

Herbert H. Lehman College

Supplemental Information Report (SIR)

Family Nurse Practitioner (FNP) Master's Program in Nursing

**Submitted to the
Middle States Commission on Higher Education (MSCHE)**

**Prepared
by
President Daniel Lemons**

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List of Abbreviations or Terms used in this Report

A list of abbreviations is provided for the convenience of the reader. For each section of the Supplemental Information Report (SIR), the name of an entity will be provided in full when it is first mentioned, followed with the abbreviation in parenthesis. Subsequent mentions of the entity in the narrative will be referred to by its abbreviation.

Abbreviation or Term	Description
AAC	Academic Assessment Committee
AANPCB	American Academy of Nurse Practitioners Certification Board
ALO	Accreditation Liaison Officer
ANCC	American Nurses Credentialing Center
Board	CCNE's Board of Commissioners
BOT	CUNY Board of Trustees
CCNE	Commission on Collegiate Nursing Education
CUNY	City University of New York
DON	Department of Nursing
EVC	Executive Vice Chancellor
FAQs	Frequently Asked Questions
FNP	Family Nurse Practitioner
HS2N	Health Sciences, Human Services and Nursing
IEP	Institutional Effectiveness Plan
MSCHE	Middle States Commission on Higher Education
NSS	Natural and Social Sciences
NYSED	New York State Education Department
OAAE	Office of Assessment and Educational Effectiveness
PDC	Provost's and Deans' Council
PMP	Performance Management Process
ROA	Requirement of Affiliation
SIR	Supplemental Information Report

I. Introduction

On November 20, 2020, Lehman College was informed by the Commission on Collegiate Nursing Education (CCNE) that CCNE’s Hearing Committee had affirmed the CCNE Board of Commissioners decision to withdraw accreditation from the College’s Master’s Degree Program in Nursing effective November 20 (**Appendix 1**). That withdrawal of accreditation was subsequently moved to March 1, 2020 (**Appendix 2**). Consistent with CCNE’s obligations as a recognized accrediting agency by the U.S. Department of Education, CCNE informed the Middle States Commission on Higher Education (MSCHE) of this outcome. In response, MSCHE requested that Lehman College provide MSCHE with a Supplemental Information Report (SIR) related to that outcome by 4 pm on January 8, 2020 (**Appendix 3**).

In its letter, MSCHE asked that Lehman College address the following:

(1) the specific reasons for the action by CCNE; (2) the impact of this action on the institution, its programs, and its students; and (3) the institution’s ability to remain in compliance with Requirement of Affiliation 6; Standard III: Design and Delivery of the Student Learning Experience, Standard IV: Support of the Student Experience, and Standard V: Educational Effectiveness Assessment. The report should also include a copy of any teach-out information submitted to CCNE.

This SIR responds to MSCHE’s requests. It explains the CCNE action; the impact of that action on students within the Master of Science in Nursing Program; the impact on the larger institution, its programs, and its students; the College’s ability to remain in compliance with Requirement of Affiliation #6 and Accreditation Standards III, IV, and V; and the College’s explanation regarding a teach-out plan.

The preliminary draft of the SIR was completed on December 14, 2020 and submitted to various stakeholders including the Dean, School of Health Sciences, Human Services, and Nursing, Chair of the Department of Nursing, the ALO and Associate Provost for Academic Programs and Educational Effectiveness, the Provost and Senior Vice President for Academic Programs and Student Success as well as the President for review and input. Feedback received from these individuals further helped to strengthen the document. On January 8, 2021, following President Lemons’ approval, the ALO successfully submitted the Nursing Program SIR to the MSCHE.

Table 1: Chronology of Significant Developments

Date(s)	Development	Audience		
		Impacted Students	Lehman Community	Public
May 5-8, 2020	CCNE Board of Commissioners Meeting.			
June 5, 2020	CCNE informed Lehman College that accreditation for the M.S. Nursing Program would be withdrawn effective May 8, 2020.			
July 14, 2020	Lehman College filed an appeal with CCNE.			
November 13, 2020	Lehman College presented its appeal to CCNE’s Hearing Committee.			

November 20, 2020	CCNE informed Lehman College that the Hearing Committee had upheld CCNE's withdrawal of accreditation. Accreditation ceased on November 20.			
November 20, 2020	Lehman College's Department of Nursing circulated an e-mail to schedule a virtual Town Hall for its students.			
November 23, 2020	President Lemons emailed the Lehman community informing the campus of the outcome and announced that a virtual Town Hall would be held that day for the impacted students.	Yes	Yes	
November 23, 2020	Lehman College's Department of Nursing held a virtual Town Hall for all of its Master of Science in Nursing students facilitated by Provost Nwosu.	Yes		
November 23, 2020	The Department of Nursing contacted AANPCB seeking permission for its Master's students to sit for that body's certification exam.	Yes		
November 25, 2020	Provost Nwosu emailed the Lehman community an update, reaffirmed Lehman's commitment to its affected students, announced the launch of a FAQs page, and provided a dedicated email address through which the affected students could contact Lehman College's Administration.	Yes	Yes	
November 25, 2020	Lehman College's FAQs page was launched.	Yes	Yes	Yes
November 30, 2020	The Department of Nursing held a Town Hall for its NUR 776 and December 2020 graduating cohorts	Yes		
December 1, 2020	MSCHE requested a SIR due at 4 pm on January 8, 2021			
December 1, 2020	Provost Nwosu submitted a request to CCNE that it extend accreditation through February 28, 2021 to permit 62 students to take the ANCC certification exam and to graduate as of February 1, 2021.			
December 2, 2020	President Lemons updated the Lehman College Senate on CCNE's withdrawal of accreditation.	Yes	Yes	
December 3, 2020	Provost Nwosu updated the PDC on CCNE's withdrawal of accreditation.		Yes	
December 3, 2020	Lehman College received a letter from NYSED listing all of the Nursing programs that are accredited by the New York State Board of Regents			
December 3, 2020	The Department of Nursing submitted a formal letter to AANPCB seeking permission for its Master's students to sit for that body's certification exam.			
December 3, 2020	The Department of Nursing held a Town Hall for its NUR 774 and December 2021 graduating cohorts.	Yes		
December 3-9, 2020	Lehman College conducted a review of all of its webpages and posted documents and removed content related to CCNE accreditation of its Master's Nursing Program in order to remain in compliance with federal regulations related to required information disclosures to the public and students and in standing with relevant requirements of state and other accrediting agencies.	Yes	Yes	Yes
December 4	Provost Nwosu emailed the FNP nursing students to provide an update on the College's wide-ranging efforts to mitigate the impact of CCNE's withdrawal of accreditation.	Yes		

December 9, 2020	The Department of Nursing held a Town Hall for its NUR 775 and May 2021 graduating cohorts.	Yes		
December 10, 2020	The Department of Nursing held a Town hall for its new students and NUR 600, NUR 720, NUR 721, and NUR 773 students.	Yes		
December 15, 2020	President Lemons informed the campus in an email that CCNE had postponed the effective date of the withdrawal of accreditation to March 1, 2020	Yes	Yes	
December 21, 2020	Lehman College informed CCNE that it plans to apply to re-accredit its Master's Nursing Program in May 2021 with a self-study visit scheduled for January or February 2022.			

II. Context

On May 5-8, 2020 CCNE's Board of Commissioners met and decided to withdraw accreditation from Lehman College's Master of Science in Nursing Program effective May 8, 2020 (**Appendix 4**). The decision was based on Lehman College's failure to reach the required American Nurses Credentialing Center (ANCC) certification exam pass rate of 80%.

Lehman College submitted an appeal on July 14 requesting an extension to allow the institution time to fully implement the changes it had put in place to meet the pass rate requirement. (**Appendix 5**). The appeal was heard by CCNE's Hearing Committee on November 13. On November 20, CCNE informed Lehman College that the Hearing Committee had upheld CCNE's withdrawal of accreditation, which would be effective that same day. There was a dissenting minority opinion for granting the College a "good cause" extension (**Appendix 6**). Following that outcome, Lehman College notified its Family Nursing Practice (FNP) Master's students on November 23 at a M.S.-FNP Townhall meeting.

Since that time, Lehman College has made robust, sustained, and growing efforts to assist the impacted students and to mitigate the injury inflicted on them from the loss of program accreditation. These efforts include:

- Holding seven virtual Town Hall sessions for the impacted students
- Developing and publishing a Frequently Asked Questions (FAQs) webpage
- Conferring degrees on students who were eligible to receive their degree prior to the decision retroactive to that decision
- Reaching out to the ANCC to explore options for students nearing graduation
- Reaching out to the AANPCB to allow Lehman's affected students to continue to sit for its certification exam based on continuing New York State Board of Regents accreditation for the program
- Inquiring whether CCNE can extend the period of accreditation through February 28
- Offering to reimburse students for the non-refundable portion of ANCC registration fees for those who cannot sit for the exam
- Offering to assist FNP Master's students interested in transferring to an accredited program
- For FNP students scheduled to graduate in Dec 2020 and May 2021, the college is providing a FNP live course review from the Maria Leik company. The students in the program have used her study guide and we are in the process of securing her services for

January, February, April, and May to assist students in an effort to prepare them for the examination

Overall, the loss of accreditation for the FNP Master's Program is a significant setback to the Department of Nursing and the College. Nevertheless, Lehman College expects to limit the fallout from this decision by assisting its students and, when eligible, re-applying for accreditation with CCNE or another relevant program accrediting agency.

This outcome will have a limited impact on the overall institution. The number of affected students (220 students) comprises a small share of the College's graduate student population (2,264 students) and an even smaller share of its overall student population (15,713 students, Fall 2020 enrollment headcount).

The CCNE decision resulted from a compliance issue that was narrow in scope focusing on student pass rate, which at the time of CCNE's decision was 78% instead of the required 80%. That result will have a minimal impact on the College's larger planning and improvement processes, all of which are guided by Lehman's mission, its strategic plan and its Institutional Effectiveness Plan (IEP). A new 2020-25 plan has been finalized and will go through governance at the beginning of the spring 2021 semester. The loss of accreditation will have no impact on the College's documented improvements in its assessment policies and practices as set forth in its February 2020 Supplemental Information Report (SIR) (**Appendix 7**). Overall, Lehman College expects to remain in compliance with Requirement of Affiliation (ROA) #6; Accreditation Standards III, IV, and 5; and all of the requirements necessary to maintain accreditation with MSCHE. Based on the College's review, no teach-out plans are required.

This SIR responds to the Commission's requests related to the CCNE decision. It documents how the College has responded to meet its fiduciary responsibility to the adversely impacted students. It provides evidence and commitments demonstrating that Lehman College, overall, will continue to meet the requirements and expectations of MSCHE and its stakeholders. The College expects that it will be able to maintain pursuit of its broad 90x30 goal that was documented in the February 2020 SIR and its desire to continue to serve the Bronx as an anchor institution and catalyst for promoting social mobility for its students.

III. The CCNE Decision

Lehman College’s Master’s degree program in Nursing was reviewed using the CCNE Standards for Accreditation of Baccalaureate and Graduate Nursing Programs (**Appendix 8**). Since the November 1-3, 2017 onsite visit, the Department of Nursing (DON) had achieved compliance in four of the five outstanding Key Elements, IV-B, IV-D, IV-E, and IV-H (2013 standards). However, compliance concern remained for Key Element IV-C (IV-D-2018). The program’s performance on this outstanding Standard IV, Key Element IV-D certification pass rates, had begun to show significant improvement. Most recently, it stood at 78% for first-time testers, as a result of the changes that were put in place in 2019 requiring students to take the ANCC certification exam in order to graduate from the Master’s program.

ANCC Certification Pass Rate:

The DON had addressed two critical challenges to the pass rate issue: 1) New York State does not require certification for advanced practice, and 2) Prior to the DON securing approval for the new requirement, students graduated from the program and generally waited for a number of years before taking the ANCC exam, thus creating a large lapse in time between graduation and testing—a time lapse that negatively impacted their performance on the certification examination due to knowledge attrition in at least some of the tested areas. The new requirement, for which the CUNY Board of Trustees’ approval was secured, with an effective implementation date of May 2019, was intended to close this loophole and address the pass rate issue. The DON had continually been working on policy changes to ensure compliance with CCNE standards and had made strong progress toward the 80% standard.

The CCNE Board of Commissioners (the Board), at its May 5-8, 2020 meeting, acted to withdraw accreditation from the Master’s Degree program in Nursing at Lehman College, effective May 8, 2020. The two reasons cited for the Board’s withdrawal of accreditation from the Lehman College graduate nursing program were the DON’s non-compliance with Standard IV, Key Element IV-D and omission of the AANPCB pass rate data for 2019 (**Appendix 4**).

Table 2: Standard IV, Key Element IV-D Pass Rate Requirement (Appendix 8):

A program that prepares students for certification demonstrates that it meets the certification pass rate of 80%, for each examination, in any one of the following ways:

- the pass rate for each certification examination is 80% or higher for first-time takers for the most recent calendar year (January 1 through December 31);
- the pass rate for each certification examination is 80% or higher for all takers (first-time and repeaters who pass) for the most recent calendar year;
- the pass rate for each certification examination is 80% or higher for all first-time takers over the three most recent calendar years; or
- the pass rate for each certification examination is 80% or higher for all takers (first-time and repeaters who pass) over the three most recent calendar years.

As a public institution within the City University of New York (CUNY) system, Lehman College’s governance structure is complex and multilayered. The overall governance structure

of CUNY was established by New York State Education Law, which created the Board of Trustees (BOT) of The City University of New York. The BOT includes 16 voting members, ten appointed by the Governor of New York State, five appointed by the Mayor of New York City, and the Chair of the University Student Senate, who serves ex officio. The Chair of the University Faculty Senate is a non-voting, ex officio member. The Board of Trustees, in turn, has adopted the [CUNY Bylaws](#).

The Bylaws spell out the structure and organization of the Board including: its committees and their membership; duties and responsibilities of the University Chancellor; and duties and responsibilities of CUNY Presidents, including the President of Lehman College. On account of this complex multilayered structure, making the necessary policy changes to the M.S. Nursing Program was a lengthy process for the DON, which also required going through Lehman's internal governance structure to secure approval prior to proceeding to the CUNY Board. The institutional context in which policy changes take place at Lehman College is important to understanding programmatic and time constraints under which the DON functions.

The governance structure requires strict compliance to the CUNY Bylaws. As such, the proposed changes put forward by the DON must follow the decision process, which may not always be timely. The DON does not have control over significant parts of this process. In this context, the process to approve the ANCC certification exam as a criterion for graduation took a total of 18 months (**Appendix 5**).

