

Central Connecticut State University

Submission Guidelines for INTERIM Assessment Reports (assessment results from AY 2015-16)

Guidelines:

- 1) Submission deadline: September 30, 2016, early submissions are encouraged
- 2) Submit electronically to Yvonne Kirby (Director of OIRA) as an email attachment (vkirby@ccsu.edu)
- 3) Provide a SEPARATE REPORT for each academic program. All <u>certificate and degree programs are required to be assessed per NEASC. Check</u> the reporting calendar to see which certificate programs are considered embedded in a degree program as these programs do not need to <u>be reported on separately.</u>
- 4) An Interim report consists of the completed Overview report for the academic program and General Education Overview, if appropriate.
 - a. If your department contributes to the General Education (GE) curriculum and has not conducted any assessment on GE but your faculty have contributed artifacts to the Multi-State Collaborative, please indicate which faculty have provided artifacts (item 7 in the GE report).

<u>Reminder</u>: Assessment reporting is on a five-year cycle, consisting of a full report in year one followed by interim reports for three years and then a summary report is due in the fifth year. The assessment cycle is aligned with the Program Review Cycle such that the full assessment report is due the year prior to the year that the department will submit their program review report. Departments are not required to submit an assessment report for a program in the year the department is scheduled to begin writing the Program Review self-study (see <u>Program Review Policy</u> and <u>Assessment Calendar</u>). For example, if your program is scheduled for program review in Spring 2017 or Fall 2017 then only a Summary assessment report will be due for that program in Fall 2017 (report covering AY 2016-17 activities); this is necessary to comply with BOR requirements. Departments that are accredited by an outside agency, and thus exempt from the Program Review Policy, should follow the guidelines for assessment reporting as described in this document and follow the Assessment Calendar. Where possible, the assessment cycle will be aligned with the accreditation cycle and a Summary report will be due in the year the self-study is due to the accrediting body.

Interim reports: complete <u>ONLY</u> the Overview for the program, complete with contribution to general education. URL to Assessment website resources: <u>http://web.ccsu.edu/oira/assessment/assessment_aap.asp</u>

<u>Overview</u>: The following questions are required by the Connecticut State Colleges and University Board of Regents, NEASC and the CCSU Academic Assessment Committee. These questions must be completed annually for all academic programs as well as all departments offering courses in general education. Submit a separate table for each program and for each general education learning outcome the department teaches.

- You are encouraged to address the questions using bullet statements rather than paragraph form —full details should be included within the text of the full report when it is due, not in the Overview.
- Interim reports: the Overview should append clearly labeled data tables as appropriate for both the academic program as well as general education.

can be reported here)

<u>Overview</u>	
Department:Nursi	ng
Report Preparer:Meg Le	evvis
Program Name and Level: B	SN Program
Program Assessment Question	Response
<u>URL</u> : Provide the URL where the learning outcomes (LO) can be viewed.	http://web.ccsu.edu/nursing/Home LO1: Integration of theories and concepts from liberal education into nursing practice LO2: Application of leadership concepts, skills, and decision-making in the provisions f high quality nursing care, healthcare team coordination, and the oversight and accountability of care delivery in a variety of settings LO3: Critical evaluation of evidence-based research in collaboration with other members of the health care team to improve patient outcomes LO4: demonstration of skills in using patient care technologies, information systems, and communication devices that support safe nursing practice LO5: Advocacy for a variety of socio-political issues affecting healthcare through participation in legislative and political forums LO6: Incorporation of inter-professional communication and collaborative skills into the delivery of evidence- based, culturally sensitive patient-centered care LO7: Provision of innovative interventions to promote health and prevent illness in vulnerable populations LO8: Practice from a caring, professional nursing perspective by incorporating the values of social justice, diversity, and global awareness LO9: Integration of knowledge, skills, and attitudes through use of the nursing process to provide patient- centered care to patients across the lifespan from a diverse perspective
LO Changes: Identify any changes to the LO and briefly describe why they were changed (e.g., make LO more discrete, align LO with findings). If no changes were made, please report not applicable.	The LOs have not changed; they align with the AACN's Nine <i>Essentials of Baccalaureate Education for Professional Nursing Practice.</i>
<u>Strengths</u> : What about your assessment process is working well?	Our BSN program evaluation for both the pre-licensure track and the RN-to-BSN track consists in coursework, clinical evaluation tools, focus groups, alumni surveys, Professional Advisory Committee input, licensure pass rate (for the pre-licensure program, EBI surveys (a benchmarking survey), and the CCNE Accreditation Organization. Our recent 2016 accreditation report from CCNE indicated that we have met all standards for both tracks.
Improvements: What about your assessment process needs to improve? (a brief summary of changes to assessment plan	Our goal is to reach a 100% pass rate on the NCLEX (licensing exam). We are currently making curriculum changes, most notably a more rigorous Anatomy and Physiology course, Students in their existing EXS 207/208

