

LAKEVIEW COLLEGE OF NURSING

College Assessment Report 2020-2023



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Introduction

As the landscape of higher education continually evolves, Lakeview College of Nursing remains committed to maintaining the highest standards of academic excellence and quality nursing education. This College Assessment Report (CAR), prepared in alignment with the guidelines set forth by the Higher Learning Commission (HLC), the Commission on Collegiate Nursing Education (CCNE), reflects our institution's dedication to continuous improvement and the pursuit of excellence in nursing education. This CAR reflects the full three-year assessment cycle from August 1, 2020, to July 31, 2023.

This report is a comprehensive assessment of our nursing program, which examines key areas such as curriculum design, faculty qualifications, student outcomes, and technology integration in education. Our commitment to transparency and accountability is reflected in our thorough evaluation process, which involves input from stakeholders, faculty, students, and administrators.

Each section of this report begins with bullet points directly linked to the college assessment report. These bullet points help lead the faculty in quality improvement initiatives, are directly linked to HLC and CCNE criteria, and have established benchmarks.

LCN maintains accreditation through the Higher Learning Commission (HLC) and the Commission on Collegiate Nursing Education (CCNE). LCN's next comprehensive review with HLC will be in 2027-2028. LCN's next CCNE comprehensive review will occur in the fall of 2030, with a Continuous Improvement Progress Report (CIPR) due June 1, 2026.

Mission, Vision, & Values

- **The College Assessment Plan aligns with the mission, vision, values, philosophy, and goals of Lakeview College of Nursing.**
- **Lakeview College of Nursing’s mission is understood and communicated.**
- **The nursing program will achieve the mission, vision, and values of Lakeview College of Nursing.**
- **Academic policies support the mission and are fair and equitable.**

LCN's mission, vision, values, philosophy, and goals are communicated to all stakeholders on the LCN website and handbooks. LCN's mission, vision, values, philosophy, and goals are reviewed annually through a comprehensive review of the faculty and student handbooks. Academic policies are reviewed annually in the Faculty and Student Handbook/College Catalog to ensure alignment with the mission. Academic policies are fair and equitable per administration review and legal counsel as necessary.

The mission was reviewed and revised in 2019, focusing on diversity, equity, and inclusion in nursing and healthcare, and then approved in 2020 by the faculty, staff, administration, and Board of Directors as a product of that effort. The mission, vision, and values were reviewed through strategic planning in 2021, the College Organization in January 2022, and the Board of Directors in June 2022 with no revisions. The mission and vision statements structure the institution’s strategic plan and curriculum and speak to LCN’s focus on providing high-level education to prepare graduates for professional practice and community service.

Mission

Lakeview College of Nursing has a central focus to be a dynamic center of educational excellence as a diverse and inclusive College community that works together, exemplifying adaptability, integrity, and caring. The College will be forefront to the trends in health care and committed to nursing as a profession by preparing safe, competent, patient-centered, caring professional nurses for leadership, service, and practice for the advancement of the nursing profession.

Vision

Lakeview College of Nursing aspires to be the College of choice for professional nursing in Illinois and recognized nationally for nursing excellence.

Values

Adaptability is the process of modifying behavior as indicated to changing circumstances as evidenced by flexibility and accommodation of changing, evolving, and unpredictable situations

involving self, individuals, families, groups, and communities. Adaptability is the ability of the nurse to respond quickly to unexpected events, utilize problem-solving, contribute to innovative solutions, and to think creatively. Adaptability is building a sense of community within and outside the College through understanding and appreciating a diverse, multicultural society.

Caring as a central paradigm of nursing enables one to transcend the self and serve all people. Caring considers the holistic nature of people and the complexity of the human condition. In caring, the nurse demonstrates a commitment to the welfare of self, individuals, families, groups, and communities. Caring is viewed as attitudes, behaviors, and values that take on a spiritual dimension. Attitudes and values that send a message of support, empathy, genuineness, and commitment to another are integral to this concept.

Excellence is the quality of being superior or very good at what one does and applying that quality in all actions to generate optimal and recognizable outcomes. Excellence is represented through the implementation of quality improvement initiatives, purposeful management of resources, promotion of lifelong learning, and fostering care delivery models that raise the level of nursing practice.

Integrity is the commitment, even in the face of adversity, to five fundamental values: honesty, trust, fairness, respect, and responsibility. Integrity demonstrates trustworthiness by being honest, dependable, and reliable, along with the ability to apply ethical standards of the profession.

Service is the process of selfless giving to others that provides benefit to individuals, families, groups, community, and society. Central to this concept is a reflection on the experience which offers the opportunity to discover which practices can influence particular outcomes.

Philosophy

The philosophy of Lakeview College of Nursing, affirmed by Faculty, is consistent with the mission of the College. The College will be forefront to the trends in health care and committed to improving nursing as a profession by preparing competent, safe, caring **professional nurses for leadership** roles in the health care community.

We believe:

- Professional nursing is the art and science of providing **patient-centered** care through **collaboration** with patients, their families, and the interdisciplinary health care team in a therapeutic environment.
- Nurses ensure **safety and quality care** delivery in responding to the dynamic educational and healthcare needs of the community by fostering socio-cultural values and respect.

- Nurses communicate and collaborate with the health care team by utilizing information management and technology to achieve positive health outcomes.
- Adult learning styles, rates of learning, learner readiness, **cultural and ethnic** background, and life experiences variances are inherent in the student population and are taken into consideration when planning and delivering effective teaching.
- Respect and dignity must be maintained to foster the learning environment, collegial relationship, and professional **scholarship** between the student and the educator.
- Student nurses are accountable for their desire to learn using commitment, initiative, and self-direction in achieving evidence-based nursing practice.

The nursing program prepares the graduate to provide competent and safe nursing care across the lifespan to patients and their families in a variety of settings. The goal is to provide an excellent nursing education experience. Nursing care incorporates evidence-based practice, **clinical judgment**, and critical thinking for safe nursing practice. The nurse graduate is equipped with nurse generalist skills, knowledge, and a foundation for continued learning and career advancement.

