	campus days. Summative evaluations are also reviewed by the Coordinator of Clinical Education.
F. Alumni	Alumni at 1 year following graduation	Alumni survey to include: <ul style="list-style-type: none"> <li>Rating of the quality of the program</li> <li>Rating of their preparation to enter anesthesia practice (self-evaluation)</li> </ul>	Annually at 1 year following graduation	Results to Faculty Meeting and to the <b>Program Standards and Benchmarks Committee</b> ; QI Tracking Tool for PPCNI based on results
G. Employers	Employers of graduates	Employer survey regarding the performance of recent graduates at 1 year following graduation	Annually at 1 year following graduation	Results to the Faculty Meeting and the <b>Program Standards and Benchmarks Committee</b> ; QI Tracking Tool for PPCNI based on results
H. Resources	1. Students	RFUMS Student Satisfaction Surveys	Biannually	Results monitored/reviewed by the Chair, discussed at the Faculty meeting, and the <b>Program Standards and Benchmarks Committee</b> for potential PPCNI based on results.
		End of Program Survey to include students evaluation of the quality of the program resources	Annually	Results reviewed by the Chair, discussed at the Faculty meeting, and the <b>Program Standards and Benchmarks Committee</b> for potential PPCNI based on results.
		Personal communications	Regular and ongoing	Informal feedback from students regarding adequacy of resources
	2. Faculty	Faculty Surveys to include satisfaction with program resources	Annually	Results monitored/reviewed by the Chair, discussed at the Faculty meeting, and the <b>Program Standards and Benchmarks Committee</b> for potential PPCNI based on results.
	3. Chair/PD	Plans, prepares, and administers	Annually	DNA Budget documents

Evaluative Component	Data Source	Method/Tool	Schedule	Format/Mechanism of Evaluation/PPCNI
		the DNA budget; plans and prepares new budget initiatives		maintained by the Chair/PD
	4. CHP Dean	Approves the DNA budget and advocates for the needed budgetary resources; presents new budget initiative to the RFUMS Strategic Resource Allocation Committee	Annually	DNA Budget documents maintained by the Chair/PD
	5. COA	Accreditation process & associated surveys	Midpoint Survey 5 years Site Visit Survey 10 years	Feedback shared with stakeholders, action as needed
I. Program Outcome Measures of Academic Quality	1. Student Ratings of Overall Program Quality	1. End-of-Didactic/End-of-Program Student Surveys to evaluate the quality of: <ul style="list-style-type: none"> <li>• Program overall</li> <li>• Advising/mentorship</li> <li>• Program Resources</li> <li>• Didactic Curriculum (including simulation)</li> <li>• Clinical Curriculum</li> </ul>	Annually	Results reviewed by the Chair, discussed at the Faculty meeting, and the <b>Program Standards and Benchmarks Committee</b> for potential PPCNI based on results.
		2. Student Mistreatment Survey to evaluate the teaching and learning environment, and to identify any forms of student mistreatment	Annually	Results reviewed by the Chair, discussed at the Faculty meeting, and the <b>Program Standards and Benchmarks Committee</b> for potential PPCNI based on results.
		3. RFUMS Student Satisfaction Survey to evaluate the quality of: <ul style="list-style-type: none"> <li>• The teaching and learning environment</li> <li>• Advising/mentorship</li> <li>• Institutional resources</li> <li>• Student Services</li> </ul>	Biannually	Results monitored/reviewed by the Chair, discussed at the Faculty meeting, and the <b>Program Standards and Benchmarks Committee</b> for potential PPCNI based on results.
	2. Student Attrition/ Graduation Rates	Attrition tracking record for each cohort	Annually	Programmatic outcome reported on Dashboard, monitored by Chair/PD and <b>Program Standards and</b>

Evaluative Component	Data Source	Method/Tool	Schedule	Format/Mechanism of Evaluation/PPCNI
				<b>Benchmark Committee.</b> Included in Annual retreat review.
	3. Didactic and Clinical Faculty Ratings of Overall Program Quality	Faculty Evaluations of the quality of: <ul style="list-style-type: none"> <li>• Faculty services</li> <li>• Program overall</li> </ul>	Annually	Results monitored/reviewed by the Chair, discussed at the Faculty meeting, and the <b>Program Standards and Benchmark Committee</b> for potential PPCNI based on results.
	4. SEE exam scores	Aggregate cohort results on the SEE exam	Annually	Programmatic outcome reported on Dashboard, monitored by Chair/PD and <b>Program Standards and Benchmark Committee.</b> Included in Annual retreat review.
	5. NCE First-time Pass Rate/Scores	Aggregate cohort results on the NCE	Annually	Programmatic outcome reported on Dashboard, monitored by Chair/PD and <b>Program Standards and Benchmark Committee.</b> Included in Annual retreat review.
	6. Employment of Graduates	Aggregated cohort employment rates	At 6 months post-graduation	Programmatic outcome reported on Dashboard, monitored by Chair/PD and <b>Program Standards and Benchmark Committee.</b> Included in Annual retreat review.
	7. Maintenance of Full COA Program Accreditation	COA Self-Study and On-Site Review; COA Midpoint Survey; Annual Report; NCE First-Time Pass Rate Results	Self-Study & Onsite Review-10 years Midpoint Survey-5 years Annual Report-annually NCE Results-annually	Programmatic outcome reported on Dashboard, monitored by Chair/PD and <b>Program Standards and Benchmark Committee.</b> Included in Annual retreat review.

Evaluative Component	Data Source	Method/Tool	Schedule	Format/Mechanism of Evaluation/PPCNI
	8. Maintenance of Clinical Sites	Clinical Site Placements for Students	Quarterly	Programmatic outcome reported on Dashboard, ongoing monitoring by Chair/PD and Coordinator of Clinical Education; reviewed quarterly by the Clinical Education Committee.
	9. Student headcount enrollment data	Enrollment headcount tracking record	Annually	Programmatic outcome reported on Dashboard, monitored by Chair/PD and Program Standards and Benchmark Committee. Included in Annual retreat review.

DNA: Department of Nurse Anesthesia

PPCNI: Plan for Purposeful Change and Needed Improvement

COA: Council on Accreditation of Nurse Anesthesia Educational Programs

NBCRNA: National Board of Certification and Recertification of Nurse Anesthetists

NCE: National Certification Examination

SEE: Self-Evaluation Examination

PD-Program Director

RFUMS: Rosalind Franklin University of Medicine and Science