	(A & P) are not receiving the content needed to prepare them for NRSE 210 (Health Assessment). We will be requiring that they take BMS 318/319.
For Each Learning Outcome (LO) comple	te questions 1, 2 and 3: Many programs have a large number of LOs, please limit the report to no more than five.
LO 1	
1.1) Assessment Instruments: What is	Capstone course (NRSE 495) – see table attached for results
the source of the data/evidence, other	
than GPA, that is used to assess the	NCLEX Licensure Exam pass rate (currently 88%)
stated outcomes? (e.g., capstone course,	
portfolio review and scoring rubric, licensure examination, etc.)	Synthesis course (NRSE 496) – see table attached for results
1.2) Interpretation: Who interprets the	Faculty, The CT State Board of Nurse Examiners, and the CCNE
evidence? (e.g., faculty, Admn. assistant, etc.).	
1.3) <u>Results</u> : Since the most recent full	Conclusion: RN/BSN students met the learning outcomes
report, list:	Pre-licensure students in the senior capstone course met the learning outcomes
a. The conclusion(s) drawn	
b. The changes that were or will be	SEE ATTACHED TABLES
made as a result of those conclusion(s)	Changes:
	Curriculum changes mentioned above

LO 2	
2.1) Assessment Instruments: What is	Capstone course (NRSE 495) – see table below for results
the source of the data/evidence, other	
than GPA, that is used to assess the	NCLEX Licensure Exam pass rate (currently 88%)
stated outcomes? (e.g., capstone course,	
portfolio review, licensure examination, etc.)	Synthesis course (NRSE 496) – see table below for results
2.2) Interpretation: Who interprets the	Faculty, The CT State Board of Nurse Examiners, and the CCNE
evidence? (e.g., faculty, Admn. assistant, etc.).	
2.3) Since the most recent full report,	Conclusion: RN/BSN students met the learning outcomes
list:	Pre-licensure students in the senior capstone course met the learning outcomes
a. The conclusion(s) drawn	

b. The changes that were or will be made as a result of those conclusion(s)	Changes: Curriculum changes mentioned above
LO 3:	
3.1) <u>Assessment Instruments</u> : For each LO, what is the source of the	Capstone course (NRSE 495) – see table below for results
data/evidence, other than GPA, that is used to assess the stated outcomes?	NCLEX Licensure Exam pass rate (currently 88%)
(e.g., capstone course, portfolio review, licensure examination, etc.)	Synthesis course (NRSE 496) – see table below for results
3.2) Interpretation: Who interprets the evidence? (e.g., faculty, Admn. assistant, etc.).	Faculty, The CT State Board of Nurse Examiners, and the CCNE
3.3) Since the most recent full report,	Conclusion: RN/BSN students met the learning outcomes
list: a. The conclusion(s) drawn b. The changes that were or will be	Pre-licensure students in the senior capstone course met the learning outcomes
made as a result of those conclusion(s)	Changes: Curriculum changes mentioned above

