

**The Development of a Nursing Education Program Evaluation Framework for a Bachelor
of Nursing Program**

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Abstract

Background and Purpose: Nursing education programs must meet education standards set by provincial regulatory and national accrediting bodies (Canadian Association of Schools of Nursing [CASN], 2022; College of Registered Nurses of Manitoba [CRNM], 2018). These standards establish the benchmarks a nursing program must meet to ensure they are providing quality education that meets the current needs of the populations they serve (CASN; CRNM). The purpose of this project was to identify the vital components of a program evaluation framework and to develop a dissemination plan to meet the needs of the local context of an undergraduate nursing program in Western Canada.

Methods: To explore undergraduate nursing programs' approach to program evaluation, I conducted a literature review, consultations with stakeholders, and an environmental scan.

Results: A vast amount of literature exists on the importance of program evaluation and preparing for accreditation; however, very little research exists on how to plan, implement, and evaluate program evaluation procedures. Although various stakeholders identified a strategic plan for program evaluation as essential, they also identified many barriers to completing the vast amount of work that program evaluation entails.

Conclusion: I developed a draft program evaluation framework and a plan for implementation that will provide a baseline for program evaluation activities. In this report, I describe the development of a framework using Stufflebeam's (1983) Context Input Process Product (CIPP) evaluation model; explore my development of advanced practice nurse competencies; and outline the dissemination of the evaluation plan which aims to guide a small, rural, undergraduate nursing program through a systematic and sustainable approach to program evaluation.

Key words: *Nursing Education Program Evaluation, Education Standards, Accreditation, Stufflebeam's Context, Input, Process, Product (CIPP) evaluation model.*

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Table of Contents

Abstract	i
Acknowledgments	ii
Introduction	1
Overview of Methods	3
Summary of the Literature Review	3
Summary of the Environmental Scan and Consultations	5
Summary of the Resource Developed	7
Next Steps	10
Discussion of Advanced Nursing Practice (ANP) Competencies	12
Conclusion	15
References	17
Appendix A: Bachelor of Nursing Program Evaluation Framework	21
Appendix B: Literature Review Report	74
Appendix C: Environmental Scan and Consultations Report	99

For the past eleven (11) years, I have worked full time as a nurse educator within an undergraduate nursing program. During this time, I have experienced two College of Registered Nurses of Manitoba (CRNM) approval processes; numerous internal program adjustments to courses, policies, and procedures; I have been an active participant in the curriculum committee; and completed four years as the co-chair of the department of nursing. Five (5) years ago I volunteered for a CRNM committee tasked with reviewing and revising the Standards for Nursing Education Programs (CRNM, 2018). Each of these experiences led to an appreciation of the inter-workings of offering a quality nursing education program.

In addition to mandatory provincial approval, nursing education programs may seek National accreditation through the Canadian Association of Schools of Nursing (CASN). The CRNM and CASN have numerous standards, with key indicators, outlining the essential components of a quality nursing education program. Members within nursing education programs must engage in continuous quality assurance processes to highlight their strengths and be accountable for the barriers they face. These processes are called *nursing education program evaluation* (CASN, 2020; CRNM, 2018). The CASN Educational Unit Standard 6, which refers to quality improvement, includes key indicators outlining the importance of an evaluation plan to facilitate ongoing evaluation processes that drive programmatic changes (CASN). Although our program conducts program evaluation at a variety of levels, and in a variety of ways, it lacks a comprehensive operationalized program evaluation plan.

Developing an evaluation plan that incorporates aspects of data collection, analysis, and evaluation in a systematic, sustainable, and practical manner is an essential component of a quality nursing education program (Beasley et al., 2018; Campbell et al., 2022; CASN, 2020; CRNM, 2018; Escallier & Fullerton, 2012; Haverkamp et al., 2018; Lewallen, 2015; Lippe &

Carter, 2017; Nunn-Ellison et al., 2018; Tanner, 2012). The purpose of this report is to summarize the activities leading up to the development of a **Bachelor of Nursing Program Evaluation Framework** (see Appendix A), which aims to guide program evaluation for a small, regional, university in Western Canada. This report includes the project objectives, a summary of the methods, an introduction to the framework itself, the dissemination plan outlining the next steps, and an exploration of how I have developed my Advanced Nursing Practice (ANP) competencies throughout the completion of N6660: Nursing Practicum I and N6661: Nursing Practicum II.

Objectives

The overall goal of this project was to develop a resource that would provide a systematic and sustainable approach to the vast amount of work involved in nursing education program evaluation. I endeavored to develop a framework that captured the essence of program evaluation for our local context; to develop an action plan identifying the *who*, *what*, *when*, *why*, and *how* of program evaluation data management; and to create supplemental materials to assist with reporting on program evaluation activities.

The key practicum objectives were:

- i. Identify key elements to include in a nursing education program evaluation framework.
- ii. Develop a functional and sustainable program evaluation plan.
- iii. Devise an implementation plan for incorporating a program evaluation framework into a Bachelor of Nursing program.
- iv. Demonstrate advanced nursing practice competencies of optimizing health systems, education, research, leadership, and consultation and collaboration as outlined by the Canadian Nurses Association (CNA) (2019).

Overview of Methods

Both the CRNM and CASN indicate that a program evaluation plan is an essential component of ensuring a nursing education program meets outlined standards; however, neither provide details on how that plan should be structured or what elements are required (CASN, 2020; CRNM, 2018). I conducted a literature search to fully appreciate the components of program evaluation and preparing for accreditation. During the search for literature, I located a developed program evaluation framework for a Master of Physical Therapy program in Manitoba (University of Manitoba, 2018). Locating this resource was instrumental in planning an in-depth environmental scan and also directed the development of the questions asked during consultations with stakeholders. As there are many individuals and clinical partners that have a vested interest in the success of our program, it was essential for me to consult with stakeholders both internal and external to our program. The following sections provide a summary of the methods used to inform the development of the Framework.

Summary of the Literature Review

Conducting the literature review offered me an opportunity to utilize research skills by locating, appraising, and synthesizing the literature on program evaluation and preparing for accreditation. I conducted an extensive search for literature over the past ten (10) years using the search databases of CINAHL, PubMed, and Google Scholar. In consultation with a Memorial University of Newfoundland Health Sciences Librarian, search terms were selected and included “*Accreditation*”, “*Nursing*”, “*Education*”, “*Nursing Education*”, “*Baccalaureate*”, “*Nursing Evaluation*”, “*Program Evaluation*”, “*Quality Improvement*”, and “*Nursing Evaluation Research*”. In total, fifteen (15) pieces of literature were summarized, which included quantitative, descriptive, and grey literature. All literature is summarized in the literature summary report, which includes a literature summary table (see Appendix B).

One quantitative research article was appraised using the Public Health Agency of Canada (PHAC) Critical Appraisal Toolkit (CAT) (PHAC, 2014). The authors explored the impact of an educational intervention on the stress and anxiety level of nursing faculty, leading up to an accreditation process (Walker Davis et al., 2015). The remaining literature, including grey literature from healthcare-related education program websites, was independently assessed to identify themes relating to facilitating factors and barriers to program evaluation. In the following sections, I will summarize the facilitating factors and barriers.

Facilitating Factors

As a nurse who works in academia, I am acutely aware of the challenges faculty face when balancing the expectations of teaching, research, and service to the profession and the discipline. Program evaluation is a vast amount of work that may not be factored into the competing demands placed on academic nursing faculty. The facilitating factors that support faculty in engaging in program evaluation include having an established program evaluation committee (Campbell et al., 2022; Escallier & Fullerton, 2012; Haverkamp et al., 2018; Lewallen, 2015; University of Alberta, 2022; University of Manitoba, 2019; University of Saskatchewan 2014), structuring program evaluation using an established conceptual model (Escallier & Fullerton, 2012; Lippe & Carter, 2017; University of Alberta, 2022; University of Manitoba, 2019; University of Saskatchewan 2014), and ensuring faculty are involved in the development and implementation of a program evaluation plan which will be integrated into their day-to-day work structure (Beasley et al., 2018; Haverkamp et al., 2018; Lewallen, 2015; Nunn-Ellison et al., 2018; Tanner, 2012).

Barriers

Although there is an understanding among nursing education programs of the necessity of engaging in program evaluation activities, there are barriers that must be addressed (Beasley et al., 2018; Campbell et al., 2022; Escallier & Fullerton, 2012; Haverkamp et al., 2018; Lewallen, 2015; Nunn-Ellison et al., 2018; Tanner, 2012). The absence of organizational support and an operationalized evaluation plan are significant barriers to conducting program evaluation (Halstead & Frank, 2018; Haverkamp et al., 2018; Lewallen, 2015; Lippe & Carter, 2017; Nunn-Ellison et al., 2017; Tanner, 2012; Vergara & Clochesy, 2021; Walker Davis et al., 2015). These barriers add to the challenges of balancing the competing priorities of teaching, research, and service of nurses working in an academic environment.

The literature review was instrumental in determining essential components of a program evaluation framework and recognizing the need to further explore dissemination strategies to address the barriers. In addition to informing the resource itself, summarizing the literature influenced my planning of the environmental scan and consultations. The following section includes a summary of the environmental scan and consultations.

Summary of the Environmental Scan and Consultations

The environmental scan and consultations offered me an opportunity to consult and collaborate with nursing education colleagues across Canada. I applied my research skills by collecting, analyzing, and synthesizing the results, and writing the report on the environmental scan and consultations (see Appendix C). The following provides a summary of the environmental scan and consultations report and includes an overall synthesis of my findings.

Environmental Scan

I reviewed thirty (30) nursing and health-related program websites and contacted fourteen (14) nursing education programs across Canada. I searched for established program evaluation frameworks for nursing as well as other healthcare-related programs whose disciplines were included in the Regulated Health Professions Act (RHPA) in Western Canada. As with nursing, programs governed by the RHPA in Western Canada are required to undergo formal programmatic evaluations (Government of Alberta, 2022; Government of British Columbia, n.d.; Manitoba Health, n.d.). I narrowed my search of nursing program websites in Western Canada to those that were accredited by the Western North-Western Region Canadian Association of Schools of Nursing (WNRCSN). In addition to website searches, I directly contacted programs in Western, Central, and Eastern Canada via email. I located three (3) program evaluation frameworks on the World Wide Web (www) and connected with five (5) individuals who held faculty or administrative positions at nursing programs from Alberta to Newfoundland, via telephone or email.

Consultations

During the consultation phase, I connected with stakeholders both internal and external to my institution. The goal of the consultations was to gain stakeholders' insights into the essential components of a program evaluation plan that would meet the needs of the local context. I emailed consultation requests to various faculty, members of the University administration, students, and staff at my institution. I also emailed members of CASN, CRNM, our largest clinical partners, and Indigenous leaders within my community. In total, I had fourteen (14) respondents.

Summary of Key Results

One common theme throughout the environmental scan and the consultations was an understanding and appreciation that program evaluation is a complex, time-consuming, yet essential component of nursing education. Program evaluation allows programs to highlight accountability for their strengths and areas for continued improvement (Beasley et al., 2018; Halstead, 2017; Halstead & Frank, 2018; Lewallen, 2015; Lippe & Carter, 2017). Faculty, members of university administration, and staff recognized challenges with competing priorities, a general lack of faculty engagement in departmental processes, and a lack of resources as significant barriers to conducting program evaluation in a systematic and sustainable manner. Students felt they were not provided with opportunities to engage in meaningful program evaluation activities. Multiple individuals responded with suggestions of demystifying the language surrounding program evaluation, as the evaluation process may seem overwhelming. They suggested breaking down program evaluation into manageable parts using language that is familiar to the majority, implying this approach may improve engagement at all levels.

The facilitating factors and barriers identified through the literature summary, environmental scan, and consultations were taken into consideration as I developed my resource. The following section will summarize my resource and provide examples of how I incorporated the data gained during the above methods.

Summary of the Resource Developed

The Bachelor of Nursing Program Evaluation Framework (BNPEF) has seven (7) sections and includes supplementary materials such as figures, tables, and an appendix. It begins with an introduction to program evaluation and an overview of the Bachelor of Nursing (BN) program, including a link between the evaluation plan, the Faculty of Health Studies Strategic

Academic Plan (2015), and the BN curriculum. Ensuring clear links between the Strategic Plan, CASN and CRNM Standards, and the evaluation plan was noted throughout the literature as an important aspect of a functional program evaluation plan (Escallier and Fullerton, 2012; Halstead, 2017; Haverkamp et al., 2018; Lewallen, 2015; Lippe and Carter, 2017; Nunn-Ellison et al., 2017; University of Alberta, 2022; University of Manitoba, 2019; University of Saskatchewan, 2014).

Another important aspect outlined within the literature was the use of a conceptual model, to guide data collection, analysis, and evaluation (Escallier and Fullerton, 2012; Lippe & Carter, 2017; The University of Alberta, 2022; The University of Manitoba, 2019; The University of Saskatchewan, 2014). In the following section, I outline the conceptual model which has been embedded throughout the resource.

Conceptual Model

The BNPEF is conceptualized using Stufflebeam's (1983) Context Input Process Product (CIPP) evaluation model. The CIPP model guides the organization and implementation of the evaluation plan to meet approval and accreditation processes. In addition to its role in operationalizing the framework, this model will assist in demystifying the language surrounding program evaluation. Nunn-Ellison et al. (2017) likened program evaluation activities to the nursing process. The Deliberative Nursing Process Theory (Masters, 2015), which was conceptualized by Ida Jean Orlando (1926-2007), continues to be utilized within nursing education (Perry et al., 2019). Orlando's theory provides nursing students, and nurses, with a systematic approach to all patient care through the processes of *assessment*, *planning*, *implementation*, and *evaluation*. In the following section, I highlight the similarities between the CIPP model and the nursing process.

CIPP. The Context (C) evaluation is similar to the assessment phase of the nursing process, where a needs assessment is conducted, setting the foundation for the remaining steps (Orlando, 1961; Stufflebeam, 1983). Input (I) evaluation is similar to the planning phase of the nursing process, where resources are assessed to determine if there are sufficient human or other resources to proceed to the implementation phase (Orlando; Stufflebeam). Process (P) evaluation is similar to the implementation phase of the nursing process, as it involves the actual implementation of the plan, which in this case includes the collection and analysis of data (Orlando; Stufflebeam). And finally, Product (P) evaluation is similar to the evaluation phase of the nursing process, where data are analyzed to determine whether the needs were met (Orlando; Stufflebeam). Each aspect of the CIPP model is incorporated into the supplemental material within the Framework.

Supplemental Material

Through the consultations and environmental scan, it was suggested that a program evaluation plan include a mechanism for capturing the expected outcomes versus the actual outcomes, both intentional and unintentional, and to ensure there is a feedback mechanism for reporting on actions taken to address the outcomes. The framework includes tables, titled the “*Evaluation Plan*”, which provide the structure for collating data and outline the *why, what, how, when, and who* of program evaluation activities.

There are four (4) tables in total, each one identifying one aspect of the CIPP model, and the corresponding CASN and CRNM standards the evaluation procedures will address. The tables capture the expected versus actual outcomes for the indicators and any actions taken to address unmet indicators. To further close the feedback loop, I created an “*Indicator Monitoring Form*” and included it as an appendix within the Framework. The purpose of this form is to

communicate data on indicators that were not met and identify actions taken to address them for future assessments. This documentation will highlight our accountability to barriers and explore how we are responsive to them when providing data for the annual report. An annual report is provided to both the provincial regulatory and national accrediting bodies, to showcase our strengths and our accountability in addressing barriers.

