

SONHP Program Evaluation Committee (PEC)
2017-2018 Annual Report – September 24, 2018

During the 2017-2018 academic year, the SONHP PEC was comprised of 12 faculty representatives and 1 student representative, membership included representatives from each of the SONHP academic programs. PEC was delayed from starting because of a faculty representative was needed to be elected to serve as Chair as required by SONHP Bylaws. The first meeting occurred December 4, 2017. Agenda and meeting minutes were generated for all monthly meetings.

PEC committee goals for the 2017-2018 academic year:

1. Convert the PEC section of the SONHP Bylaws to a Charter.
2. Update the SONHP Program Evaluation Plan (PEP)
3. Collect program reports about accomplishing 2016-2017 PEC Scorecard priorities
4. Determine ownership of program assessment/evaluation for dual degree programs
5. Develop School-wide strategies to enhance closing the loop to include publishing program outcome data on the SONHP website
6. Further SONHP strategies related to collecting and responding to employment outcome data

At the onset of our meetings, PEC defined lines of communication to clarify who would report information to each SONHP program.

SONHP PEC Goal Accomplishments

Goal 1 accomplished. Faculty successfully converted the SONHP Bylaws section to a Charter. Submitted to FASONHP the Charter (defining membership and PEC functions), it is awaiting a vote for approval Fall 2018.

Goal 2 in progresses. The PEC committee has now clearly defined the components of a program assessment/evaluation plan (Appendix A) and what must be accounted for when collecting employment outcome data (Appendix B). During the 2018-2019 academic year, PEC will need to develop one master plan that serves as an overall guide for the SONHP. Given there are a number of accreditation bodies that oversee SONHP programs, required program outcomes must align to accrediting agency benchmarks and expectations (e.g. CEPH-MPH; CCNE-BSN, MSN, DNP; SOA-PsyD)

Goal 3 accomplished. Each program presented their accomplishments and what is in progress related to the PEC Scorecard priorities from 2016-2017 (see attached).

Goal 4 in progress. A number of programs' curriculum patterns are undergoing revisions making dual degree options confusing and not well defined. It is not clear which dual degree options were approved and which were unofficially operating. It became clear there was not a defined process for monitoring student and program outcomes for dual degree options. In response to several issues regarding official dual degree options and curriculum patterns involving multiple degrees, Dean Baker institute a moratorium on the development of any additional dual degree options April 2018. This will be an area needing focused attention during the 2018-2019 academic year.

Goal 5 in progress. Reporting program outcomes to stakeholders is something faculty are aware is necessary but PEC needs to develop specific strategies during 2018-2019 to support best practices that can be used by each academic program.

on 12/4/2018. There is no centralized software to collect this data but faculty recognize the importance of collecting post-graduation employment data.

Respectfully submitted,



Mary Donnelly, DNP, MPH, CNL, FNAP, ACNP-BC, ANP- BC
Assistant Professor and Chair, PEC
Vice-Chair, MSN Department



Scott R Ziehm, DNP, RN
Associate Dean for Prelicensure
Programs & Accreditation and Co-Chair,
PEC

2017-2018 – SONHP Program Response to PEC Scorecard Priorities (2016-2017)

