

Middle Georgia State University Administrative Assessment

Instructions. This form is used to collect administrative assessments for each budgeted unit at Middle Georgia State University (academic and nonacademic units). Departments should include a brief mission statement (describing what they do and who they serve), goals the department or unit is working to accomplish (in a 5 year time frame. Your goals and objectives should be reported out individuals, linked to the plan imperatives and strategies, align with the measurable objectives from the previous year, and defined and measurable objectives for the upcoming year. This form should be completed by each budgeted unit no later than the end of July. NOTE: All fields are required, please place NA or O in response field ONLY if the numbered objective is not being utilized, otherwise full responses are required. Provide ALL necessary information requested to the fullest extent possible, such that a peer reviewer is not required to assume any information not provided. Utilize the provided assessment scoring rubric drafting guideline to evaluate your report prior to submission. <a href="https://www.mga.edu/institutional-research/docs/IEB\_Administrative\_Score\_Card.pdf">https://www.mga.edu/institutional-research/docs/IEB\_Administrative\_Score\_Card.pdf</a>

\*\*Please SUBMIT the form within 30 minutes of opening this page. If you wait too long to submit you may lose your work\*\* In the event that you need to edit your submission, you may contact the Faculty Affairs Manager to secure a custom link to edit and resubmit.

| Q1. Submitters Email                               |  |
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| donna.ingram@mga.edu                               |  |
| Q2. Who is the person responsible for this report? |  |
| Donna Ingram                                       |  |
| Q3. For which year are you completing this report? |  |
| FY 23 (July 2022-June 2023)                        |  |
| ○ FY 24 (July 2023-June 2024)                      |  |
| FY 25 (July 2024-June 2025)                        |  |

| Academic Affairs  |
|---|
| ○ Fiscal Affairs  |
| Enrollment Management   |
| ○ Student Affairs   |
|   |
| Q5. For which department or area are you reporting? (Ex. Financial Aid, Library, OTR, Athletics, etc)   |
| Nursing   |
|   |
| Q6. The mission and goals of the department should be consistent over a 5 year period, although some institutional changes may necessitate and prompt a change in mission or goals for specific departments. In this section, report the mission statement for your department.   |
| The mission of the MGA Nursing Programs is to provide quality evidence-based education which prepares students to become competent professional nurses and leaders."  |
| professional nuises and leaders.  |
| <ul> <li>Q7. What are the goals for this department? These should be the "big things" the department/area intends to accomplish within 5 years.</li> <li>1. Increase RN-BSN enrollment by 3% each year. 2. Maintain ACEN accreditation and GBON approval. 3. Maintain annual NCLEX pass rates at or greater than 90%.</li> </ul>  |
| 0. Each year, every department should identify objectives the department hopes to accomplish in the next year. These should align with departmental goals and the MGA strategic plan. In the next section you will be reporting on the objectives you set and whether or not you achieved them in FY24. Later in the document you will report on objectives you hope to accomplish in the coming fiscal year, FY25. |
| 8. Objective 1: What was this department's first objective for this fiscal year? Objectives should be specific, measurable, and achievable within one year.   |
| The Department of Nursing will receive USGBOR approval to provide a Certified Nurse Leader program.   |
| 9. Objective 1: Detail specifically how your department measured this objective? (Survey, budget number, number of participants, jobs completed, measurable time and/or effort, etc)  |

Office of the President

| Completion of process.  |
|---|
| 10. Objective 1: What was your target outcome for this objective? (1.e. 80% participation, 5% enrollment growth, 7% change in engagement)   |
| Receipt of USGBOR approval  |
| 11. Objective 1: Provide details for your target performance level established (i.e. accreditation requirement, past performance data, peer program review, etc)  |
| n/a   |
| 12. Objective 1: At what level did the department/area achieve on this objective? (This should be a number, i.e. 82%, 6%, 345 attendees, 75% engagement)  |
| USG issued a moratorium on graduate studies, therefore the approval process was halted following Senate approval.   |
| 13. Objective 1: Did your department meet this objective?   |
| The department did not meet this objective.   |
| ○ The department met this objective.  |
| ○ The department exceeded this objective.   |
| 14. Objective 1: Improvement Plans and Evidence of changes based on an analysis of the results: What did your department learn from working toward this objective? What changes will you make based on this effort next year? |