Although the nursing process and program evaluation activities are not new to the BN program, implementing the proposed framework and applying the supplemental materials will be. To ensure engagement with this innovative idea, a change management theory formed the basis of an implementation plan. The following section outlines how Rogers' (2003) Diffusion of Innovations (DOI) theory will guide the next steps for this project as taking steps to prepare stakeholders for the evaluation process was noted as essential throughout the literature (Halstead and Frank, 2018; Haverkamp et al., 2018; Lewallen, 2015; Lippe and Carter, 2017; Tanner, 2012; Vergara and Clochesy, 2021; Walker Davis et al., 2015).

Next Steps

First and foremost, the next step involves engaging with my leadership team. I will share my findings from the literature summary, environmental scan, and consultations with the Dean (Acting), chair of the department, and chair of the curriculum committee. As the Dean (Acting) is in the process of revising the Strategic Academic Plan and the curriculum committee is in the process of revising the curriculum, I anticipate collaboration on revisions to the framework once those are approved.

When summarizing the literature and the responses from consultations, I recognized the importance of engaging faculty in the process of developing and implementing a new and innovative idea (Beasley et al., 2018; Haverkamp et al., 2018; Lewallen, 2015; Nunn-Ellison et

al., 2018; Tanner, 2012). This engagement not only orientates faculty to their role in program evaluation but also helps demystify the language surrounding program evaluation (Nunn-Ellison et al., 2018). Consultations, through presentations or focus groups, will be instrumental in ensuring stakeholders have a say in identifying and implementing program evaluation activities. The framework is structured yet flexible to respond to the ebb and flow of the healthcare and nursing education environments, and all faculty must be confident in their application of the framework and supplemental materials.

Each of my colleagues has unique expertise, and I plan to draw on their strengths for the successful diffusion of the evaluation plan while also respecting that each individual will adopt the innovation at a unique rate (Rogers, 2003). Rogers' DOI allows for anticipating rates of adoption but also provides a structure for addressing attributes that, if addressed properly, may increase the rate of adoption. In the following section, I will outline how I plan to address the attributes of innovation and the rate of adoption based on Rogers' theory.

Attributes of Innovation

Rogers' (2003) DOI identifies five (5) attributes; *Relative Advantage*, *Compatibility*, *Complexity*, *Triability*, and *Observability*, which impact the rate of adoption. The innovation must make sense for the environment it is proposed for; it cannot be too complex; individuals impacted by the innovation must have input in the components; and when there is evidence of a similar innovation having success within a similar environment, individuals are more likely to diffuse the innovation (Rogers).

To address these attributes, I plan to engage stakeholders through information and focus-group sessions. During these sessions, I will share the frameworks that I found for other health-

related education programs, to address *Observability*. Suggesting a standing item on departmental and curriculum agendas for “program evaluation”, calendar reminders for program evaluation activity deadlines, and collaborating with colleagues on streamlining the program evaluation data they are currently collecting will address *Relative Advantage*, *Compatibility*, and *Complexity*. Ensuring the framework is implemented on a trial period, with built-in timeframes for gathering and integrating feedback from stakeholders, will address *Trialability*.

Planning, implementing, and evaluating these strategies will require the application of competencies congruent with an advanced practicing nurse. In the following section, I summarize how I have applied the Canadian Nurses Association Pan-Canadian Framework for Advance Practice Nurses (2019) during the completion of N6660 and N6661.

Discussion of Advanced Nursing Practice (ANP) Competencies

While taking my first-ever graduate course in the Master of Science in Nursing program, I was introduced to the Canadian Nurses Association (CNA) Pan-Canadian Framework for Advanced Practice Nurses (APN) (2019). My classmates and I were asked to consider which of the competencies we thought we were meeting and which ones we were not. At that time, it was easy to recognize which competencies I was not meeting. Two (2) years later, as I reflect on each course I have completed and the work I have done during N6660: Nursing Practicum I and N6661: Nursing Practicum II, I recognize that I am meeting all the competencies of an APN as outlined by the CNA framework. In particular, this project has offered me opportunities to strengthen the competencies of *Optimizing Health Systems*, *Education*, *Research*, *Leadership*, and *Consultation and Collaboration*. In the following section, I summarize each competency and provide examples of how I am meeting them.

Optimizing Health Systems

Optimizing Health Systems involves recognizing a need and taking steps to address the need at a systems level (CNA, 2019). It involves advocating for changes that will positively impact health and quality of life through the implementation or evaluation of public policy, strategic planning activities, or developing standards of practice. Although nursing education programs do not directly care for patients, our students provide care that impacts the health of individuals and populations. The program evaluation framework I have developed is part of a system-level change within my organization that will lead to improvements in how we plan, implement, and evaluate our program. Evaluating our program and being accountable to address the barriers to offering a quality nursing program is essential to ensuring the health of our students and the populations they care for.

Education

The *Education* competency centers on the commitment of advanced practice nurses to learning and sharing their knowledge with colleagues, students, and the populations they care for (CNA, 2019). A major component of my project involves dissemination. Activities such as presenting a PowerPoint to the Memorial University of Newfoundland Faculty of Nursing community, including fellow students, were one way in which I highlighted my education competency. Future dissemination plans include information sessions for my colleagues, students, and community stakeholders, where I will introduce the framework. The framework uses a conceptual model based on Stufflebeam's (1983) Context Input Process Product (CIPP) evaluation model, which may be unfamiliar to many of our stakeholders. These sessions will offer additional opportunities for me to build my education competencies as per the CNA Framework by presenting the CIPP model, the program evaluation framework, and Rogers' (2003) DOI.

Research

Early in my journey toward achieving a Master of Science in Nursing, the *Research* competency was one that I recognized as lacking in my current professional dossier. This competency involves a commitment to incorporating research activities by actively engaging with the research community (CNA, 2019). The CNA Framework identifies research activities as generating, synthesizing, critiquing, and applying evidence-informed nursing care. I am delighted to report that research competencies have been threaded throughout this project. Critically appraising literature, using descriptive analysis of qualitative data gathered through the consultations and environmental scan, summarizing my findings, and drafting the reports have all contributed to my development of the research competency as identified by the CNA Framework (2019).

Leadership

The *Leadership* competency involves a commitment of advanced practice nurses to be “agents of change” (CNA, 2019, p.33). This competency identifies the role of an APN as someone who ensures excellence in care through the application of all other competencies. At the completion of N6660: Nursing Practicum I, I was not confident in my ability to develop a framework that would meet the needs of my department. My original objectives felt unachievable within the timeframe I was given. But, with critical reflection on my abilities, engaging with the professional support networks I had established, and considering the results from the vast amount of data I had gathered, I forged ahead. Based on my experiences as a nurse educator and the data gathered for this project, I knew that a framework would improve program evaluation activities within my organization. As such, I re-set my goals and objectives and developed my resource. I believe this ability to ‘pivot’ and succeed in meeting my objectives, is an example of how I am meeting the competencies of leadership.

Consultation and Collaboration

Early in my program, I identified *Consultation and Collaboration* as a core competency I was meeting within my current role as a nurse educator. I had opportunities to collaborate with a variety of healthcare providers, through direct patient care and my service commitments within my role. However, this project offered opportunities to consult with colleagues across the country, engage with stakeholders to resolve a gap impacting programmatic functioning within my department and collaborate with my supervisor in an organized and respectful manner.

The framework I have developed for this project will require ongoing evaluation and updating, as the nursing education climate adapts to the needs of the populations they serve. As our education program evolves, it will be essential that the program evaluation methods and processes evolve as well. As I work toward the dissemination of this framework, I will continue to strive for professional growth through further development of the competencies of an advanced practice nurse.

Conclusion

Nursing education program evaluation is an essential yet complex process that all nursing education programs must engage in, to highlight their strengths and be accountable for their barriers (CASN, 2020; CRNM, 2018). I conducted a literature review, environmental scan, and consultations to identify critical components of a program evaluation resource to meet the needs of the local context. When writing my interim report, at the completion of N6660, I was uncertain about my abilities to produce an entire framework; however, at the outset of N6661, I re-evaluated my project goals and recognized that developing the framework was what I had set out to accomplish, and I was not going to be content with anything less. Drawing on my leadership abilities, and through critical reflection, I recognize how this mindset shift is an

example of my demonstration of the competencies of an advanced practicing nurse (APN). I will endeavor to advance my skills as an APN as I work toward diffusing the Bachelor of Nursing Program Evaluation Framework within my department.

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Appendix A: Bachelor of Nursing Program Evaluation Framework

The Development of a Program Evaluation Framework and a Corresponding Implementation Plan

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The Development of a Program Evaluation Framework and a Corresponding Implementation Plan

In Canada, nursing education programs are required to provide evidence of their responsiveness to the ever-changing healthcare environment through a process called nursing education program evaluation (College of Registered Nurses of Manitoba, 2018). This evaluation process is based on standards for nursing education as outlined by provincial regulatory bodies and national accrediting bodies. The College of Registered Nurses of Manitoba (CRNM) and the Canadian Association of Schools of Nursing (CASN) identify key elements related to program evaluation that must be met and reported annually (CASN, 2020; CRNM, 2018). During provincial and/or national accreditation years, an in-depth review of all nursing education program evaluation activities provides evidence to support how those key elements are being attended to and draw attention to which elements require further development. These processes allow nursing education programs to be accountable for their strengths and also address the barriers to providing a quality nursing education program within the current context of the healthcare environment. A functional, operationalized, and sustainable program evaluation plan is instrumental in determining the overall quality of a nursing education program. The purpose of this paper is to present a program evaluation framework that includes a draft program evaluation plan developed using data from consultations, an environmental scan, and an in-depth review of current literature. In this paper, I will also outline the corresponding strategies for implementing the program evaluation framework within the Bachelor of Nursing (BN) program at Brandon University, using Rogers' (2003) Diffusion of Innovations (DOI) theory as a guide.

Background

As a nurse and an educator in an undergraduate nursing program in rural Manitoba, I am acutely aware of the challenges my nursing colleagues face in meeting the expectations of teaching, research, and service to fulfill the requirements of their positions within an academic environment. In addition to the commitments to the students and the institution, the program itself has policies, procedures, and guidelines that require faculty engagement. Program evaluation requires extensive planning, execution, and analysis of various summative and formative evaluation methods. This process is ongoing and ever evolving as data are analyzed, curricular changes are made, and more data is collected. Ensuring changes to nursing education programs are based on evidence is an important aspect of program evaluation (CASN, 2020; CRNM, 2018).

Through informal consultations with my peers, we determined that our program was lacking a functional program evaluation plan to assist in organizing, implementing, and reporting program evaluation activities in a sustainable manner. With this in mind, I endeavored to develop a program evaluation framework, with a corresponding implementation plan, through my coursework in N6660: Nursing Practicum I and N6661: Nursing Practicum II. During the first practicum course, I conducted a summary of the literature, an environmental scan, and consulted with individuals both internal and external to my educational institution. The goal of these activities was to learn more about the strengths and barriers of engaging in program evaluation in the Canadian context. In the following sections, I will summarize the literature, consultations, and environmental scan, highlighting how each has influenced my practicum project.

Literature Summary

I summarized literature published in Canada and the United States of America (USA), including grey literature, which specifically focused on the purpose and process of conducting program evaluation, and preparing for accreditation. The importance of nursing education programs having a systematic program evaluation plan to assist in managing the vast amount of work associated with evaluation procedures was evident throughout the literature (Beasley et al., 2018; Campbell et al., 2022; Escallier & Fullerton, 2012; Haverkamp et al., 2018; Lewallen, 2015; Nunn-Ellison et al., 2018; Tanner, 2012). The literature also presented a compelling argument for programs to establish a program evaluation committee and utilize an established program evaluation model to spearhead program evaluation activities (Campbell et al. 2022; Escallier & Fullerton, 2012; Haverkamp et al., 2018; Lippe & Carter, 2018; University of Alberta, 2022; University of Manitoba, 2019; University of Saskatchewan, 2014).

The barriers to program evaluation identified within the literature were related to resources. Several authors expressed concerns regarding the competing priorities of teaching, research, and service to the institution as barriers to conducting ongoing program evaluation activities (Beasley et al., 2018; Campbell et al., 2022; Haverkamp et al., 2018; Lewallen, 2015; Nunn-Ellison et al., 2018; Tanner, 2012). With increasing financial restrictions within educational institutions and a shortage of nurses, many nursing programs may already be functioning with limited resources.

As program evaluation requires faculty engagement and resource allocation is out of the purview of my control, I endeavored to create a program evaluation resource that met the needs of my program; one that would not increase the burden on faculty and staff and was sustainable to meet both CRNM approval and CASN accreditation standards. Through the literature search, I

discovered a Program Evaluation Framework for a Master of Physical Therapy program in Manitoba (University of Manitoba, 2019), which appeared to be an excellent resource to meet their needs but would not meet the needs of the BN program at BU. Their organizational structure included an established program evaluation committee, which our program does not have. Locating this resource was instrumental in planning an in-depth environmental scan, where I searched for a resource that was utilized within undergraduate nursing education programs.

Environmental Scan

Learning that one program evaluation framework was available on the World Wide Web (www) led to a search for other frameworks or evaluation plans that could be adapted to the BN program at BU. Although optimistic initially, I could not locate any program evaluation frameworks for nursing programs. I did, however, locate two additional frameworks for medical programs in Canada. Within the three frameworks that I located, there were common themes. First, all programs had established program evaluation committees, and their evaluation was based on an established program evaluation model. Second, each framework had a clear link to its respective accreditation standards and its program's strategic academic plan. Third, they offered examples of their evaluation methods, providing details of who, what, when, and how data were collected and analyzed.

In addition to scanning the www, I also contacted nursing education programs to inquire about their approach to program evaluation and ask if they were willing to share their program evaluation framework. Many of the individuals I spoke with indicated their programs utilized a program evaluation framework, but none were able to share their resources, as they were in the process of revising their current program evaluation plans. In speaking with individuals at nursing education institutions across Canada, the general message I received was how important

a structured, systematic, and sustainable program evaluation plan was to the functioning of their academic units, but that program evaluation was in constant competition with other priorities.

One individual at a smaller institution indicated they did not have the resources to establish a formal program evaluation framework, but they would be interested in learning more about the resource I developed as I advanced through my course work. The results of the literature summary and the environmental scan further supported my desire to develop a program evaluation plan that met the needs of my department. To further understand those specific needs, I consulted with key internal and external stakeholders.

Consultations

I consulted with faculty, students, and staff internal to the BN program as well as various stakeholders external to the program and the institution. My goal during the consultations was to identify what stakeholders felt were necessary components of a program evaluation plan and to identify the barriers to conducting a program evaluation for the local context. Even though I had minimal respondents outside of the University, I gathered quality data from faculty, students, and staff at Brandon University.

The faculty and staff recognized the importance of having a program evaluation tool but also identified a general lack of engagement within the academic unit as a potential barrier. None of the students I spoke with believed they had a current role in program evaluation activities. Three (3) students suggested conducting focus groups or questionnaires at the end of each academic year as a potential way to engage them with program evaluation.

Summary

Through the information gathered through the literature summary, environmental scan, and consultations, I determined that having a functional and sustainable program evaluation plan, guided by an established program evaluation model, was a critical component of ensuring the quality of a nursing education program. Two common barriers to maintaining a functional program evaluation plan were a lack of resources and a lack of engagement in program evaluation activities among faculty members and external stakeholders. A vast amount of literature describes program evaluation as a complex, dynamic, and sometimes challenging undertaking, but also recognizes the value of having a systematic and sustainable approach (Beasley et al., 2018; Campbell et al., 2022; Escallier & Fullerton, 2012; Haverkamp et al., 2018; Lewallen, 2015; Lippe & Carter, 2018; Nunn-Ellison et al., 2018; Tanner, 2012; University of Alberta, 2022; University of Manitoba, 2019; University of Saskatchewan, 2014). In the following section, I will introduce the Framework I developed to address the facilitating factors and the barriers noted in the previous section.