SONHP Academic Program	Accomplished 2017-2018	In Progress
BSN	<ul style="list-style-type: none"> • Program Evaluation Plan with timelines for data collection was written and approved by the BSN department July 2018. • Direct measure assessing if students learned what was taught was implemented Spring 2017. Data collected, analyzed and presented to the BSN department Spring 2018. In response, specific revisions were made in 3 BSN courses that were implemented in Fall 2018. • Program goal developed and approved February 2018. • ILO curriculum map developed and approved July 2018 • PLO curriculum map developed and approved July 2018. • The BSN department now has program assessment/evaluation as a standing agenda item 	<ul style="list-style-type: none"> •
MSBH	<ul style="list-style-type: none"> • Program Review completed Summer 2018 • An existing program goals was revised and approved by faculty. • Employment outcomes, data collected but no benchmarks have been established • Attrition rates with benchmarks were defined, data collected • Time to graduation rates with benchmarks were designed, data collected 	<ul style="list-style-type: none"> • Written Evaluation Plan to be developed Fall 2018. This must include a direct measure to assess if students are learning what is taught, outcome benchmarks for employment outcomes, a timeline for data collection and when it will be reported to stakeholders. • Response to the program review will be finalized Fall 2018
MSN (ME-MSN; ADN-MSN; 4+1)	<ul style="list-style-type: none"> • A universal MSN program goal was developed and approved (4+1; ME-MSN, RN-MSN) • Action plan for low CNL pass rates developed • Direct measure was developed that uses a rubric to assess student learning outcomes based on the poster session at the end of the program 	<ul style="list-style-type: none"> • Direct measure data collection is to be implemented Fall 2018 • Evaluation plan with a timeline for data collection to be developed Fall 2018.
DNP (post MS; NP; BSN-DNP)	<ul style="list-style-type: none"> • Direct measure assessing student learning was implement in N749 Prospectus using Canvas for data collection. • NP faculty constructed a well-developed program goal 	<ul style="list-style-type: none"> • A universal DNP program goal is to be developed Fall 2018 • Align newly developed curriculum map to AACN DNP Essentials Fall 2018. • NP in progress on developing a direct measure using OSCEs to assess if students are learning

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		what faculty are teaching. This will be implemented Fall 2018.
MSHI	<ul style="list-style-type: none"> • Program goal was developed and approved • MSHI faculty have been preparing for a program review, self-study in progress. • Written program assessment/evaluation plan is in progress. 	<ul style="list-style-type: none"> • Program review to be launched Fall 2018. • Finalize the written program assessment/evaluation plan Fall 2018. This must include a direct measure to assess if students are learning what is being taught, outcome benchmarks for time to degree and employment outcomes. This plan must also include timeline for data collection and when it will be reported to stakeholders.
MPH	<ul style="list-style-type: none"> • Program Goal was developed and approved • Curriculum plans were update for the Sacramento (Health Policy Leadership) and Hilltop programs 	<ul style="list-style-type: none"> • Written evaluation plan to be developed Fall 2018
PsyD	<ul style="list-style-type: none"> • Program goal was developed and approved by the department in Spring 2018 • Direct measures to assess learning outcomes are required by SOAs. PsyD is using the DCQE and SPEEs as 2 direct measures that were developed, approved and are being used for continuous program improvement. • Using course grades for program evaluation was removed simplifying the PsyD plan Spring 2018. 	<ul style="list-style-type: none"> • Graduating the 1st cohort of students in 2018, faculty can now begin collecting post-graduation employment data. PsyD faculty recognize this as a priority.

Program Assessment and Evaluation – Definition of Terms

Evaluation Plan

A written plan that defines:

- A. Identified program learning outcomes (PLOs) with a program goal (summary statement of the PLOs that often includes values of the institution e.g. Jesuit Education)
- B. Program's evaluation process
 - a. Frequency of collecting program outcome data
 - b. Identified program outcome benchmarks (minimally to include time to graduation, license/certification pass rates, employment, retention/attrition rates)
- C. Includes provision for a direct measure: Use of a direct measure is a method used to generate data as evidence about if students are learning what faculty teach. Course assignments or a program required milestone (posters, written assignments, external exam e.g. HESI) aligned to a curriculum map are the basis of this data collection. Faculty grading an assignment (typically using a rubric) that is aligned to a curriculum map. The rubric then offers individual student feedback about their performance but aggregated data helps determine if the courses are functioning effectively (this generates data that answers the question, how do we know students are learning what we are teaching?).
- D. Identifies processes for closing the loop
 - a. Frequency
 - b. Stakeholders (minimally students, faculty, alumni, applicants)
 - c. Outcome shared in faculty meetings, captured in meeting minutes



DATE: December 4, 2017

TO: SONHP PEC Committee

Bill Bosl, Mary Donnelly, Dellanira Garcia, Melanie Keiffer, Anna Kwong, Debbie Martinez, Dhara Meghani, Michelle Montagno, Helen Nguyen, Kathy Raffel, Jason Speaks, Octavia Stuve, Nancy Taquino

FROM: Scott R Ziehm, DNP, RN

Associate Dean for Prelicensure Programs and Accreditation

RE: Employment Data Collection Guidance-For Purposes of Academic Program Assessment and Evaluation (CCNE, CEPH, APA-SOA, WASC employment data collect requirements – see Part II)

OVERVIEW – Part 1

Employment is an important outcome of professional education, and accrediting bodies are increasingly focusing on such outcomes. Despite this, accrediting bodies do not tend to provide specific criteria about how or what to track related to graduates' employment data. They want aggregate data that indicate whether graduates (who are seeking to be employed after graduation) secure employment. Some accrediting bodies have an established benchmark. For example, CCNE requires that at least 70% of graduates who *want* to be employed *are* employed within one year of graduation, while CEPH requires that at least 80% of graduates who want to be employed *are* employed within one year of graduation.