| The USG and SACSCOC Prospectus is near complete. When the moratorium is lifted the process can proceed.  |
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| 5. Objective 2: What was this department's second objective for this fiscal year? Objectives should be specific, measurable, and achievable within one year.                         |
| Achieve first time NCLEX pass rate of 90% for ASN students.  |
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| 6. Objective 2: Detail specifically how your department measured this objective? (Survey, budget number, number of participants, jobs completed, measurable time and/or effort, etc) |
| GBON NCLEX pass rate yearly report   |
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| 7. Objective 2: What was your target outcome for this objective? (1.e. 80% participation, 5% enrollment growth, 7% change in engagement)   |
| 90% pass rate  |
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| 18. Objective 2: Provide details for your target performance level established (i.e. accreditation requirement, past performance data, peer program review, etc)                     |
| maintaining a high pass rate is used for marketing purposes  |
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19. Objective 2: At what level did the department/area achieve on this objective? (This should be a number, i.e. 82%, 6%, 345 attendees, 75% engagement)

| 94% pass rate   |  |
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| 20. Objective 2: Did your department meet this objective?   |  |
|   |  |
| The department did not meet this objective.   |  |
| The department met this objective.  |  |
| ○ The department exceeded this objective.   |  |
| 21. Objective 2: Improvement Plans and Evidence of changes based on an analysis of the results: What did tour department learn from working toward this objective? What changes will you make based on this effort lext year? |  |
| continue with rigor continue using Success Coach continue reviewing for gaps in the curriculum continue using ATI   |  |
| 22. Objective 3: What was this department's third objective for this fiscal year? Objectives should be specific, neasurable, and achievable within one year.  |  |
| The percentage of re-entry students passing their nursing courses will remain above 90% between Fall and Spring and Spring and Fall.  |  |
| 23. Objective 3: Detail specifically how your department measured this objective? (Survey, budget number, number of participants, jobs completed, measurable time and/or effort, etc)   |  |
| reviewing progression (pass/fail) data for re-entry students  |  |
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24. Objective 3: What was your target outcome for this objective? (1.e. 80% participation, 5% enrollment growth, 7% change in engagement)

| above 90%  |      |
|--|------|
| 25. Objective 3: Provide details for your target performance level established (i.e. accreditation requirement, east performance data, peer program review, etc)   |      |
| prior to implementing the Success Coach role, re-entry retention was 83%   |      |
| 26. Objective 3: At what level did the department/area achieve on this objective? (This should be a number, e. 82%, 6%, 345 attendees, 75% engagement)   |      |
| 84% for Fall to Spring, calculations for Spring to Fall have not been calculated at the time of this survey completion   |      |
| 7. Objective 3: Did your department meet this objective?   |      |
| The department did not meet this objective.  |      |
| ○ The department met this objective.   |      |
| ○ The department exceeded this objective.  |      |
| 28. Objective 3: Improvement Plans and Evidence of changes based on an analysis of the results: What did our department learn from working toward this objective? What changes will you make based on this effort lext year? |      |
| The Fall to Spring Success Coaches were interim nursing faculty as the position was vacant until January 24. This position needs to be a designa individual whose sole purpose is to coach and mentor at-risk students.      | ed F |
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29. Objective 4: What was this department's fourth objective for this fiscal year? Objectives should be specific, measurable, and achievable within one year.

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| 30. Objective 4: Detail specifically how your department measured this objective? (Survey, budget number,       |  |
| number of participants, jobs completed, measurable time and/or effort, etc)                                     |  |
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| 31. Objective 4: What was your target outcome for this objective? (1.e. 80% participation, 5% enrollment        |  |
| growth, 7% change in engagement)  |  |
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| n/a   |  |
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| 20. Objective 4. Drevide details for very toward newformance level exteblished (i.e. peers ditation requirement |  |
| 32. Objective 4: Provide details for your target performance level established (i.e. accreditation requirement, |  |
| past performance data, peer program review, etc)  |  |
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| n/a   |  |
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| 33. Objective 4: At what level did the department/area achieve on this objective? (This should be a number,     |  |
| i.e. 82%, 6%, 345 attendees, 75% engagement)  |  |
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| 34. Objective 4: Did your department meet this objective?   |  |
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• The department met this objective.

O The department did not meet this objective.