The Framework

Considering the facilitating factors and barriers identified during the literature summary, environmental scan, and consultations, I have developed a program evaluation framework that aims to guide faculty engagement in program evaluation in a systematic and sustainable manner that does not significantly increase their workloads. The Bachelor of Nursing Program Evaluation Framework (see Appendix A) includes an overall explanation of the approach to program evaluation activities for the BN program at Brandon University.

The Framework includes seven (7) sections. It begins with an introduction to program evaluation and an overview of the BN program at BU, including a link between the evaluation plan, the Strategic Academic Plan, and the BN curriculum. The Framework is conceptualized using Stufflebeam's (1983) Context Input Process Product (CIPP) evaluation model and identifies how the model guides the organization and implementation of the evaluation plan to meet approval and accreditation processes. Evaluation methods and sources of evidence, including examples of both summative and formative evaluations, are provided, and a summary of the program evaluation plan completes the Framework. Two figures related to the CIPP model and a table that outlines the who, what, when, and why of the evaluation are included as supplemental materials. An indicator monitoring form is included as an appendix, which establishes a mechanism for closing the feedback loop of the evaluation.

The CIPP model was chosen due to its likeness to the nursing process. The Deliberative Nursing Process Theory (Masters, 2015), conceptualized by Ida Jean Orlando (1926-2007), provides nurses with a systematic approach to all patient care. Her theory continues to be widely utilized today and is a well-known theory within nursing education as it guides nursing students as they learn nursing skills (Perry et al., 2019). Compared to the CIPP model, the Context (C) evaluation is like the assessment phase of the nursing process, where a needs assessment is conducted and sets the foundation for the remaining steps. Input (I) evaluation is similar to the planning phase of the nursing process, where resources are assessed to determine if there are sufficient human or other resources to proceed to the implementation phase. Process (P) evaluation is akin to the implementation phase of the nursing process, as it involves the actual collection and analysis of data. And finally, Product (P) evaluation is like the evaluation phase of the nursing process, where data are analyzed to determine whether the needs were met.

Although the nursing process and program evaluation activities are not new to the BN program at BU, using an operationalized program evaluation plan will be. To ensure engagement with this innovative idea, a change management theory formed the basis of an implementation plan. The following section outlines how Rogers' (2003) Diffusion of Innovations theory will guide the implementation phase of this project.

Implementation Plan

Rogers' (2003) theory is a well-known change management theory that is useful when introducing a new, or 'innovative' idea, to be adopted, or 'diffused', within an organization. Not to be confused with dissemination, diffusion is said to occur when there is a change in behavior and is far more complex than merely presenting information and expecting individuals to change (Hubbard & Sandmann, 2007). According to Rogers theory, most individuals within an organization will adopt an innovative idea fairly easily as long as they see value in the innovation. However, there are individuals that will require more convincing. Regardless of whether an individual adopts the new idea right away or takes time, Rogers' DOI recognizes that an idea will be more widely diffused if the following five (5) attributes are considered: complexity, compatibility, trialability, relative advantage, and observability.

Complexity

Complexity, which essentially ensures that an idea is not too complex, is a crucial component to consider when introducing an idea into a very busy unit, such as a nursing education program (Rogers, 2003). Competing priorities of research, service, and teaching were identified as barriers to engaging in program evaluation activities therefore, hosting information sessions to introduce the framework will address complexity. Highlighting the evaluation

methods that are not changing (e.g., exit surveys, course reports, standardized course syllabi, etc.) will be valuable in addressing the complexity of implementing the framework. Establishing a Program Evaluation Committee will also address complexity by ensuring the overall organization, implementation, and reporting of evaluation activities are not left to each individual faculty member.

Compatibility

Compatibility refers to whether the innovation has taken into consideration the local context of the organization (Rogers, 2003). This will be addressed through consultations with faculty, where the framework and supplementary tables will be presented, and through collaboration, the department will determine the best approach for implementation. Potential implementation strategies such as utilizing the Learning Management System of Moodle or Teams, adding a standing agenda item of “program evaluation” to the curriculum and/or department meetings, and incorporating a program evaluation component to the annual activity report are some ideas on how to incorporate the new framework into existing departmental structures.

Trialability

Trialability involves having a trial implementation period where feedback and alterations can occur (Rogers, 2003). To address this attribute, I plan to offer focus group sessions six (6) months and nine (9) months following the Framework's launch. Gathering feedback on the actual work involved in implementing and applying the Framework will be invaluable. The intent of the evaluation plan is to ensure faculty feel supported to engage in program evaluation, without

increasing their workload. I will present the feedback from the focus group sessions, along with the alterations made to the Framework, at the annual curriculum retreat in June.

Relative Advantage

As relative advantage refers to whether individuals within the organization can recognize the advantages of changing their practice (Rogers, 2003), to address this attribute, I will present what I learned through the literature summary, environmental scan, and consultations. During the September 2023 department meeting, I will provide a ten (10) minute PowerPoint presentation introducing Stufflebeam's (1983) CIPP evaluation model and highlight how the Framework will support faculty to engage in program evaluation without increasing their workload. The goals of the information session will be to demystify the language surrounding program evaluation, empower my colleagues to engage in program evaluation, and gain momentum for implementing an operationalized program evaluation plan.

Observability

Observability involves members being able to observe a similar practice at a similar organization to see how the innovation works in relativity to their practice (Rogers, 2003). To address this attribute, I will share the frameworks that I found and outline my learning about the benefits and the barriers to program evaluation through consultations and the environmental scan. Sharing the frameworks and exploring how other healthcare-related education program evaluation plans helped me to develop my project will address observability.

Conclusion

The Bachelor of Nursing program at Brandon University is a program in good standing with the College of Registered Nurses of Manitoba (CRNM) and is accredited by the Canadian

Association of Schools of Nursing (CASN). To ensure continuous quality assurance of the program, program evaluation activities must be systematic, ongoing, and responsive to the local context (CASN, 2020; CRNM, 2018). The Context Input Process Product (CIPP) model is a well-established model that has been utilized in evaluating programs within healthcare and education for many years (Lee et al., 2019; Lippe & Carter, 2018). The BN program at BU has engaged in program evaluation to meet the standards set by the CRNM and CASN but they have not used an established, operationalized program evaluation framework. Through consultations, an in-depth environmental scan, and a literature review, I endeavored to develop a program evaluation framework that meets the needs of the program, the students, and the regulatory/accrediting bodies. The Bachelor of Nursing Program Evaluation Framework provides the BN program at BU with a functional, operationalized, and sustainable approach to program evaluation that will ensure accountability for delivering a quality nursing education program for the students and the populations they serve.

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Appendix A: Bachelor of Nursing Program Evaluation Framework



Bachelor of Nursing

Faculty of Health Studies

Program Evaluation Framework

Created by Krista Callahan (December 2022)



A braid is an Indigenous symbol, reminding us of the history of this land and the communities we serve. Braids are symbolic of being stronger and more resilient together than apart. A braid is rhythmic and repetitive — it is an ongoing process of weaving, without a clear beginning or end (BU Strategic Plan, 2022-2027)



Table of Contents

Introduction.....	4
Bachelor of Nursing.....	4
Approach to Program Evaluation.....	6
Program Evaluation and Accreditation/Approval	8
Sources of Evidence	10
Evaluation Methods.....	11
Summary.....	11

Introduction

This Framework outlines a systematic approach to collecting, analyzing, and utilizing data for the purpose of nursing education program evaluation for the Faculty of Health Studies (FHS) Bachelor of Nursing (BN) program at a Regional University in Western Canada. This document identifies the Standards for Nursing Education (College of Registered Nurses of Manitoba, 2018) and the Accreditation Standards and Framework (Canadian Association of Schools of Nursing [CASN], 2020) as the guiding principles by which the program evaluation plan has been developed. The Framework outlines the approach to program evaluation using an established program evaluation model. A supplementary table provides detailed examples of the roles and responsibilities for implementing the evaluation plan, sources of data, and timelines for collecting, analyzing, and reporting on data. To ensure the data collected for this framework is responsive to the ever-changing healthcare environment, the framework in its entirety will be reviewed annually by the BN Curriculum Committee (CC).

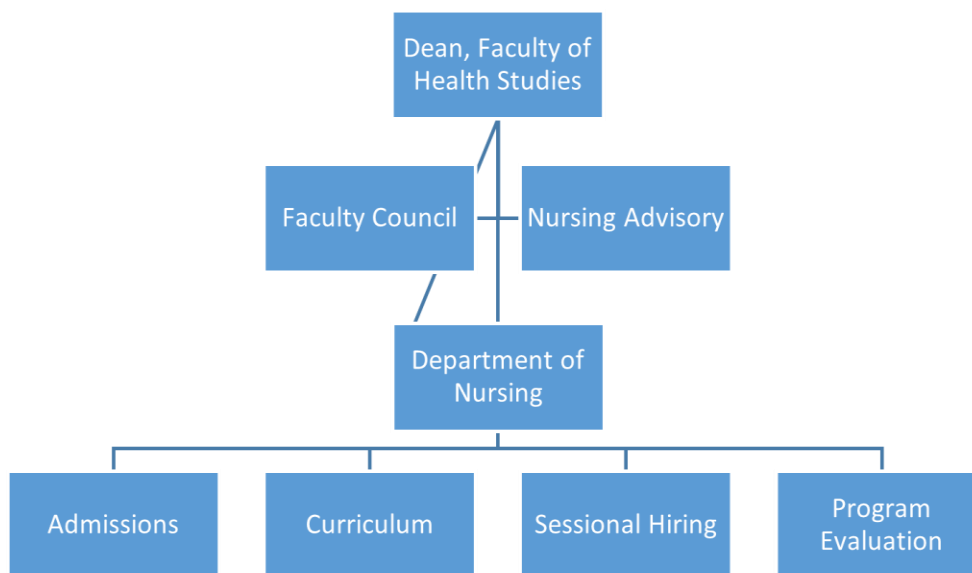
Bachelor of Nursing Program

The Faculty of Health Studies (FHS) includes the Bachelor of Nursing (BN), Bachelor of Psychiatric Nursing (BPN), and the Master of Psychiatric Nursing (MPN) programs. Each of these programs reports to the Dean, however, the day-to-day operation is managed by a departmental chair, various tenured or tenure-track faculty, clinical faculty, and staff members. The FHS Strategic Academic Plan (2015), *“Building for a Bright Future”* identifies key academic priorities for the faculty as a collective educational unit. These priorities outline mutual goals of offering quality nursing education programs that value a student-centered approach, fostering partnerships with internal and external stakeholders, and striving to establish a psychologically safe space to learn and work (FHS Strategic Academic Plan, 2015).

The Bachelor of Nursing (BN) program is a CASN-accredited four-year program with up to two hundred fifty (250) students admitted to first-year pre-nursing courses. Forty-eight (48) students are admitted into second-year nursing courses, with up to an additional twelve (12) Licensed Practical Nurses admitted into third-year nursing courses. The average graduation rate has been fifty (50) students over

the past three (3) years. The program has three terms, spanning from early September to late June, with convocation occurring in June.

The BN program can be conceptualized as an integrated program with a learner-centered approach, based on a Primary Health Care Model (World Health Organization, 2022). Courses are designed to encourage student nurses to explore health and illness for various recipients of care, with the understanding that individuals respond to health and illness throughout their lifespan in unique ways. The curriculum is designed to support students as they progress through the processes of learning about nursing and developing their nursing practice. The mission of the BN program is to prepare entry-level Registered Nurses to provide holistic care to diverse populations by gaining knowledge from the sciences, arts, and humanities. To this end, the structure of the Department of Nursing comprises core committees to provide oversight to program design and implementation. An organizational chart is provided below.



*Informal/Ad hoc committees are not represented in this Organizational Chart

Approach to Program Evaluation

As nursing is a dynamic, ever-changing, and complex profession centered on delivering quality care to individuals, families, and communities, it is essential that nursing education programs continuously evaluate how their program aligns with the current needs of the populations they serve. The following have been identified as fundamental principles to guide a collaborative, integrative, and transparent approach to program evaluation, which is data-driven and supports continuous quality-improvement processes. This approach is congruent with the standards set by the CRNM and CASN, as well as the FHS Strategic Academic Plan (2015), recognizing the importance of collaboration with students, faculty, and external stakeholders to identify the strengths of the program and highlight areas for continued development.

Program evaluation:

- is systematic
- ensures data and analysis utilize valid and reliable methods
- strives to protect the confidentiality of feedback
- ensures timely collection, analysis, and response to data
- values stakeholder engagement, including internal (e.g., students, faculty, administration, etc.) and external (e.g., clinical partners, community members, Indigenous leaders, etc.) stakeholders.

As program evaluation is essential to the Canadian provincial approval and national accreditation processes, using a well-established evaluation model will foster the sustainability of the evaluation plan. Stufflebeam's (1983) Context Input Process Product (CIPP) model will be the conceptual foundation for the program evaluation plan. The CIPP model has been utilized in various healthcare and education settings to evaluate programs (Lee et al., 2019; Lippe & Carter, 2018). Further, the CIPP model was chosen based on its similarities with a prominent nursing theorist, Ida Jean Orlando (1926-2007), and her Deliberative Nursing Process Theory (Masters, 2015). Figure 1 illustrates the CIPP model and Figure 2 summarizes how each of the four components of the CIPP model will guide the evaluation plan for the BN program at BU.



Fig. 1: Context, Input, Process, Product (CIPP) Evaluation Model (Stufflebeam, 1983)

Program Evaluation and Accreditation/Approval

This Framework is closely aligned with The College of Registered Nurses of Manitoba (CRNM, 2018) Standards I-IV, and the Canadian Association of Schools of Nursing (CASN, 2020) Standards 1-6.

Context Evaluation-similar to the assessment phase of the nursing process, or a needs assessment, determines the local context and identifies the quality standards the BN program must deliver to meet the education standards. Key data sources will be identified during this phase of the evaluation to ensure the inputs, processes, and products align with the environment (e.g., academic, social, cultural, etc.) in which the program exists.

CRNM Standard I: Plan and CASN Standard 1: Leadership, Governance, and Administration

Input Evaluation-similar to the planning phase of the nursing process, or the resource assessment, explores whether there are sufficient human and other resources to meet student needs.

CRNM Standard III: Resources and CASN Standard 2: Resources and Environment; CASN Standard 3: Teaching, Learning, and Scholarship

Process Evaluation-similar to the implementation phase of the nursing process explores whether the program components are being implemented as planned.

CRNM Standard II: Curriculum and CASN Standard 4: Program Framework and Curriculum

Product Evaluation-similar to the evaluation phase of the nursing process identifies the actual outcomes of the program with consideration to both intended and unintended outcomes.