Omitted AANPCB Certification Exam Data:

The DON had a rational basis for not providing 2019 data for pass rates on the American Academy of Nurse Practitioners Certification Board (AANPCB) certification exam. The very small sample size yielded a statistically insignificant result. Consequently, the DON focused only on increasing its ANCC pass rates to meet CCNE's requirement under Key Element IV-D.

In its appeal, DON explained (**Appendix 5**):

- The ANCC exam takes precedence for the graduate program, as it is now a graduation criterion;
- Many graduates of the program took the certification exam between one to six years after graduation;
- For 2019, only 6 of the 32 testers took the AANPCB exam—one was reported as NR, and the remaining number (5 students) was negligible to support any programmatic change; and
- DON reported only the pass rate for the certification examination for first-time takers for the most recent calendar year.

A review of certification test results demonstrated that graduates of the Lehman Master of Science in Nursing Program had been taking the AANPCB certification exam up to six (6) years after graduation. Certification is not a requirement to become a licensed FNP in New York State. For the 2019 test period, 81% (26 of 32) of the graduates, who took the AANPCB exam, graduated from the program between one to six years: of which, 12% graduated six years ago;

19%- five years ago; 6%- four years ago; 22% - three years ago; 6% -two years ago, and 16% one year ago.

Ordering of the certification results for presentation was necessary to highlight the results by year of graduation, as the Lehman College MS in nursing program had been granted an additional year to show further improvement in Key Element IV-D, following the suspension of the show cause directive. The AANPCB certification results were used in the report to emphasize the challenges that DON encountered in getting students to take the certification exam immediately following graduation.

The review of the five students' aggregate performances on the four learning domains (one student's information is listed as N/R) of the AANPCB certification exam for 2019, indicated test scores below national average for all areas. Because of the small size of the 2019 graduates, their performances have been noted but not included in the combined data presented to CCNE. The DON's focus was on the recommended ANCC exam as per Key Element IV-D.

Appeal for "Good Cause" Extension of Accreditation:

Lehman College formally appealed CCNE's decision to withdraw accreditation from the DON's Master of Science in Nursing Program as of May 8, 2020 on July 14, 2020 (Appendix 5). CCNE's Hearing Board heard the appeal on November 13, 2020. On November 20, 2020, the Hearing Board reaffirmed CCNE's withdrawal of accreditation and made it effective November 20, 2020. The Hearing Board concluded (**Appendix 6**):

Lehman had multiple opportunities to demonstrate compliance with CCNE's requirements for certification pass rates. CCNE granted several extensions of time to Lehman to respond to compliance concerns regarding certification pass rates, including most recently for the follow up report due in March 2020, extending the response time to mid-April. It also extended Lehman's period of accreditation, which was due to expire in 2018, by one year, to June 30, 2019, to allow Lehman time to respond to the show cause directive and provide follow up reporting. It extended the accreditation period again in 2019, to June 30, 2020, to allow Lehman additional time to demonstrate compliance with certification pass rates...

Lehman agreed in its follow-up report of April 2020 to the Board that it had not met the CCNE standard for certification pass rates of 80% or higher. At the hearing on this appeal, Lehman did not dispute that it had not met the standard. Rather, it requested that CCNE extend the period of time for Lehman to achieve compliance with the standard.

At the same time, the Hearing Board acknowledged progress made by Lehman College:

Lehman did take steps to address CCNE's compliance concerns and improve its performance. Lehman provided evidence to CCNE, and to the Hearing Committee, of its efforts over a several-year period, beginning at least by 2017 and continuing through June 2020, to achieve compliance with certification pass rates...

Recent certification pass rates showed improvement. The overall pass rate for calendar year 2019 was 78%.

Lehman had encountered difficulty and delay in making curricular changes and incorporating a policy requirement for all master's students to take the ANCC exam in order to graduate because of the program's operation within a large university governance structure. The process took substantial time and effort, and Lehman believed the improvements from those changes would take more time to become evident.

A dissenting Minority Opinion argued that the case be remanded to CCNE's Board of Commissioners for a "good cause" extension of time "of less than four years" to be granted to Lehman College. The Minority explained:

Improvement in achievement on certification pass rates was significant and continuous. Although the pass rates varied over time, Lehman's most recent data showed first time pass rates of 78% in 2019, which is very close to meeting CCNE's standard of an 80% pass rate...

The program is on a trajectory that indicates a high likelihood of achieving the standard, if given some additional time...

In light of the program's continuous improvement efforts regarding certification pass rates, its success in addressing all compliance concerns other than for certification pass rates, and the fact that it is now so close to meeting the certification pass rate requirements, the withdrawal of accreditation was not supported by substantial evidence and was not warranted.

IV. Impact of the Loss of CCNE Accreditation

Impact on the enrolled Master’s Nursing Program Students

The potential impact of the decision on students currently enrolled in the Master’s FNP Program is large. CCNE’s withdrawal of accreditation creates two major interlocking problems for the adversely-impacted students.

- Loss of CCNE accreditation renders the impacted students’ ineligible to sit for the ANCC certification exam.
- The FNP Program requires students to sit for the ANCC exam in order to be eligible for graduation.

Lehman College has undertaken robust, sustained, and growing efforts to mitigate the potential harm to the 220 students affected by CCNE’s withdrawal of accreditation.

Table 3: Student Accommodations:

Accommodation (Achieved or Being Pursued)	Issue(s) Addressed
FNP students who had completed all their course work and clinicals and who passed the ANCC certification exam prior to November 20, 2020 will have their degrees conferred as of November 19, 2020 as per confirmation from the CUNY Registrar. This accommodation benefits 15 students.	ANCC Certification: Students will be able to receive their ANCC certificate.
Request for a waiver from CUNY Central to permit M.S. FNP students to receive their degree despite being ineligible to sit for the ANCC certification exam. This accommodation would benefit approximately 205 students.	Ability of M.S. FNP students to receive their degree.
Lehman College will refund any portion of the ANCC certification exam fee that is non-refundable by ANCC for the affected students who can no longer sit for the exam.	Compensate students for the direct financial cost of being unable to sit for the ANCC certification exam.
Credits earned by FNP students will still count toward graduation. These students will be able to progress through and complete their program at Lehman College, if they choose to do so, assuming CUNY Central provides the graduation waiver for students’ ineligibility to sit for the ANCC certification exam.	Permit students who choose to continue their studies at Lehman College to complete their studies.
Request for the AANPCB to allow Lehman FNP students to sit for its certification exam.	Allow students to retain an option for national certification.
Request to CCNE to delay withdrawal of accreditation until after February 28, 2021. This request was granted on December 14.	Would permit additional students to sit for the ANCC certification exam and graduate without a CUNY waiver.
Commitment to assist students seeking to transfer to another institution offering a CCNE-accredited Master’s Nursing Program.	To maximize prospects that students would be able to move to a CCNE-accredited program and be eligible to sit for the ANCC certification exam.

Lehman College's Master's Nursing Program remains accredited by the New York State Board of Regents-Office of the Professions, which is a U.S. Department of Education-recognized accreditor, through 2027 (**Appendix 9**). On account of this continuing accreditation, credits earned by FNP students still apply toward graduation. The M.S.-FNP or Post-Master's Certificate in FNP will continue to be awarded by Lehman College.

On account of this continuing accreditation, Lehman College has requested confirmation from the AANPCB that since the New York State Board of Regents-Office of the Professions is a U.S. Department of Education National Nursing Accrediting Agency, that its students should be allowed to take the certifying exam for FNP. The AANPCB offers accredited FNP, A-GNP and ENP national certification examinations.

Upon learning of the Hearing Board's decision on November 20, the Department of Nursing sent an email to the HS2N Dean and staff to schedule a Town Hall meeting. Lehman College formally notified all of its Master's Nursing Program students of the development at the virtual Town Hall meeting held on November 23. This was the start of a continuing dialogue with the students, in addition to the campus community, and external stakeholders.

On November 23, Provost Nwosu informed the campus of the CCNE decision (**Appendix 10**). In that correspondence, he also informed the affected students that the DON, along with the Dean of the School of Health Sciences, Human Services and Nursing (HS2N) would be holding a Town Hall later that day.

Following the November 23 Town Hall, Provost Nwosu reaffirmed Lehman's commitment to minimize the adverse impact of the CCNE decision on its affected students in a campus-wide email on November 25. He also provided an email address dedicated to facilitating communication between those students and the College's senior administrators. He announced creation and launch of a regularly-updated Frequently Asked Questions (FAQs) webpage for those students.

In addition, the Department of Nursing and HS2N Dean have held six additional virtual Town Hall meetings with each clinical cohort and the new nursing students to discuss their individual circumstances.

At the December 2 session of the Lehman College Senate, President Lemons provided an update concerning developments related to and following CCNE's withdrawal of accreditation.

On December 4, Provost Nwosu provided the College's FNP students with an e-mail outlining the College's wide-ranging efforts to mitigate the impact of the loss of accreditation (**Appendix 11**). The Provost followed up with an updates on December 11 (**Appendix 12**) and December 18 (**Appendix 13**).

Lehman College's automated Lightning Bot tool was automatically updated based on its ongoing webcrawling. It can now address some of the student questions concerning CCNE's decision.

Lehman College’s DON and its administration remain in contact with the affected students. The College has responded to the inquiries to directed to the dedicated email address to update its FAQs page.

Impact on Lehman College, its students, and its programs:

The loss of CCNE accreditation is limited to the M.S. FNP Program. It has no impact on Lehman College’s institutional accreditation. Lehman College is accredited by MSCHE. Its next self-study evaluation will be 2027-2028 (**Appendix 14**).

Beyond the DON, the CCNE decision will have no meaningful impact on the overall institution, its students, and its programs. The number of affected students comprised less than 2% of Lehman College’s overall student body. As of Fall 2019, Lehman College’s student populations were as follows:

Table 5: Select Student Data:

Category	Undergraduate	Graduate	Total
<i>Majors by School:</i>			
Arts & Humanities	1,309	102	1,411
Education	0	928	928
HS2N	3,444	699	4,143
NSS	4,695	318	5,013
Total Majors*	9,273	2,047	11,320
Total Students	13,002	2,141	15,143

*-Unduplicated headcount where available; includes a small number of majors from the School of Continuing and Professional Studies.

Preliminary Fall 2020 data from the Office of Institutional Research showed that Lehman College had 12,596 undergraduate students, 2,264 graduate students, and 14,680 total students.

The decision impacts just 2 of Lehman College’s 148 academic programs (the M.S. in Family Nurse Practitioner and the Post-Master’s Certificate in Family Nurse Practitioner).

Lehman College expects that the withdrawal of accreditation will be of limited duration. Lehman College has informed CCNE that it plans to apply to re-accredit its Master’s Nursing Program when eligible to do so in May 2021 (**Appendix 15**). The Self-Study visit would then take place in either January or February 2022.

Impact on Lehman College’s Compliance with Standards III, IV, and V and ROA 6:

In its request for a SIR, MSCHE asked Lehman College to respond to whether CCNE’s withdrawal of accreditation from the Master’s Nursing Program would impact select requirements for accreditation, specifically Standards III, IV, V, and ROA 6.

Table 6: Standards III, IV, V, and ROA 6:

Standard III: An institution provides students with learning experiences that are characterized by rigor and coherence at all program, certificate, and degree levels, regardless of instructional modality. All learning
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experiences, regardless of modality, program pace/schedule, level, and setting are consistent with higher education expectations.

Standard IV: Across all educational experiences, settings, levels, and instructional modalities, the institution recruits and admits students whose interests, abilities, experiences, and goals are congruent with its mission and educational offerings. The institution commits to student retention, persistence, completion, and success through a coherent and effective support system sustained by qualified professionals, which enhances the quality of the learning environment, contributes to the educational experiences, and fosters student success.

Standard V: Assessment of student learning and achievement demonstrates that the institution's students have accomplished educational goals consistent with their program of study, degree level, the institution's mission, and appropriate expectations for institutions of higher education.

ROA 6: The institution complies with applicable Commission, interregional, and inter-institutional policies.

Lehman College's academic programs, curriculum, student support services, planning, and assessment activities are not tied to or contingent on CCNE program accreditation. They are governed by Lehman College's mission and vision, strategic plan, governance, and institutional effectiveness plan (IEP). Therefore, the CCNE withdrawal of accreditation will have no impact on these activities that are at the heart of Standards III, IV, and V. We continue to provide students with learning experiences characterized by rigor and coherence across all of our programs, including the FNP Nursing Program. We continue to provide a coherent and effective support system sustained by qualified professionals to advance our access and completion goals. And we continue to implement robust assessment practices in support of continuing improvement in student learning, a step we also took regarding our FNP Nursing program.

Overall, Lehman College continues to invest in growing and strengthening its academic offerings, enhancing pedagogy, and advancing assessment aimed at fostering continuous improvement. In its most recent PMP goals (**Appendix 16**) that were submitted to CUNY Central, President Lemons explained:

In 2019 I allocated \$180,000 in funding for a combination of course redesign and curriculum renewal. The Student Success Course Redesign Initiative (SSCRI) selected ten proposals from seven departments, focusing on gateway courses with high drop/withdrawal/incomplete/failure (DWIF) rates. Additionally, thirteen curriculum renewal proposals are in development from the four academic schools. They are focusing on pedagogical improvements in those courses. Our PMP goal is to increase that total to 30 courses redesigned and 30 courses revised with pedagogical innovations by 2024. External funding will be sought to support these efforts, particularly in light of the constriction in tax levy budget support for CUNY.

Training in both online instruction and in effective assessment has also ramped up and we aim by fall 2024 to have increased by 69% above the 314 faculty who received training in online course delivery in fall 2020. We also aim to increase faculty training in assessment by 46% above the 141 trained in fall 2020.

Lehman College has completed its 2020-2025 strategic plan. That plan will go through the governance process early in the Spring 2021 semester.

Lehman continues to support the student learning experience through a dynamic, cross-divisional community of support; a proactive division of Enrollment Management; and an innovative strategy to harness technology and digital solutions in support of our student success work. The policies, procedures, and services designed to support the student learning experience span the entire student life cycle from pre-application to enrollment to graduation, and beyond. These initiatives have contributed to the achievements documented in the AY 2019-2020 PMP Report to the CUNY Chancellor (**Appendix 17**).

Over the past five years, Lehman College has had a 15.1 percentage point increase in its six-year graduation rate. That is the largest increase among CUNY senior colleges over the last five years.

The coordinated support services offered by Lehman College has contributed to student success. For example, the fall 2018 cohort of full-time, first-time freshmen saw the College experience a “reverse” equity gap in which the fall-to-fall retention rate for underrepresented minority students exceeded that for non-underrepresented minority students. Lehman College was the only CUNY institution to record such an outcome.