LO 4	
4.1) Assessment Instruments: For each	Capstone course (NRSE 495) – see table below for results
LO, what is the source of the	
data/evidence, other than GPA, that is	NCLEX Licensure Exam pass rate (currently 88%)
used to assess the stated outcomes?	
(e.g., capstone course, portfolio review, licensure examination, etc.)	Synthesis course (NRSE 496) – see table below for results
4.2) Interpretation: Who interprets the	Faculty, The CT State Board of Nurse Examiners, and the CCNE
evidence? (e.g., faculty, Admn. assistant, etc.).	
4.3) Since the most recent full report,	Conclusion: RN/BSN students met the learning outcomes
list:	Pre-licensure students in the senior capstone course met the learning outcomes
a. The conclusion(s) drawn	
b. The changes that were or will be	
made as a result of those conclusion(s)	Changes: Curriculum changes mentioned above
LO 5	
5.1) Assessment Instruments: For each	Capstone course (NRSE 495) – see table below for results
LO, what is the source of the	
data/evidence, other than GPA, that is	NCLEX Licensure Exam pass rate (currently 88%)
used to assess the stated outcomes?	
(e.g., capstone course, portfolio review, licensure	Synthesis course (NRSE 496) – see table below for results
examination, etc.) 5.2) Interpretation: Who interprets the	Faculty, The CT State Board of Nurse Examiners, and the CCNE
evidence? (e.g., faculty, Admn. assistant, etc.).	raculty, the cristate board of Nurse Examiners, and the CCNE
5.3) Since the most recent full report,	Conclusion: RN/BSN students met the learning outcomes
list:	Pre-licensure students in the senior capstone course met the learning outcomes
a. The conclusion(s) drawn	The meetistice structures in the senior capsione course met the learning outcomes
b. The changes that were or will be	
made as a result of those conclusion(s)	Changes: Curriculum changes mentioned above

Interim reports: append clearly labeled supporting data tables, organized by LO

NRSE 496: Synthesis of Baccalaureate Level Practice Capstone

The integrative Learning Value Rubric designed by the Association of American Colleges and Universities was used to evaluate the NRSE 496 RN to BSN capstone course. The maximum a student can achieve is a 20. The nursing department voted to accept a range of 13-15 as acceptable for meeting the course outcomes.

Spring 2014	N=15	9-12 (4) 27%	13-15 (5) 33%	16-20 (6) 40%
Fall 2014	N=10	9-12 (1) 10%	13-15 (3) 30%	16-20 (6) 60%
Spring 2015	N=13	9-12 (0) 0%	13-15 (3) 23%	16-20 (10) 77%
Fall 2016	N=6	9-12 (1) 17%	13-15 (3) 50%	16-20 (2) 33%
Spring 2016	N=15	9-12 (0) 0%	13-15 (6) 40%	16-20 (9) 60%

Spring 2016 Capstone (NRSE 495) – Synthesis of Professional Nursing Practice

Learning Outcome # of students Types of Results Areas of

Assessment Improv

Improvement

Learning Outcome #1: Liberal Education for Baccalaureate Generalist Nursing Practice	N=49	(a)Graded Testing in all NCLEX Content Areas – Comprehensive Exam	 (1a) 100% passed with C+ or higher; <u>Section 1</u> (N=24): Comprehensive Exam Average: 84 (Range 72-100; <u>Section 2</u> (N=25): Comprehensive Exam Average: 82 (Range 73-93) 	Continued content review for Increase in scores
		(b) Satisfactory Clinical Practicum completion using clinical evaluation tool	(b) 100%	
Learning Outcome #2: Basic organizational and Systems Leadership	N=49	Participation in professional meeting	100%	None
Learning Outcome #3: Scholarship for Evidence-Based Practice	N=49	Graded Poster Presentation: Rubric: <u>5% Abstract</u> : Brief Overview 75-100 words <u>15% Topic identification</u> and at least 3 Outcome Measures <u>20% Change Identified</u> –Possible barriers and/or supports to this change prior to and after education (include reference to Change Theory) <u>15% Teambuilding</u> <u>15% Quality & Safety Initiatives</u> <u>15% Description of the Leadership Role of the</u> <u>RN</u> <u>15% Creativity, neatness, professional</u>	Section 1 (N=24): Poster Average – 91 (Range 82-100) Section 2 (N=25): Poster Average – 82 (Range 72-98)	Need for more creativity and professionalism among students
Learning Outcome #4: Information Management and Application of Patient Care Technology	N=49	Routine documentation in each client's individual electronic health record (EHR) following HIPAA	92% (Remaining 6% did participate in documentation but did not use electronic means of documentation (EHR); used paper form of documentation instead due to Institutional requirements)	None