Organizing Concepts

- Collaboration
- Information Management & Technology
- Safety and Quality Improvement
- Health Promotion
- Professionalism/Leadership
- Patient-Centered Care
- Clinical Judgment/Evidence-Based Practice

Action Plan: Mission, Vision, & Values

Continue with current processes.

Shared Governance

- **Stakeholders will give input into program processes and decision-making.**
- **Faculty and students will participate in shared Governance.**

LCN values all stakeholders' input into the program and has an effective, shared governance model for planning, policies, procedures, and decision-making. Shared Governance involves the Board of Directors, the administrative team, the faculty organization, the staff organization, the Student Government Association, and the Alumni Association. Other stakeholders include clinical agency partners, preceptors, and graduates' employers. Students can participate in the Curriculum Committee, Professional Development Committee, and the Faculty Organization. During this assessment cycle, meeting minutes were reviewed for each fall and spring semester. Student Government Association members attended at least one meeting a semester in the Faculty Organization, Professional Development Committee, and Curriculum Committee. All full-time faculty members attend faculty organization meetings unless formally excused. Tea with the Dean is an additional opportunity for students to provide input in shared Governance. The CAP indicates that it will be held each Fall, Spring, and Summer semester. Tea with the Dean was not held during the Summer semester during this assessment cycle nor during the Fall 2022 semester. Students were still provided with the opportunity to participate in shared Governance through participation in the Faculty Organization and committee meetings. The Dean will continue to plan to hold Tea with the Dean during each Fall, Spring, and Summer semesters. Feedback from Tea with the Dean is communicated through the appropriate channels.

Each Spring, input is gathered from various stakeholders within the community, including clinical agencies. During this assessment cycle, stakeholder input was collected through in-person advisory meetings and an online advisory survey. Due to the COVID-19 pandemic, the scheduling of in-person meetings and surveys was disrupted; however, input was solicited each Spring semester in some format. Faculty were provided the opportunity to attend these meetings and provided with a synopsis of the meetings in the faculty organization meetings. Areas for improvement noted within this assessment cycle were student professionalism and communication. A faculty plan was established to increase professional development in professionalism and communication.

LCN distributes several surveys on a routine schedule to assess faculty, staff, and student feedback. The surveys are Skyfactor, National Survey of Student Engagement (NSSE), and Noel Levitz. Shared governance data, which may impact the action plan, is collected from these surveys.

NSSE will no longer be distributed to students, as the data provided by Skyfactor is a sufficient assessment of student feedback.

Additional measures to assess feedback from communities of interest include the suggestion box on the college website. Feedback is elicited from faculty, staff, administration, and students through strategic planning processes. During accreditation visits with the Higher Learning Commission (HLC) and the Commission on Collegiate Nursing Education (CCNE), stakeholders' feedback is elicited as part of the accreditation process.

Shared Governance was demonstrated within the college during this assessment cycle. Communities of interest are provided with the opportunity to provide input through multiple channels.

Areas for improvement related to shared governance include the suggestion of adjusting the benchmarks in this area to monitor student engagement in shared governance. Currently the benchmark states that student government association members will have the opportunity to participate in committee meetings. Faculty will be presented with potential revisions to this benchmark to allow for a more accurate assessment of shared governance participation.

Action Plan: Shared Governance

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| <ul style="list-style-type: none">• Propose adjustments to benchmarks within the CAP to allow for a more accurate assessment of shared governance participation. |
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Program Outcomes

- **Graduating seniors will demonstrate that they have met program outcomes.**
 - **Demonstrate collaboration among health care professionals through the use of effective communication to improve patient outcomes.**
 - **Incorporate informatics and technology into professional nursing practice.**
 - **Implement safe, quality care for individuals, families, and systems to improve outcomes.**
 - **Teach patients about health promotion and screening programs based on family, population, and/or community needs.**
 - **Integrate professional values and leadership principles as a nurse generalist.**
 - **Demonstrate patient-centered care by respecting the patient's preferences, being culturally sensitive, and incorporating professional values into nursing practice.**
 - **Demonstrate appropriate clinical judgment based on current evidence for patients across the lifespan in various settings.**

LCN graduates demonstrate they have met program outcomes through various learning opportunities. Faculty have identified essential assignments directly linked to program outcomes within the CAP, and Faculty and the Director of Assessment monitor the assignments. Continuous quality improvement is implemented as needed or per faculty request. The Curriculum Committee reviews all assignments if quality improvement is indicated.

During this assessment cycle, all program outcomes were reviewed by faculty. Faculty determined that the program outcomes are being met by students using the current assessment methods. However, areas for improvement are notable as the faculty aims for continuous quality improvement.

Areas for improvement within the curriculum include the integration of informatics and technology into professional nursing practice. Data that supports this area for improvement includes graduate Skyfactor data surrounding the use of medical computer technology that remained below the benchmark during this assessment cycle. Faculty continue to implement quality improvement initiatives to strengthen this identified weakness. Key assignments assisting students in achieving this program outcome include the Adult Health I Death and Dying Culture Simulation and the Basic Health Assessment course skills check-offs. The faculty has identified integrating electronic medical records (EMRs) into the curriculum as a priority in assisting students in meeting this outcome. Improvement efforts will continue into the next assessment cycle.

Table 1. Skyfactor Data: Medical Computer Technology

BENCHMARK	2020-2021	2021-2022	2022-2023
Students will score satisfied with the use of medical computer technology at 5.00 or higher.	4.57 (Not Met)	4.83 (Not Met)	4.61 (Met)
Students will score satisfied with the training to use medical computer technology at a 4.5 or higher.	4.20 (Not Met)	4.54 (Met)	4.44 (Not Met)
Students will score satisfied with the use of appropriate technologies to assess patients at a 6.00 or higher.	5.02 (Not Met)	5.29 (Not Met)	5.37 (Not Met)

An additional review of the program outcomes is planned to be initiated during the Fall 2023 semester. The need for this review was identified in the Summer 2023 semester. This review will include a thorough evaluation by faculty regarding each CAP document used to assess students' achievement of the program outcomes. Preliminary assessment of the CAP documents during the Summer 2023 semester indicates a strong emphasis on the program outcome that focuses on cultural sensitivity. All program outcomes are assessed through the CAP documents but not with the same level of detail. This review will be added to the action plan.