Since mid-March 2020 when the COVID-19 pandemic caused the College to shift to full remote learning, Lehman College has loaned more than 1300 devices to students. The majority of student loaner devices are Chromebook laptops, with a small number of iPad loaners. The college has also provided additional laptops, Chromebooks, and iPad loaner devices to approximately 150 faculty and staff members to assist with their remote work.

Food insecurity became an even more urgent issue for Lehman’s students during the COVID-19 pandemic. Nearly 90 percent of responders to a survey of food bank users indicated they were often concerned about running out of food. Almost 31 percent indicated that they had often run out of food before they had money to make more purchases, while nearly 54 percent indicated that they sometimes did. To assist its students, the Lehman Food Bank continued to operate after distance learning commenced. During the March 13-May 18 period, 108 grocery bags were distributed. Subsequently, 400 \$25 Target gift cards, and 300 \$75 Target gift cards were provided to students. The college also launched an online "Lehman Cares" giving campaign for the student emergencies fund and the 2020-2021 General Scholarship Fund.

The Office of Assessment and Educational Effectiveness (OAEE) includes a faculty fellow and a professional staff member who serves as manager of assessment and institutional effectiveness. The OAEE oversees the college-wide assessment process and infrastructure, coordinates and organizes the development and reporting of systematic assessments, and provides technical support that ensures compliance with assessment-related activities for both institutional and disciplinary accreditations, facilitating the process for academic program reviews, fostering the development of assessment expertise and culture on campus. The OAEE in conjunction with the Senate ad hoc Academic Assessment Committee (AAC) provides periodic reports to the Lehman College Senate and develops and hosts assessment workshops. During fall 2020, there have been 3 workshops and 1 “Brown Bag” assessment event with additional events planned for Spring 2021. (**Appendix 18**).

Academic programs, General Education, and AES are regularly assessed and results are used for continuous improvement. These activities are documented in Lehman College's IEP, which was provided in the appendices of its February 2020 SIR (**Appendix 7**).

During the current academic year, Lehman College is also carrying out program review for its Chemistry, Exercise Science/Human Performance and Fitness, Recreation, and Therapeutic Recreation Programs. Program review will be unaffected by the CCNE decision, as program review is carried out in accordance with a multi-year schedule that had previously been adopted by Lehman College.

During December 3-9, Lehman College reviewed its approximately 13,000 webpages, along with posted documents, to ensure that all references to the Master of Science in Nursing Program are accurate relative to CCNE's decision. Lehman will continue to ensure that it remains in compliance with all federal and state regulations, Requirements of Affiliation, and Accreditation Standards when it comes to public-facing information and its communications to internal and external stakeholders. Lehman College expects to communicate on a regular basis as warranted by developments with its internal and external stakeholders, MSCHE, and the general public.

V. Teach-out Plans

No teach-out plans are required.

Under the CCNE's Procedures for Accreditation of Baccalaureate and Graduate Nursing Programs (**Appendix 19**), an institution from which accreditation is withdrawn "has an obligation to inform students in the program and applicants to the program of this adverse action." No teach-out plans are mandated.

A teach-out plan for the Master of Science in Family Nurse Practitioner Program and the Post-Master's Certificate in Family Nurse Practitioner Program is not required as students will graduate with a master degree, will be able to have their NY registered licensed amended to practice as FNPs in the State of New York. Current students in the program will not be able to say they are a graduate of a CCNE programmatic accredited nursing program. CCNE program accreditation allows student eligibility to take either the AANC or AANP-CB examination, which upon passing the certifying exam will denote the student is board certified.

CCNE procedures permits the nursing program to re-apply for accreditation following six months of the withdrawal of accreditation. The program plans to re-apply for accreditation in May 2021 with a request to CCNE for a site visit in Spring 2022.

MSCHE has a [Teach-out Plans and Agreements Policy](#) dated September 1, 2020. That policy "seeks to ensure that institutions submit a written teach-out plan to ensure the equitable treatment of students upon the occurrence of certain events or circumstances" and sets forth "the circumstances under which the Commission will require candidate and accredited institutions to submit a teach-out plan and/or teach-out agreement." CCNE's withdrawal of accreditation meets none of 13 circumstances outlined in MSCHE's policy document.

VI. Conclusion

On November 20, 2020, Lehman College was informed by the Commission on Collegiate Nursing Education (CCNE) that CCNE's Hearing Committee had affirmed the CCNE Board of Commissioners decision to withdraw accreditation from the College's Master's Degree Program in Nursing effective November 20. This decision will impact approximately 220 students, for which the College is aggressively pursuing accommodations. Beyond the Master of Science in Nursing Program, the outcome will have little or no impact. The overwhelming majority of Lehman College's academic programs and students fall outside of CCNE accreditation. All of the institution's major academic, curriculum development, planning, and assessment activities and functions also fall outside of CCNE accreditation.

Appendices



COMMISSION ON
COLLEGIATE NURSING
EDUCATION

655 K STREET NW
SUITE 750
WASHINGTON DC 20001

202-887-6791

CCNEACCREDITATION.ORG

November 20, 2020

Sent via email

Catherine Alicia A. Georges, EdD, RN, FAAN
Chairperson/Professor
Department of Nursing
Lehman College, The City University of New York
250 Bedford Park Boulevard West, T3-201
Bronx, NY 10468-1589

Dear Dr. Georges:

Today I have been notified by the Hearing Committee of the Commission on Collegiate Nursing Education (CCNE) that it has affirmed the adverse action taken by the CCNE Board of Commissioners on May 5-8, 2020, to withdraw accreditation of the master's degree program in nursing at Lehman College, The City University of New York (Lehman College). The communication I received from Ms. Jane Voglewede, Chair of the CCNE Hearing Committee, indicates that you and Dr. Daniel Lemons, President, Lehman College, have been notified of this decision. The action of the Hearing Committee is final and is effective November 20, 2020, which is the date on which the Hearing Committee affirmed the Board's earlier action.

Please be aware that CCNE is obligated as an accrediting agency that is recognized by the U.S. Department of Education to inform the U.S. Secretary of Education, institutional and other accrediting agencies, appropriate state agencies, and the public of any final decision involving an adverse action. Regarding this obligation, today CCNE is posting to its public website and distributing, in accordance with the CCNE [Procedures for Accreditation of Baccalaureate and Graduate Nursing Programs](#), a notification of the final action withdrawing accreditation from the master's degree nursing program at Lehman College (pages 17 and 28). In addition, CCNE is preparing a summary of the findings made in connection with the action. CCNE will submit this summary, together with any official comments received from Lehman College regarding the final action, to the U.S. Department of Education, institutional and other accrediting agencies, and appropriate state agencies; and these will be made available to the public. If Lehman College wishes to submit official comments to CCNE regarding the final action, the comments must be submitted to Dr. Jennifer Butlin, CCNE Executive Director, via email at jbutlin@ccneaccreditation.org on or before December 12, 2020.

In accordance with the CCNE [Procedures for Accreditation of Baccalaureate and Graduate Nursing Programs](#), please note that Lehman College has an obligation to inform students in the program and applicants to the program of this adverse action (page 15).

Finally, if the master's degree program in nursing at Lehman College wishes to pursue CCNE accreditation in the future, an application for accreditation may be submitted no earlier than 6 months following the final action taken on November 20, 2020 (CCNE [Procedures](#), page 28).

If you have any questions regarding the content of this letter or the accreditation procedures, please contact Dr. Butlin at 202-887-6791, ext. 249, or jbutlin@ccneaccreditation.org.

Sincerely,

Mary Jane S. Hanson

Mary Jane S. Hanson, PhD, CRNP, CNS, FNP-BC, ACNS-BC, FAANP, FAAN
Chair, Board of Commissioners

cc: CCNE Board of Commissioners
Dr. Daniel Lemons, President





COMMISSION ON
COLLEGIATE NURSING
EDUCATION

655 K STREET NW
SUITE 750
WASHINGTON DC 20001

202-887-6791

CCNEACCREDITATION.ORG

December 14, 2020

Sent via email

Catherine Alicia A. Georges, EdD, RN, FAAN
Chairperson/Professor
Department of Nursing
Lehman College, The City University of New York
250 Bedford Park Boulevard West, T3-201
Bronx, NY 10468-1589

Dear Dr. Georges:

As you know, on November 20, 2020, the Commission on Collegiate Nursing Education (CCNE) sent you a letter confirming the Hearing Committee's decision of November 20, 2020 to affirm the adverse action taken by the CCNE Board of Commissioners on May 5-8, 2020, to withdraw accreditation of the master's degree program in nursing at Lehman College, The City University of New York (Lehman College). That letter stated: "The action of the Hearing Committee is final and is effective November 20, 2020, which is the date on which the Hearing Committee affirmed the Board's earlier action."

On December 11, 2020, the Board considered Lehman College's request from Dr. Peter O. Nwosu, Provost and Senior Vice President for Academic Affairs and Student Success, (dated December 1, 2020), that the Board amend the effective date of the withdrawal decision in order to protect students who are scheduled to graduate from the program by February 28, 2021. **At its meeting, the Board voted to amend the effective date of the withdrawal decision from November 20, 2020 to March 1, 2021.** Therefore, students who graduate from Lehman College's master's degree program in nursing between November 20, 2020 and the new effective date will be considered to have graduated from a CCNE-accredited program. Any master's degree nursing students who graduate after the new effective date will not have graduated from a CCNE-accredited program until and unless the program is successful upon re-application and is awarded accreditation by CCNE in the future, in which case the accreditation action would become effective as of the first day of the program's future on-site evaluation that precedes the Board's future decision-making meeting, in accordance with the CCNE [Procedures for Accreditation of Baccalaureate and Graduate Nursing Programs](#) (page 18).

During its December 11, 2020 meeting, the Board additionally considered your email, dated December 5, 2020, requesting the transcript for the November 13, 2020 appeal hearing. **The Board agreed to provide the transcript to Lehman College contingent upon the institution's a) paying for the costs of the transcript (and all associated costs) and b) agreeing to abide by CCNE's "acceptable use" provisions, which are under development.** By December 21, 2020, CCNE will share with you the anticipated costs for Lehman College to receive the transcript, as well as the acceptable use provisions. Please note that CCNE has not yet received an invoice from the vendor that provided the reporting services for the appeal hearing. The purpose of CCNE's "acceptable use" provisions is to maintain the confidentiality of the appeal proceedings.

Please be aware that CCNE is obligated as an accrediting agency that is recognized by the U.S. Department of Education to inform the U.S. Secretary of Education, institutional and other accrediting agencies, appropriate state agencies, and the public

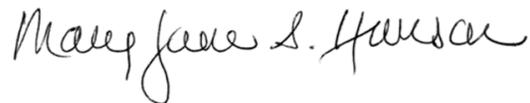
of any final decision involving an adverse action. Regarding this obligation, CCNE will immediately update and redistribute its earlier notification that is posted to its public website to reflect the amended effective date of the final action withdrawing accreditation from the master's degree nursing program at Lehman College.

In accordance with the CCNE [Procedures for Accreditation of Baccalaureate and Graduate Nursing Programs](#), please note that Lehman College has an obligation to inform students in the program and applicants to the program of this adverse action and the amended effective date (page 15).

Finally, if the master's degree program in nursing at Lehman College wishes to pursue CCNE accreditation in the future, an application for accreditation may be submitted no earlier than 6 months following the final action taken on November 20, 2020 (CCNE *Procedures*, page 28).

If you have any questions regarding the content of this letter or the accreditation procedures, please contact Dr. Butlin at 202-887-6791, ext. 249, or jbutlin@ccneaccreditation.org.

Sincerely,



Mary Jane S. Hanson, PhD, CRNP, CNS, FNP-BC, ACNS-BC, FAANP, FAAN
Chair, Board of Commissioners

cc: CCNE Board of Commissioners
Dr. Daniel Lemons, President
Dr. Peter O. Nwosu, Provost and Senior Vice President for Academic Affairs and Student Success
Dr. Elgloria Harrison, Dean, School of Health Sciences, Human Services and Nursing



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Follow us: @mscheorg

December 1, 2020

Dr. Daniel Lemons, Interim President
Lehman College of the City University of New York
250 Bedford Park Boulevard West
Bronx, NY 10468

Dear Dr. Lemons,

As the Middle States Commission on Higher Education's liaison to Lehman College of the City University of New York, I write to request further information from your office regarding the recent action by the Commission on Collegiate Nursing Education (CCNE) to withdraw accreditation from the Master's degree program in Nursing.

The Commission may require out of cycle monitoring at any time if it has concerns about the institution's on-going compliance with the Commission's standards for accreditation, requirements of affiliation, policies and procedures, and federal compliance requirements (*Accreditation Review Cycle and Monitoring Policy and Procedures*).

Therefore, on behalf of the Commission, I request a supplemental information report (SIR) from Lehman College, due on January 8, 2021, addressing the following: (1) the specific reasons for the action by CCNE; (2) the impact of this action on the institution, its programs, and its students; and (3) the institution's ability to remain in compliance with Requirement of Affiliation 6; Standard III: Design and Delivery of the Student Learning Experience, Standard IV: Support of the Student Experience, and Standard V: Educational Effectiveness Assessment. The report should also include a copy of any teach-out information submitted to CCNE.

Please submit the report by upload through the MSCHE Institution Portal by 4:30 pm on the due date. Should you have any questions or concerns about the information that should be included within the report, I invite you to contact me, rbonfiglio@msche.org.

We appreciate your cooperation and look forward to your response.

Sincerely,

Robert A. Bonfiglio, Ed.D.
Vice President, Institutional Field Relations

c: Dr. Victor Brown



655 K STREET NW
SUITE 750
WASHINGTON DC 20001

202-887-6791

CCNEACCREDITATION.ORG

June 5, 2020

Catherine Alicia A. Georges, EdD, RN, FAAN
Chairperson/Professor
Department of Nursing
Lehman College, The City University of New York
250 Bedford Park Boulevard West, T3-201
Bronx, NY 10468-1589

Dear Dr. Georges,

On behalf of the Commission on Collegiate Nursing Education (CCNE) I am writing to inform you that the CCNE Board of Commissioners (Board), at its May 5-8, 2020 meeting, acted to withdraw accreditation from the master's degree program in nursing at Lehman College, The City University of New York, effective May 8, 2020.

The program was considered by the Board using the CCNE [Standards for Accreditation of Baccalaureate and Graduate Nursing Programs \(Standards\)](#) (2018).

The Board determined that there was a compliance concern for Key Element IV-D (2018 *Standards*), and that, due to the severity of the concern, the program failed to meet Standard IV. Thus, the Board determined that the program failed to demonstrate substantial compliance with the CCNE standards and key elements. Note that Key Element IV-D in the 2018 *Standards* crosswalks to Key Element IV-C in the 2013 *Standards*.