Learning Outcome #5:	N=49	(a) Completion of required paperwork at	100%	None
Healthcare Policy,		assigned clinical sites		
Finance and Regulatory		(b) Review of nursing student role and mission		
Environments		statements; and		
		© understanding of treatment option and		
		medication regimes part of health insurance		
		costs & coverage		

NRSE 495 – Synthesis of Professional Nursing Practice (Capstone) – Alignment with Learning Outcomes 1-9.

Liberal Education for Baccalaureate Generalist Nursing Practice

Both in clinical and classroom areas, students are required to demonstrate understanding in ability to integrate biologic, psychologic, social, and cultural influences that impact views and treatment within a variety of health care settings. Within the classroom setting, content from each area of the NCLEX blueprint is reviewed and students are tested in all content areas. Clinical Practicum areas include: Medical settings within inpatient hospital settings as well as community based medical settings; a variety of inpatient surgical settings; inpatient mental health; maternal health; pediatric health; correctional nursing; school health clinics; critical care. Students are given opportunity during class time to share with their peers individual clinical practicum experiences. The clinical evaluation tool also requires the clinical instructor to evaluate the students' performance of nursing skills in a confident, safe, and effective manner to demonstrate best practice.

Basic Organizational and Systems Leadership Nursing Practice and Patient Safety

Within the clinical practicum areas, it is the expectation students maintain a safe environment for clients. They are required to engage in collaboration with the healthcare team, the client, and family members when planning care. The student is required to attend an organizational meeting. The meeting could include: hospital- wide committee; unit meeting; a collaborative community meeting with stakeholders; professional meeting with a preceptor or faculty member.

Scholarship for Evidence Based Practice

The students are required to individually do a poster presentation for their peers. The topic of the poster is based upon and connected to their clinical practicum area. The grading rubric for the poster is that the poster is to be designed to reflect education provided to peers and is not geared towards patient education. The rubric also includes: Abstract brief overview 75-100 words; topic identification and at least three outcome measures; change identified, possible barriers and/or supports to this change prior to and after education; include reference to change theory; teambuilding; quality and safety initiatives (QSEN); description of the leadership role of the RN; creativity, neatness,

professional; credible references from nursing or medical journals, or websites (such as the CDC, NIH, etc. Web MD and wiki sites are not credible sources). Preceptors are invited to the poster presentation. The students also bring their posters to their individual clinical setting. A clinical practicum requirement is to link care planning nursing interventions with current best practice research; citing the nursing or medical professional journal.

Information Management and Application of Patient Care Technology

In clinical practicum, the student needs to demonstrate understanding in ability to utilize therapeutic communication skills and active listening skills in nurse-client interactions to ensure client information is accurate. The student needs to take the information obtained through client interaction and document the information accurately and thoroughly in the hospital/agency charting system. The student is also responsible to demonstrate competence in navigating the electronic health record, gathering and assessing laboratory values, administering medications and assessing efficacy, and acknowledging other treatments completed that are relative to best practice and positive outcomes.

Healthcare Policy, Finance, and Regulatory Environments

In the clinical practicum setting the student is expected to: Acknowledge and articulate HIPPA rules, and the health care facility/agency's practices, policies and protocols. The student also has to demonstrate knowledge in the management of total care including connection of healthcare payer sources and treatment options. Each student articulates the role and responsibility of student nurse within the particular practice setting, roles and responsibility. The RN scope of practice is discussed in the classroom.