Action Plan: Program Outcomes

- A review of CAP documents and program outcomes will be initiated during the Fall 2023 semester.
- Integrate EMR documentation throughout the curriculum.
- Discuss potential additional of CAP assignments to strengthen the assessment of the program outcomes related to informatics and technology.
- Provide healthcare-related technology training for students and faculty.
- Provide faculty with routine professional development opportunities related to the quality of nursing instruction and best practices.

Nursing Program

- **The nursing program will align with national nursing standards.**
- **The curriculum is developed, implemented, and revised to prepare the nurse generalist.**
- **Students will pass NCLEX-RN® on the first attempt.**
- **Program completion rates demonstrate program effectiveness**
- **Academic support services are sufficient to ensure quality and are evaluated regularly to meet program and student needs.**
- **Co-Curricular: Learning activities, programs, and experiences that reinforce the institution's mission and values complement the formal curriculum.**
- **Preceptors are academically and experientially qualified for their roles.**
- **The curriculum is developed, implemented, and revised to reflect the Illinois Nurse Practice Act.**
- **The curriculum incorporates the Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2021) and QSEN.**
- **The curriculum is logically structured to achieve expected student outcomes.**
- **The Baccalaureate curriculum builds upon a foundation of the arts, sciences, and humanities.**
- **The curriculum includes cultural, ethnic, and socially diverse concepts.**
- **Teaching-learning practices and environments support the achievement of expected student outcomes.**
- **Clinical practice experiences enable students to integrate new knowledge and demonstrate attainment of program outcomes, foster interprofessional collaborative practice, and are evaluated by Faculty.**
- **The curriculum and teaching-learning practices consider the needs and expectations of the community of interest.**
- **The Faculty evaluates individual student performance and reflects on the achievement of expected student outcomes.**
- **Evaluation policies and procedures for individual student performance are defined and consistently applied.**

Alignment with National Standards

The Nursing program outcomes are aligned with national nursing standards and guidelines, including QSEN, the NCLEX-RN® blueprint, and the BSN Essentials. This alignment supports the preparation of the nurse generalist. Each course has weekly/unit student learning outcomes documented within the standardized lesson plans. Each weekly/unit student-learning outcome is directly linked to a minimum of one-course student-learning outcome. Course student-learning outcomes are directly linked to QSEN, the NCLEX-RN® blueprint, and the BSN Essentials through curriculum mapping. Course outcomes are reviewed for consistency each semester during the review of syllabi and lesson plans. Each CAP assignment is linked to QSEN, the BSN Essentials, course student learning outcomes, and the 2019 NCLEX-RN® blueprint.

The BSN Essentials were reviewed in Fall 2021. During the Fall 2022 and Spring 2023 semesters, faculty confirmed that the program outcomes are aligned with the BSN Essentials and that all competencies required of the BSN Essentials are integrated into the curriculum.

A curriculum review was conducted during the 2022-2023 academic year. A consultant was hired to evaluate the curriculum based on the 2023 NCLEX-RN® test blueprint. The 2023 NCLEX-RN® will introduce a greater focus on clinical judgment, with never before seen NCLEX-RN® style questions that evaluate students' achievement of clinical judgment. The consultant provided the faculty with constructive criticism in multiple areas. All faculty members were provided the opportunity to review the consultant report and spent several sessions talking with the consultant. The faculty and quality improvement identified priorities that did impact the entire curriculum. Effective Spring 2023, the faculty-mandated weighting of standardized testing (ATI Content Mastery Series Assessments) was reduced. This reduction will allow faculty to place greater emphasis on the assessment of student's achievement of the course student learning outcomes.

Additionally, several courses were voted exempt from the testing policy that requires that 80 percent of the course grade be assessed through examinations. This exemption will allow faculty in those courses to place greater emphasis on more effective assessment methods for their courses, such as projects. Several changes were made to course learning outcomes to shift focus to clinical judgment. Although these changes were voted on during the assessment cycle, they will not take effect until the Fall 2023 semester. The course that is most impacted by these changes is N314: Introduction to Professional Practice.

Currently the College Assessment Plan indicates that the assessment and measurements section related to alignment with national nursing standards requires clarity. It states that the program will align with the "code of ethics". This is an unclear statement as there are multiple codes of ethics. Additionally, it includes the alignment with QSEN. Although QSEN is an excellent source for alignment, the QSEN standards have now been integrated into the BSN Essentials. This creates potentially unnecessary duplication. Faculty to review the current national standards that are being used for discussion and consideration of revision.

Nurse Generalist

Several of the national standards of the program are aligned with a focus on preparing the nurse generalist. This includes the BSN Essentials and the NCLEX-RN®. Additionally, faculty engaged in several conversations regarding prevalence rates during this assessment cycle. These

discussions proposed a potential reduction in curricular content to better prepare students for their role as nurse generalists. These discussions are ongoing, with a prevalence rate committee working on collecting data from stakeholders. The curriculum consultation initiated this discussion of prevalence rates.

NCLEX-RN® Pass Rate

The Illinois Department of Financial and Professional Regulation (IDFPR) provided data for NCLEX-RN® pass rates to LCN. The Annual NCLEX-RN® pass rate for the first-time takers, accelerated track, traditional track, LPN-BSN track, Danville campus, and Charleston location are shown in Table 2. LCN meets the CCNE standard IV-C by having a pass rate for each campus/site and a track of 80% or higher for all first-time takers over the three most recent calendar years. LCN faculty have set an expected outcome (benchmark) of a 90 % pass rate for NCLEX-RN® test takers within the 2020-2023 College Assessment Plan (CAP). An action plan will be developed since the overall program pass rates and the traditional track did not meet the 90% benchmark.