As background, the program submitted a Continuous Improvement Progress Report on December 1, 2015. This report was reviewed by the Report Review Committee, which determined that the program had not demonstrated compliance with Key Elements II-D, IV-C, IV-E, and IV-F (2013 *Standards*), and, in a letter dated September 21, 2016, directed the program to submit a follow-up report to CCNE by March 15, 2017.

The program submitted a follow-up report to CCNE on March 15, 2017, and provided additional information related to certification pass rates on May 19, 2017. The Board determined that there were continuing compliance concerns for Key Elements IV-C and IV-F, and, in a letter dated July 17, 2017, directed the program to pay special attention to addressing the program's compliance with Key Elements IV-C and IV-F (2013 *Standards*) in the self-study document.

The program submitted the self-study document to CCNE on September 20, 2017, and hosted a comprehensive on-site evaluation on November 1-3, 2017. The Board considered the program's self-study document; the team report; the program's response to the team report; and the Accreditation Review Committee's confidential recommendation to the Board regarding accreditation. The Board found that the program did not meet Standard IV, and compliance concerns were specifically identified for Key Elements IV-B, IV-C, IV-D, IV-E, and IV-H (2013 *Standards*). In a letter

dated May 24, 2018, the Board informed the program that Standard IV was not met and directed the program to show cause as to why accreditation should not be withdrawn.

The program submitted a follow-up report to address the show cause directive on April 15, 2019. Upon its review of that report, the Board determined that the program had demonstrated compliance with Key Elements IV-B, IV-D, IV-E, and IV-H, but that a compliance concern remained for Key Element IV-C, and Standard IV remained not met (2013 *Standards*). The Board additionally acted to vacate the show cause directive. In a letter dated June 20, 2019, the Board directed the program to submit a follow-up report by April 1, 2020, addressing the compliance concern for Key Element IV-D in the 2018 CCNE *Standards for Accreditation of Baccalaureate and Graduate Nursing Programs*, which went into effect on January 1, 2019 (this key element was crosswalked from the 2013 *Standards* to the 2018 *Standards*; the substance of non-compliance remained the same). The June 20, 2019 letter additionally advised the program of the following in relation to Standard IV continuing to be not met:

Please be aware that the *Procedures for Accreditation of Baccalaureate and Graduate Nursing Programs* (2019) state:

The Board must require that the program satisfactorily address the area(s) of concern/deficiency and demonstrate compliance with the accreditation standard(s) within 2 years, a period which may be extended only for good cause. If a program fails to do so within the specified period, the Board must take adverse action with regard to the program's accreditation status. If the program does not demonstrate compliance within 2 years, the U.S. Department of Education requires its recognized accrediting agencies, including CCNE, to take immediate adverse action unless the accrediting agency, for good cause, extends the period for achievement compliance. (p. 22)

The program contacted CCNE on March 26, 2020, requesting an extension of the deadline to submit the follow-up report to CCNE in order to allow the program time to receive updated certification pass rate data from the American Nurses Credentialing Center (ANCC). CCNE responded on March 27, 2020, agreeing to the extension and extending the deadline to April 15, 2020.

The program submitted the follow-up report to CCNE on April 15, 2020. Upon consideration of the follow-up report, the Board determined that there was a continued compliance concern relative to Key Element IV-D, and due to the severity of the concern, Standard IV continued to be not met (2018 *Standards*). In accordance with the CCNE *Procedures for Accreditation of Baccalaureate and Graduate Nursing Programs* (*Procedures*) (2019), the program failed to demonstrate compliance with Standard IV within 2 years, and the Board acted to withdraw accreditation from the

master's degree program in nursing for failure to demonstrate substantial compliance with the CCNE standards and key elements (p. 15).

Please be advised that withdrawal of accreditation is an adverse action. Outlined below are the Board's reasons for its action and CCNE's appeal procedure, should the program decide to exercise that right. By copy of this letter, CCNE is also notifying the institution's chief executive officer of this action.

The following is the basis for the Board's action to withdraw accreditation:

The program failed to provide evidence that certification pass rates demonstrate program effectiveness (Key Element IV-D). The key element requires that a program that prepares students for certification demonstrates that it meets the certification pass rate of 80%, for each examination, in any one of the following ways: the pass rate for each certification examination is 80% or higher for first-time takers for the most recent calendar year (January 1 through December 31); the pass rate for each certification examination is 80% or higher for all takers (first-time and repeaters who pass) for the most recent calendar year; the pass rate for each certification examination is 80% or higher for all first-time takers over the three most recent calendar years; or the pass rate for each certification examination is 80% or higher for all takers (first-time and repeaters who pass) over the three most recent calendar years (2018 *Standards*, pp. 20-21).

The April 15, 2020 follow-up report the program submitted to CCNE indicates that the first-time test taker certification pass rate on the ANCC exam for the family nurse practitioner concentration was 78% (n=86) for calendar year 2019. The report did not provide American Academy of Nurse Practitioners Certification Board (AANPCB) exam results for calendar year 2019. The program, in its report, states "This pass rate indicates that the DON has not met the CCNE standard of 80% or above" (p. 6). Therefore, the program failed to demonstrate compliance with Key Element IV-D.

Appeal Procedure

As noted above, withdrawal of accreditation is subject to appeal. The CCNE *Procedures* specifies that an action is not made public for 10 business days following your receipt of this letter, during which time Lehman College, The City University of New York may file a notice of appeal in writing and request a hearing. If the program chooses to submit a notice of appeal, its notice must state the basis for the appeal, and the notice of appeal must be received in the CCNE office within 10 business days of receipt of this action letter, which is no later than **June 19, 2020**. **Importantly, as CCNE staff have limited access to CCNE's physical office due to the COVID-19 situation, this notice of appeal must be emailed as a single PDF document to Dr. Jennifer Butlin, CCNE Executive Director, at jbutlin@ccneaccreditation.org.** It is the responsibility of the program to ensure that delivery of the notice of appeal has been successful and to acquire confirmation of delivery. According to the CCNE *Procedures*, the basis for the appeal must be either that (a) CCNE's decision was arbitrary, capricious, or not

supported by substantial evidence in the record on which it took action; and/or (b) the procedures used by CCNE to reach its decision were contrary to CCNE's bylaws, standards, or other established policies and practices, and that procedural error adversely prejudiced CCNE's consideration (p. 25).

The program's full written appeal must be received in the CCNE office within 20 business days following its submission of the notice of appeal. **Importantly, as CCNE staff have limited access to CCNE's physical office due to the COVID-19 situation, this full written appeal must be emailed as a single PDF document to Dr. Jennifer Butlin, CCNE Executive Director, at jbutlin@ccneaccreditation.org.** It is the responsibility of the program to ensure that delivery of the full written appeal has been successful and to acquire confirmation of delivery. Payment of the appeals fee (\$10,000) must be contemporaneous with the submission of the written appeal. In accordance with the CCNE *Procedures*, please note that a hearing committee does not consider new evidence or information provided by the program that was not in the record of evidence reviewed by the CCNE Board at the time the adverse action was taken.

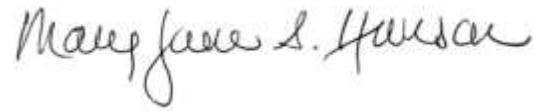
If a notice of appeal is not received by CCNE within the designated timeframe, the Board's decision will become final. If a notice of appeal is timely received, there will be no change in the program's status (i.e., the program will continue to be listed by CCNE as an accredited program) pending the disposition of the appeal. Please refer to pages 25-28 of the *Procedures* for information related to the appeal process.

Please be aware that CCNE is obligated as a recognized accrediting body to inform the U.S. Secretary of Education, institutional and other accrediting agencies, appropriate state agencies, and the public of any final decision involving an adverse accreditation action. Such notices will occur only after an adverse decision is final, which occurs at the end of the 10-day appeal period if CCNE has not received a timely notice of appeal from the program, or at the conclusion of the appeal, if the decision is adverse. Upon finalization of a decision to withdraw accreditation, CCNE will prepare a brief accreditation action summary, which will be made available to the public on request and will be disseminated to the U.S. Department of Education, institutional and other accrediting agencies, and appropriate state agencies. This summary will include official comment, if any, received from the program regarding the final action. If CCNE does not receive a notice of appeal within the designated timeframe, and the program wishes to submit official comment to CCNE regarding the final action, the comment must be submitted to CCNE offices no later than **July 1, 2020**. **Importantly, as CCNE staff have limited access to CCNE's physical office due to the COVID-19 situation, this official comment must be emailed as a single PDF document to Dr. Jennifer Butlin, CCNE Executive Director, at jbutlin@ccneaccreditation.org.** Once a decision is final, and if the decision is adverse, Lehman College, The City University of New York has an obligation to inform students in the program and applicants to the program of the adverse action.

In accordance with the CCNE *Procedures* (p. 28), in the event of a final determination of withdrawal of accreditation, the program is precluded from reapplying for CCNE accreditation for a minimum of 6 months from the date of such final action.

If you have any questions regarding the content of this letter or the accreditation procedures, please contact Dr. Butlin at 202-887-6791, ext. 249, or jbutlin@ccneaccreditation.org.

Sincerely,

A handwritten signature in cursive script that reads "Mary Jane S. Hanson".

Mary Jane S. Hanson, PhD, CRNP, CNS, FNP-BC, ACNS-BC, FAANP
Chair, Board of Commissioners

cc: CCNE Board of Commissioners
Dr. Daniel Lemons, President



July 14, 2020

Commission on Collegiate Nursing Education (CCNE)
CCNE Board of Commissioners
655 K Street NW
Suite 750
Washington DC 20001

Re: CCNE Board of Commissioners Decision: Appeal Memo and Report

Dear CCNE Board of Commissioners:

On behalf of Lehman College Department of Nursing, I write to acknowledge receipt of the action of the Commission on Collegiate Nursing Education Board of Commissioners (Board) at its May 5-8, 2020 meeting to withdraw accreditation from the master's degree program in nursing at Lehman College, effective May 8, 2020.

The Board's letter dated June 5, 2020, communicating the Commission's action, stated the following basis for the withdrawal of accreditation:

“The Board determined that there was a compliance concern for Key Element IV-D (2018 *Standards*), and that, due to the severity of the concern, the program failed to meet Standard IV. Thus, the Board determined that the program failed to demonstrate substantial compliance with the CCNE standards and key elements. Note that Key Element IV-D in the 2018 *Standards* crosswalks to Key Element IV-C in the 2013 *Standards*.” (see attached)

In its letter, the Board acknowledged the multiple submissions from the Nursing program such as the 2017 self-study and the follow-up report of April 2019 to address the compliance concerns raised by the Commission. Another follow-up report was submitted on April 15, 2020 following our request for an extension in order to allow the program time to receive updated certification pass rate data from the American Nurses Credentialing Center (ANCC).

We appreciate the Commission's acknowledgement that the program had demonstrated compliance with key elements of CCNE Standards for Accreditation of Baccalaureate and Graduate Nursing Programs. We, however, respectfully note that the Commission's action to withdraw accreditation of the master's program was “not supported by substantial evidence in the record on which it took action” (basis for appeal [a], part 2), and Chapter III, section 3 Goals, numbers seven (7) and eight (8) (CCNE Bylaws Revised 11-8-2017).

In the following report, we clarify the evidence provided in our prior follow-up report to the Commission on the institutional and regional context in which our Nursing program operates, in

support of this appeal and request an understanding of this context and a rescission of the Commission's adverse action. We also note that there is **good cause** justification to support this appeal, and kindly request that upon hearing our appeal **for good cause**, that the Board will extend the period for achievement compliance, thus allowing recent changes to the Lehman graduate program, which needed to go through our curricular approval process, the additional time needed for the achievement of expected outcomes.

The Lehman College Department of Nursing thanks the CCNE Board of Commissioners for acknowledging the consistent strides that it has made thus far in offering an effective nurse practitioner program as well as the contributions it has been making to the health of underserved communities.

Sincerely,

A handwritten signature in black ink, reading "C. Alicia Georges". The signature is written in a cursive style and is positioned above a horizontal line.

Catherine Alicia Georges, Ed.D., RN, FAAN
Professor and Chair, Department of Nursing

Introduction

The Lehman College Department of Nursing (DON) is appealing the withdrawal of the accreditation from its master's degree program in nursing on the basis that the decision was “**not supported by substantial evidence in the record on which it took action**” (basis for appeal [a], part 2) and that there is strong **good cause** justification to support this appeal for extending the period for the achievement of compliance based on the Commission's manual: *The Procedures for Accreditation of Baccalaureate and Graduate Nursing Programs* (2019).

In the June 5th, 2020 report, the CCNE Board of Commissioners (Board) clearly outlined the DON's challenges as well as its progressive improvements (pp. 1, 2). Evidence shows, however, that there remains a compliance concern with Key Element IV-D (a 78% certification pass rate). The DON has systematically and deliberately been restructuring its graduate program to align with state and national standards. In May 2019, following a lengthy curriculum approval process, which spanned more than eighteen months, the DON began implementation of the approved requirement for the College that all FNP students must take the American Nurses Credentialing Center (ANCC) certification exam in order to graduate from the Lehman College Master of Science degree program in Nursing. We are fully aware that the purpose of the CCNE accreditation is to hold the nursing program accountable to its community of interest. We request that upon hearing our appeal that the Board, for **good cause extend the period for achieving compliance** (p. 2 of 6/5/2020 Board's report), thus allowing for recent changes to the Lehman College graduate program to accomplish the expected outcomes.

BACKGROUND

The Lehman College Master's degree program in Nursing has been reviewed by the Board using the CCNE Standards for Accreditation of Baccalaureate and Graduate Nursing Programs (Standards, 2018). The following program background summary in **Table 1**, outlined in the Board's 6/5/2020 decision letter (pp. 1, 2), shows evidence of the DON's continuous improvement in meeting expected standards of accreditation. Since the November 1-3, 2017 on-site visit, a little over two and a half years ago, the DON has achieved compliance in four of the five outstanding Key Elements, IV-B, IV-D, IV-E, and IV-H (2013 standards). However, compliance concern has remained for Key Element IV-C (IV-D-2018). The program's performance on this outstanding Standard IV, Key Element IV-D certification pass rates, has however begun to show significant improvement, which is now at a 78% for first-time testers, as a result of the changes that have been put in place last year requiring students to take the ANCC certification exam in order to graduate from the Master's program.