CCNE and CEPH standards require that employment data collection occurs within the first 12 months of graduation, while WASC and SOA (APA) do not specify a data collection timeline. Oddly, most accreditation standards do not specify that the graduate's employment position needs to be congruent with the degree; they just need to be employed. Some accreditation bodies want data from employers about how *successful* graduates are as employees. These data are very challenging to collect, but there is growing interest in these program outcome data.

Because most accrediting bodies do not comprehensively define all aspects of employment outcome data, faculty should thoughtfully design employment data collection points and expected benchmarks. Questions driving the collection of employment data should reflect the values/mission of the program, the School, and the University. For instance, if working with underserved communities is an expectation of a program, employment outcomes should be developed to capture this valuable information/evidence. Faculty may also want to consider the value of a program's employment outcome data for prospective students, current students, and graduates. Such information may be invaluable for marketing and showcasing the importance and value of the academic program as well as the School. Closing the loop about employment data to the full range of stakeholders is critical.

Once proposed criteria and collection points have been developed, this information must be presented to PEC for review and approval. Given this is somewhat of an iterative process, faculty may elect to change these criteria and benchmarks over time. All SONHP programs will use Qualtrics to collect data that are linked to the Dean's Office. Department supervisor staff is developing a plan to support data collection, but the relationship that faculty has with students is an essential element that must be used



to maximize response rates. It is the faculty's responsibility to design the data collection process, initiate data collection with students/graduates, and then closing the loop about the findings with all stakeholders (e.g. faculty, current students, and alumni). Discussions with faculty must be captured in department meeting minutes, including action steps in response to data.

Considerations for devising graduates employment data collection points and benchmarks include:

1. What data collection points make the most sense? For example, should graduates be surveyed one year after graduation to ascertain how many students were employed at zero, four, six, and 12 months after graduation? Such information is required for BSN and ME-MSN graduates and reported by the Dean's Office.
2. What information about the graduate's employment would be of value for continuous quality improvement and/or other reasons? Some possibilities include employer; employer type (non-profit, for-profit, government); job title; full-time or part-time. Answers to such questions may suggest whether the degree prepared the graduate for employment as intended, as well as providing data about employment trends in a geographic region. Responses may help faculty understand if hiring trends are, for example, occurring in specialty boutique types of positions or typical general entry-level positions (e.g. hospitals, corporations, departments of public health, long term care, skilled nursing facilities, hospice, universities, ambulatory/primary care, child care, women's health, veteran's health).
3. In what geographic regions are graduates securing employment? Reports the Dean's Office is required to complete are increasingly asking if graduates are working in rural or remote underserved areas or health professions shortage areas. This is also a common data point for grant applications.
4. Determine outcome benchmarks. Benchmarks must be at least as high as the accrediting body requires, but can also be higher. For programs without a formal accrediting body, use existing trends from recent graduates and then consult about existing standards that are used by other accrediting bodies (e.g. CCNE, CEPH). It is important to design benchmarks that support continuous improvement, while avoiding benchmarks that, by design, are easily attainable; i.e., that only make a program "look good."

BELOW ARE THE STANDARDS FOR EACH OF THE SONHP ACCREDITATION BODIES

**EMPLOYMENT OUTCOMES DESCRIBED IN ACCREDITATION STANDARDS – PART II
(CCNE, CEPH, APA-SOA, & WASC)**

Commission on Collegiate Nursing Education (CCNE)

<http://www.aacnursing.org/Portals/42/CCNE/PDF/Standards-Amended-2013.pdf>

Standard IV Program Effectiveness: Assessment and Achievement of Program Outcomes

IV-D. Employment rates demonstrate program effectiveness (page 19)

Elaboration: The program demonstrates achievement of required outcomes regarding employment rates.