| 35. Objective 4: Improvement Plans and Evidence of changes based on an analysis of the results: What did your department learn from working toward this objective? What changes will you make based on this effort |
|--|
| next year?   |
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| n/a  |
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| 26 Deced on your goals and objectives listed above places indicate their connection with MCAIs Strategie   |
| 36. Based on your goals and objectives listed above please indicate their connection with MGA's Strategic Plan (https://www.mga.edu/about/strategic-plan/docs/Strategic_Plan_2023-2028.pdf) by checking all        |
| associated and relevant Strategies from the list below. (Check all the apply)  |
|  |
| Champion Student Success 1. Demonstrate standards of excellence in all academic programs   |
| Champion Student Success 2. Grow student engagement at all degree levels   |
| Champion Student Success 3. Expand enrollment and graduation   |
| ✓ Lead Innovation and Economic Opportunity 4. Ensure high-demand programs for workforce and career alignment   |
| Lead Innovation and Economic Opportunity 5. Use Center for Middle Georgia Studies to drive University outreach   |
| <ul> <li>Lead Innovation and Economic Opportunity 6. Coordinate faculty scholarship and grant awards to build University<br/>reputation</li> </ul>   |
| ☐ Build Culture and Identity 7. Plan, resource, and promote campus roles and identities  |
| ☐ Build Culture and Identity 8. Pursue great-place/college -to-work designation  |
| ☐ Build Culture and Identity 9. Promote culture of wellness throughout the MGA community   |
| ☐ Build Culture and Identity 10. Compete and win at the NCAA Division II level   |
| Sustain Fiscal Resilience and Brand Value 11. Apply data-driven accountability to all operations   |
| Sustain Fiscal Resilience and Brand Value 12. Maintain access, affordability and value for all students  |
| <ul> <li>Sustain Fiscal Resilience and Brand Value 13. Grow and diversity streams of revenue</li> </ul>  |
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| 37. Please indicate which of the following actions you took as a result of the 2022/2023 Assessment Cycle  |
| (prior cycle) (Note: These actions are documented in reports, memos, emails, meeting minutes, or other directives within the reporting area)(Check all the apply)  |
|  |
| ✓ Disseminating/Discussing Assessment Results/Feedback to Appropriate Members of the Campus Community  |
| ✓ Disseminating/Discussing Assessment Results/Feedback to Appropriate External Stakeholders  |
| Faculty or Staff Support: Professional Development Activities, Trainings, Workshops, Technical Assistance  |
| Process Changes: Improve, Expand, Refine, Enhance, Discontinue, etc Operational Processes  |
| Request for Additional Financial or Human Resources  |
| Customer Service Changes: Communication, Services, etc   |
| ☐ Making Improvements to Teaching Approach, Course Design, Curriculum, Scheduling, other   |
| Evaluating and/or Revising the Reporting Lines Internal Assessment Processes   |

| 38. Please indicate which of the following actions you will take as a result of the 2023/2024 Assessment Cycle (current cycle) (Note: These actions must be documented in reports, memos, emails, meeting minutes, or other directives within the reporting area)(Check all the apply)  |
|---|
| ✓ Disseminating/Discussing Assessment Results/Feedback to Appropriate Members of the Campus Community   |
| ✓ Disseminating/Discussing Assessment Results/Feedback to Appropriate External Stakeholders   |
| Faculty or Staff Support: Professional Development Activities, Trainings, Workshops, Technical Assistance   |
| Process Changes: Improve, Expand, Refine, Enhance, Discontinue, etc Operational Processes   |
| Request for Additional Financial or Human Resources   |
| Customer Service Changes: Communication, Services, etc  |
| ☐ Making Improvements to Teaching Approach, Course Design, Curriculum, Scheduling, other  |
| Evaluating and/or Revising the Reporting Lines Internal Assessment Processes  |
| Other   |
| making and drive improvement efforts.  Student learning outcomes and program outcomes are tracked using a Systematic Evaluation Plan and are reviewed each year by the Department of Nursing Evaluation Committee in collaboration with the respective Program Coordinators. The Committee and Program Coordinators devise appropria plans of action for areas needing improvement and also review the estimated levels of achievement for possible revision. Student learning outcomes a program outcomes are also shared with the Department of Nursing Advisory Board each year and posted on the department's website for communities/persons of interest. Additionally, the same is shared with faculty at faculty meetings each August and January. |
| 40. Please indicate (if appropriate) any local, state, or national initiatives (academic or otherwise) that are influential in the operations, or goals, and objectives of your unit. (Complete College Georgia, USG High Impact Practice Initiative, LEAP, USG Momentum Year, Low-Cost No-Cost Books, etc)  The state and national initiatives to increase the nursing workforce certainly impacts the Department of Nursing operations and objectives of the unit.  |
| 41 Please identify and detail three to four measurable objectives for the next fiscal year. In listing the  |

Other

41. Please identify and detail three to four measurable objectives for the next fiscal year. In listing the objectives, please use the format shown in these examples.1) The Department of X will improve services levels by 5% as measured by our satisfaction survey. 2) The department of X will provide training in ABC for at least 73 MGA faculty and staff.

|                       |   |                               | age of re-entry students passing their nursin enrollment will be at or above 60 students. |
|-----------------------|---|-------------------------------|---|
| our school based mind | date (Academic Deans ONLY) I<br>set plan/strategy. Include any ac<br>th your appraisal of your school | djustments to metrics for the |   |
| dicomes associated wi | in your appraisar or your scriool   | s activities.                 |   |
|                       |   |                               |   |
|                       |   |                               |   |

43. Optional: The following upload portal is available to supplement your report with supportive documentation should you wish to provide any (instruments, data, etc).