Table 1: Background Summary (Board’s 6/5/20 decision letter, pp. 1, 2)

Report Date	Program Report	Compliance Concerns Addressed	Standards	CCNE Decision	Date
12/1/15	CIPR	II-D, IV-C, IV-E, and IV-F	2013	Non-compliance/ follow-up report required	9/21/16
3/15/17 5/19/17	Follow-up Addition information	II-D, IV-C, IV-E, and IV-F Certification pass rate	2013	Non-compliance key elements IV-C and IV-F	7/17/17
9/20/17 11/1-3/17	Self-Study Site Visit	Standard IV, Key Elements IV-B, IV-C, IV-D, IV-E, and IV-H Comprehensive on-site evaluation	2013	Show cause directive	5/24/18
4/15/19	Follow-up	Standard IV, Key Elements IV-B, IV-C, IV-D, IV-E, and IV-H	2013	Show cause directive vacated; Compliance concern: Key Element IV-C	6/20/19
4/15/20 ¹	Follow-up	IV-D (crosswalk 2013: IV-C)	2018	Withdrawal of Accreditation	6/5/20

The DON has addressed two critical challenges to the pass rate issue: 1) New York State does not require certification for advance practice—thus, having to address the *low participation rate* on the certification exam, and 2) Prior to DON securing approval for the new requirement, students graduated from the program and waited for a number of years before taking the ANCC exam, thus creating the *great lapse of time between graduation and testing*—a time lapse that has negatively impacted their performance on the certification exam. The new requirement, for which the CUNY Board of Trustees’ approval was secured, with an effective implementation date of May 2019, was intended to close this loophole and address this issue of pass rate. The DON has been working on policy changes to ensure compliance with CCNE standards. We believe we have made notable progress and only ask that the period for the achievement of compliance for this standard be extended based on good cause justification and the totality of our institutional context.

“Substantial Evidence in the Record”: Clarifying our Institutional Context

The Board, at its May 5-8, 2020 meeting, acted to withdraw accreditation from the Master’s Degree program in nursing at Lehman College, The City University of New York, effective May 8, 2020. The two reasons cited for the Board’s withdrawal of accreditation from the Lehman College

¹ The April 1, 2020 submission date was moved to 4/15/20 upon the request of the program to collect certification information from ANCC.

graduate nursing program were the DON's omission of the AANPCB data, and non-compliance with Standard IV, Key Element IV-D.

As a public institution within CUNY, making policy changes in the MS nursing program has been a lengthy process for the DON due to its governance structure. The institutional context in which policy changes take place at Lehman College is important to understanding programmatic constraints (see Table 2 below).

Table 2: Progression of policy changes within the institutional context:

Governance	Policy	DON's Response	CCNE Report/Page
NY State Governance (NYSED)	National certification is not a NYS requirement for FNPs to practice	Credentialing exam was recommended to be taken within 90 days of program completion, but no more than six months;	12/1/15 (p.40)
		DON contacted an associate at the New York State Department of Education (NYSED) to discuss low pass rate on the certification exam; Based on the recommendation offered, to begin fall 2017 , students in the FNP program were not allowed to graduate until completion of all course work and taken the ANCC certification exam;	2017 Self-Study (p. 75)
CUNY Governance	CUNY Bylaws	Due to the detailed governance process, lag time of <u>one year and a half</u> for the CUNY Board to approve the ANCC certification exam as a graduation criterion for nurse practitioner students;	2017 Self-Study Appendices/ Bylaws (pp. 78 -81) 4/15/19 (p.13)
University/ College	CUNY Bylaws: Curriculum Change	<u>Effective May 2019</u> , all FNP students must take the American Nurses Credentialing Center (ANCC) certification exam in order to graduate from the Lehman College Master of Science degree program in nursing.	4/15/20 (p.8)

The process by which curriculum change occurs involves approval at both the college and university levels. The governance structure requires strict compliance to the CUNY Bylaws. As such, the proposed changes put forward by the DON must follow the decision process, which may be timely. The following is the curriculum approval process that the DON must adhere to in order to bring about required changes to its program (refer to 2017 Self-Study Appendices/ Bylaws, pp. 78 -81) (the process to approve the ANCC certification exam as a criterion for graduation took a total of 18 months):

- Nursing program (faculty approval)
- College graduate curriculum committee/ academic affairs
- College Senate
- CUNY Board of trustees

While we are committed to a strong quality assurance process, we have done so within the institutional context that may place some constraints beyond DON's control.

AANPCB Data Omission

In response to the Board's report indicating that DON failed to provide exam results for the American Academy of Nurse Practitioners Certification Board (AANPCB) for the 2019 calendar year (p. 3, 2nd Para). The 4/15/20 follow-up report, which we submitted, was based on the following:

- The ANCC exam takes precedence for the graduate program, as it is now a graduation criterion;
- Many graduates of the program took the certification exam between one to six years after graduation;
- For 2019, only 6 of the 32 testers took the AANPCB exam—one was reported as NR, and the remaining number (5 students) was negligible to support any programmatic change; and
- DON reported only the pass rate for the certification examination for first-time takers for the most recent calendar year.

The DON reports on its first-time testers, which in this instance, would not have accurately reported the improvement of the certification test scores. **In presenting the 2019 AANPCB certification report, we focused instead on the challenges of reporting accurate data for the period under review.**

For example:

- The period between the year of graduation and students taking the AANPCB certification was a concern for the DON in reporting continuous improvement in Key Element IV-D (2018) in the 4/15/2020 follow-up report.
- As reported, **81% of the students who took the 2019 AANPCB certification exam graduated from the nursing program between 1 – 6 years ago.** For example, 12% of the first-time testers who graduated six years ago were included in the certification results.

Therefore, deconstruction of the certification results was necessary to highlight the year of graduation as the Lehman College MS in nursing program had been granted an additional year to show further improvement in Key Element IV-D, following the suspension of the show cause directive. The AANPCB certification results were used in the report to **emphasize the challenges that DON encountered in getting students to take the certification exam following graduation** (Table 3 below).

The following is an extract from the follow-up report:

American Academy of Nurse Practitioners Certification Board (AANPCB)

In addition to using the ANCC certification results to measure student competency and program effectiveness, DON also monitors the AANPCB examination outcomes to review students' performances on the four domains—assessment, diagnosis, planning, and evaluation. Typically, test results have shown that graduates of the Lehman nursing program are taking the certification, at most, six (6) years after graduation. (*Certification is not a requirement to become a licensed FNP in New York State.*) **For 2019 test period, 81% (26 of 32) of the graduates, who took the AANPCB exam, graduated from the program between one to six years:** of which, 12% graduated 6 years ago; 19%- 5 years ago; 6%- 4 years ago; 22% - 3 years ago; 6% -2 years ago, and 16% one year ago. With the implementation of the new program policy that requires students to take the certification exam before graduation, DON expects, over time, a consistently lower number of students who have graduated over a year to not have taken the test.

The review of the five students' aggregate performances on the four learning domains (1 student's information is listed as N/R), indicated test scores below national average for all areas. Because of the small size of the 2019 graduates, their performances have been noted, but our focus remains on the recommended ANCC exam. (*April 15, 2020 Follow-up Report, pp. 7-8*)

For clarity, the above information is reflected in Table 2 below:

Table 3: 2019 AANPCB Test Results by Graduation Year

# Yrs. since Graduation	#	%	
6	4	12%	
5	6	19%	
4	2	6%	
3	7	22%	
2	2	6%	
1	5	16%	
0 (2019)	1	3%	NR (data unavailable)
	5	16%	Negligible
	32	100%	

To have reported on the 81% of the 2019 test-takers, who graduated before 2019, would not have accurately reflected the gains obtained, thus far, through the implementation of the new policies and changes approved recently for our master's program.

The following are some policy and program changes noted in the **4/15/20 follow-up report**:

- **May 2019**, all FNP students must take the ANCC certification exam in order to graduate from the Lehman College Master of Science degree program in nursing (**p.8**);
- **May 2019**, a document system was set up in Degree Works to monitor students taking the certification exam (**p.8**);

- **May 2019**, all students taking a clinical nursing course must satisfactorily complete all 200 practice hours and related documentation in order to progress to the next clinical nursing course (**p. 9**);
- **Beginning spring 2020**, all students must have a clinical placement at the start of the course or withdraw from the course (**p. 9**).

To improve their nursing core competencies and knowledge level, students are required to:

- Remediate prior to the course final exams (at the very least, prior to the next semester) (**p. 9**);
- Submit proof of remediation to course faculty for exam scores below 850. Course faculty members then go online to the HESI site, choose course and class, and review areas that were accessed by their students (**p. 9**);
- Comprehensive final exams have been introduced for graduate courses (**p. 10**);
- In fall 2019, two full-time faculty members (nationally certified and doctorally-prepared FNPs) were employed to improve and enhance the course content (**p.10**);
- Students with SP (still in progress) and INC grades at the start of a new term will be blocked from enrollment (**p. 10**)
- Students must input documentation of patient encounters, within 30 days, using the Typhon tracking system (**p.11**)
- Faculty member are to submit formative and summative evaluations on students' clinical work and experiences (**p.11**)

Thus, the above demonstrate action steps (i.e. policy and program changes), which DON put in place to address the remaining compliance concern that would require maturation time in order to see expected outcomes.

Non-compliance of Standard IV, Key Element IV-D (2018)

The second cited reason for the withdrawal of accreditation was the Board's substantial concern about the DON's non-compliance of Standard IV, Key Element IV-D. The 2019 reporting period has shown both stability and growth in the certification pass rate for first-time takers for the most recent calendar year. Currently, DON's certification pass rate for first-time takers on the ANCC exam is 78%. The implementation of the ANCC graduation requirement began in May 2019. However, the ANCC APRN program aggregate data report for 2019 (see below) included first-time testers from 2017 and 2018, for a total of 26 % (22 of 86), and 2019 (64 [74%]). Yet short of the 80% standard performance level, the DON has shown continuous efforts towards achieving program effectiveness in Standard IV, as indicated in the policy and program changes listed above (note the dates of implementation).

APRN PROGRAM Aggregate Data Report

Confidential, proprietary information enclosed



LEHMAN COLLEGE-CUNY graduates who sat for the Family Nurse Practitioner examination between 1/1/2019 and 12/31/2019

School Code 04104; Address: BRONX, NY

Overall Pass Rate Data by Year of Graduation

Year of Graduation	Number of Examinees	Number of 1 st Time Candidates	School Pass Rate, 1 st Time Candidates	School Pass Rate
2017	9	3	100.00	33.33
2018	26	19	78.95	76.92
2019	Graduate	67	76.27	73.13
	Post-Graduate	5	80.00	80.00
	107	86	77.91	71.03

Domain Level Performance, by Year of Graduation

2017			
Domain	Number of Items (175)	Overall ANCC Average Raw Score	School Average Raw Score
Assessment	31	19.76	15.33
Diagnosis	39	23.71	19.67
Clinical Management	65	43.16	32.67
Professional Role	15	10.05	9.33
2018			
Domain	Number of Items (175)	Overall ANCC Average Raw Score	School Average Raw Score
Assessment	31	20.08	20.67
Diagnosis	39	24.90	24.33
Clinical Management	65	44.51	43.56
Professional Role	15	10.09	10.22
2019			
Domain	Number of Items (175)	Overall ANCC Average Raw Score	School Average Raw Score
Assessment	31	23.06	21.19
Diagnosis	39	28.95	25.50
Clinical Management	65	50.46	46.60
Professional Role	15	11.19	10.72

	Overall ANCC Pass Rate, by 1 st Time Candidates	Overall ANCC Pass Rate	Overall ANCC Average Scaled Score, by 1 st Time Candidates	Overall ANCC Average Scaled Score	Overall School Average Scaled Score, by 1 st Time Candidates	Overall School Average Scaled Score
2017, 2018 & 2019 Combined	87.88	84.54	394.03	389.72	374.97	366.85

Note: The minimum passing score on all ANCC certification examinations is a scaled score of 350 out of a possible maximum score of 500.
*: Indicates that number of candidates was too small for reporting purposes

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To further monitor the 2019 performance outcomes, the DON requested access to the ANCC portal in March 2020 to verify its spring 2019 graduates' certification status to determine the pass rate of those who took the exam. **Results showed that of the 31 students who took the exam at that time, all passed (100% pass rate).** The May 2019 implementation, for students to take the certification exam in order to graduate, has begun to positively impact the program. The following was pulled from the 4/15/20 follow-up report:

To be able to monitor its graduates' performance on the certification examination, DON has requested and has gained access to the ANCC portal to verify the certification status of its graduates. A couple of weeks ago, DON verified the certification status of 54 students who completed the spring 2019 semester; of which all 31, who took the exam, passed; 17 applications were "in process"; and 6 had the status "no records match selected criteria." The new policy of taking the ANCC became effective May 2019.

The DON will continue to use this verification method mid-year as a formative evaluation tool, allowing for programmatic adjustments to be implemented (P 7).

Updated information on pending applications has not been included as no new information is permitted in this appeal. However, it is hoped that the DON's consistent effort to achieve and sustain program effectiveness is not lost. Table 1 above shows the continual achievements of key elements.

According to CCNE Bylaws (Chapter III, section 3 Goals, #s 7 & 8 [Revised 11-8-2017]), the accrediting organization is responsible for:

7. Ensuring that nursing education programs engage in self-evaluation of personnel, procedures, and services; and that they facilitate continuous improvement through planning and resource development; and
8. Acknowledging and respecting the autonomy of institutions and the diversity of programs involved in nursing education.

The Lehman College Department of Nursing is a unique program that serves a diverse urban student population, which operates under the Bylaws of the City University of New York and the College. Operating within this public institution, the DON must adhere to governance procedures in order to make policy changes. Evidence of the most recent continuous reports has shown the involvement of the College and full faculty in their support of graduating qualified nurse practitioners to address the health care needs of diverse communities. We hope that the CCNE Board of Commissioners would acknowledge the consistent strides that we have made thus far in offering an effective nurse practitioner program as well as the contributions we have been making to the health communities, **and upon hearing our appeal, for good cause, extend the period for achievement compliance, thus allowing recent changes to the Lehman graduate program, which took nearly two years to finalize, to come to fulfillment.** This extension takes into account the unique context in which the program operates and will truly align with the substantial evidence in the record on which it took action.

The following is the June 5, 2020 excerpt from the Board's response letter that coincides with our request for an extension period for achievement of compliance:

The Procedures for Accreditation of Baccalaureate and Graduate Nursing Programs (2019) state:

... If the program does not demonstrate compliance within 2 years, the U.S. Department of Education requires its recognized accrediting agencies, including CCNE, to take immediate adverse action unless the accrediting agency, **for good cause, extends the period for achievement compliance**. (p. 22) (p.2 of Decision letter)

We believe that we have demonstrated continuous improvement to qualify for a **good cause** extension, which would allow the necessary period for achievement of compliance regarding the certification pass rate, in light of the demonstrable progress we have made on this front.