Program Completion Rates

The program completion rates are calculated according to the student cohort, which is assigned based on the date of matriculation (entry point; students enter the various tracks of the BSN program in either the fall or the spring academic terms).

Time to completion is the maximum time frame of 150% completion of the published program timeframe. A full-time student must complete the program in three years. A part-time student must complete the program in six years. Once a student enrolls in a course at LCN, the degree requirements must be completed within three consecutive academic years for a full-time student and six consecutive academic years for a part-time student. Completion time may vary for students changing from full-time status to any other status and/or withdrawing from courses. A student will never have more than six years to complete the BSN degree requirements. This calculation considers all cumulative credit hours attempted. Each cohort is tracked from semester to semester to determine their retention rates. The calendar year's calculation consists of two admission cohorts, students admitted in the Spring and fall of that calendar year. Students no longer in the program are moved into the attrition calculations. Students who have met graduation requirements are moved to the graduation calculations. This process is extracted from accurate student enrollment records on the college's student information system (SONIS). The data is imported into the matriculation, attrition, retention, and graduation table, and this information is measured through the college's assessment process.

Table 2. NCLEX-RN® Pass Rate 3-Year Average: Program, Charleston, Danville

OVERALL PROGRAM												
	PROGRAM			ACCELERATED			TRADITIONAL			LPN/BSN		
	PASS	TAKE	RATE	PASS	TAKE	RATE	PASS	TAKE	RATE	PASS	TAKE	RATE
2022	51	63	81%	14	14	100%	34	45	76%	3	4	75%
2021	52	62	84%	16	18	89%	32	40	80%	4	4	100%
2020	60	63	95%	21	21	100%	39	42	93%	-----	-----	-----
3 YEAR AVERAGE	163	188	87%	51	53	96%	105	127	83%	7	8	88%

CHARLESTON LOCATION												
	PROGRAM			ACCELERATED			TRADITIONAL			LPN/BSN		
	PASS	TAKE	RATE	PASS	TAKE	RATE	PASS	TAKE	RATE	PASS	TAKE	RATE
2022	24	30	80%	5	5	100%	18	24	75%	1	1	100%
2021	21	25	84%	5	5	100%	15	19	79%	1	1	100%
2020	29	31	94%	8	8	100%	21	23	91%	-----	-----	-----
3 YEAR AVERAGE	74	86	86%	18	18	100%	54	66	82%	2	2	100%

DANVILLE CAMPUS												
	PROGRAM			ACCELERATED			TRADITIONAL			LPN/BSN		
	PASS	TAKE	RATE	PASS	TAKE	RATE	PASS	TAKE	RATE	PASS	TAKE	RATE
2022	27	33	82%	9	9	100%	16	21	76%	2	3	67%
2021	31	37	84%	11	13	85%	17	21	81%	3	3	100%
2020	31	32	97%	13	13	100%	18	19	95%	-----	-----	-----
3 YEAR AVERAGE	89	102	87%	33	35	94%	51	61	84%	5	6	83%

CCNE allows programs to demonstrate that their program is effective through completion rates by one of four options. LCN's program completion rates for all three calendar years are reported in Table 3. Program completion rates are reported as a whole, based upon the track the student is enrolled in (traditional, accelerated, LPN-BSN, or RN-BSN), and as a 3-year average. LCN's completion rates meet the CCNE standards for completion rate due to the completion rate being greater than 70 percent based on the 3-year average.

Faculty have developed a benchmark that 80% of students will complete the program. Several of the tracks offered in the program did not meet this benchmark during this assessment cycle (see Table 3). Efforts to improve student retention within the program during this assessment cycle include refining the remediation program to be more individualized, and a comprehensive readmissions process was developed and implemented. Additionally, the satisfactory academic progress policy was revised to allow students to have two (2) withdrawals from courses prior to

being academically dismissed. Previously students who withdrew from two (2) courses were dismissed from the program. This policy is effective August 2023. During development of the next college assessment plan, the college organization will review and discuss this benchmark to consider alignment with our accrediting bodies.

Table 3. Program Completion Rates for Three Most Recent Calendar Years*

	2020	2021	2022	3-Year Average
BSN	89%	73%	78%	80%
	Entry (N=74) 66 completed	Entry (N=64) 47 completed	Entry (N=89) 69 completed	Entry (N=227) 182 completed
TRADITIONAL	83%	65%	72%	73%
	Entry (N=47) 39 completed	Entry (N=48) 31 completed	Entry (N=71) 51 completed	Entry (N=166) 121 completed
ACCELERATED	100%	100%	100%	100%
	Entry (N=24) 24 completed	Entry (N=14) 14 completed	Entry (N=15) 15 completed	Entry (N=53) 53 completed
LPN-BSN	100%	100%	100%	100%
	Entry (N=3) 3 completed	Entry (N=2) 2 completed	Entry (N=3) 3 completed	Entry (N=8) 8 completed
RN-BSN	-----	-----	-----	-----

*The formula for calculating completion rates was as follows: the number of students at the time of matriculation as the denominator and the number of graduates who completed the program as the numerator.

Academic Support Services

LCN provides sufficient academic support services to ensure quality to meet the program and student needs. Academic support services are evaluated within the CAP and reviewed each semester. Students have expansive access to tutoring through LCN tutors, Smarthinking, open lab, simulation, and ATI resources. The Professional Development Committee completes the evaluation of tutoring. In addition to tutoring, students have access to academic advising. Each student is paired with an advisor on admission to the program. Student satisfaction with academic advising has met and exceeded the faculty benchmark for each academic year in this assessment cycle (see Table 4). LCN provides students with financial aid services upon admission to the program. Student satisfaction with Financial Aid has been maintained above the benchmark through this assessment cycle (see Table 4). LCN students have access to library services in person and virtually. Student satisfaction with library services was maintained above the benchmark during this assessment cycle (see Table 5).