Inter-professional Communication and Collaboration for Improving Patient Health Outcomes

The following are expectations in the clinical practicum setting. The student demonstrates ability to work alongside healthcare team in the management of client care. The student presents clinical data verbally in an organized, clear, and logical manner to clinical instructor, preceptor, peers, and healthcare team. The student is expected to continuously evaluate safety of client situation and appropriately communicate concerns to healthcare team members and clinical instructor or preceptor in a timely manner.

Clinical Prevention and Population Health

The students are expected to advocate for clients and families on any matter that could impact health and wellness. The student demonstrates ability to integrate clinical reasoning skills to identify problem areas and target symptoms related to treatment and plan of care. The student is required to write a comprehensive care plan and can safely implement and evaluate the plan of care. Emphasis is placed on using a holistic approach while the student considers the client's' life stage/age, ethnicity, culture and social factors.

Professionalism and Professional Values

The students are evaluated on expected professional behaviors using a clinical evaluation tool. An example of professional behaviors are: Arrive in the clinical setting on time, rested, and ready to participate wholeheartedly; maintain professional attitude at all times; demonstrate solid communication skills with clients, preceptors, staff, and faculty; display an enthusiastic attitude to learn from preceptors; demonstrate

good critical reasoning skills; articulate the role of the RN; maintain a professional appearance and come to the setting appropriately rested and with proper equipment.

Baccalaureate Generalist Practice

Within the Capstone clinical setting, students are required to journal. Within the journal guidelines, the students are required to practice reflection and introspection. In an effort to aid the student they are asked to perform a self-evaluation on the following: My ability to assess my client's overall physical status; my ability to assess my client's overall mental status; my ability to administer medications and treatments correlating to disease process; my ability to assume the role of an RN; I feel I've grown professionally and personally. Additionally, the students are expected to communicate individual professional learning goals and personal concerns to clinical instructor and preceptor in a timely manner; synthesize client interactions with individuals and families into shaping personal nursing philosophy and practice; participate consistently and fully in post clinical conference and other clinical activities to enhance knowledge of the role of the registered nurse. Clinical Instructors also evaluate students and discuss with them the areas in which they need to improve upon in order to be successful in BSN, RN practice.

INTEGRATIVE LEARNING VALUE RUBRIC

for more information, please contact value@aacu.org



The VALUE rubrics were developed by teams of faculty experts representing colleges and universities across the United States through a process that examined many existing campus rubrics and related documents for each learning outcome and incorporated additional feedback from faculty. The rubrics articulate fundamental criteria for each learning outcome, with performance descriptors demonstratingprogressively more stophisticated levels of attainment. The rubrics are intended for institutional-level use in evaluating and discussing student learning rading. The core expectations articulated in all 15 of the VALUE rubrics can and should be translated into the language of individual campuses, disciplines, and even courses. The utility of the VALUE rubrics is to position learning at all understanding of student success.

Definition

Integrative learning is an understanding and a disposition that a student builds across the curriculum and co-curriculum, from making simple connections among ideas and experiences to synthesizing and transferring learning to new, complex situations within and beyond the campus.

Framing Language

Fostering students' abilities to integrate learning—across courses, over time, and between campus and community life—is one of the most important goals and challenges for higher education. Initially, students connect previous learning to new classroom learning Later, significant knowledge within individual disciplines serves as the foundation, but integrative learning goes beyond academic boundaries. Indeed, integrative experiences often occur as learners address real-world problems, unscripted and sufficiently broad, to require multiple areas of knowledge and multiple modes of inquiry, offering multiple solutions and benefiting from multiple perspectives. Integrative learning also involves internal changes in the learner. These internal changes, which indicate growth as a confident, lifelong learner, include the ability to adapt one's intellectual skills, to contribute in a wide variety of situations, and to understand and develop individual purpose, values and ethics. Developing student's capacities face a rapidly changing and increasingly connected world where integrative learning becomes not just a benefit, but a necessity.