Conclusion

Since 2010, the DON has offered a Master's Degree program in family nurse practitioner, and it is committed to preparing a diverse pool of qualified students as family nurse practitioners, who will be nationally certified, and state-licensed advanced practice registered nurses to meet state and local community needs for improved primary care for culturally diverse urban populations. As a public institution, the DON must adhere to governance procedures in making policy changes. For example, implementing certification as a graduation criterion took almost two years to be finalized. The Lehman College Department of Nursing is aware that in order to achieve a high degree of credibility in its training of nurse practitioner students, it is necessary to achieve compliance in all Standards and Key Elements. Therefore, based on the recent 2019 implementation of many policy changes, we ask the Board for additional time for those changes and adjustments to produce the expected outcomes. Our priority remains graduating qualified nurse practitioners to address the health needs of diverse communities.



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CCNEACCREDITATION.ORG

June 5, 2020

Catherine Alicia A. Georges, EdD, RN, FAAN
Chairperson/Professor
Department of Nursing
Lehman College, The City University of New York
250 Bedford Park Boulevard West, T3-201
Bronx, NY 10468-1589

Dear Dr. Georges,

On behalf of the Commission on Collegiate Nursing Education (CCNE) I am writing to inform you that the CCNE Board of Commissioners (Board), at its May 5-8, 2020 meeting, acted to withdraw accreditation from the master's degree program in nursing at Lehman College, The City University of New York, effective May 8, 2020.

The program was considered by the Board using the CCNE *Standards for Accreditation of Baccalaureate and Graduate Nursing Programs (Standards)* (2018).

The Board determined that there was a compliance concern for Key Element IV-D (2018 *Standards*), and that, due to the severity of the concern, the program failed to meet Standard IV. Thus, the Board determined that the program failed to demonstrate substantial compliance with the CCNE standards and key elements. Note that Key Element IV-D in the 2018 *Standards* crosswalks to Key Element IV-C in the 2013 *Standards*.

As background, the program submitted a Continuous Improvement Progress Report on December 1, 2015. This report was reviewed by the Report Review Committee, which determined that the program had not demonstrated compliance with Key Elements II-D, IV-C, IV-E, and IV-F (2013 *Standards*), and, in a letter dated September 21, 2016, directed the program to submit a follow-up report to CCNE by March 15, 2017.

The program submitted a follow-up report to CCNE on March 15, 2017, and provided additional information related to certification pass rates on May 19, 2017. The Board determined that there were continuing compliance concerns for Key Elements IV-C and IV-F, and, in a letter dated July 17, 2017, directed the program to pay special attention to addressing the program's compliance with Key Elements IV-C and IV-F (2013 *Standards*) in the self-study document.

The program submitted the self-study document to CCNE on September 20, 2017, and hosted a comprehensive on-site evaluation on November 1-3, 2017. The Board considered the program's self-study document; the team report; the program's response to the team report; and the Accreditation Review Committee's confidential recommendation to the Board regarding accreditation. The Board found that the program did not meet Standard IV, and compliance concerns were specifically identified for Key Elements IV-B, IV-C, IV-D, IV-E, and IV-H (2013 *Standards*). In a letter

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dated May 24, 2018, the Board informed the program that Standard IV was not met and directed the program to show cause as to why accreditation should not be withdrawn.

The program submitted a follow-up report to address the show cause directive on April 15, 2019. Upon its review of that report, the Board determined that the program had demonstrated compliance with Key Elements IV-B, IV-D, IV-E, and IV-H, but that a compliance concern remained for Key Element IV-C, and Standard IV remained not met (2013 *Standards*). The Board additionally acted to vacate the show cause directive. In a letter dated June 20, 2019, the Board directed the program to submit a follow-up report by April 1, 2020, addressing the compliance concern for Key Element IV-D in the 2018 CCNE *Standards for Accreditation of Baccalaureate and Graduate Nursing Programs*, which went into effect on January 1, 2019 (this key element was crosswalked from the 2013 *Standards* to the 2018 *Standards*; the substance of non-compliance remained the same). The June 20, 2019 letter additionally advised the program of the following in relation to Standard IV continuing to be not met:

Please be aware that the *Procedures for Accreditation of Baccalaureate and Graduate Nursing Programs* (2019) state:

The Board must require that the program satisfactorily address the area(s) of concern/deficiency and demonstrate compliance with the accreditation standard(s) within 2 years, a period which may be extended only for good cause. If a program fails to do so within the specified period, the Board must take adverse action with regard to the program's accreditation status. If the program does not demonstrate compliance within 2 years, the U.S. Department of Education requires its recognized accrediting agencies, including CCNE, to take immediate adverse action unless the accrediting agency, for good cause, extends the period for achievement compliance. (p. 22)

The program contacted CCNE on March 26, 2020, requesting an extension of the deadline to submit the follow-up report to CCNE in order to allow the program time to receive updated certification pass rate data from the American Nurses Credentialing Center (ANCC). CCNE responded on March 27, 2020, agreeing to the extension and extending the deadline to April 15, 2020.

The program submitted the follow-up report to CCNE on April 15, 2020. Upon consideration of the follow-up report, the Board determined that there was a continued compliance concern relative to Key Element IV-D, and due to the severity of the concern, Standard IV continued to be not met (2018 *Standards*). In accordance with the CCNE *Procedures for Accreditation of Baccalaureate and Graduate Nursing Programs* (2019), the program failed to demonstrate compliance with Standard IV within 2 years, and the Board acted to withdraw accreditation from the

master's degree program in nursing for failure to demonstrate substantial compliance with the CCNE standards and key elements (p. 15).

Please be advised that withdrawal of accreditation is an adverse action. Outlined below are the Board's reasons for its action and CCNE's appeal procedure, should the program decide to exercise that right. By copy of this letter, CCNE is also notifying the institution's chief executive officer of this action.

The following is the basis for the Board's action to withdraw accreditation:

The program failed to provide evidence that certification pass rates demonstrate program effectiveness (Key Element IV-D). The key element requires that a program that prepares students for certification demonstrates that it meets the certification pass rate of 80%, for each examination, in any one of the following ways: the pass rate for each certification examination is 80% or higher for first-time takers for the most recent calendar year (January 1 through December 31); the pass rate for each certification examination is 80% or higher for all takers (first-time and repeaters who pass) for the most recent calendar year; the pass rate for each certification examination is 80% or higher for all first-time takers over the three most recent calendar years; or the pass rate for each certification examination is 80% or higher for all takers (first-time and repeaters who pass) over the three most recent calendar years (2018 *Standards*, pp. 20-21).

The April 15, 2020 follow-up report the program submitted to CCNE indicates that the first-time test taker certification pass rate on the ANCC exam for the family nurse practitioner concentration was 78% (n=86) for calendar year 2019. The report did not provide American Academy of Nurse Practitioners Certification Board (AANPCB) exam results for calendar year 2019. The program, in its report, states "This pass rate indicates that the DON has not met the CCNE standard of 80% or above" (p. 6). Therefore, the program failed to demonstrate compliance with Key Element IV-D.

Appeal Procedure

As noted above, withdrawal of accreditation is subject to appeal. The CCNE *Procedures* specifies that an action is not made public for 10 business days following your receipt of this letter, during which time Lehman College, The City University of New York may file a notice of appeal in writing and request a hearing. If the program chooses to submit a notice of appeal, its notice must state the basis for the appeal, and the notice of appeal must be received in the CCNE office within 10 business days of receipt of this action letter, which is no later than **June 19, 2020**. **Importantly, as CCNE staff have limited access to CCNE's physical office due to the COVID-19 situation, this notice of appeal must be emailed as a single PDF document to Dr. Jennifer Butlin, CCNE Executive Director, at jbutlin@ccneaccreditation.org.** It is the responsibility of the program to ensure that delivery of the notice of appeal has been successful and to acquire confirmation of delivery. According to the CCNE *Procedures*, the basis for the appeal must be either that (a) CCNE's decision was arbitrary, capricious, or not

supported by substantial evidence in the record on which it took action; and/or (b) the procedures used by CCNE to reach its decision were contrary to CCNE's bylaws, standards, or other established policies and practices, and that procedural error adversely prejudiced CCNE's consideration (p. 25).

The program's full written appeal must be received in the CCNE office within 20 business days following its submission of the notice of appeal. **Importantly, as CCNE staff have limited access to CCNE's physical office due to the COVID-19 situation, this full written appeal must be emailed as a single PDF document to Dr. Jennifer Butlin, CCNE Executive Director, at jbutlin@ccneaccreditation.org.** It is the responsibility of the program to ensure that delivery of the full written appeal has been successful and to acquire confirmation of delivery. Payment of the appeals fee (\$10,000) must be contemporaneous with the submission of the written appeal. In accordance with the CCNE *Procedures*, please note that a hearing committee does not consider new evidence or information provided by the program that was not in the record of evidence reviewed by the CCNE Board at the time the adverse action was taken.

If a notice of appeal is not received by CCNE within the designated timeframe, the Board's decision will become final. If a notice of appeal is timely received, there will be no change in the program's status (i.e., the program will continue to be listed by CCNE as an accredited program) pending the disposition of the appeal. Please refer to pages 25-28 of the *Procedures* for information related to the appeal process.

Please be aware that CCNE is obligated as a recognized accrediting body to inform the U.S. Secretary of Education, institutional and other accrediting agencies, appropriate state agencies, and the public of any final decision involving an adverse accreditation action. Such notices will occur only after an adverse decision is final, which occurs at the end of the 10-day appeal period if CCNE has not received a timely notice of appeal from the program, or at the conclusion of the appeal, if the decision is adverse. Upon finalization of a decision to withdraw accreditation, CCNE will prepare a brief accreditation action summary, which will be made available to the public on request and will be disseminated to the U.S. Department of Education, institutional and other accrediting agencies, and appropriate state agencies. This summary will include official comment, if any, received from the program regarding the final action. If CCNE does not receive a notice of appeal within the designated timeframe, and the program wishes to submit official comment to CCNE regarding the final action, the comment must be submitted to CCNE offices no later than **July 1, 2020**. **Importantly, as CCNE staff have limited access to CCNE's physical office due to the COVID-19 situation, this official comment must be emailed as a single PDF document to Dr. Jennifer Butlin, CCNE Executive Director, at jbutlin@ccneaccreditation.org.** Once a decision is final, and if the decision is adverse, Lehman College, The City University of New York has an obligation to inform students in the program and applicants to the program of the adverse action.

In accordance with the CCNE *Procedures* (p. 28), in the event of a final determination of withdrawal of accreditation, the program is precluded from reapplying for CCNE accreditation for a minimum of 6 months from the date of such final action.

If you have any questions regarding the content of this letter or the accreditation procedures, please contact Dr. Butlin at 202-887-6791, ext. 249, or jbutlin@ccneaccreditation.org.

Sincerely,

A handwritten signature in cursive script that reads "Mary Jane S. Hanson".

Mary Jane S. Hanson, PhD, CRNP, CNS, FNP-BC, ACNS-BC, FAANP
Chair, Board of Commissioners

cc: CCNE Board of Commissioners
Dr. Daniel Lemons, President

**APPEAL OF LEHMAN COLLEGE-THE CITY UNIVERSITY OF NEW YORK
TO THE
COMMISSION ON COLLEGIATE NURSING EDUCATION
November 2020**

REPORT OF THE HEARING COMMITTEE

PROCEDURAL SUMMARY

The master's degree nursing program at Lehman College-The City University of New York (Lehman) received its initial accreditation from CCNE in May 2013. At the time of initial accreditation, CCNE determined that the master's program did not meet Standard IV, and it required special reporting by Lehman to address that standard. In 2015 Lehman provided a Continuous Improvement Progress Report and CCNE determined that a follow up report was required. CCNE's Board of Commissioners had continued compliance concerns, and required Lehman to give special attention to the concerns in its self-study when Lehman requested renewal of its accreditation in November 2017. In May 2018 CCNE issued a show cause directive to Lehman to demonstrate why accreditation should not be withdrawn from the master's program. CCNE extended Lehman's five-year term of accreditation by one year in 2018, and again by one year in 2019, to allow Lehman additional time to submit follow up reports and demonstrate compliance. In June 2020, CCNE notified Lehman that accreditation for the master's program was withdrawn.

Lehman submitted a written notice of appeal from the adverse action of the Board on June 16, 2020. The basis for appeal stated in the notice was that the Board's decision was arbitrary, capricious, or not supported by substantial evidence in the record on which it took action. Lehman submitted a full written appeal on July 14, 2020, and in that full written appeal, requested an extension of the time period for achievement of compliance for good cause.

A hearing was held on November 13, 2020 in video conference format via Zoom before a CCNE Hearing Committee. Both parties were afforded a full opportunity to present their positions as permitted by the CCNE *Procedures for Accreditation of Baccalaureate and Graduate Nursing Programs*, amended May 31, 2019. The Hearing Committee (the Committee), functioning as an independent review body for purposes of the appeal, carefully considered the oral presentations by both parties, the written documents submitted to the Committee, and responses to oral questions during the hearing from the Committee to the presenters from both parties. Following the hearing, the Committee deliberated in executive session. The Committee makes this written summary of its findings, significant areas of concern, and its decision. Because the Committee was unable to reach unanimous findings, this Report contains a

Majority and a Minority section. All members of the Committee agree with the Procedural Summary.