CRNM Standard IV: Evaluation and Program Effectiveness and CASN Standard 5: Program Outcomes; CASN Standard 6: Quality Improvements

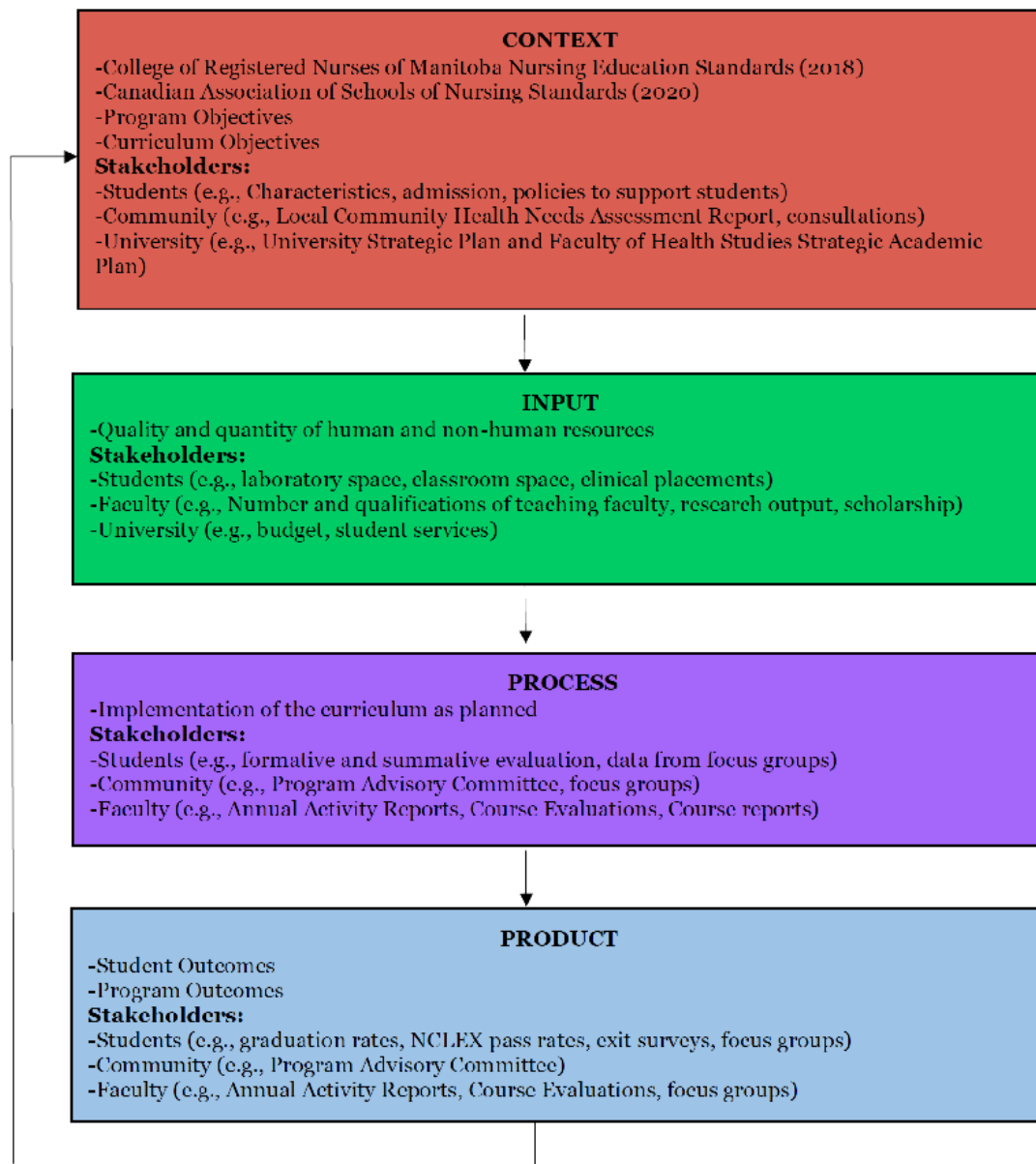


Fig. 2: Approach to Program Evaluation (Adapted from Stufflebeam's CIPP Model)

The Evaluation Plan (see Tables 1-4) provides detailed examples of how the key elements for each education standard are operationalized as an approach to program evaluation using the CIPP model. This data will be instrumental in informing the annual report to both CRNM and CASN, as well as during approval/accreditation years when a more detailed report on the program evaluation activities is required (CASN, 2020; CRNM, 2018). The Program Evaluation Committee (PEC) will be primarily responsible for organizing data collection and analysis activities and will provide regular reports to the Curriculum Committee, the Department of Nursing, and the Faculty of Health Studies Faculty Council.

Sources of Evidence

For each of the CRNM and CASN education standards, there are various indicators and/or key elements that must be addressed to determine if the standards have been met. For each indicator, this framework identifies who is responsible for collecting data, which data methods are to be used, and the timeline of when data are to be collected and reviewed and includes a summary of the expected versus actual outcomes (i.e., actual expected and/or unexpected outcomes). Tables 1-4 provides detailed examples of the sources of data, the link between data sources and the appropriate standards, as well as actions taken based on the analysis of the data. The following are some examples:

- 1.1 Student Outcomes (e.g., classroom/lab/clinical performance evaluation, data from focus group sessions, course evaluations, exit surveys, etc.)
- 1.2 Program Outcomes (e.g., admission/attrition/graduation rates, NCLEX pass rates, New Graduate Reports)
- 1.3 Curriculum (i.e., course reports, standardized syllabi, etc.)
- 1.4 Community Stakeholders (e.g., data from focus group sessions, employer surveys, etc.)
- 1.5 Faculty (e.g., data from focus group sessions, course reports, curriculum retreat, etc.)

Evaluation Methods

Both formative evaluations (e.g., student and faculty focus groups, employer surveys, etc.), and summative evaluations (e.g., graduate exit surveys, National Licensure Exam pass rates, employment rates, etc.) are collected, analyzed, and reported at various times throughout the academic calendar. See Tables 1-4 for detailed examples of data collection methods.

Summary

The BN program at BU recognizes the importance of engaging in program evaluation activities with internal and external stakeholders throughout the academic year. Nursing education programs must be accountable to the standards set by the CRNM and CASN, to ensure the safety of the public. To truly be accountable, nursing education programs must identify their strengths but also show evidence of how they respond to the barriers to offering a quality nursing education program that meets the current needs of the populations they serve, within the local context. Upon receipt of data and analysis by the PEC an Indicator Monitoring Form (see Appendix A) will be completed and submitted to the Dean of the Faculty of Health Studies. This form will be instrumental in identifying and addressing program deficiencies, further demonstrating accountability.

Table 1: The Evaluation Plan: Context

CONTEXT: Addresses stakeholder's needs and rationale for the program, organizational strengths, and opportunities for improvement. The intent here is to determine the goals and objectives of the program; this evaluation data contributes to planning decisions.

CRNM Standard I: Plan

The nursing education program provides a comprehensive plan that demonstrates the feasibility of the program and ensures that students are able to meet the applicable standards and competencies.

CASN Standard 1: Leadership, Governance, and Administration

The leadership, governance, and administration of the educational unit facilitate the achievement of the education program outcomes. **Descriptor:** The educational unit is committed to continuous quality improvement; is accountable and takes responsibility for achieving the education program's mission, goals, and outcomes; and provides operational processes including partnerships that are aligned with the education program and relevant in the context of current sociocultural trends.

Expected Outcome (why)	Indicator (what)	Data Source (how)	Frequency (when)	Responsible Person(s) (who)	Target Measure	Actual Outcome	Action Taken
The mission and philosophy of the BN program are aligned with the Brandon University Strategic Plan (2022).	Alignment of key points of documented	BU Strategic Plan Faculty of Health Studies Strategic Academic Plan BN Nursing Interaction Framework and Model for Nursing Education	Every 5 years	Program Evaluation Committee Chair	Congruence with the strategic plan (BU and Faculty of Health Studies)		

Expected Outcome (why)	Indicator (what)	Data Source (how)	Frequency (when)	Responsible Person(s) (who)	Target Measure	Actual Outcome	Action Taken
Evidence of the BN program Guiding Principles	Entry-level competencies (ELCs) are integrated in program courses	Curriculum Map: course objectives by entry-level competency Course syllabi	Every 5 years	Curriculum Committee Chair	100% of ELCs are reflected in curriculum map		
	# and type of stakeholder/ community concerns	Curriculum Committee meeting minutes	Annual	Curriculum Committee Chair / Faculty/Program Advisory Committee	100% of ELCs are reflected in course syllabi		
		Recommendations from Curriculum Committee	Throughout academic year	Administrative Assistant	Issues/concerns documented # motions/memos to Department		
		Curriculum retreat minutes	Annual		Discussion/ recommendations documented		

Expected Outcome (why)	Indicator (what)	Data Source (how)	Frequency (when)	Responsible Person(s) (who)	Target Measure	Actual Outcome	Action Taken
BN program meets the standards of the regulatory bodies.	Evidence to support the integration of feedback from CRNM and CASN	CRNM Standards for Nursing Education Programs (2018) CASN Accreditation Standards and Framework (2020)	Near completion of Approval period Near completion of Accreditation period	Dean/Department Chair	Achieve five (5) year approval Achieve five (5) year accreditation		
Program is responsive to the assessed needs of the consumer.	Key Community Health Assessment findings are addressed in program curriculum	Environmental scan: Community Health Assessment Nursing Advisory Committee	Every 5 years	Curriculum Committee Chair	100% of key findings are evident in curriculum		

Table 2: The Evaluation Plan: Input

INPUT: Based on evaluation data regarding human and physical resource allocation, this evaluation data assesses alternative approaches for cost-effectiveness, and provides information to structure decisions.

CRNM Standard III: Resources

The nursing education program demonstrates sufficient human, clinical, physical, fiscal, and support resources to implement and sustain the program. The program provides quality education to students in order to meet the applicable standards and competencies.

CASN Standard 2: Resources and Environment

The resources and environment of the educational unit support the effective delivery of its education programs, faculty scholarship, and student services. **Descriptor:** Resources refer to the financing, materials, information systems, and support services required to meet the mission and goals of the education programs. The environment includes the spatial and geographic context of the program(s). It also includes the practice learning settings in the external environment. The resources and environment are aligned with and related to the needs of the educational unit and the education program.

CASN Standard 3: Teaching, Learning, and Scholarship

Well-qualified educators foster excellence in the achievement of learning outcomes among students and advance nursing knowledge through scholarship. **Descriptor:** Faculty, instructors, and preceptors have the relevant qualifications, expertise, and experience to facilitate optimum learning, and faculty advance nursing knowledge through scholarship.

Expected Outcome (why)	Indicator (how)	Data Source (what)	Frequency (when)	Responsible Person(s) (who)	Target Measure	Actual Outcome	Action Taken
Academic faculty complements the program.	Proportion of academic faculty required to deliver program # of tenure-track faculty	FHS Administrative database	Annual	Administrative Assistant to the Dean	# course credit hours (CH) by faculty @ 15 CH each Straight Count		

Expected Outcome (why)	Indicator (how)	Data Source (what)	Frequency (when)	Responsible Person(s) (who)	Target Measure	Actual Outcome	Action Taken
	# tenured faculty # sessional academic faculty Faculty credentials Diversity of faculty (gender, language, etc.)	Curriculum Vitae Faculty self- report	On hire Annual		Straight count – trend over time 100% meet professional requirements Represents the needs of the community served		
Clinical faculty complements the program.	Proportion of clinical faculty required to deliver program # of Instructional Associates # Sessional Clinical Instructors	FHS Administrative database Curriculum Vitae Self-report	Annual On hire	Dean/Administrativ e Assistant to the Dean/Department Chair	# course CH by faculty @ 21 CH each Straight count – trend over time 100% meet professional requirements		

Expected Outcome (why)	Indicator (how)	Data Source (what)	Frequency (when)	Responsible Person(s) (who)	Target Measure	Actual Outcome	Action Taken
	Credentials and expertise of clinical faculty		Annual	Dean/Department Chair Faculty members	Range of expertise among clinical faculty address all areas of clinical practica		
Sufficient administrative staff in place to support the program.	Qualified administrative support in place. Administrative staff to Faculty ratio # of Administrative staff Support staff credentials Faculty feedback	FHS Administrative database Self-report Faculty interviews	Annual On hire Every 3 years	Administrative Assistant to the Dean Administrative staff Dean	Sufficient and qualified administrative support in place.		

Expected Outcome (why)	Indicator (how)	Data Source (what)	Frequency (when)	Responsible Person(s) (who)	Target Measure	Actual Outcome	Action Taken
Program operates within approved budget.	Analysis of approved/actual program budget	Approved budget (operating and capital)	Annual	Dean	Match between budget and actual expenditures		
		BU Financial Reports	Monthly	Dean			
		Financial variance reports	As necessary				
		Endowment fund expenditure	As expensed				
Internal facilities meet the consumers' needs.	Adequate classroom size to accommodate student cohort	Department meeting minutes	Annual	Department Chair	100% infrastructure and equipment needs are in place		
	Adequate Office Space	Curriculum Committee meeting minutes	As necessary				

Expected Outcome (why)	Indicator (how)	Data Source (what)	Frequency (when)	Responsible Person(s) (who)	Target Measure	Actual Outcome	Action Taken
	Simulation lab (low/high fidelity) in place with functioning equipment	Memos to the Dean		Curriculum Committee Chair/ Simulation Coordinator			
External/placement opportunities in place to meet the consumers' needs.	Proportion of students with a: Community, Acute, and Long Term Care clinical placement	Clinical Placement database	Annual	Clinical Placement Coordinator	100%		
	Proportion of students who experience a rural clinical placement	Clinical Placement database	Annual	Clinical Placement Coordinator	90%		
Supports for professional development activities are available to faculty and staff to maintain currency.	Proportion of faculty with a PDA	PDA database	Annual	Administrative Assistant to the Dean	100%		

Table 3: Evaluation Plan: Process

PROCESS: Addresses implementation in order to improve, detect, or predict deficits in design.

CRNM Standard II: Curriculum

The nursing education program provides a curriculum through its content and method of delivery that ensures students receive the theoretical, laboratory and clinical practice experiences required to meet the applicable standards and competencies.

CASN Standard IV: Program Framework and Curriculum

The education program is based on a clear, coherent, and relevant framework and curriculum. **Descriptor:** A program-based curriculum identifies key components of a baccalaureate nursing program including clear statements of the mission, goals, and learning outcomes. The curriculum provides a planned sequence of learning opportunities aligned with the mission and goals to achieve the outcomes. It is anchored in nursing knowledge; captures relevant current and emerging trends; and includes appropriate learning processes (pedagogy).

Expected Outcome (why)	Indicator (how)	Data Source (what)	Frequency (when)	Responsible Person(s) (who)	Target Measure	Actual Outcome	Action Taken
The program philosophy is implemented as planned	Faculty demonstrate student-centered teaching approaches	BN program mission, philosophy statement and conceptual model	Reviewed with every new hire	Faculty Selection Committee; Dean	Interview question(s) reflect mission and philosophy of program		
		Curriculum Retreat Discussions	Annual	Curriculum Committee Chair			
Philosophical concepts are integrated into the curriculum	Concepts from the conceptual model are	BN Interaction model of Nursing Education	Every 3 years	Curriculum Committee Chair/Program Evaluation Chair	100% of philosophical concepts are reflected in course syllabi		

Expected Outcome (why)	Indicator (how)	Data Source (what)	Frequency (when)	Responsible Person(s) (who)	Target Measure	Actual Outcome	Action Taken
	reflected in course syllabi	BN program mission, philosophy statement and conceptual model Course Reports	Annual	Curriculum Committee	across the program		
The curriculum is responsive to the diversity of consumers' healthcare needs.	Health & social issues and key findings from community health assessment are reflected in curriculum	Curriculum mapping Course syllabi	Every 3 years	Curriculum Committee Chair	100% of key issues/conditions are reflected in course syllabi		
Non-nursing courses in the curriculum are monitored	# and type of electives	Course outlines Student feedback	Every 3 years	Curriculum Committee Chair / Student Advisor	Narrative summary		

Expected Outcome (why)	Indicator (how)	Data Source (what)	Frequency (when)	Responsible Person(s) (who)	Target Measure	Actual Outcome	Action Taken
Program is implemented as planned	Feedback from students and stakeholders Issues and opportunities for improvement are identified	CRNM feedback	Annual	Dean / Department Chair	Narrative summary		
		CRNM program review	Every 5 years				
		Accreditation reports					
		Nursing Advisory Committee meeting minutes	Biannual	Dean			
		Focus groups	Annual	External Facilitator	Narrative Report		
Characteristics of partner organizations that effect program delivery are identified.	Issues and opportunities identified	Department meetings	Monthly	Chair/Clinical Placement Coordinator	Narrative summary		
		Nursing Advisory Committee meeting minutes	Biannual	Dean			
		Media notices	Ongoing	Department Chair/Faculty members			

Expected Outcome (why)	Indicator (how)	Data Source (what)	Frequency (when)	Responsible Person(s) (who)	Target Measure	Actual Outcome	Action Taken
The strategic admission enrollment process reflects the diversity of the community.	Proportion of seats filled Proportion of equity seats filled	Admission database	Annual	Strategic Enrollment Management Plan Chair	100% of seats filled 75% of equity seats are filled		
Methods to assess student performance are in place.	# and types of assessments (written assignments, multiple-choice exams, presentations, simulation, etc.)	Course outlines Faculty Curriculum Retreat minutes	Annual	Curriculum Committee Chair	Straight count; trends over time		
Criteria for successful completion of a course are clearly documented.	Course objectives stated Course evaluation strategies align with objectives	Course outlines Faculty Curriculum Retreat minutes	Annual	Faculty Faculty	100% of course syllabi 100%		

Expected Outcome (why)	Indicator (how)	Data Source (what)	Frequency (when)	Responsible Person(s) (who)	Target Measure	Actual Outcome	Action Taken
Collaboration among partner institutions.	# and type of collaborative meetings	Nursing Advisory Committee meeting minutes	Biannual	Dean	Narrative summary provided at Faculty Council		
		Dean's (Nursing) meeting minutes	Biannual	Dean	Narrative summary provided at Faculty Council		
Diverse clinical placements available in each year of study.	# and type of clinical placements secured	Clinical Placement database	Annual	Clinical Placement Coordinator	100% of clinical placements align with course objectives		
	# and type of clinical placements declined			Clinical Education Coordinator	Straight count; trend over time		
Clinical agencies facilitate program goals.	# of clinical placement requests filled	Clinical Placement database	Annual	Clinical Placement Coordinator	100%		

Expected Outcome (why)	Indicator (how)	Data Source (what)	Frequency (when)	Responsible Person(s) (who)	Target Measure	Actual Outcome	Action Taken
	# of nominations for Champions of Student Learning		Annual	Office Assistant	Straight count; trend over time		
Clinical evaluation tools measure course objectives.	Clinical evaluation aligns with course objectives	Clinical Performance Evaluation Tool (CPET)	Every 5 years	Clinical Education Coordinator	100%		

Table 4: Evaluation Plan: Product

PRODUCT: Identify and evaluate expected and actual outcomes, by comparing them to the assessed needs of the stakeholders.