Because integrative learning is about making connections, this learning may not be as evident in traditional academic artifacts such as research papers and academic projects unless the student, for example, is prompted to draw implications for practice. These connections often surface, however, in reflective work, self assessment, or creative endeavors of all kinds. Integrative assignments foster learning between courses or by connecting courses to experientially-based work. Work samples or collections of work that include such artifacts give evidence of integrative learning. Faculty are encouraged to look for evidence that the student connects the learning gained in classroom study to learning gained in real life situations that are relatedo other learning experiences, extra-curcicular activities, or work. Through integrative learning, students pull together their entire experience inside and outside of the formal classroom; thus, artificial barriers between formal study and informal or tacit learning become permeable. Integrative learning, whatever the context or source, builds upon connecting both theory and practice toward a deepened understanding.

Assignments to foster such connections and understanding could include, for example, composition papers that focus on topics from biology, economics, or history, mathematics assignments that apply mathematical tools to important issues and require written analysis to explain the implications and limitations of the mathematical treatment, or art history presentations that demonstrate aesthetic connections between selected paintings and novels. In this regard, some majors (e.g., interdisciplingy majors or problem-based field studies) seem to inherently evoke characteristics of integrative learning and result in work samples or collections of work that significantly demonstrate this outcome. However, fields of study that require accumulation of extensive and high-consensus content knowledge (such as accounting, or chemistry) also involve the kinds of complex and integrative constructions (e.g., ethical dilemmas and social consciousness) that seem to be highlighted so extensively in self reflection in arts and humanities, but they may be embedded in individual performances and less evident. The key in the development of such work samples or collections of work will be in designing structures that include artifacts and reflective writing or feedback that support students' extramination of their learning and give evidence that, as graduates, they will extend their integrative abilities into the challenges of personal, professional, and civic life.

Glossary The definitions that followwere developed to datify terms and amongsts used in this rubric only.

- · Academic knowledge: Disciplinary learning; learning from academic study, texts, etc.
- · Content: The information conveyed in the work samples or collections of work.

. Contexts: Actual or simulated situations in which a student demonstrates learning outcomes. New and challenging contexts encourage students to stretch beyond their current frames of reference.

- Co-curriculum: A parallel component of the academic curriculum that is in addition to formal classroom (student government, community service, residence hall activities, student organizations, etc.).
- Experience: Learning that takes place in a setting outside of the formal classroom, such as workplace, service learning site, internship site or another.
- Form: The external frameworks in which information and evidence are presented, ranging from choices for particular work sample or collection of works (such as a research paper, PowerPoint, video recording, etc.) to choices in make-up of the
 eportfolio.
- Performance: A dynamic and sustained act that brings together knowing and doing (creating a painting, solving an experimental design problem, developing a public relations strategy for a business, etc.); performance makes learning observable.
- · Reflection: A meta-cognitive act of examining a performance in order to explore its significance and consequences.
- · Self Assessment: Describing, interpreting, and judging a performance based on stated or implied expectations followed by planning for further learning.

INTEGRATIVE LEARNING VALUE RUBRIC

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Definition

Integrative learning is an understanding and a disposition that a student builds across the curriculum and co-curriculum, from making simple connections among ideas and experiences to synthesizing and transferring learning to new, complex situations within and beyond the campus.

Evaluators are encouraged to assign a sero to any work sample or collection of work that does not meet benchmark (cell one) level performance.