MAJORITY REPORT

SUMMARY OF FINDINGS

1. Lehman did not demonstrate that the Board's decision to withdraw accreditation from the master's program in nursing was arbitrary, capricious, or not supported by substantial evidence in the record on which the Board took action.
2. The Board's decision was not arbitrary or capricious. CCNE assessed and monitored Lehman's compliance with Standard IV, including certification pass rates, from the time of initial accreditation in 2013 through May 2020. This assessment included review of Lehman's regular reporting as well as special reporting required by the Board. CCNE granted several extensions of time to Lehman for reporting, and it extended the term of initial accreditation twice to allow Lehman additional time to demonstrate compliance with certification pass rate requirements. Lehman did not meet CCNE's expectations for certification pass rates at any time from its initial accreditation in 2013 to 2020.
3. CCNE's decision to withdraw accreditation was supported by substantial evidence in the record on which it took action.
4. The contents of the Board's action letter of June 5, 2020, in which it informed Lehman of the withdrawal of accreditation, and Lehman's responses to the action letter, refer to evidence on which the Board's decision was based. In addition, the written materials and oral presentations of the parties for this appeal contain further evidence in support of the Board's decision.
5. The evidence for the Board's decision included, among others:
 - a. A course of action beginning in 2013 and continuing until 2020 in which CCNE detailed its compliance concerns to Lehman about certification pass rates. See, e.g., CCNE's letter to Lehman of June 5, 2020 outlining background of withdrawal decision, Appeal Reference Documents pp. B657-658; table summarizing previous actions in CCNE Response to Hearing Committee, pp. A57-58.
 - b. CCNE determined at the time of initial accreditation that the master's program did not meet Standard IV and required special reporting by Lehman to address that standard. In addition to its regular reporting in the form of a Continuous Improvement Progress Report in 2015 and a self-study in 2017, Lehman was required to submit additional follow-up and special reports to CCNE to address compliance concerns about certification pass

- rates. Lehman provided that additional reporting, but its pass rates remained below the requirements of the CCNE standards.
- c. In May 2018 CCNE issued a show cause letter to Lehman, requesting that it demonstrate why accreditation should not be withdrawn and indicating that certification pass rates had not met 80% for any exam for the past three calendar years. This show cause letter indicated the level of CCNE's concern about lack of compliance with CCNE requirements for certification pass rates. "The issuance of a show cause letter is not an adverse action, but a statement of serious concern by the Board." See *CCNE Procedures for Accreditation of Baccalaureate and Graduate Nursing Programs* (amended May 31, 2019), Appeal Reference Documents p. B20.
 - d. After Lehman responded to the show cause letter in 2019, CCNE vacated the show cause directive but notified Lehman that a compliance concern remained for certification pass rates and that Standard IV was not met. CCNE directed the program to submit a follow up report addressing the concern. CCNE also informed Lehman that if the program did not demonstrate compliance within the specified time period, CCNE's Board must take adverse action regarding Lehman's accreditation status.
 - e. Lehman requested, and CCNE granted, an extension of time to respond. Lehman's April 2020 response failed to demonstrate that Key Element IV-D was met.
 - f. Lehman had multiple opportunities to demonstrate compliance with CCNE's requirements for certification pass rates. CCNE granted several extensions of time to Lehman to respond to compliance concerns regarding certification pass rates, including most recently for the follow up report due in March 2020, extending the response time to mid-April. It also extended Lehman's period of accreditation, which was due to expire in 2018, by one year, to June 30, 2019, to allow Lehman time to respond to the show cause directive and provide follow up reporting. It extended the accreditation period again in 2019, to June 30, 2020, to allow Lehman additional time to demonstrate compliance with certification pass rates.
 - g. CCNE Standards (2018) allow programs four different options for calculating certification pass rates in Key Element IV-D, providing flexibility in demonstrating compliance with the requirement. The program may provide rates for the most recent calendar year or for the three most recent calendar years; it may provide data for first time test takers or all test takers (first time and repeaters who pass). Even with these alternatives, Lehman did not demonstrate achievement of the expected 80% pass rate.

- h. In each of its submissions of information, Lehman was unable to demonstrate compliance with CCNE’s expectations for certification pass rates, including in its most recent submissions in 2020.
 - i. Lehman agreed in its follow-up report of April 2020 to the Board that it had not met the CCNE standard for certification pass rates of 80% or higher. At the hearing on this appeal, Lehman did not dispute that it had not met the standard. Rather, it requested that CCNE extend the period of time for Lehman to achieve compliance with the standard.
- 6. The evidence that Lehman did not meet CCNE’s expectations regarding certification pass rates was substantial.
- 7. When a program fails to meet accreditation requirements after repeated efforts and opportunities to demonstrate achievement, CCNE has an obligation to take adverse action.
- 8. Lehman did take steps to address CCNE’s compliance concerns and improve its performance. Lehman provided evidence to CCNE, and to the Hearing Committee, of its efforts over a several-year period, beginning at least by 2017 and continuing through June 2020, to achieve compliance with certification pass rates. Among them, Lehman made curricular and policy changes directed at improving certification exam preparedness and pass rates. Lehman demonstrated that:
 - a. Recent certification pass rates showed improvement. The overall pass rate for calendar year 2019 was 78%. (Lehman PPT, slide 12)
 - b. Lehman had encountered difficulty and delay in making curricular changes and incorporating a policy requirement for all master’s students to take the ANCC exam in order to graduate because of the program’s operation within a large university governance structure. The process took substantial time and effort, and Lehman believed the improvements from those changes would take more time to become evident.
 - c. Lehman had addressed other compliance concerns in Standard IV to the Board’s satisfaction so that the only remaining compliance concern by Spring 2020 was Key Element IV-D.
- 9. In CCNE’s notice to Lehman of withdrawal of accreditation on June 5, 2020, it stated that, “The Board determined that there was a compliance concern for Key Element IV-D (2018 *Standards*), and that, due to the severity of the concern, the program failed to meet Standard IV. Thus, the Board determined that the program failed to demonstrate substantial compliance with the CCNE Standards and key elements.” (Appeal Reference Documents p. B657)
 - a. Although lack of compliance with the key element was clear, and was conceded by Lehman, it would be possible to reach different conclusions about the severity of the compliance

concern and whether it warranted a determination that Standard IV as a whole was not met. Likewise, it would be possible to reach different conclusions about whether withdrawal of accreditation was warranted based on that single key element.

- b. Some members of the Hearing Committee might have reached a different conclusion had they served on the Board when Lehman's program was under review. Some might have agreed with the Board's conclusion. This is not, however, the standard of review for this appeal. The standard is whether the Board acted with substantial evidence to support its decision. It did.
10. Lehman did not state as a ground for its appeal that the procedures used by CCNE to reach its decision were contrary to CCNE's bylaws, standards, or other established policies and practices. Nor did Lehman allege or demonstrate as part of the appeal process that this had occurred. Further, Lehman did not allege or demonstrate any procedural error that prejudiced CCNE's consideration of the master's degree program.
11. The certification pass rate requirement in CCNE's standards, Key Element IV-D (2018 *Standards*), applies to Lehman's master's degree nursing program, even if national certification is not required for practice in New York State.
12. U.S. Department of Education regulations that became effective in July 2020 do not apply to this appeal. They were not in effect at the time of the Board's action or the events leading to the Board's action.
13. Lehman requested, as part of this appeal, a "good cause" extension of time for demonstrating compliance with CCNE standards. The Hearing Committee has no authority under CCNE Procedures to grant an extension for good cause. Good cause determinations are made by the CCNE Board.
14. The Hearing Committee would be authorized to remand this matter to the Board with a recommendation to grant a good cause extension only if Lehman had first met its burden of proving that CCNE's decision was arbitrary, capricious, or unsupported by substantial evidence. Lehman did not meet that burden in this appeal.

DECISION

The Hearing Committee affirms the decision of the CCNE Board of Commissioners.

Dated November 20, 2020.



Jane Voglewede, JD, Chair

For these Hearing Committee members:

Jane Voglewede, JD
Kathleen Ogle, PhD, FNP-BC, CNE
Shirleatha Lee, PhD, RN, CNE
Lillia (Li) Loriz, PhD, APRN, GNP-BC

MINORITY REPORT

SUMMARY OF FINDINGS

1. The CCNE Board had substantial evidence to support its conclusion that Key Element IV-D was not met. But it did not have substantial evidence to conclude that due to the severity of the concern, the program failed to meet Standard IV. The Board lacked substantial evidence to conclude that the standard as a whole was not met and that the program failed to demonstrate substantial compliance with the CCNE Standards and key elements.
2. Improvement in achievement on certification pass rates was significant and continuous. Although the pass rates varied over time, Lehman's most recent data showed first time pass rates of 78% in 2019, which is very close to meeting CCNE's standard of an 80% pass rate.
3. The program is on a trajectory that indicates a high likelihood of achieving the standard, if given some additional time.
4. The severity of a compliance concern should take into account an assessment of the potential harm. In this case, the potential harm to the public and other constituents is very low, with recent certification pass rates at just under 80%. In contrast, the potential harm to the program and its students is great.
5. To be clear, the Board did not act arbitrarily or capriciously. But it did reach its conclusion about the severity of the compliance concern and the appropriateness of withdrawal of accreditation without substantial evidence.
6. In light of the program's continuous improvement efforts regarding certification pass rates, its success in addressing all compliance concerns other than for certification pass rates, and the fact that it is now so close to meeting the certification pass rate requirements, the

withdrawal of accreditation was not supported by substantial evidence and was not warranted.

7. This matter should be remanded to the Board with a recommendation to grant a good cause extension of time to Lehman to demonstrate compliance with Key Element IV-D. The extension of time should be less than the four years requested by Lehman, and set by the Board in its discretion.

A handwritten signature in cursive script, reading "Charlotte Beason". The signature is written in black ink and is positioned above the printed name.

Charlotte Beason, EdD, RN

Herbert H. Lehman College

Supplemental Information Report (SIR)

**Submitted to the
Middle States Commission on Higher Education (MSCHE)**

Prepared

by

President Daniel Lemons

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List of Abbreviations Used in the Report

A list of abbreviations is provided for the convenience of the reader. For each section of the SIR, the name of an entity will be provided in full when it is first mentioned, followed with the abbreviation in parenthesis. Subsequent mentions of the entity in the narrative will be referred to by its abbreviation.

AAC	Academic Assessment Council
AES	Administrative and Educational Support
A&H	Arts and Humanities
AMS	Assessment Management System
ALO	Accreditation Liaison Officer
APAPEE	Associate Provost for Academic Programs and Educational Effectiveness
APR	Academic Program Review
CUTRA	City University Tuition Reimbursement Account
CUNY	City University of New York
DWIF	Drop, Withdraw, Incomplete, Failure Rates
EVC	Executive Vice Chancellor
GE	General Education
GEC	General Education Council
HIP	High Impact Practices
IEP	Institutional Effectiveness Plan
ILD	Institutional Learning Domain
ILO	Institutional Learning Outcome
IT	Information Technology
KPI	Key Performance Indicator
MSCHE	Middle States Commission on Higher Education
NSS	Natural and Social Sciences
OAAE	Office of Assessment and Educational Effectiveness
OIR	Office of Institutional Research
OIPCE	Office of International Programs and Community Engagement
OOE	Office of Online Education
OPA	Office of Prestigious Awards
OTPS	Other Than Personnel Spending
PDC	Provost's and Deans' Council
PMP	Performance Management Process
PPO	Program Performance Outcomes
PSC	Professional Staff Congress
SCPS	School of Continuing and Professional Studies
SIR	Supplemental Information Report
SGIP	Strategic Growth and Investment Plan
SLO	Student Learning Outcome
SSD	Student Success Dashboard
UCC	Undergraduate Curriculum Committee

I. Introduction to the Supplemental Information Report, Preparation and Context

This *Supplemental Information Report* (SIR) describes the progress Lehman College has made regarding assessment and institutional effectiveness following the June 28, 2019 action letter from the Middle States Commission on Higher Education (MSCHE). In that letter, the Commission acknowledged receipt of the college's self-study report, noted the visit of its representatives to the college, reaffirmed the college's accreditation, scheduled the next evaluation visit for 2027-2028, and requested the submission of the SIR by March 1, 2020.

This SIR includes:

- A brief statement on how the report was prepared and context for the SIR;
- A narrative section detailing the evidence and actions for each of the requests related to Standard V and Standard VI; and
- A concluding section that reflects on how the college's responses have impacted the institution and will continue to guide the work of Lehman College in the years ahead.

The SIR provides additional documentation in the appendix section of the report as further evidence of the college's progress on Standards V and VI since the Commission's June 28, 2019 action letter.

Since the April visit of the Commission's representatives to the institution, Lehman College experienced a change in presidential leadership. Dr. José Luis Cruz, who served as the college's third president, was named CUNY's executive vice chancellor (EVC) and university provost. Dr. Daniel Lemons, former provost at CUNY's City College, who served as Lehman's interim dean of Academic Affairs, was named interim president of the college. Both appointments became effective July 1, 2019. The smooth transition in presidential leadership has allowed for stability and continuity in advancing the college's key strategic initiatives, including the development of the SIR as requested in the Commission's June 28, 2019 action letter.

In Lehman's Response to the Evaluation Team Report, the college noted that it had approached the Self-Study process as an opportunity to not only demonstrate compliance with MSCHE standards for accreditation and requirements for affiliation, but also to further advance a meaningful institutional planning and visioning framework. Lehman also acknowledged with appreciation the work performed by the Evaluation Team and looked forward to reflecting on the team's observations as we advance the development of our next five-year Strategic Plan (2020-2025).

Following the Commission's action letter, Lehman's provost as well as the interim vice provost for Academic Programs, who also served as Accreditation Liaison Officer (ALO), held an initial meeting on August 12, 2019, to discuss the scope of activities, deliverables, and timelines for addressing MSCHE's two requests regarding Standards V and VI. Subsequent meetings were held with multiple stakeholders throughout the fall 2019 semester to assess progress on the various activities and deliverables. These activities and deliverables included the following: implementing a simplified and uniform six-step assessment process for all programs including general education; creating the Office of Assessment and Educational Effectiveness (OAEE) with a dedicated office space to support assessment activities;

appointing a faculty director and adding new personnel; investing in department-level assessment liaisons; and providing professional development opportunities on assessment for faculty and staff. Other activities and deliverables included the: development of an Institutional Effectiveness Plan (IEP) (Appendix 001), that codifies our existing institutional effectiveness framework into one single document; creating and implementing a Strategic Growth and Investment Plan (SGIP) (Appendix 002); completing the final report of the college's current strategic plan, *Achieving the Vision*; launching the development of the 2020-2025 strategic plan; and completing the annual CUNY Performance Management Process (PMP) to respond to system-wide expectations of CUNY's 25 campuses. The implementation of these major initiatives has taken place or was started during summer and fall 2019.

The preliminary draft of the SIR was completed in late January 2020 and was then distributed to the President's Advisory Board (comprised of the President's Cabinet and Deans) and the Office of CUNY EVC and University Provost in early February for review and input. Feedback received from these groups further helped to strengthen the document. On February 25, 2020, following President Lemons' approval, the ALO successfully submitted the SIR to the Commission. Throughout the SIR process, the college utilized a consultative approach and involved a diverse group of campus stakeholders to develop the college's SIR.

The work described in this SIR responds to the Commission's request to provide "further evidence of (1) the development and implementation of organized and systematic assessments that evaluate the extent of student achievement in all programs including general education (Standard V), and, (2) the development and implementation of organized and systematic assessments that evaluate the extent of institutional effectiveness (Standard VI)." The work described in this SIR is also sustainable and reflects a decade-long commitment to continually improve, refine, and adapt our processes and practices in order to advance our institutional mission and strategic priorities within CUNY, a system committed to access, equity and excellence, as well as seamless transitions for the over 275,000 students it serves.