CRNM Standard IV: Evaluation and Program Effectiveness

Graduates of the program meet all of the applicable standards and competencies upon completion of their program of studies. The nursing education program has formal systems and processes in place to measure student and graduate performance as well as program effectiveness.

CASN Education Program Standard 5: Program Outcomes

The education program achieves outcomes that are responsive to the needs of society, the health care system, and its graduates. **Descriptor:** The education program fulfills its societal role and develops accountability in baccalaureate students who possess the knowledge, skills, and attitudes needed to enter the nursing workforce, provide safe and ethical care, and advance in the profession as lifelong learners.

CASN Education Program Standard 6: Quality Improvements

Continuous comprehensive assessment and evaluation of the education program foster ongoing quality improvement. **Descriptor:** Timely improvements of the program result from rigorous monitoring and evaluation of the relevance of the education program, the program curriculum, student learning, program delivery methods, and program outcomes.

Expected Outcome (why)	Indicator (how)	Data Source (what)	Frequency (When)	Responsible Person(s) (who)	Target Measure	Actual Outcome	Action Taken
Students progress through the program within eight (8) years.	Proportion of students who meet program requirements within established timeframe	Clinical Performance Evaluation Tool (CPET)	Annual	Clinical Education Coordinator	85%		
	Student Request for LOA	Department meeting minutes		Office Assistant			

Expected Outcome (why)	Indicator (how)	Data Source (what)	Frequency (When)	Responsible Person(s) (who)	Target Measure	Actual Outcome	Action Taken
	Attrition Rate			Student Advisor			
Graduates report that they feel prepared to practice safely, competently, and ethically.	Proportion of graduates who 'agree' or 'strongly agree' with key elements of their academic preparation.	Program Exit Surveys	Annually, just prior to graduation Distributed, collected, and collated by the Office Assistant	Office Assistance Curriculum Committee/ Dean, Faculty of Health Studies	85%		
Graduates recommend the BN program at BU.	Proportion of graduates who would recommend the BU program to others	Program Exit Surveys	Annually, just prior to graduation Distributed, collected, and collated by the Office Assistant	Office Assistance Curriculum Committee/ Dean, Faculty of Health Studies	90%		

Expected Outcome (why)	Indicator (how)	Data Source (what)	Frequency (When)	Responsible Person(s) (who)	Target Measure	Actual Outcome	Action Taken
Employers provide feedback on new graduate performance	Proportion of employers who report overall satisfaction. Areas for improvement among new graduates identified	Key informant interviews	Every second year	External Facilitator	90% Narrative Summary		
Occurrence reports inform changes to BN policies, procedures, and curriculum	Occurrence Reports are analyzed # recommendations to department	Occurrence Reports Motions to Department	Annually at the end of third term As needed	Course Instructors/ Clinical Education Coordinator Curriculum Committee	100% Narrative summary		
Graduates meet all applicable standards and competencies upon completion of their program.	NCLEX pass rate on 1 st sitting	NCLEX results for the April 1-June 30 reporting period	Annually	Dean Curriculum Committee Nursing Department	Exceed 90%		

Expected Outcome (why)	Indicator (how)	Data Source (what)	Frequency (When)	Responsible Person(s) (who)	Target Measure	Actual Outcome	Action Taken
Graduates report a high level of perceived competency in each of the competencies measured.	Percentage of graduates who rate their competency level as 'very good' or 'excellent'	New Graduates Report (Manitoba Centre for Nursing and Health Research)	Annually	Dean *Receives a report from the MCNHR Curriculum Committee	100%		
Ongoing curriculum changes and revisions are incorporated into the BN curriculum	# of motions to Department re: curricular changes	Curriculum Committee minutes Department meeting minutes	Ongoing	Curriculum Committee Nursing Department	Narrative summary		
Faculty have an opportunity to provide input into curriculum changes/revisions	# of faculty who actively participate in retreat	All-day Curriculum Retreat	Annually, usually in June	Curriculum Committee Nursing Department	80%		

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Appendix A: Indicator Monitoring Form (Sample)



Indicator Monitoring Form

PRODUCT	Identify and evaluate expected and actual outcomes, by comparing them to the assessed needs of the stakeholders.		
CRNM Standard IV: Evaluation and Program Effectiveness	Graduates of the program meet all of the applicable standards and competencies upon completion of their program studies. The nursing education program has formal systems and processes in place to measure student and graduate performance as well as program effectiveness.		
CASN Education Program Standard 5: Program Outcomes	<p>The education program achieves outcomes that are responsive to the needs of society, the health care system, and its graduates.</p> <p><i>Descriptor:</i> The education program fulfills its societal role and develops accountability in baccalaureate students who possess the knowledge, skills, and attitudes needed to enter the nursing workforce, provide safe and ethical care, and advance in the profession as lifelong learners.</p>		
CASN Education Program Standard 6: Quality Improvements	<p>Continuous comprehensive assessment and evaluation of the education program foster ongoing quality improvement.</p> <p><i>Descriptor:</i> Timely improvements of the program result from rigorous monitoring and evaluation of the relevance of the education program, the program curriculum, student learning, program delivery methods, and program outcomes.</p>		
Indicator	Target	Reporting Period	Actual
NCLEX Pass Rate	90%	1st Sitting: June 30, 2023	81%
ACTION(S) REQUIRED	<ol style="list-style-type: none"> 1. Student Advisor to gather feedback from graduates if provided e.g. # of practice questions completed, study tools and resources used, and content areas for improvement. 2. Curriculum Committee to identify changes to the NCLEX exam e.g. new generation. 3. Dean to meet with 4th-year cohort in the fall to reinforce the need for adequate exam preparation. 		

Appendix B: Literature Review Report

Developing a Program Evaluation Resource for the Bachelor of Nursing Program at Brandon University

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Developing a Program Evaluation Resource for the Bachelor of Nursing Program at Brandon University

Across Canada, there are various undergraduate nursing programs available for individuals who wish to pursue a professional designation in nursing. These programs educate students on caring for populations at an entry-level, using a variety of curricular designs. Nursing programs such as the Bachelor of Nursing program at Brandon University have built their curricula around a teacher-centered model using an integrative content approach, whereas other nursing programs may use concept-based or student-centered models (Baron, 2017). Regardless of the curricular design, the program must meet specific nursing education standards, which are set by their respective provincial regulatory body (College of Registered Nurses of Manitoba [CRNM], 2018). In addition to provincial approval processes, programs may also choose to seek accreditation through national associations such as the Canadian Association of Schools of Nursing (CASN) or the Accreditation Commission for Education in Nursing (ACEN). Although accreditation is optional, both approval and accreditation processes are meant to ensure excellence of nursing programs as they educate students in a way that safeguards the public (CASN, 2020; CRNM, 2018). As nursing is an ever-evolving profession, each program must be reviewed on a regular basis, to ensure that the program meets the current needs of the populations they serve.

For the purpose of this literature review, both provincial approval and national accreditation processes will be referred to as “program review”. Program review involves a comprehensive review of the program by reviewers who have been designated by the regulatory body, with the ultimate goal of determining the strengths and areas for improvement of the program (ACEN, 2022; CASN, 2020; CRNM, 2018; Halstead, 2017). The stakes are high for

nursing education programs. Following a review, a program may be granted provisional approval, which indicates that significant changes need to be made, to ensure standards are met (CASN, 2020). If a program meets the standards at an acceptable level, the program may be granted multi-year approval (ACEN, 2022; CASN, 2020; CRNM, 2018). The timeframe given for the approval will determine when the next review will be required. From the completion of one review to the beginning of the next review, a program will need to collect, analyze, and utilize data related to education standards (ACEN, 2022; CASN, 2020; CRNM, 2018; Haverkamp et al., 2018). For the purpose of this literature review, the processes of collecting and using this data will be referred to as “program evaluation”.

Program evaluation encompasses a vast amount of work, which involves collaboration among educational institution administrators, academic faculty, students, and a variety of stakeholders, and requires administrative support. Reviewers may review years’ worth of graded assignments, course syllabi, and minutes from regularly constituted committee meetings (e.g., departmental, curriculum, program advisory, faculty council, etc.). They may also attend lectures/labs, and meet with faculty, students, and community stakeholders during on-site or virtual visits (ACEN, 2022; Campbell et al., 2022; CASN, 2020; CRNM, 2018; Halstead & Frank, 2018; Vergara & Clochesy, 2021). Academic faculty have many competing priorities such as teaching, research, and service, which may lead to challenges in completing program evaluation as a part of their day-to-day work. Stakeholders, especially those who are from the front line of healthcare such as registered nurses and nurse managers are also incredibly busy and may not have the time to engage with the evaluation processes, especially if they are not scheduled in advance.

Escallier and Fullerton (2012) recognized a gap in the literature surrounding strategic planning for program evaluation processes and in this literature review, I will endeavour to determine if that gap remains. Furthermore, I anticipate offering insights into the required components of program evaluation, the various ways in which nursing programs approach program evaluation across Canada and uncovering the resources that are readily available to guide program evaluation. Conducting this literature review will assist to determine if developing a resource to address the facilitators and barriers surrounding program evaluation will benefit the Bachelor of Nursing (BN) program at Brandon University (BU). I will also introduce the idea of utilizing an established change management theory to address the implementation of an innovative approach to program evaluation for the BN program at BU.

Search Methods

I conducted an extensive search for literature over the past ten years using the search databases of CINAHL, PubMed, and Google Scholar. In consultation with a Memorial University of Newfoundland Health Sciences Librarian, search terms were selected and included “Accreditation”, “Nursing”, “Education”, “Nursing Education”, “Baccalaureate”, “Nursing Evaluation”, “Program Evaluation”, “Quality Improvement”, and “Nursing Evaluation Research”.

Quantitative research articles were appraised using the Public Health Agency of Canada (PHAC) Critical Appraisal Toolkit (CAT) (PHAC, 2014). The remaining literature, including grey literature from healthcare-related education program websites, was independently assessed to identify themes and limitations. All literature is summarized in literature summary tables (see Appendix A).

Program Evaluation

Nunn-Ellison et al. (2018) compared program evaluation to the nursing process. It is an iterative process that includes collecting and analyzing data and utilizing the data for the purpose of programmatic changes (Beasley et al., 2018; Halstead, 2017; Haverkamp et al., 2018; Lippe & Carter; 2017; Nunn-Ellison et al., 2018). There are a variety of approaches to program evaluation, including educational/preparatory interventions, establishing evaluation committees, incorporating evaluation into the day-to-day work of academic faculty, and establishing frameworks to guide the processes involved in program evaluation. Regardless of how program evaluation is approached, the goal is for the educational program to clearly demonstrate how they are meeting the components of the education standards set by their regulatory bodies.

Components of Nursing Education Program Evaluation

Both provincial and national regulatory bodies have their own respective education standards. Although their standards have different titles the main themes include having appropriate administrative governance, an established strategic plan, a curriculum framework, adequate human and structural resources to deliver a quality nursing education program, and a comprehensive evaluation plan (ACEN, 2022; CASN, 2020; CRNM, 2018). Although they indicate the need for a comprehensive evaluation plan, neither regulatory body dictates exactly how the plan should be organized or operationalized.

Within each of the broad, over-arching education standards, there are several specific indicators that must be reported. These include, but are not limited to, program outcomes (e.g., ongoing review of the curriculum to ensure it is responsive to current entry-level practice expectations and collecting data related to performance management of faculty), and student

outcomes (e.g., admission/attrition rates, pass rates for the National Licensing Exam, collection and analysis of student exit surveys, and employment rates of graduate nurses). During the process of program evaluation, all standards must be evaluated in some way and to some degree (ACEN, 2022; CASN, 2020; CRNM, 2018; Lewallen, 2015).

Frameworks for Program Evaluation

Beasley et al. (2018) and Nunn-Ellis et al. (2018) encourage nurse educators to utilize the resources available to them for the purpose of nursing program evaluation. They reference a resource prepared by the ACEN titled, “Guidelines for the Preparation of the Self-Study Report” (ACEN, 2017). This is a framework that can be used when preparing for ACEN accreditation, but it is limited to writing the self-study report and does not include information on the remaining components of program evaluation, such as who collects data and how that data is analyzed and utilized. Upon reviewing this guideline, I was prompted to search for further grey literature on nursing and other health-related education program websites. Three additional frameworks were found within the public domain, and although none were for nursing, these results support the need for a further, more comprehensive environmental scan.

Of the three frameworks located, two were for Master of Physical Therapy programs (University of Saskatchewan [U of S], 2014; University of Manitoba [U of M], 2019), and one was for Medicine (University of Alberta [U of A], 2022). These resources highlight links between their respective strategic plans and program outcomes. They offer suggestions on the types of data to collect, using methods such as questionnaires and surveys, and outline who collects the data, when, and how the data are used to meet program evaluation expectations of their regulatory bodies. Two of the three frameworks organize their evaluations using a conceptual model, either the Principles-Focused Evaluation (PFE) approach (U of M, 2019) or

the Continuing Quality Improvement Cycle (U of A, 2022). All three frameworks also identify having evaluation committees to facilitate program evaluation (U of A, 2022; U of S, 2014; U of M, 2019).

Approaches to Nursing Education Program Evaluation

All nurses are expected to be self-aware and accountable for their actions, with evidence provided through participation in continuous competency programs (CRNM, 2018). Nursing programs must also show an awareness of their strengths and take accountability for addressing their challenges, which they highlight through program evaluation. There are several indicators that must be reported during program evaluation, including consultations with stakeholders, which leads to a vast amount of work (Lewallen, 2015). Nervousness, stress, and anxiety of faculty members leading up to on-site or virtual interviews with accreditation and/or approval reviewers have been identified within the literature (Halstead & Frank, 2018; Walker Davis et al., 2015).