The nursing program's integration and technology evaluation is carefully monitored through numerous CAP benchmarks (see Table 1). Integration of ATI EHR is expanding in each course;

future expansion is set to occur since there is a continuous noted deficit in technology-related student satisfaction. EHR tutor is incorporated in N312 and N321. The curriculum committee monitors the integration of EHR tutor, and the Dean of Nursing encourages integration.

Table 4. Skyfactor Data: Advising and Financial Aid

BENCHMARK	2020-2021	2021-2022	2022-2023
Students will score satisfaction with Academic Advising at a 5.5 or higher.	5.74 (Met)	5.80 (Met)	5.74 (Met)
Students will score satisfaction with Financial aid at a 4.6 or higher.	4.76 (Met)	4.98 (Met)	5.02 (Met)

Table 5. Noel Levitz: Library Services

BENCHMARK	2020	2022
Students will score “Library resources and services are adequate” under Campus Services at a 5.5 or higher.	5.88 (Met)	6.48 (Met)

A new student orientation is held each semester when a new cohort is admitted to the program. An agenda is developed for this orientation. During this assessment cycle, the agenda consistently included an orientation to library services, information technology, and ATI. The faculty benchmark is that 100 percent of students will have the opportunity to participate in an orientation to technology at new student orientation. Technology information is listed in the student handbook and the college website and provided at new student orientation. Students are guided on how to access this information in their admission packet.

End-of-course faculty evaluations of academic support services are reviewed each semester. This benchmark was met throughout the assessment cycle with no current concerns.

Co-Curricular Activities

Co-curricular activities are learning activities, programs, and experiences that reinforce the institution's mission and values and complement the formal curriculum. Students enrolled in N442: Population & Global Health participate in a Triage Day within the lab setting to apply triage content in a simulation environment in both Fall and Spring. Research Day was held every Fall and Spring semester during this assessment cycle for all LCN students and Faculty, expanding on Professional Development content. Poster Presentations completed by graduating students are presented at Research Day, sharing more information on the N442 Population and Global Health

Legacy Projects. Presentations and Research Day are evaluated through a survey gathered by the Professional Development Committee.

Graduating students completed 20 service-learning hours by graduation. Service-learning hours have developed outcomes that are linked to the program outcomes. For the 2021-2022 and 2022-2023 academic years, the curriculum committee reviewed the service learning hours' associated documents for quality improvement efforts. Students are now required to complete the journal associated with their service learning and submit it to their e-portfolio in N443: Leadership and Management.

LCN hosts the Alpha Alpha Delta chapter of Sigma Theta Tau International. The Alpha Alpha Delta chapter could not hold an honor night event during the Spring 2023 semester, as no students accepted their invitation to the honor society. During this assessment cycle, an honor night was hosted every spring and fall semester.

The Student Government Association (SGA) is a co-curricular that supports the formal curriculum. Each location has its group of students representing the student body, which is determined through an election process. Faculty have benchmarked that 100 percent of the SGA student outcomes will be met each academic year. This benchmark was not met during this assessment cycle. Quality Improvement efforts are pending. SGA outcomes and bylaws modifications were approved by the Faculty Organization and implemented during the 2021-2022 academic year.

A Place of Distribution (POD) event once an academic year was not held for 2021-2022. The fall 2022 influenza clinic was held using the POD. This clinic was organized with the cooperation of the Vermillion County Health Department. Students provided the local community, faculty, and students with vaccinations. There was no influenza clinic in the spring of 23.

Clinical Preceptors

Clinical preceptors comply with the Illinois Nursing Practice Act and are monitored through the preceptor's employment facility. Each preceptor will receive a clinical skills information sheet during orientation to the student's learning experience. Preceptors are allowed to give feedback related to the student to the clinical instructor. Clinical instructors and course coordinators review the evaluations to identify the effectiveness of the teaching-learning experience. Improvements are made as needed. Preceptor documents were reviewed and modified by the Professional Development Committee for quality improvement. The Illinois Administrative Code as well as CCNE require that the program meets a minimum set of standards relates to clinical preceptors.

During the development of the next CAP the faculty organization will review the Illinois Administrative Code as it is more specific in it's requirements.

Illinois Nurse Practice Act, Essentials, and QSEN

The current assessment plan indicates that the faculty will review and update the curriculum when the Illinois Nurse Practice Act is released or updated. The current Illinois Nurse Practice Act went into effect on 10-5-2007. The act is set to be repealed on January 1, 2028. The current CAP benchmark states that 100 percent of courses will incorporate the Illinois Nurse Practice Act. This benchmark was met.

The curriculum incorporates the Essentials of Baccalaureate Education and QSEN. Faculty have mapped all courses to both of these organizations to ensure that the quality of the nursing program maintains alignment with national standards. When preparing the next CAP, faculty will be informed that QSEN has been integrated into the Essential for Entry-Level Nursing Practice. Informing faculty of this integration of QSEN and the Essentials may result in revision or deletion of QSEN from this benchmark.

Logically Structured Curriculum

Course student learning outcomes show the progression of student learning according to Bloom's Taxonomy and the curriculum mapping of content. Each course's student-learning outcome is directly linked to a minimum of one program outcome. Edits and adjustments are made as needed through quality improvement efforts. During the 2022-2023 academic year, learning outcomes of course were voted to be updated by faculty to address the 2019 NCLEX-RN® test plan. These changes take effect in Fall 2023. The test assessment was updated to integrate how each course meets course learning outcomes. This will be initiated in the Fall 2023 semester.

Simulation is an effective method of teaching and assessment of student learning. Currently the faculty have a benchmark that 75 percent of courses with a clinical component will include a simulation experience. However, this benchmark is not being accurately assessed. The end of course evaluation documents will be reviewed and adjusted based on this knowledge.

Arts, Sciences, and Humanities

All students admitted to Lakeview College of Nursing are required to have completed 60 hours of General Education and Prerequisite courses. The curriculum was reviewed during the Fall 2022 semester without revisions to the admission requirements.