	Capstone 4	Mile: 3	stones 2	Benchmark 1
Connections to experience Connects relevant experience and academic knowledge	Meaningfully synthesizes connections among experiences outside of the formal classroom (including life experiences and academic experiences such as internships and travel abroad) to deepen understanding of fields of study and to broaden own points of view.	Effectively selects and develops examples of life experiences, drawn from a variety of contexts (e.g. family life, artistic participation, civic involvement, work experience), to illuminate concepts/theories/frameworks of fields of study.	Compares life experiences and academic knowledge to infer differences, as well as similarities, and acknowledge perspectives other than own.	Identifies connections between life experiences and those academic texts and ideas perceived as similar and related to own interests.
Connections to discipline Sees (makes) connections across disciplines, perspectives	Independently creates wholes out of multiple parts (synthesizes) or draws conclusions by combining examples, facts, or theories from more than one field of study or perspective.	Independently connects examples, facts, or theories from more than one field of study or perspective.	When prompted, connects examples, facts, or theories from more than one field of study or perspective.	When prompted, presents examples, facts, or theories from more than one field of study or perspective.
Transfer Adapts and applies skills, abilities, theories, or methodologies gained in one situation to new situations	When prompted, presents examples, facts, or theories from more than one field of study or perspective.	Adapts and applies skills, abilities, theories, or methodologies gained in one situation to new situations to solve problems or explore issues.	Uses skills, abilities, theories, or methodologies gained in one situation in a new situation to contribute to understanding of problems or issues.	Uses, in a basic way, skills, abilities, theories, or methodologies gained in one situation in a new situation.
Integrated Communication	Fulfills the assignment(s) by choosing a format, language or graph (or other visual representation) in ways that enhance meaning, making clear the interdependence of language and meaning, thought and expression.	Fulfills the assignment(s) by choosing a format, language or graph (or other visual representation) to explicitly connect content and form, demonstrating awareness of purpose and audience.	Fulfills the assignment(s) by choosing a format, language or graph (or other visual representation) that connects in a basic way what is being communicated (content) with how it is said (form).	Fulfills the assignment(s) (i.e. to produce an essay, a poster, a video, a powerpoint presentation, etc.) in an appropriate form.
Reflection and Self Assessment Demonstrates a developing sense of self as a learner, building on prior experiences to respond to new and challenging contexts (may be evident in self assessment, reflective, or creative work)	Envisions a future self (and possibly makes plans that build on past experiences) that have occurred across multiple and diverse contexts.	Evaluates changes in own learning over time, recognizing complex contextual factors (e.g., works with ambiguity and risk, deals with frustration, considers ethical frameworks).	Articulates strengths and challenges (within specific performances or events) to increase effectiveness in different contexts (through increased self awareness).	Describes own performances with general descriptors of success and failure.

General Education Summary:

- 1. Summary only required for departments contributing to the General Education Curriculum.
- 2. If department contributes to more than one LO, complete one table for each LO.
- 3. If department has not conducted any assessment on GE but your faculty have contributed artifacts to the Multi-State Collaborative, please indicate which faculty have provided artifacts (item 7).
- 4. URL for the list of approved general education courses and LO/objectives: http://ccsu.smartcatalogiq.com/en/current/Undergraduate-Graduate-Catalog/Undergraduate-General-Education-Program

Department: _____

General Education LO Assessed: _____

Report Preparer: _____

General Education Question	Response
1) Courses : General Education course(s)	•
taught and the LO(s) the course aligns with	
2) Assessment Instruments: What	
data/evidence, other than GPA, is used to	
assess the stated CCSU General Education	
outcomes? (e.g., capstone course, portfolio review,	
licensure examination, etc.)	
3) Interpretation: Who interprets the	
evidence? (e.g., faculty, Admn. assistant, etc.). If	
this differs by LO, provide information by LO	
4) <u>Results</u> : Since the most recent full report,	Conclusion:
list:	
a. The conclusion(s) drawn	
b. The changes that were or will be made as a	Changes:
result of those conclusion(s)	
5) <u>Strengths</u> : List ways in which your	
assessment process is working well.	
6) Improvements: List ways in which your	
assessment process needs to improve (a brief	
summary of changes to assessment plan can be	
reported here).	
Our department has not assessed its	
contribution to the General Education curriculum	

but our faculty are contributing to the Multi-State	
Collaborative. Please list faculty names.	

Interim reports: append clearly labeled supporting data tables, organized by LO