Some authors suggest that alleviating the pressure associated with program evaluation is best approached through educational interventions (Walker Davis et al., 2015), preparatory actions (Lewallen, 2015; Halstead & Frank, 2018; Tanner, 2012; Vergara & Clochesy, 2021), the inception of an evaluation committee (Escallier and Fullerton, 2012), incorporating the work into the day-to-day patterns of academic activity (Beasley et al., 2018; Lewallen, 2015; Nunn-Ellison et al., 2018; Tanner, 2012), or a combination of the above (Campbell et al., 2022; Haverkamp et al., 2018; Lewallen, 2015). Determining which approach to be used will depend on a variety of factors such as the program's resources, the level of engagement of faculty members, and the availability of a comprehensive evaluation plan (Haverkamp et al., 2018; Lewallen, 2015).

Educational Intervention. Walker Davis et al. (2015) conducted an exploratory before and after design to determine the effectiveness of an educational intervention in reducing the stress and anxiety of ten faculty members at a school of nursing in the USA, as they prepared for on-site visits from accreditation reviewers. They collected data on stress using the Perceived Stress Scale (PSS)-10 and data on anxiety using the State-Trait Anxiety Inventory (STAI). Although the results showed a decrease in both stress and anxiety, there were several limitations of this study, which included the small sample size, the potential for bias due to the working relationship between the researchers and the participants, poor reporting on statistical significance, the lack of baseline data, and a lack of control for confounding. Using the PHAC CAT (2014) this study was rated as having a poor design with low quality.

Preparation of Stakeholders. Numerous authors highlight the importance of preparing faculty, students, and other stakeholders for the evaluation procedures. Information sessions, monthly writing sessions, email reminders, mock visits, or including program evaluation as a standing item on meeting agendas were all mentioned (Halstead & Frank, 2018; Lewallen, 2015; Tanner, 2012; Vergara & Clochesy, 2021). The ultimate goal of preparatory work is to familiarize members with the standards and the reports provided to the reviewers, to ensure all members understand the purpose of accreditation, and to encourage honest and transparent engagement with the reviewers.

Committee or Designate. For those programs that have the resources to populate an evaluation committee, the evaluation process may be more feasible and efficient (Escallier & Fullerton, 2012; Lewallen, 2015). One particular challenge identified within the literature was related to having various faculty write sections of the report, all with different writing styles, and then having to pull the data together to make it flow. Escallier and Fullerton (2012) identified that

having one committee or one person designated with organizing the reports associated with program evaluation may reduce this challenge.

Faculty Workload. Beasley et al. (2018) refer to the evaluation plan as a faculty-created, faculty-owned, and faculty-driven living document that is referred to and updated regularly. This ongoing engagement may ease stress and anxiety leading up to the review as it encourages all members to be knowledgeable about evaluation, and requires program evaluation to become part of the day-to-day work of faculty (Beasley et al., 2018; Lewallen, 2015; Nunn-Ellison et al., 2018; Tanner, 2012).

Combination Approach. As there is a vast amount of work involved in program evaluation, many authors suggested a committee should spearhead the distribution, collection, and analysis of data however, they also recognize the benefit of recruiting volunteers with expertise in the content area, to populate specific aspects of the evaluation (Campbell et al., 2022; Haverkamp et al., 2018; Lewallen, 2015). Haverkamp et al. (2018) suggest that daily workflow efficiency will be established if the evaluation process is clear, with established timelines, and the data are collected, analyzed, reported, and acted upon regularly.

As a faculty member within the Bachelor of Nursing program at Brandon University, I recognize that my colleagues have competing priorities and interests, that our program is increasingly challenged with inadequate resources, and that the processes involved in program evaluation are extensive. Introducing a program evaluation resource will be a notable change in practice for the BN program at BU and therefore, it will be important to address the change while utilizing an established theoretical model. Engaging with faculty to approach program evaluation as both a team effort and an autonomous exercise, using Rogers Diffusion of Innovation theory (2003) may reduce faculty's perceptions of program evaluation as an onerous exercise.

Facilitating Change

Implementing a resource for the purpose of program evaluation will be widely accepted by some faculty and met with skepticism by others. Rogers' Diffusion of Innovation (DOI) Theory (2003) provides a framework for anticipating these facilitators and barriers as a normal transition toward adopting a new or innovative idea. Rogers' DOI (2003) theory supports the premise that many individuals will adopt an innovative idea when they are empowered to make informed decisions. Each individual will move through the five (5) phases of an innovation-decision process, as identified by Rogers' theory, in their own way. These phases flow from the first phase, which involves being introduced to the idea, to the final phase, which is diffusing the idea within their own practice.

According to Rogers (2003) theory, although there are five (5) categories of adopters, ranging from "*innovators*" to "*laggards*", the majority of individuals fall into the categories of "*early majority*" and "*late majority*". Rogers (2003) identifies early majority adopters as individuals who may be considered an 'influencer' among their peers. They may take longer to adopt the idea, when compared to innovators or early adopters, because they need time to ensure the innovative idea has merit. Rogers (2003) identifies late majority adopters as individuals who tend to 'follow-the-lead' of others. They are skeptical but not completely resistant to new ideas. I plan to collaborate with my colleagues, especially those who are within the early and late majority categories, as I develop a resource that will meet the programs' needs but will consider their needs as well. Regardless of which category my colleagues are in, Rogers' theory identifies intrinsic characteristics that influence decision-making.

Program evaluation has been compared to the nursing process, in which it must be in a constant cycle of evaluation (Nunn-Ellison et al., 2018). This aligns with the characteristics of

the decision-making process as outlined in Rogers (2003) theory, by first and foremost recognizing the innovation must lead to an improvement in current practice. It must also be relatively easy to incorporate, sustain, and not be so rigid that it can't be adjusted over time. Finally, it must be visible, or observable, to others, which allows for collaboration among peers as the idea is diffused among the social unit. I will consider these characteristics as I develop a program evaluation resource which will be referenced and utilized on an ongoing basis.

In addition to considering the intrinsic characteristics influencing decisions and anticipating that my peers will fall into one of the categories of adopters, I will use specific strategies suggested by Rogers' (2003) theory to assist my peers in adopting my resource. I will approach potential 'Champions', creating a supportive and influential environment, which is not only supported by Rogers' theory, but also a strategy identified within recent literature as a mechanism to engage individuals in program evaluation processes (Campbell et al., 2022; Tanner, 2012). I will approach these individuals because of their keen interest in program evaluation, as identified during the consultations with internal faculty. Incorporating faculty feedback gained through consultations and engaging with faculty throughout the development and implementation of the resource are strategies that I will use to facilitate the diffusion of a program evaluation resource that meets the needs of the BN program at BU.

Conclusion

"Regular and systematic evaluation can strengthen a nursing program and allow it to capitalize on its strengths and improve its weak areas" (Lewallen, 2015, p.140). Program evaluation is a fundamental component for nursing education programs to gain approval and, if sought, accreditation. Approval and/or accreditation of nursing education programs are means to ensure public safety but are often considered a daunting undertaking. Although much is known

about which components are required for program evaluation, there are inconsistencies in the literature about the best way to approach evaluation. Each program is unique and therefore will approach evaluation in a way that works for the local context. Frameworks are available in the public domain for a variety of healthcare-related programs, but none were available for nursing. A comprehensive environmental scan will determine if there are other resources in existence.

Having a comprehensive evaluation plan is a necessary component of meeting the standards set by the ACEN (2022), CASN (2020), and CRNM (2018). Whether that plan is in the form of a framework, handbook, or other structure, the plan must meet the needs of the local context to truly guide the program through the processes of evaluation. Through stakeholder consultations, I will determine the needs of the local context, which will then be incorporated into the development of a comprehensive and sustainable evaluation plan, which includes a strategic process map. With support from the literature, a resource will be developed that takes into consideration a teamwork approach, with structures in place to keep the evaluation plan up to date with ongoing and frequent use by faculty. Rogers' (2003) Diffusion of Innovation theory will be fundamental in the success of implementing this innovative resource within the Bachelor of Nursing program at Brandon University. Through anticipating facilitating factors as well as potential barriers, I will implement strategies to empower my peers through the phases of the innovative-decision process as outlined in Rogers' (2003) change management theory.

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Appendix A (Descriptive Literature/Quantitative Research/Grey Literature)

Study/Design	Methods	Key Results	Comments
<p><u>Authors:</u> Beasley et al. (2018)</p> <p><u>Purpose:</u> First of a two-part series meant to outline the essential components of program evaluation: Student Outcomes</p>	<p><u>Setting:</u> USA</p> <p>Descriptive Literature</p>	<p>-Changes to the program or program improvements should be based on assessment data that has been analyzed by faculty.</p> <p>-Faculty are well-situated to engage with program evaluation because of their knowledge of the curriculum.</p> <p>-Provides a template for collecting data on learning outcomes.</p>	<p>The authors suggest developing assessment tools with clear guidelines. The supplementary table offers a visual of how student learning outcomes are assessed and documented, making program evaluation a transparent and objective process.</p>
<p><u>Authors:</u> Campbell et al. (2022)</p> <p><u>Purpose:</u> Offering a step-by-step process to adjust to online accreditation processes using a specific framework.</p>	<p><u>Setting:</u> USA</p> <p>Descriptive Literature</p>	<p>-Include a standing agenda item on monthly meetings committee meetings, specifically related to program standards</p> <p>-Ensure ongoing communication to Faculty in an organized manner</p> <p>-Offer monthly writing sessions to populate the self-study report on an ongoing basis throughout the year.</p>	<p>The authors suggest how to approach change (e.g., using <i>Kotter's [2020] 8-step Process to Accelerate</i> change model). The article supports the use of using a behavioral change model to assist in implementing a change in practice (e.g., implementing a new resource for program evaluation purposes).</p>
<p><u>Authors:</u> Escallier and Fullerton (2012)</p> <p><u>Purpose:</u> Outline a step-by-step process using Stufflebeam's (1971) <i>Context, Input, Process, and Product</i></p>	<p><u>Setting:</u> USA, Undergraduate Schools of Nursing (SON) in Northeastern United States</p> <p>Descriptive Literature</p>	<p>-Having a comprehensive evaluation plan will allow for ongoing program evaluation</p> <p>-Importance of connecting the overall program vision with education standards</p> <p>-Selecting a framework may assist in the organization of program evaluation</p>	<p>The authors offer a strategic approach to developing a resource. They summarize a variety of potential models that could be used when planning for program evaluation. They offer supplementary tables that provide a visual of how they</p>

Study/Design	Methods	Key Results	Comments
(CIPP) model with an emphasis on evaluating the evaluation plan.		<ul style="list-style-type: none"> -Include an evaluation protocol to evaluate the plan -Create a standing committee for the purpose of program evaluation (data collection, analysis, and reporting) -Engage faculty throughout the processes -Offers an example of how the SON collects and organizes evaluation data 	set up their evaluation protocol, which may also be helpful when developing my resource.
<p><u>Authors:</u> Halstead (2017)</p> <p><u>Purpose:</u> Provide an overview of the purpose of accreditation and the relationships between evaluation and continuous quality improvement</p>	<p><u>Setting:</u> USA</p> <p>Descriptive Literature</p>	<ul style="list-style-type: none"> -The purpose of quality improvement (QI) as it relates to program evaluation is to offer public accountability (protecting the public and ensuring self-assessments) -The idea that you cannot improve if you do not evaluate: How do you know if something needs to be fixed if you don't ask. -Recognizing the importance of self-awareness and accountability in nursing, and therefore nursing programs. -Recognizing the importance of Continuing Competency as a responsibility of all nurses and therefore all nursing programs. 	This article is specifically related to explaining the purpose of accreditation and does not focus on the tools needed for evaluation and/or the development of a resource but, it supports program evaluation as an endeavor in curiosity. The authors suggest the journey to accreditation lends itself to professional development for faculty as accreditation encourages faculty to strive for creating a meaningful learning environment
<p><u>Authors:</u> Halstead and Frank (2018)</p> <p><u>Purpose:</u></p>	<p><u>Setting:</u> USA</p> <p>Descriptive Commentary</p>	<ul style="list-style-type: none"> -Accreditation is about presenting a program's effort to ensure continuous quality improvement (Quality of education to ensure the quality of care) 	These authors offer four (4) recommendations leading up to accreditation visits (e.g., preparing faculty and stakeholders in a variety of ways, and ensuring honesty).

Study/Design	Methods	Key Results	Comments
Outlining possible ways to reduce nervousness among faculty as they prepare for on-site education program reviewers.		<ul style="list-style-type: none"> -Accreditation process is a structured process with mechanisms in place to reduce bias -Proactive preparation of faculty, students, and others will benefit the process. 	These recommendations will be helpful as I develop my resource.
<u>Authors:</u> Haverkamp et al. (2018) <u>Purpose:</u> To recommend structures and processes that lead to successful accreditation	<u>Setting:</u> USA Descriptive Literature	<ul style="list-style-type: none"> -Engage faculty in the processes of evaluation and distribute work equally, with clear guidelines -Offer 28 recommendations: <ul style="list-style-type: none"> 2 related to vital components of evaluation (create a committee & have an evaluation plan) 10 related to preparing for an on-site visit 16 related to documenting on each standard (include tables and timelines for each). -No literature on how to integrate to the workload of program evaluation into the day-to-day function of academic faculty. -Offer visual tables and an example of a timeline 	The authors suggest excellent recommendations that can be used as I develop my resource. They offer supplementary tables outlining detailed examples of how they connect education standards, evaluation methods, and include boxes summarizing data analysis for three (3) time periods. They also offer a detailed timeline, which will be helpful as I create a strategic process map.
<u>Authors:</u> Lewallen (2015) <u>Purpose:</u> To outline the importance of program evaluation and offer	<u>Setting:</u> USA Descriptive Literature	<ul style="list-style-type: none"> -Data must be collected and analyzed on a regular basis -Faculty must understand the importance of program evaluation and the need to incorporate changes based on data -There are internal and external drivers (internal=program/student 	The authors offer supplemental material outlining how evaluation indicators can align with education standards. They also offer examples of a program evaluation table that outlines how data is collected

Study/Design	Methods	Key Results	Comments
practical strategies on how to approach program evaluation		<p>outcomes; external=approval/accreditation standards)</p> <ul style="list-style-type: none"> -Utilize both summative and formative evaluation -Have a clear plan of the components (faculty, admin., students) and how the outcomes will be measured (pass rates, employment rates) -Incorporate evaluation into the day-to-day work of faculty (create a master calendar, regular agenda item, and send regular reminders). 	and used to support programmatic changes. The strategies, and supplemental material, will be useful as I develop a resource.
<p><u>Authors:</u> Lippe and Carter (2017)</p> <p><u>Purpose:</u> To outline the use of Sufflebeam's (1971) CIPP model when approaching program evaluation of end-of-life content within a nursing program</p>	<p><u>Setting:</u> USA</p> <p>Descriptive Literature</p>	<ul style="list-style-type: none"> -Importance of stakeholder consultations -Fidelity and critical appraisal of program content (*the importance of accountability through evaluation) -Ensure all data are analyzed as a whole and not individually 	Although this literature was specifically geared toward using the CIPP model to evaluate an end-of-life care program, it is another example of how a model can be used to approach evaluation, which may be helpful for my project if I decide to suggest a specific model.
<p><u>Authors:</u> Nunn-Ellison et al. (2017)</p> <p><u>Purpose:</u></p>	<p><u>Setting:</u> USA</p> <p>Descriptive Literature</p>	<ul style="list-style-type: none"> -Ensure evaluation methods are appropriate to address the standards -Program evaluation essentially follows the nursing process (ensure all components are attended to-evaluation of the plan is often missed) 	The authors suggest strategies of what data to collect, how to collect it, and how to report it in a meaningful way. They offer supplemental tables, which will be helpful