Cultural, Ethnic, and Social Diversity

The program maintains a benchmark requiring that 100 percent of courses incorporate concepts related to cultural, ethnic, and social diversity. This benchmark was met throughout the assessment cycle. The concepts have been mapped throughout the curriculum by the curriculum committee. As many CAP assignments integrate these concepts, CAP assignments are an integral component of achieving this benchmark. All CAP assignments are being reviewed to determine if the faculty should shift their quality improvement efforts to another benchmark. This review will be initiated in the Fall 2023 semester.

Achievement of Expected Student Outcomes

Curriculum mapping is essential to ensuring that teaching-learning practices aid the student in achieving the expected student learning outcomes. This mapping allows the faculty to identify gaps within the curriculum. The identified gaps are addressed by the faculty accordingly. Additionally, all course outcomes are aligned with the program outcomes. This alignment allows the students to meet the program outcomes throughout the curriculum.

LCN enrolls students from various backgrounds, with both traditional and non-traditional students. With this varied enrollment, LCN faculty embrace the idea that each student will likely have their own learning style. Each faculty member must include at least two teaching strategies per unit to accommodate varied learning styles. The curriculum committee monitors this requirement, or an appointed faculty member, through the routine review of lesson plans at the beginning of each semester.

A key component of today's teaching-learning environment is technology. LCN routinely monitors the use of technology and elicits feedback from its stakeholders regarding technological resources. Benchmarks for technology related to the achievement of expected student outcomes include monitoring students' perceptions of the adequacy of online student resources and the availability of technical assistance. Both benchmarks were not met during this assessment cycle. Faculty of hybrid courses continue to improve courses by creating tutorial videos available to students, clarifying the syllabus, and placing easy navigation tabs in Edvance360 for frequently used sites. Additional student feedback is collected to determine what students refer to when answering these questions. This request for further feedback was initiated in the Summer 2022 semester.

Documentation regarding student performance in the classroom, lab, and clinical can be found in academic improvement plans (AIPs), midterm grades, Sonis notes, and Edvance 360. This

documentation of student performance provides the student with due process in their education. The course coordinator or instructor will suggest content remediation in the AIP for students failing to meet academic standards. Midterm grades are entered into Sonis at midterm each semester to update the student on their midterm progress. Faculty are required to grade and update Edvance 360 per the grading policy. By providing students with due process through multiple methods, all students are notified of poor academic performance. There have been occurrences during this assessment cycle when faculty failed to provide an academic improvement plan when it was indicated or failed to grade assignments within the required time frame; however, the Dean of Nursing followed up with these concerns.

Per the Satisfactory Academic Progress (SAP) policy, students with poor progression through the program are placed on a remediation plan to support student learning and program success. A faculty member is put in charge of coordinating remediation. The faculty remediation coordinator works directly with students to build an individualized success plan. The student's plan includes input and participation from the remediation coordinator, tutor, lab coordinator, and academic advisor. This process aims to assist students in taking a proactive approach to meeting their course learning outcomes.

Clinical

Clinical experiences within the curriculum allow the students to apply the content they have learned in the classroom and simulation lab. These experiences allow students to demonstrate the attainment of program outcomes, foster interprofessional practice and be evaluated by faculty. Faculty have reviewed the outcomes associated with each clinical course and confirmed the alignment between these clinical courses and the program outcomes. This alignment is scheduled to be completed on a routine basis to ensure that this consistency is maintained throughout the curriculum. Course coordinators for each clinical course are given the opportunity to evaluate the effectiveness of the clinical site at the end of each semester. If it is determined that a clinical site is inappropriate for the student's level of learning, action is taken. At this time, all clinical sites are appropriate for the student's level of learning.

Simulated learning experiences are created based on the course content to assist the student in achieving their course learning outcomes. These experiences integrate current evidence-based practice by using up-to-date skill sheets required through the curriculum, ensuring textbooks are updated when new editions are updated, and integrating new evidence as needed.

Each student receives an individualized midterm and final clinical evaluation by the clinical instructor in each clinical course. Additionally, students are provided the opportunity to evaluate their clinical preceptors. Clinical preceptors are assigned to students when they rotate to a unit that their clinical instructor is not on or are assigned to doing a preceptor-model rotation. Each clinical has identified skills that follow the curricular mapping approved by the Faculty. Each semester, Faculty review the clinical evaluations completed by students. Students are given the opportunity to conduct final evaluations on clinical instructors and locations for quality improvement efforts. All faculty feedback related to clinical sites is communicated to improve student learning opportunities.

All courses incorporate interprofessional collaborative practice and curricular mapping to demonstrate that interprofessional collaborative practice is implemented within the nursing program. The curriculum was reviewed for this content during the 2021-2022 academic year by the curriculum committee.

Needs and Expectations of the Community of Interest

All course examinations and medication-calculation quizzes are reviewed by a minimum of one faculty member before administration to students. Faculty are encouraged to have their examination reviewed by an additional faculty member. The review of examinations and quizzes consist of following best practices, NCLEX-RN® style, course content, course student learning outcomes, following faculty-testing policy, and medication calculation policy. Effective Spring 2023, faculty began completing a test remediation plan during assessment day to integrate an intentional review of all exam items identified as “difficult.” “Difficult” questions are those less than 30% of the students answer correctly. This test remediation plan was initiated based on the recommendation of the curriculum consultant.

All full-time faculty must engage in a minimum of 10 faculty-enriching activities each academic year. This requirement allows faculty to stay abreast with best practices in nursing education while allowing each faculty member to select the activities based on their teaching style. Faculty are also provided with continuing education opportunities occasionally during faculty in-services. During this assessment cycle, training included Next-Generation NCLEX item writing and test item writing. Faculty are provided the opportunity to have additional professional development paid for by the college. Any faculty member who engages in professional development through this process reports on the education to the entire faculty organization to promote best practices in nursing education.

