

PRACTICAL STRATEGIES FOR NURSING EDUCATION PROGRAM EVALUATION



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Self-evaluation is required for institutions of higher learning and the nursing programs within them. The literature provides information on evaluation models and instruments, and descriptions of how specific nursing education programs are evaluated. However, there are few discussions in the nursing education literature of the practical aspects of nursing education program evaluation: how to get started, how to keep track of data, who to involve in data collection, and how to manage challenging criteria. This article discusses the importance of program evaluation in the academic setting and provides information on practical ways to organize the evaluation process and aggregate data, and strategies for gathering data from students, graduates, alumni, and employers of graduates. (Index words: Program evaluation; Nursing; Nursing education; Accreditation) *J Prof Nurs* 31:133–140, 2015. © 2015 Elsevier Inc. All rights reserved.

PROGRAM EVALUATION IS one of those activities that administrators of nursing programs know they have to do but do not like to think about. It sometimes seems an additional task—something that is not part of the day-to-day running of the program, and because it seems like extra work, it is often made the last priority. However, in order for program evaluation to be useful, it must be attended to regularly. Data must be collected routinely, and then analyzed and reported, not just filed away. The question is, how can faculty and administrators in nursing programs become motivated to do program evaluation, and how do they start?

Importance of Nursing Education Program Evaluation

Internal Drivers

The first step in successful nursing education program evaluation is to understand why this is important. There are both internal and external drivers for nursing education program evaluation. Internal drivers refer to forces within the parent institution and the nursing education program itself, and will be discussed first. Most colleges and universities strive for excellence. As part of assessing progress toward goals of excellence, parent institutions look at their departments and schools for evidence of positive program outcomes as part of assessment of institutional effectiveness. Processes are put in place to

ultimately lead toward outcomes, but processes can often be continued as a matter of routine. Without actually examining outcomes, it is easy to go along with the same behaviors and processes without knowing whether they are effective. Program evaluation thus is important to colleges and universities to ensure that the day-to-day practices are leading to the desired outcomes.

Nursing programs also strive for excellence in both teaching and in the outcomes of their graduates. By conducting program evaluation, we can examine objective data to help in decision making and planning. When a program collects data, it is easier to identify the practices that are effective and those that are not, and easier to identify problem areas. Once problem areas are identified, new strategies can be planned. Program changes are often accepted more readily by faculty and students if they are based on data, so program evaluation can be helpful in providing the rationale for changes. Ultimately, systematic program evaluation and use of the data can improve program outcomes—which is the best internal driver for a program.

External Drivers

There are also external drivers to nursing education program evaluation. Because these are imposed by external bodies, they may be perceived as more urgent than internal drivers. First, the regional accrediting body that accredits the parent institution requires evaluations. Although these accreditors do not examine each individual unit of the college, they require that both the general education requirements of the college and the program outcomes of individual units, including the nursing program, are evaluated (Southern Association of Colleges and Schools, Commission on Colleges, 2012). Second, most nursing programs, especially those leading to initial licensure, must

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be approved by their Boards of Nursing. These boards of nursing, either directly or indirectly through accreditation requirements, require that programs conduct systematic evaluation and show evidence of use of those results (for example, [North Carolina Board of Nursing, 2011](#)). Third, many nursing programs are accredited by national nursing accrediting bodies. Both the Accreditation Commission for Education in Nursing (ACEN) and the Commission on Collegiate Nursing Education (CCNE) have standards related to outcomes, and both require that specific areas be evaluated ([ACEN, 2013](#); [CCNE, 2013](#)). Programs also must show evidence of acting on the aggregated data.

Getting Started With an Evaluation Plan

Formative and Summative Evaluation

Both formative and summative evaluations are important, and it is essential to evaluate both the program's processes and product. Formative evaluation is conducted for the purposes of improving the program by examining program processes ([Fitzpatrick, Sanders, & Worthen, 2011](#)). For example, many nursing programs use preceptors in some courses to assist in clinical teaching. Formative evaluation of this activity could include gathering data about student, faculty, and preceptor satisfaction with the process with the goal of improvement of the process. Summative evaluation, in contrast, involves evaluation of the product with the goal of making a decision about program continuation ([Fitzpatrick, Sanders, & Worthen](#)). A common summative evaluation item in nursing education programs is assessing employer satisfaction of the program's graduates. If the graduates are not able to function competently in the workplace, the nursing education program needs to be revised in some way—it should not continue as currently structured.

Regulation and Accreditation Standards

Accrediting bodies typically require that all their standards are evaluated. Currently in the United States, there are two nursing specialty accrediting bodies: the ACEN, which accredits all levels of nursing education and serves as a Title IV gatekeeper, and the CCNE, which accredits baccalaureate and higher degree nursing education programs. ACEN has six standards, with more specific criteria under each standard. The CCNE has four standards, with more specific key elements under each standard. Although the standards for each agency are worded differently, they both require evaluation of administrative support; faculty qualifications and performance; student policies and services; currency and integrity of the curriculum; fiscal, physical, and human resources available to the program; and program outcomes. [Table 1](#) gives sample indicators that must be evaluated in each of these areas. Program administrators may also want to evaluate other areas important to the program, for instance, the cost-effectiveness of a new course management system, student satisfaction with

hybrid courses, or the scholarly productivity of faculty compared to similar institutions.

Creation of a School's Master Plan for Evaluation

Who and How

Responsibilities for all aspects of program evaluation should be clearly assigned, and a time frame for evaluation clearly stated. Although the nursing program administrator usually is ultimately accountable, all stakeholders in the nursing program, including students, faculty, and staff, should be involved, because they can best evaluate their areas of experience ([Ellis & Halstead, 2012](#)). Some schools operationalize this process by establishing evaluation committees composed of faculty from all levels of the program, students, community stakeholders, and staff. Although this encourages wide participation in evaluation activities, the membership of the committee may change, which can lead to lack of continuity. Some schools have reported that the evaluation process is smoother and more a part of the culture when there is one person in charge of evaluation, such as an evaluation coordinator ([Sudhayda & Miller, 2006](#)).

Deciding on criteria to include in the master plan for evaluation can be done in several ways. Some schools use evaluation models to determine criteria, and many are available, all with advantages and disadvantages ([Stavropoulou & Stroubouki, 2014](#)). Others use criteria from accrediting agencies or Board of Nursing guidelines because these bodies often require that their standards be evaluated in a formal manner. Some colleges or universities require that certain areas be evaluated as part of their master evaluation plans. It is important to get input from stakeholders when developing or revising the master evaluation plan to make sure all key areas are included in the criteria.

Many schools choose to display their evaluation plan in a table format, with headings that include specific evaluation criteria, the responsible party(ies), the time frame for data collection, the method of data collection (for example, a certain instrument), and then columns where evaluation data can be recorded, as well as suggestions for change based on the data. The evaluation coordinator and/or evaluation committee members then systematically go through the plan and document the results of data collection, discussion, and dissemination of the results (if applicable), decisions made based on the results (even if the decision was that no change in an area was needed), and changes needed to improve both the results and the process. [Table 2](#) gives an example of an evaluation table, using a common evaluation criterion.

Data Sources for Evaluation

Documentation is critical in program evaluation. Faculty minutes are an excellent way to document discussions of program evaluation data that lead to program decisions. Minutes of meetings must be detailed enough, however, that an outside reviewer can tell what was

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