Study/Design	Methods	Key Results	Comments
Second of a two-part series meant to outline the essential components and processes of program evaluation: Program outcomes		<ul style="list-style-type: none"> -Stress and anxiety are often experienced by faculty when approaching program evaluation. -Refers to an ACEN resource and encourages faculty to utilize resources available to them. 	to refer to as I develop a resource.
<p><u>Authors:</u> Tanner (2012)</p> <p><u>Purpose:</u> Offer common questions and answers from the perspective of the Chief Executive Officer for the National League for Nursing Accrediting Commission (NLNAC).</p>	<p><u>Setting:</u> USA</p> <p>Descriptive Commentary</p>	<ul style="list-style-type: none"> -Preparation of Faculty by encouraging them to access readily available online resources (e.g., the National League for Nursing Accrediting Commission website). -continuously refer to the program evaluation plan -Network with other programs -Divide the standards among faculty and assign roles for data collection/analysis/reporting -Identify champions or leaders to assist with changing organizational structures if faculty have been disengaged with evaluation processes. 	This commentary has helpful strategies for approaching accreditation by focusing on preparing faculty and encouraging them to access available resources, which will be important factors to consider as I develop a resource for the department.
<p><u>Authors:</u> Vergara and Clochesy (2021)</p> <p><u>Purpose:</u> Share ideas on how to shift from a typical on-site program review to virtual review</p>	<p><u>Setting:</u> USA</p> <p>Descriptive Commentary</p>	<ul style="list-style-type: none"> -Preparation of Faculty is fundamental -Preparing a Virtual resource room (using Learning Management System and appropriate File Sharing processes) -Designate a point-person to avoid confusion and duplication of data gathering. 	This article speaks to the importance of preparing faculty and ensuring clear lines of communication among faculty, as they collect data. They also include supplemental material listing examples of how to structure files for reviewers who wish

Study/Design	Methods	Key Results	Comments
procedures for the purpose of approval/accreditation.			to conduct virtual site visits moving forward.
<p><u>Authors:</u> Walker Davis et al. (2015)</p> <p><u>Design:</u> Exploratory pre/post (one group)</p> <p><u>Purpose:</u> To explore the effectiveness of an educational intervention on stress and anxiety related to program evaluation of nursing faculty.</p>	<p>N=10, Nursing Faculty</p> <p><u>Setting:</u> School of Nursing, USA</p> <p><u>Intervention:</u> Two video recordings about accreditation, for a total of 70 minutes.</p> <p><u>Data Collection (pre & post):</u> Primary Outcome: Stress Perceived Stress Scale (PSS)-10: 10 Item, 5-point Likert scale, Lower score = Less stress, V&R Secondary Outcome: Anxiety Stait-Trait Anxiety Inventory (STAI) STAI-1 (Stait Anxiety): 20 Item, 4-point Likert scale, Lower score = Less anxiety, V&R STAI-2 (Trait Anxiety): 20 Item, 4-point Likert scale, Lower score = Less anxiety, V&R</p>	<p>Mean (SD) Pre vs Post PSS: 15.50 (5.94) vs 12.10 (4.14)</p> <p>STAI-1: 37.90 (13.15) vs 35.30 (6.61)</p> <p>STAI-2: 34.20 (9.16) vs 32.00 (6.71)</p> <p><u>Analysis:</u> Descriptive Statistics, No p-values or CI reported.</p>	<p><u>Strength:</u> Low <u>Quality:</u> Poor <u>Directness:</u> Direct</p> <p><u>Issues:</u> -Information Bias (Response Bias) -Poor Participation Rates -Unknown baseline stress/anxiety -No control over Confounding</p>
<p><u>Author:</u> The University of Alberta Faculty of Medicine and Dentistry (2022)</p> <p><u>Purpose:</u> To highlight how the MD program</p>	<p><u>Setting:</u> University in Canada</p> <p>Program Evaluation Framework</p>	<p>-Curriculum & Program Committee organizes all aspects of the evaluation -Links to standards -Offers suggestions for methods to be used for data collection -Evaluation is based on the Continuous Quality Improvement Cycle.</p>	<p>This framework offers me an example of how a resource could be organized and provides examples of program evaluation implementation strategies.</p>

Study/Design	Methods	Key Results	Comments
approaches program evaluation.		-Offers a comprehensive timeline for completing evaluation (data sources, recipients, and timeline).	
<p><u>Author:</u> The University of Manitoba Master of Physical Therapy (2019)</p> <p><u>Purpose:</u> To highlight how the Master of Physical Therapy program approaches program evaluation</p>	<p><u>Setting:</u> University in Canada</p> <p>Program Evaluation Handbook</p>	<p>-Program Evaluation Committee</p> <p>-Identifies key principles and provides examples of evaluation questions</p> <p>-Links to Strategic Plan, with timelines identified (review vision, mission, and goals every 4-5 years)</p> <p>-Uses the Principles-Focused Evaluation (PFE) approach (conceptual model)</p>	This handbook is not as comprehensive as the one from the U of A (above) but it does offer examples of how the program connects their Strategic Plan to specific evaluation questions.
<p><u>Author:</u> The University of Saskatchewan College of Medicine (2014)</p> <p><u>Purpose:</u> To highlight how the College of Medicine approaches program evaluation.</p>	<p><u>Setting:</u> University in Canada</p> <p>Program Evaluation Framework and Planning Guidelines</p>	<p>-Program Planning and Resource Advisory Committee</p> <p>-Offers guiding principles for program evaluation and performance indicators</p> <p>-Offers a table to outline who collects data, how the data is collected, and who/what is reported.</p> <p>-Links to the mission statement of the school</p>	This framework offers specific methods for evaluation (e.g., exit surveys, graduate surveys, employer surveys, etc.), with a clear purpose, frequency, and identification of who is responsible for the data collection. The supplementary tables will be helpful as I develop my resource.

Appendix C: Environmental Scan and Consultations Report

Findings from the Environmental Scan and Consultations

Krista Dawn Callahan

N6660: Practicum I

Master of Science in Nursing, Memorial University of Newfoundland

Dr. Renee Crossman

August 8, 2022

Findings from the Environmental Scan and Consultations

The practicum project that I chose was to develop a resource. This project came to fruition through discussions with my colleagues at a nursing education program in western Canada. The Chair of the program, the Chair of the Curriculum Committee, and a faculty member who had been designated to write the report for our program's application for accreditation with the Canadian Association of Schools of Nursing (CASN) all believed a program evaluation resource would benefit our program. As a former member of the curriculum committee and a department Co-Chair during a provincial approval process through the College of Registered Nurses of Manitoba (CRNM), I understood the importance of program evaluation and agreed that a resource to guide program evaluation in a strategic and sustainable manner, would meet a need within our department.

Program evaluation is a requirement of nursing education programs to highlight the ways in which they are responsive to the ever-changing nursing education and nursing practice environments (CASN, 2020; CRNM, 2018). To fully appreciate the complexity of program evaluation, I completed a review of recent literature pertaining to program evaluation. The literature recognizes there are both internal and external drivers to program evaluation, it can be approached in a variety of ways, and each program must ensure its evaluation data is utilized to guide programmatic changes within a local context (Beasley et al., 2018; Haverkamp et al., 2018; Lewallen, 2015; Nunn-Ellison et al., 2018; Tanner, 2012).

When compiling the literature summary, I located a variety of program evaluation frameworks utilized within graduate-level education programs within the public domain. This was a driving factor in searching for additional resources, which included those that were available on the World Wide Web (WWW) and those that were not. As a result, I recognized the

need to conduct an environmental scan of health-related education program websites and to connect, either via email or telephone, with leaders within nursing education programs across Canada. To utilize my time wisely, I conducted a scan of undergraduate and graduate programs in Western Canada, and further extended the scan of undergraduate programs across Canada.

To establish what was currently known and being done regarding program evaluation within my local context, consultations with individuals both internal and external to my institution were conducted. To understand the internal drivers of program evaluation, I sought to identify the role of my colleagues and the students enrolled in our program in the current program evaluation processes. Much of the literature identified external stakeholder consultations as an important part of program evaluation; therefore, I sought to consult with a variety of external stakeholders such as nurse managers, members of the community, and representatives from both the CRNM and CASN (Campbell et al., 2022; Escallier & Fullerton, 2012; Haverkamp et al., 2018; Lewallen, 2015). The purpose of this paper is to report on the findings of the environmental scan and consultations.

Methods

In consultation with my supervisor, I formulated a consultation and environmental scan plan. Each plan included specific objectives, setting and sample, data collection methods, data management, and analysis plans, and measures to ensure ethical considerations. In the following sections, I will provide an overview of the objectives, data collection methods, and data management for the environmental scan and consultations.

Environmental Scan

Conducting the environmental scan allowed me to identify if other health-related education programs utilized program evaluation resources. This occurred over two (2) phases. The first phase included a review of websites and the second phase included contacting individuals who held various positions at educational institutions across Canada. The objectives for the environmental scan included gathering and analyzing data from various undergraduate nursing programs across Canada and graduate-level health-related professional education programs in Western Canada. The following section will provide an overview of how the data were collected.

Data Collection

I began the environmental scan by determining which undergraduate nursing programs were accredited by the Western North-Western Region Canadian Association of Schools of Nursing (WNRCSN). I focused on these schools as they would require an evaluation plan, as per Standard 6 of the CASN Accreditation Standards and Framework (CASN, 2020). I selected graduate-level programs in Western Canada based on their inclusion within their respective provincial Regulated Health Professions Act (RHPA). These programs included Medicine, Physical Therapy, Occupational Therapy, and Pharmacy, as they are required to have established standards which include program evaluation (Government of Alberta, 2022; Government of British Columbia, n.d.; Manitoba Health, n.d.).

Once I selected the programs of interest, I completed an in-depth scan of their educational program website using search terms such as “*program evaluation*”, “*program evaluation resource*”, and “*program evaluation framework*”. I created a table (see Appendix A)

with corresponding questions to guide me through a systematic process of assessing each website. This allowed me to organize my findings, which made it easy to draw out common themes. In addition to an in-depth environmental scan of websites, I also contacted individuals at a variety of undergraduate nursing programs across Canada.

The individuals chosen for email contact were recruited based on their roles within their respective programs, as indicated on their program websites. Some were Associate Deans, Chairs of program evaluation committees, and others were faculty members. At least one individual from each program was sent a letter of information (see Appendix B) and a list of questions (see Appendix C). There were instances where potential participants responded with a name and contact information for someone within their institution whom they felt would be better suited to answer my questions. In that case, the letter of information and questions were forwarded to those individuals. Each potential participant was offered the opportunity to return the questions via email or to arrange a telephone conversation at their earliest convenience. Once again, I created a table, which allowed me to collate the data in an organized manner (see Appendix D).

Consultations

The objectives of the consultations included gathering and analyzing data from both internal and external stakeholders to my institution. I sought to gain insights into their role with program evaluation, perceived facilitators, and barriers to program evaluation, as well as to explore their perceptions of what a program evaluation resource should include. The following section will provide an overview of the objectives of how the data were collected.

Data Collection

Internal stakeholders included members of Administration, such as Deans and Directors, Administrative Support workers, such as office assistants, faculty, and students. Students were recruited by sending an email through the Learning Management System via the Student Advisor. All other internal email addresses were available on our program website.

External consultees included employees from the local Regional Health Center, Indigenous Knowledge Keepers, and members from both the CRNM and CASN. Program Managers and the Chief Nursing Officer from our largest clinical partner were recruited through the hospital switchboard, Indigenous Knowledge Keepers were recruited through the Indigenous People's Center at my educational institution, and members from CASN and CRNM were recruited through their respective websites. A letter of information (see Appendix B) was sent to all consultees. As I anticipated that each participant had a unique role in program evaluation, the list of questions was tailored to meet the needs of the individual (e.g., student questions were different from those sent to the CRNM) (see Appendix E). I created tables to manage data collection, which allowed me to collate the data in an organized manner (see Appendix F).

Data Management and Analysis

One potential participant inquired about ethical approval, at which time I explained the procedures undertaken for ethics exemptions from both my primary educational institution, Memorial University of Newfoundland (see Appendix G), and the secondary educational institution, which is my place of work (see Appendix H). In hindsight, I should have included information regarding ethics exemptions in the letter of information. Permission to participate was assumed by virtue of a response to the letter of information, which included information on

confidentiality. All data were de-identified and saved within the tables on an external, encrypted drive. Once all data were received and transcribed into the tables, which occurred over several weeks, I reviewed the data in search of common themes. According to Polit and Beck (2021), this type of descriptive coding is a common approach to qualitative data analysis for novice researchers.

Data were collected from both internal and external stakeholders, as both have an important role in program evaluation. Ultimately, the key findings indicate nursing education colleagues who sit on program evaluation committees and/or are actively engaged with their program evaluation framework are well versed in the language and activities surrounding program evaluation. Whereas, colleagues who do not utilize a framework do not believe they have an active role in program evaluation. In the following section, I provide an overview of the combined results from the environmental scan and the consultations.

Results

The environmental scan and consultations occurred concurrently however, the data were analyzed separately and then reviewed for common themes. The following section will provide an overview of the findings, highlighting the facilitating factors and barriers to program evaluation as identified through the environmental scan and the consultations. The environmental scan and consultations are summarized separately, followed by a brief synthesis of the findings.

Environmental Scan

During the first phase of the environmental scan, I reviewed the following program websites: eight (8) undergraduate and six (6) graduate programs in British Columbia; six (6) undergraduate and one (1) graduate program in Alberta; three (3) undergraduate and two (2)

graduate programs in Saskatchewan; and three (3) undergraduate and one (1) graduate program in Manitoba. No undergraduate programs published a program evaluation resource however, many referenced a program evaluation committee. A variety of program evaluation resources were located on graduate-level program websites, none of which were from nursing.

During the second phase of the environmental scan, I focused on locating program evaluation resources used within undergraduate nursing programs across Canada. I sent emails to individuals at the University of British Columbia, University of Victoria, Thompson Rivers University, University of Alberta, University of Calgary, Grant MacEwan University, University of Regina, University of Saskatchewan, St. Boniface University, University of Manitoba, McMaster University, Western University, Dalhousie University, and Memorial University of Newfoundland. I connected via telephone with three (3) individuals and received email responses from two (2) individuals, from four (4) different provinces, with representation across Canada.

Environmental Scan Findings

Most of the resources I located on the WWW were referred to as “*frameworks*”. The frameworks indicated that programs approached program evaluation in a variety of ways. Some utilized a conceptual model, such as a Continuous Quality Improvement Cycle, the Program Evaluation Model (Payne, 1994), Principles-Focused Evaluation (Patton, 2018), and in one instance, a program developed its own evaluation model. A common theme within the resources was the linkages between program evaluation procedures to their programs’ strategic plans and education standards. The resources offered specific evaluation indicators, examples of both summative and formative evaluation methods, examples of sources of information, and a clear schedule of when the data are reviewed and where the data are reported. Within the resources

that used these models, many of the programs referenced a program evaluation committee. One program delegated the components of program evaluation from the Associate Dean to an Executive Curriculum Committee (ECC), which was comprised of three (3) internal faculty members, two (2) ex officio members, and one student from each year of the program.

Two individuals I spoke with during the second phase of the environmental scan were members of a program evaluation committee within their institutions. They indicated, as did other respondents, that their program utilizes program evaluation resources, but none were able to share the resource as it was undergoing significant revisions. One program had recently contracted an external company to develop a logic model for program evaluation, whereas all others developed their resource through internal program structures and functions. All programs with a resource indicated they refer to it in a consistent way, either through regularly scheduled program evaluation meetings or through using the Context Input Process Product (CIPP) Evaluation Model (Stufflebeam, 1983), which has built-in mechanisms for reviewing data.