The curriculum committee reviews all lesson plans to ensure that each learning unit includes at least two teaching strategies to accommodate varied learning styles.

Simulation is a key curriculum component, engaging students in best-practice learning experiences. Students evaluate all simulation experiences through laboratory and post-simulation evaluations. The course coordinator and lab coordinator review feedback. It was noted that there was no formal evaluation of the simulation experience by faculty; the end-of-course evaluation was updated for faculty input.

The communities of interest of LCN extend beyond the students and faculty. The processes for eliciting feedback from other communities of interest related to the advisory committee meetings, suggestions box, and DAISY nominations were previously discussed in this report.

Assessment of Individual Student Outcomes

Students at LCN are evaluated individually regarding the achievement of course learning outcomes. Each course's assessment methods align with the course content and learning outcomes. During this assessment cycle, an improvement was made to the end-of-course evaluations to ask faculty to intentionally assess the outcome of course learning using the test evaluation form. This improvement will take effect in Fall 2023. CAP assignments are also aligned with the course learning outcomes.

The past assessments and measurements used to determine if all clinical and theory assessment methods aligned with course outcomes did not fully reflect the entire curriculum. The end-of-course evaluation has been updated for future semesters to address this gap.

Evaluation Policies for Students

Policies and procedures for evaluating student performance are defined and consistently applied. Examinations and dosage calculation quizzes undergo a peer review process, as the curriculum committee requires. All examinations and dosage calculations quizzes must maintain consistency with the testing policy. After each examination, the instructor can review the examination for validity and reliability. Items on an examination may be nullified if the item meets the criteria for nullification as identified by the faculty.

Additionally, each student is provided with a syllabus from the instructor at the beginning of the semester. Students confirm that they have read and reviewed the policies listed in the syllabus by signing the syllabus. Each course instructor can adopt their practices for their course, pending that the practices fully align with the student and faculty handbook. Many course and clinical

assignments are graded using rubrics, which are reviewed and approved by the curriculum committee. These rubrics support the goal of consistent evaluation of all students.

Action Plan: Nursing Program

- Review and clarify what national nursing standards the program is aligning with for clarity. This will include a discussion of QSEN being integrated with the Essentials for Entry-Level Professional Nursing Education.
- A review of CAP documents and program outcomes will be initiated during the Fall 2023 semester.
- Continue with prevalence rates review that was initiated secondary to program review in 2022.
- Review the benchmark for program completion rates with faculty in comparison to CCNE standards for accreditation.
- Review Mountain Measurements Reports to develop a plan of improvement related to NCLEX-RN pass rates.
- Quality improvement plan to be developed related to the student government association (SGA) outcomes.
- During the development of the next CAP, the faculty organization will review the Illinois Administrative Code as it relates to the use of preceptors.
- Assess achievement of student course learning outcomes in each course at the end of the semester. Assessment day documents updated to be initiated Fall 2023.
- Adjust end of course evaluation documents to better assess achievement of benchmarks. Assessment day documents updated and to be initiated Spring 2024.
- Suggest integration of benchmarks related to the evaluation policies and procedures for individual student performance during the development of the next CAP.

Quality Improvement

- **The program uses a quality improvement process to obtain relevant qualitative and quantitative data, includes timelines, and is reviewed periodically.**
- **Data analysis is used to foster ongoing program improvement.**
- **Academic policies are published, accessible, reviewed, and revised as necessary to foster program improvement.**
- **Data on teaching and learning practices will be used in decision-making.**

The program uses a quality improvement process on an ongoing basis to obtain relevant data, both qualitative and quantitative, with timelines and periodic reviews. The College Assessment Plan (CAP) is used for the program's quality improvement efforts and decision-making, laying out an assessment process. The CAP is a faculty-approved document; any changes are discussed and approved by the faculty in the Faculty Organization. The assessment process uses and interprets data on programs, processes, and procedures that are analyzed and compiled. Data gathering and input from faculty, including course coordinators, are completed each semester. Data from faculty include but are not limited to the analysis of examinations, reports, evaluations, and LCN surveys. Ongoing data interpretation, updates, and action plans, as needed, are provided to the faculty at the Faculty Organization Committee meetings and Assessment Days held by the Director of Assessment. Fall and Spring/Summer reports are provided in detail to the Faculty Organization Committee annually. A summative report, the College Assessment Report (CAR), compiles all annual quality improvement efforts implemented through the CAP. The CAR is communicated to all appropriate members of LCN.

The assessment process includes academic policies, which are reviewed and updated as needed through the faculty and student handbook. The faculty and student handbooks are reviewed annually in the spring semester. Reviews and modifications to policies are completed throughout the year as needed. The faculty and student handbooks are located on the LCN website.

Action Plan: Quality Improvement

- Develop the 2024-2027 CAP

Professional Development

- **Faculty are academically and experientially qualified to teach their courses.**
- **Faculty engages in teaching, scholarship, service, and practice.**
- **Faculty will advance the profession of nursing by demonstrating effectiveness in teaching scholarship, research, service, and practice.**
- **Expected faculty outcomes are clearly identified by the program, written, communicated to the Faculty, and congruent with institutional expectations.**

Faculty expectations and outcomes are established with faculty input through Shared Governance. Faculty expectations and outcomes are located within the faculty handbook. Faculty are evaluated each spring. Faculty evaluations are aligned with the faculty job description and outcomes. The faculty promotion opportunities are aligned with the faculty outcomes and are located within the faculty handbook. The faculty handbook is reviewed each spring annually for the upcoming academic year.

The faculty are academically and experientially qualified to teach their course. When hiring a new faculty member, the Dean of Nursing works cooperatively with Human Resources to ensure candidates are qualified. 100% of faculty roles are aligned within the areas they are teaching. Faculty have received various orientation formats to the faculty role within the college. In addition, the Human Resource department acquired the faculty orientation from the Professional Development Committee in Fall 2021 to centralize the process. New faculty are asked to meet with faculty, staff, and administration throughout the college to gain a better understanding of processes and procedures within the college. Faculty are encouraged to maintain their knowledge of current practice through conferences, practicum hours, bedside nursing, or nursing certifications. Faculty consistently maintain the benchmark associated with staying current in practice.