- The employment rate is collected separately for each degree program (baccalaureate, master's, and DNP) and post-graduate APRN certificate program.



- Data are collected within 12 months of program completion. For example, employment data may be collected at the time of program completion or at any time within 12 months of program completion.
- The employment rate is 70% or higher. However, if the employment rate is less than 70%, the employment rate is 70% or higher when excluding graduates who have elected not to be employed.
- Any program with an employment rate less than 70% provides a written explanation/analysis with documentation for the variance.

Council on Education for Public Health (CEPH)

<https://ceph.org/assets/2016.Criteria.pdf>

B3. Post-Graduation Outcomes (SPH and PHP) (page 7)

The school or program collects and analyzes data on graduates' employment or enrollment in further education post-graduation, for each public health degree offered (e.g, BS, MPH, MS, PhD, DrPH).

The school or program chooses methods that are explicitly designed to minimize the number of students with unknown outcomes. This expectation includes collecting data that accurately presents outcomes for graduates within approximately one year of graduation, since collecting data shortly before or at the exact time of graduation will result in underreporting of employment outcomes for individuals who begin their career search at graduation. In many cases, these methods will require multiple data collection points. The school or program need not rely solely on self-report or survey data and should use all possible methods for collecting outcome data.

The school or program achieves rates of 80% or greater employment or enrollment in further education within the defined time period for each degree.

Required documentation:

1. Data on post-graduation outcomes (employment or enrollment in further education) for each public health degree. See Template B3-1. (self-study document)
2. Explain the data presented above, including identification of factors contributing to any rates that do not meet this criterion's expectations and plans to address these factors. (self-study document)
3. If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

APA - Standards of Accreditation (SoA) for Health Services Psychology

<https://www.apa.org/ed/accreditation/about/policies/standards-of-accreditation.pdf>

Internship Standards of Accreditation

II. Aims, Competencies, Training, and Outcomes

D. Evaluation

1. Evaluation of Resident Competencies (page 29)

iv. Distal data typically include information obtained from alumni surveys assessing former residents' perception of the degree to which the program achieved its aims by preparing them in the



competencies identified as important by the program. The data may also include graduates' professional activities and accomplishments (e.g., licensure, employment, memberships, and affiliations).

Postdoctoral Residency Standards of Accreditation

V. Communication Practices

A. Public Disclosure

2. Communication with Prospective and Current Interns (page 34)

- b. The program is described accurately and completely in documents available to current residents, prospective residents, and other publics. This information should be presented in a manner that allows applicants to make informed decisions about entering the program. At a minimum, descriptions of the program should include the licensure status, employment status, and advanced certifications residents can expect to obtain. Program descriptions should be updated regularly as new cohorts begin and complete the program.

Western Association of Schools and Colleges (WASC)

<file:///C:/Users/srziehm/Downloads/2013%20Handbook%20of%20Accreditation%20Revised.pdf>

The *2013 Handbook* preserves and incorporates these values, even as additional factors in the operating environment for higher education demand attention. Students and their success continue to stand at the center of concerns about higher education accreditation. Thus accreditation seeks to establish standards and measurements of quality that ensure that students earn degrees in a timely manner, and that those degrees have demonstrable meaning and currency within the society at large. That meaning should also extend to graduates' ability to be engaged citizens and to obtain productive employment.

Standard 2 Achieving Educational Objectives Through Core Functions

2.7 All programs offered by the institution are subject to systematic program review. The program review process includes, but is not limited to, analyses of student achievement of the program's learning outcomes; retention and graduation rates; and, where appropriate, results of licensing examination and placement, and evidence from external constituencies such as employers and professional organizations. (page 15)

Standard 4 Creating an Organization Committed to Quality Assurance, Institutional Learning, and Improvement

4.5 Appropriate stakeholders, including alumni, employers, practitioners, students, and others designated by the institution, are regularly involved in the assessment and alignment of educational programs. (page 21)

cc: Margaret Baker, Dean

Wanda Borges, Associate Dean

Mary Kate Woods, Assistant Dean

SONHP Program Chairs/Directors

Stacey Kohut, Stacy Simmons and Mona Woo, SONHP Department Staff Supervisors