Facilitating Factors

Many individuals indicated that program evaluation was a vast amount of work, and often challenging to add to their competing priorities of research, service, and teaching. However, they also mentioned that having a program evaluation resource helped alleviate some of the challenges with organizing data, therefore, reducing duplication and ultimately the workload associated with program evaluation activities. They acknowledged that having a resource that outlined very clearly and concisely what needed to be done, how, and by whom was helpful when engaging in program evaluation activities. One individual spoke to a recent addition to their resource to indicate actual outcomes, which they felt would improve their program's ability to promptly identify gaps that needed to be addressed (e.g., if the expected outcome was 90% of

new grads passed on the first attempt of the NCLEX, but the actual outcome was 75%, that indicator would need to be addressed). Although there were many facilitating factors to support the use of a program evaluation resource, there were also barriers.

Barriers

Engaging faculty and faculty buy-in were identified as common barriers. Reducing duplication of the data collection and balancing “*need to know*” versus “*want to know*” was also identified (e.g., if one committee is already collecting data on NCLEX pass rates, the program evaluation committee needs to gather that information from that committee, rather than soliciting that data from its original source). Two respondents suggested having rotational chairs on program evaluation committees, with the past chair maintaining a position on the committee as a way of mentoring faculty to engage in the processes involved in program evaluation. These respondents also suggested regular meetings, at least a couple of times a year, with increasing frequency leading up to an accreditation/approval year. Overall, the advice they provided was to ensure all indicators are clear (e.g., what data is collected, who collects it, why it is collected, what the data informs, and when to review the evaluation data and the evaluation process as a whole). In summary, I gathered quality data to assist in developing my resource through the processes involved in both phases of the environmental scan.

Consultations

I sent invitations to participate to nineteen (19) individuals internal to my department, including all clinical, academic, and support faculty, the Acting Dean, and the Center for Teaching and Learning Technologies Director. I also sent a request to all students across years 2, 3, and 4 of the program. Consultations with members external to my department included one (1)

Indigenous leader, three (3) program managers and the Chief Nursing Officer at the local Regional Health Center, two (2) representatives from the CRNM, and one (1) from CASN.

Consultation Findings

Many of the emails sent to community representatives led to an automatically generated “*out of office*” message. For those individuals, I sent a follow-up email upon their return. Even after a second email requesting participation, I only received one email response from a member of CASN. With minimal engagement from community stakeholders, I was unable to identify themes within the data.

I received responses from twelve (12) individuals, with a combination of students, academic, clinical, support faculty, and administration from the internal consultees. The majority responded via email, although I did have four (4) telephone interviews. Common themes within the responses indicate that many individuals do not believe they have an active role in program evaluation. In particular, the students did not feel they were engaged in program evaluation at any level. Interestingly, one of my colleagues referenced a departmental program evaluation framework, which they developed and was subsequently approved by the department in 2017. No other internal faculty member was aware of or referred to a program evaluation framework.

Facilitating Factors

Many faculty identified perceived benefits to having a functional program evaluation resource if it had a mechanism to plan, implement, analyze, and report on data. Facilitating factors included collaboration, both inter-and intra-professional; the potential of a resource that will assist in building a culture within the department that supports ongoing program evaluation; and the benefits of aligning learning outcomes, teaching, and assessment components.

Barriers

Many consultees identified the competing responsibilities of faculty and the limited resources of such a small department as significant barriers. Engagement from both students and faculty, ensuring proper timing of evaluation methods, and concerns with confidentiality were highlighted. Confidentiality was mentioned from both a student and a faculty perspective (e.g., if a course evaluation discussed negative outcomes during a specific course, all students and faculty will know who taught that course). One faculty member identified the lack of a Strategic Plan as a major barrier to conducting quality, ongoing, and sustainable program evaluation. I am unaware of current plans to update the strategic plan that expired in 2019.

Synthesis of Findings

In general, the main findings from the environmental scan and consultations indicate how important a functional program evaluation resource is to the day-to-day operations of a quality nursing education program. As program evaluation is important in ensuring job security, a functional plan may also play a role in job satisfaction. One of the main barriers identified was related to the engagement of stakeholders, both internal and external to the institution. Although barriers exist, many participants felt they could be overcome. Many suggested that introducing program evaluation in small, manageable, and ongoing “bits” may improve engagement. They also suggested offering an incentive, especially for student participation (e.g., upon attending a program evaluation focus group session, their name is entered for a month of free printing). Other suggestions included ensuring faculty understood the purpose of program evaluation, considering the implementation of a program evaluation committee, and offering workload release for leading program evaluation processes.

Conclusion

During the consultations and the environmental scans, I sought to learn about nursing education program evaluation at other institutions across Canada, as well as determine the needs of my local context. Ultimately, I found a great deal of variety in how program evaluation is approached. Factors such as physical and fiscal resources play a role in a program's ability to maintain a program evaluation process. Ongoing, sustainable, and systematic program evaluation is a significant amount of work, but there are resources and structures that can help manage the workload.

Overall, timing may have negatively impacted the response rate for my consultations and environmental scan as many of my colleagues, community members, and all of our students, were settling into their summer breaks. However, every attempt was made to connect with stakeholders across Canada. Based on the responses I received, I had enough to proceed with this report, and more importantly, to proceed with the next phase of this project.

The environmental scan and consultations led to the discovery of already-developed resources, (e.g., the University of Alberta Faculty of Medicine & Dentistry Program Evaluation Framework, and the University of Saskatchewan College of Medicine Program Evaluation Framework and Planning Guidelines) that had the potential to be revised for use within my local context. One framework, in particular, was very comprehensive and yet concise. I believe it is what I initially thought I could develop for the purpose of this project. I have since realized that what I set out to do may have been too large of a task. The results of the literature summary, the environmental scan, and the consultations are guiding me to re-adjust my project goals and to determine what I can reasonably and feasibly accomplish within my course objectives and my

timeframe. I may not be able to *produce an entire framework*, but I can *produce a plan to develop a framework*.

As I move forward, my focus is on producing a resource that outlines a strategic and sustainable process to developing a program evaluation framework. I feel confident that through collaborative practice, with both internal and external stakeholders, we can develop a program evaluation framework that allows us to systematically and succinctly highlight the excellent work that we are already doing.

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Appendix A: Environmental Scan (Website Resources)

Objective: Collect program evaluation data from various **Western Canadian undergraduate and graduate**-level health-related educational program websites on the World Wide Web

Question 1: Does this school/faculty/program have a program evaluation resource?
British Columbia (Undergraduate)
List Responses
British Columbia (Other)
List Responses
Alberta (Undergraduate)
List Responses
Alberta (Other)
List Responses
Saskatchewan (Undergraduate)
List Responses
Saskatchewan (Other)
List Responses
Manitoba (Undergraduate)
List Responses
Manitoba (Other)

List Responses
Northwest Territories (Undergraduate)
List Responses

Common Thread/Theme:
List Responses

Appendix B

Letter of Information Sheet for Internal and External Consultations

Good Morning,

My name is Krista Callahan and I am a graduate student in the Master of Science in Nursing program at the Memorial University of Newfoundland. I am in the process of conducting consultations and an environmental scan for my practicum project titled: ***Developing a Program Evaluation Resource for the Bachelor of Nursing program at Brandon University.***

Nursing program evaluation is a fundamental aspect of safeguarding the public and ensuring the best possible outcomes for students enrolled in nursing programs. I am contacting you as (**insert role**). I believe your insights, experience, and feedback regarding program evaluation will be invaluable as I develop a resource that will ensure systematic and sustainable approaches to program evaluation.

I am requesting a phone conversation with you regarding program evaluation. If you are not available via telephone, please complete the short list of questions attached, at your earliest convenience. I plan to begin my data analysis the week of **July 4th, 2022**. All information you share will be de-identified as confidentiality of your feedback is my top priority.

Should you have further questions or comments, do not hesitate to contact me via email (kdcallahan@mun.ca) or phone (204-724-7516).

Yours in nursing education,

Krista Callahan, RN

Graduate Student, Master of Science in Nursing

Memorial University of Newfoundland

kdcallahan@mun.ca

Appendix C: Question Guide for the Environmental Scan

1. Does your program utilize a program evaluation resource (e.g., handbook, framework, process map, timeline, etc.)? If you answered yes, is it available on the World Wide Web (WWW)? If it is not available on the WWW, would you be willing to share your resource with me?
2. If you have a resource, can you tell me how you developed the resource? (e.g., was there a committee, an individual faculty members, etc.)?
3. If you have a resource, to the best of your knowledge, do you use it consistently (e.g., refer to it regularly, input data on a regular basis, and/or review the data on a regular basis)?
4. Based on your experience, can you share with me the benefit(s) of using your resource? Please provide examples.
5. Based on your experience, can you share with me the barrier(s) to utilizing your resource? Please provide examples.
6. If you do not have a resource, would you be interested in a resource? Can you provide examples of what you believe to be necessary components of a program evaluation resource (e.g., strategic process map, timeline, data collection methods, etc.)
7. What words of wisdom can you share regarding nursing education program evaluation?
8. Are there any other comments you would like to add?

Appendix D: Responses from Environmental Scan (Telephone/Email)

Objective: Collect qualitative data using open-ended questions via telephone and/or emails from various Bachelor of Nursing or Bachelor of Science in nursing programs across Canada to determine what resources they use when conducting nursing education program evaluations.

Question 1: Does your program utilize a program evaluation resource (e.g., handbook, framework, process map, timeline, etc.)? If you answered yes, is it available on the World Wide Web (WWW)? If it is not available on the WWW, would you be willing to share your resource with me?
#1
List Response
#2
List Response
#3
List Response
#4
List Response
#5
List Response
Common Thread/Theme:
<ul style="list-style-type: none">List common themes

Appendix E: Question Guides for Consultations

Questions for Student Consultations

1. Have you been asked to provide feedback for the purpose of nursing education program evaluation from the Bachelor of Nursing program at Brandon University? If so, what were you asked to provide feedback on (e.g., course/instructor evaluation, clinical site evaluations, yearly outcomes, program outcomes, input during committee meetings, etc.)
2. If you answered “yes” to question #1, can you offer an example of how your feedback was used or not used?
3. If you answered “no” to question #1, can you offer an example of when and/or how that feedback should be requested (e.g., surveys, in-person forums, Moodle, etc.)?
4. Are there any other comments you would like to add?

Questions for Internal Faculty Consultations

1. What is your role in relation to nursing education program evaluation? Do you feel your role is valued? Can you elaborate with an example?
2. When engaging in program evaluation activities, do you utilize a program evaluation resource (e.g., a framework, strategic process map, an evaluation plan, etc.)?
3. If you have a resource, how did you develop it? What components of the resource have been the most useful in informing the program evaluation?
4. If you do not have a resource, do you believe one would be useful? If yes, what are the necessary components you would like to see in a resource? In not, can you elaborate?
5. From your perspective, what positive outcome(s) do you anticipate or have encountered when engaging in program evaluation processes?
6. What barriers do you anticipate or have encountered when engaging in program evaluation (e.g., planning evaluation methods, data gathering, and/or evaluation of data, gaining input from students, employers, and/or community stakeholders, etc.)?
7. Do you have a process for reviewing evaluation data? If so, who is involved in that process and when does the review happen?
8. Who ensures program changes are informed by the data collected during the program evaluation processes (e.g., the Dean, the Chair, a Committee, Individual Faculty, etc.)? How do you keep track of changes (e.g., spreadsheets, formal reports, etc.)? Does this system work well? Why or why not?
9. What words of wisdom can you provide regarding program evaluation?
10. Are there any other comments you would like to add?

Questions for External Consultations of Members from a Regulatory Body

1. Are there specific components of a nursing education program evaluation plan that your organization considers desirable? If so, can you elaborate with an example(s)?
2. From your perspective, what positive outcome(s) do you anticipate when nursing education programs utilize a program evaluation plan/resource?
3. What barriers do you anticipate when nursing education programs utilize a program evaluation plan/resource?

4. What words of wisdom can you provide regarding nursing education program evaluation?
5. Are there any other comments you would like to add?

Questions for External Consultations (Members of the Community)

1. Have you been asked to provide feedback for the purpose of nursing education program evaluation from the Bachelor of Nursing program at Brandon University? If so, what components of the program evaluation were you asked to provide feedback on (e.g., student outcomes, program outcomes, evaluation tools/methods, etc.)?
2. For the purpose of gathering your feedback on program evaluation in the future, which method(s) would be the most effective for your organization (e.g., in-person meetings, telephone interviews, electronic questionnaires, Teams, etc.)?
3. Within your organization, who would be the person(s) to contact to request feedback for the purpose of nursing education program evaluation (e.g., who will be able to speak to student outcomes, program outcomes, gathering data, etc.)?
4. From your perspective, what positive outcome(s) do you anticipate by being asked to provide feedback for the purpose of nursing education program evaluation?
5. What barriers do you anticipate when being asked to provide feedback for the purpose of nursing education program evaluation?
6. What words of wisdom can you provide regarding nursing education program evaluation?
7. Are there any other comments you would like to add?

Appendix F: Tables for Collating Responses from Consultations

Internal Consultees

Question #1 – What is your role in relation to nursing education program evaluation? Do you feel your role is valued? Can you elaborate with an example?
Administrative Support:
List Responses
Faculty:
List Responses
Administration
List Responses
Common Thread/Theme:
<ul style="list-style-type: none">• List common themes

Student Consultees

Question #1 – Have you been asked to provide feedback for the purpose of nursing education program evaluation from the Bachelor of Nursing program at Brandon University? If so, what were you asked to provide feedback on (e.g., course/instructor evaluation, clinical site evaluations, yearly outcomes, program outcomes, input during committee meetings, etc.)
Student #1:
List Response
Student #2:
List Response
Student #3:
List Response
Common Thread/Theme:

Appendix G: Memorial University of Newfoundland Health Research Ethics Authority (HREA) Screening Tool

Student Name: Krista Dawn Callahan

Title of Practicum Project: Developing a Program Evaluation Resource for the Bachelor of Nursing program at Brandon University.

Date Checklist Completed: May 10, 2022

This project is exempt from Health Research Ethics Board approval because it matches item number 3 from the list below.

1. Research that relies exclusively on publicly available information when the information is legally accessible to the public and appropriately protected by law; or the information is publicly accessible and there is no reasonable expectation of privacy.
2. Research involving naturalistic observation in public places (where it does not involve any intervention staged by the researcher, or direct interaction with the individual or groups; individuals or groups targeted for observation have no reasonable expectation of privacy; and any dissemination of research results does not allow identification of specific individuals).
3. Quality assurance and quality improvement studies, program evaluation activities, performance reviews, and testing within normal educational requirements if there is no research question involved (used exclusively for assessment, management or improvement purposes).
4. Research based on review of published/publicly reported literature.
5. Research exclusively involving secondary use of anonymous information or anonymous human biological materials, so long as the process of data linkage or recording or dissemination of results does not generate identifiable information.
6. Research based solely on the researcher's personal reflections and self-observation (e.g. auto-ethnography).
7. Case reports.
8. Creative practice activities (where an artist makes or interprets a work or works of art).

For more information please visit the Health Research Ethics Authority (HREA) at <https://rpresources.mun.ca/triage/is-your-project-exempt-from-review/>

Appendix H: Ethics Exemption from Secondary Institution

Good afternoon Ms. Callahan,

Thank you for your email and Ethics Exemption Inquiry for the project entitled “Developing a Program Evaluation Resource for the Bachelor of Nursing Program at XXXX. The Chair of the XXXX Ethics Committee has determined that this project, as outlined, is exempt from ethics review as per Article 2.5 of the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS2-2018)*.

If you have any questions or concerns, please feel free to contact me. Good luck with your project.