Further quality improvement efforts have been completed to align the orientation process with the faculty member's position, such as full-time, part-time, adjunct, and clinical. In addition to the orientation process provided by the Human Resource Department, new faculty are provided with a mentor. The CAP indicates that this will occur for all faculty. Historically, mentors have been assigned to new full-time faculty and part-time course coordinators—quality improvement to ensure that all faculty receive mentorship. Mentors are identified as experienced faculty who guide and assist newly hired faculty. Mentors and mentees work together to complete the mentorship program managed by the Professional Development Committee. The Professional Development Committee surveys mentors and mentees to evaluate each semester's mentorship program. Action

plans are developed as needed based on the survey results. Action plans include increasing mentor and mentee training and lengthening mentorship as needed.

LCN faculty have continuous engagement in teaching, scholarship, service, and practice through faculty workload distribution each semester, time for clinical practice, ongoing annual NLN membership, ATI training sessions available as needed, ATI Champion training, Research Day, Assessment Day, Nurse Tim, and other professional development opportunities. LCN has participated in many grants to support Faculty in pursuing certification and professional development opportunities. Faculty are notified of various grant and fellowship opportunities pursued individually. During this assessment cycle, three faculty members received a fellowship from the Illinois Board of Higher Education (IBHE), which supported continuing professional development. An area for improvement noted within the CAP is scholarship. It was noted that not all faculty engaged in scholarship during the assessment cycle. The Professional Development Committee is reviewing the promotion policy during the 2022-2023 academic year to align the qualifications for promotion with the college's mission, vision, and values. This review will include a discussion regarding what qualifies as scholarship.

The Certified Nurse Educator (CNE) obtainment is an ongoing benchmark for LCN. The 50% full-time Faculty benchmark is a primary benchmark with an extensive multistep action plan in progress to support LCN faculty. The LCN action plan for CNE includes but is not limited to participation in grant funding, teaching excellence in-services at LCN, national conference attendance, and monthly in-services focused on the CNE certification, which is continuous. This benchmark continues not to be met by the faculty organization. The benchmark was adjusted during this assessment cycle to include the Certified Academic Clinical Nurse Educator (CNEcl) as an acceptable certification, as this certification exemplifies excellence in clinical teaching modalities. The Professional Development provided faculty with CNE tips for the examination throughout the 2022-2023 academic year during faculty organization meetings.

All faculty that teach hybrid courses are provided with additional online training. The current training method includes sending these faculty members to the University of Michigan at Flint to receive a certification in online teaching.

Faculty Outcomes

Faculty outcomes in teaching, scholarship, and service are consistent with the nursing program's mission, vision, goals, and program outcomes. Faculty are provided the opportunity to

establish these outcomes, and they are communicated in the faculty handbook. A synopsis of the faculty's progress toward these outcomes is provided in Table 6.

Table 6. 2020-2023 Faculty Outcomes

BENCHMARK	2020-2021	2021-2022	2022-2023
50% of full-time Faculty will hold the Certified Nurse Educator (CNE) Academic Clinical Nurse Educator (CNEcl).*	Not Met	Not Met	Not Met
100% of the Faculty will use two or more teaching methods per unit	Met	Met	Met
100% of Full-time Faculty will engage in scholarship activities [grant writing, presentations, and/or enrolled in a doctoral program].	Met	Met	Not Met
100% of Faculty (Full-time and Part-time) will engage in 10 professional development activities each academic year.	Met	Met	Met
90% of full-time and 90% of Part-Time Faculty will stay current in practice (Specialty conferences, practicum hours, bedside nursing, certifications)	Met	Met	Met
100% of full-time Faculty will be active in one or more: professional organization membership, external organization committee work, community health fairs] related to their specialization.	Met	Met	Met
70% of students will evaluate the instructor as demonstrating strong teaching effectiveness by indicating they agree or strongly agree.	Met	Met+	Met
Students will score satisfaction with the Quality of nursing instruction at a 4.5 or higher .	3.93 (Not Met)	4.17 (Not Met)	4.59 (Met)
Students will score satisfaction with Course Lectures and Interaction at a 4.5 or higher .	4.57 (Met)	4.91 (Met)	5.11 (Met)
Students will score satisfaction with overall program effectiveness at a 4.5 or higher .	4.16 (Not Met)	4.77 (Met)	4.95 (Met)

*This benchmark was adjusted twice during the assessment cycle

+Incomplete data set

Action Plan: Professional Development

- Provide all faculty with a mentor.

Program Effectiveness

- **Program outcomes for student satisfaction demonstrate program effectiveness.**
- **Employment rates demonstrate program effectiveness.**

Each student is given the opportunity to evaluate their course at the end of each class. This evaluation includes the student's subjective evaluation of the faculty member's teaching effectiveness. Faculty have set the benchmark that 70 percent of students will evaluate their instructors as having strong teaching effectiveness. This benchmark was met during each academic year of the assessment cycle (see Table 6. 2020-2023 Faculty Outcomes).

Annual Skyfactor results are reviewed with action plans developed by the Faculty Organization. Faculty are meeting the benchmarks associated with program outcomes for student satisfaction. Quality improvement efforts will continue, with action plans to be developed as needed.

Employment Rates

Lakeview College of Nursing tracks employment rates within 6-months after program completion. Table 7 demonstrates that LCN meets and exceeds the CAP (80%) and the CCNE requirement (70%) set benchmarks.

Table 7: LCN Graduates Employment Rates for Calendar Years*

2020	2021	2022	MAY 2023
89%	85%	81%	89%
59/66	40/47	56/69	39/44

*Not all students responded to the inquiry regarding employment. Students that did not respond are not included in the numerator.

Action Plan: Program Effectiveness

- Continue with current processes.