II. RESPONSE TO STANDARD V: EDUCATIONAL EFFECTIVENESS ASSESSMENT

Lehman College has an established culture of assessment since at least 2009. Both academic programs and AES units across the college participate in assessments and utilize results for continuous improvement. Indeed, broader recognition of the centrality of robust assessment to the promotion of student success is embodied in our current Strategic Plan (which ends this semester), a plan that calls for 1) creating the administrative infrastructure necessary to support on-going planning, assessment, and continuous improvement initiatives, 2) strengthening general education, and 3) providing a curriculum and the resources essential to outstanding liberal arts and sciences and professional curricula. Assessment and institutional effectiveness are also explicitly elevated as top priorities of our 2020-2025 strategic plan currently being developed, ensuring that a culture of evidence and continuous improvement further informs every facet of college operations.

a. Summary of Actions and Evidence Presented

MSCHE Request	Lehman College’s Actions & Evidence
Document “further evidence of the development and implementation of organized and systematic assessments that evaluate the extent of student achievement in all programs including general education (Standard V)”	<ul style="list-style-type: none"> • Began full implementation of a uniform six-step assessment process adopted in spring 2019 for all programs, including general education, to simplify assessment work already in place and further support continuous program improvement; • Improved support and clarified responsibilities by creating the Office of Assessment and Educational Effectiveness (OAEE), expanding the role of the Academic Assessment Council (AAC) to include Administrative and Educational Support (AES) units, began the process of making AAC a standing committee of the College Senate; • Revitalized the process for Annual Academic Program Assessment, including increased investments for continual improvement in program quality through strengthened professional development opportunities for faculty and staff and funding of 3-credit hour release time for department assessment coordinators; • Updated the process and timelines for Academic Program Reviews; • Reconstituted the General Education Council (GEC) to guide General Education (GE) assessment and improvement, developed a multi-year plan for GE assessment that aligns with Lehman College’s 2020-2025 strategic plan, and completed an analysis of GE lower division gateway courses and used the results to begin implementation of interventions to improve student performance; • Strengthened AES assessments; • Utilized college-wide assessment to assess capacity and readiness to advance student achievement; and, • Took steps to replace its online platform for tracking and documenting assessment activities based on feedback from the college community.

b. Lehman’s Six-Step Assessment Process

In spring 2019, Lehman College codified the framework it has used for assessment of student learning and engagement into a simplified and uniform six-step process. On March 23, 2019, the provost outlined the six key elements of this process to the newly formed AAC in his

presentation titled “Are our students learning?” A diagram of the six-step assessment process is provided in Appendix 001. Beginning in fall, 2019, academic departments and AES units were expected to develop annual assessment plans/reports to include all six steps to be completed as follows: the first three steps in fall 2019 and the last three steps in spring 2020.

On May 6, 2019, the college held a day-long assessment workshop titled: “Assessment Unpacked: Why? How? & Now What?” as part of its ongoing work of building continual capacity on assessment. More than 60 faculty, staff, and administration attended the workshop, facilitated by Dr. Su Swarat, Assistant Vice President for Institutional Effectiveness at California State University, Fullerton. Participants identified areas for further discussion and improvement, including how general education assessment should mesh with departmental assessment.

On November 25, 2019, OAEE and AAC facilitated a workshop on the six-step assessment process for department assessment coordinators. More than 30 faculty members (full-time and adjunct) attended the workshop. Examples of assessment artifacts as well as strategies for closing the loop were shared by facilitators. The 2019-2020 assessment calendar was also reviewed ([Appendix 001](#)), along with highlights of college data from the National Survey of Student Engagement (NSSE), provided by the Office of Institutional Research (OIR).

c. Support and Responsibilities: Office of Assessment and Educational Effectiveness (OAEE), Academic Assessment Council (AAC)

The new OAEE includes a senior faculty on 9-units of reassigned time to serve as director and a full-time professional staff, who serves as manager of assessment and institutional effectiveness. Funding has been provided for a permanent director and an administrative support staff for the unit. The OAEE has responsibility for: overseeing college-wide assessment process and infrastructure, coordinating and organizing the development and reporting of systematic assessments for all academic departments and AES units, providing technical support that ensures compliance with assessment-related activities for both institutional and disciplinary accreditations, facilitating the process for academic program reviews, fostering the development of assessment expertise and culture on campus, and working closely with the college community in supporting, sustaining, and enhancing Lehman’s mission and strategic goals. Dedicated office space for OAEE has been established in Shuster Hall to provide a central place where faculty and staff can seek regular and ongoing technical support for assessment activities. OAEE reports to the Associate Provost for Academic Programs and Educational Effectiveness (APAPEE).

The reconstituted AAC, which now includes AES units, works closely with the OAEE and departments to ensure coordinated assessment efforts on campus. The AAC, which is comprised mainly of faculty and staff, was approved on May 1, 2019 by the College Senate, as an ad-hoc committee of the Senate ([Appendix 003](#)). AAC members are charged with 1) facilitating periodic workshops on assessment for faculty and staff and 2) reviewing annual assessment plans in order to provide suggestions to campus units for strengthening assessment planning and reporting. AAC members led the November 25, 2019 faculty assessment coordinators’ workshop and will lead a similar workshop for AES units in spring 2020. Moreover, AAC members have also been engaged in the design and creation of workshops related to improving the accessibility and utility of data to both department chairs and members of the Division of Academic Affairs and Student Success.

In fall 2019, the AAC submitted a recommendation to the College Senate Governance Committee to make the AAC a standing committee of the senate, an action that would help a lasting culture of evidence take root. A formal resolution to this effect, which will result in an amendment to the Senate's Bylaws, will be presented for approval by the College Senate Governance Committee to the full College Senate in spring 2020. The approval will reflect the expanded role of the AAC to include AES units, and the council will become known as the Assessment Committee of the College Senate. On December 11, 2019, AAC's first report on assessment was presented to the College Senate ([Appendix 004](#)).

d. Annual Academic Program Assessment

Assessment of student learning also has continued to take place at the department or program level since the evaluation team's visit. For AY 2018-2019, 82% of our 27 academic departments completed assessment activities. For example, the foreign languages program conducted a repeat assessment of students' ability to express themselves on a variety of topics in grammatically-correct and semantically-accurate speech. Oral interviews related to course content were administered to students by instructors using a rubric to determine language mastery. Acceptable targets for pronunciation, grammar, and vocabulary were largely achieved with increased students' scores compared to previous years' results. Nevertheless, to further enhance mastery of oral skills, a recommendation was made for daily speaking exercises and class presentations by students. The Economics and Business department assessed BBA students' abilities to demonstrate knowledge of business ethics/corporate responsibility competencies within their chosen field of study, as well as knowledge of global/multicultural perspectives. Responses to questions embedded in a quiz showed that 81% of students provided the correct responses, meeting the 80% benchmark set by the department. As a result, the department determined to continue its current practices. The English department conducted a follow-up assessment of students' ability to use critical and interpretative methods. Student performance was evaluated by a faculty team that scored student essays using a rubric. Each essay was scored twice to ensure consistency. Overall, 79% of essays met the rubric's expectations. However, the share of essays not meeting the required threshold was higher than expected. Based on a review of the results, the department concluded that the written assignments were assessed too early in the semester, and two workshops have been scheduled during AY 2019-2020 to share pedagogies for improving student learning. Student artifacts will be re-assessed in AY 2020-21 to determine the impact of the department's initiatives on student performance. Social Work continued its multi-year assessments of student writing to ensure that graduates can write at a suitable level for professional social work agency practice. The program used a combination of direct (pre- and post-test assessment of writing) and indirect assessment (survey of student perceptions concerning their writing). Based on finding that showed students' performance somewhat below the program's benchmark rate, the department added an English course, increased the number of scaffolded writing assignments, and encouraged instructors to attend the college's "Writing Across the Curriculum" workshops. The impact of these measures will be assessed again from fall 2020 through spring 2022.

For AY 2019-2020, 88% of our 27 academic departments submitted assessment plans during the fall 2019 semester based on the first three steps of our simplified and uniform six-step assessment process. ([See Appendix 005 for a sample of submitted assessment plans](#)). The majority of the academic departments plan to utilize direct measures to assess student

performance such as lab reports, papers, and standardized tests, drawing from AAC&U or locally developed Lehman rubrics.

More than 115 members of the campus community participated in the three workshops that presented the six-step assessment process. The college has also invested additional resources into college-wide assessment activities, including \$25,000 in college funding for AY 2019-2020 to support professional development opportunities that will strengthen faculty and staff expertise in assessment and quality assurance processes. Additional workshops are planned for AES units, and the AAC has positioned itself to take the lead in facilitating these workshops, reviewing assessment plans, and providing feedback to academic departments and AES units. OAEE also meets with schools/departments and AES units to provide individualized support and guidance. OOE has also offered multiple workshops to faculty on online teaching and learning, such as:

- Preparation for Teaching Online: A Foundational Workshop for CUNY Faculty: This two-week, customized, asynchronous workshop is offered by OOE. Thus far in AY 2019-2020, 76 faculty completed this workshop. A total of four will be held during this period.
- Monthly Webinar Series on Teaching and Learning: Four webinars, attended by 320 members of the Lehman community, have been held thus far in AY 2019, including *Communication Strategies for Student Engagement*; *Using Mid-Semester Student Feedback to Improve Your Courses*; *Teaching Larger Classes: Maintaining Quality and Your Sanity*; and *Time-Saving Techniques for Course Planning and Preparation*.

A number of other professional development opportunities have been offered on topics ranging from the use of Open Educational Resources (OER) to teaching larger classes. With the new CUNY/Professional Staff Congress (PSC) contract, Lehman College will now be able to strengthen online learning assessment, with OOE and OAEE coordinating this effort.

As Lehman's four divisions, five schools, and 27 academic departments differ in assessment expertise and infrastructure, the college has invested in assessment coordinators for each academic department, providing three-units of course release time for each faculty assessment coordinator, an investment amounting to approximately \$108,000, reflecting the college's strong commitment to continual quality improvement. Faculty members coordinate assessment activities in their respective departments, participate in college-wide assessment workshops, report and document assessment activities using the six-step process, and ensure that assessment results are used for continuous improvement to assure meaningful improvements and decision-making in curriculum and pedagogy in ways that enhance the discipline and support student achievement. Together, these efforts are aimed at strengthening the college's culture of assessment, providing a mechanism by which faculty and staff share assessment practices and insights, serving as a forum by which faculty and staff can raise questions and discuss assessment-related issues, and offering a means by which assessment work and those involved gain recognition from their peers on campus.

e. Academic Program Reviews (APR)

All 27 academic departments and the 140 academic programs (76 Undergraduate and 64 Graduate) at Lehman College go through a rigorous APR process every five years, utilizing the APR Guidelines, which were revised in August 2019. (Appendix 009). APR provides an

opportunity for self-reflection and analysis about the overall quality and effectiveness of each academic program, consistent with program-level goals, college mission and strategic priorities. Included in the review are the following: 1) program's alignment to institutional learning domains and general education outcomes, 2) evidence of demonstrable use of assessment results for improvement, 3) faculty productivity in relation to teaching, research, and service, 4) student engagement and support services, 4) program's comparability to other similar programs, 5) program strengths, weaknesses, opportunities, and threats, and 5) a plan for the next five years.

Lehman's APR process consists of four key components: 1) a self-study, 2) an external peer review, site visit, and report, 3) a discussion of the review between the program and the administration, and 4) development of an action plan to utilize results for continuous improvement. Responsibility for the APR is vested in the APAPEE, in collaboration with School deans, department chairs and faculty. The APR guidelines do not replace reviews of programs that are subject to an accreditation process by external agencies. Such programs have continued their accreditation efforts, and, therefore, have essentially continued their program reviews.

In spring 2019, the department of Nursing went through successful re-affirmation of accreditation, while the department of Social Work completed a site team visit in fall 2019 for its specialized accreditation with the Council for Social Work Education (CSWE) for the B.A. in Social Work and the Master of Social Work. The Office Academic Programs and Educational Effectiveness (OAPPEE) reviews the self-study reports for the specialized accreditations and requests additional information as appropriate in the event that the self-study report does not address any of the information in the college APR guidelines. Overall, the results of the self-study reports for specialized accreditations are used for continuous improvement that advances the curriculum and student achievement. For example, three resource issues requiring improvements/interventions resulted from the Social Work self-study: 1) providing additional office space for adjunct faculty, 2) increasing the percentage of re-assigned time for the undergraduate program director, and 3) providing additional administrative support for the department due to its increased enrollment. The last two issues have been resolved, while discussions have begun with the vice president for Administration and Finance for temporary space to accommodate adjuncts and full-time faculty that will require swing space once construction commences on their new suite of offices on the first floor of Davis Hall to full accommodate their space needs. Lehman currently has \$7 million for the renovation and has requested \$1,050,000 from NY City Council to furnish and equip the new space. In February 2020, CSWE re-affirmed the accreditations of our two Social Work programs.

In spring 2019, OAPPEE updated the APR schedule from 2020 to 2025 ([Appendix 010](#)), and the revised guidelines was adopted in August 2019 following feedback from the PDC. Six academic departments are scheduled to go through this process in 2020-2021: Languages and Literatures; Health Sciences (Recreation, Exercise, Health Services); Chemistry; Counseling, Leadership, Literacy, and Special Education; Early Childhood and Childhood Education; and Middle and High School Education. Another five are scheduled for 2021-2022: History; Philosophy; Health Sciences (Dietetics, Nutrition, Education); Anthropology; and Mathematics. The APAPEE/ALO serves as the repository of all APRs and has responsibility for: 1) coordinating the APR process through OAPEE, 2) ensuring that the results and recommendations from APR action plans are

documented and shared with school deans, department chairs and faculty, 3) assuring that action plans are followed and achieved, and 4) apprising the provost of progress on the action plans.

f. General Education (GE)

The college took additional steps in fall 2019 to further strengthen faculty engagement with and bolster the infrastructure support for general education by re-establishing the General Education Council (GEC), as a sub-committee of the faculty-led Undergraduate Curriculum Committee (UCC) of the College Senate. GEC functions include oversight of the GE Curriculum, provision of technical support and guidance for GE assessment, and an annual report on assessment of GE to the provost and the UCC, to include how well Lehman students are attaining the seven General Education competencies at the core of the Lehman Experience of *educated, empowered, and engaged* citizens. Two other sub-committees of the UCC (LEH 100 Liaisons Committee and LEH 300 Liaisons Committee) exist to oversee the 100-level *Freshman Seminar* and 300-upper level GE courses respectively. A multi-year GE assessment plan spanning AY 2019-2020 through AY 2024-2025 was finalized in spring 2020 in concert with the college’s strategic planning process to guide the work of the GEC (Appendix 007). Components of the plan include assessment of such essential skills as information literacy and critical thinking, written and oral communication, and multicultural awareness. OAEE and APAPEE provide leadership and coordination for this plan. The following example shows the plan for 2019- 2021:

AY 2019-2020	AY 2020-2021
<ul style="list-style-type: none"> • General Education Council (GEC) re-establishment completed by the UCC. • Collection of artifacts from LEH 351-355 course sections. • OAEE reviewing NSSE for evidence related to GE learning outcomes. • DWIF analysis completed and course redesign launched based on the findings. • LEH 100 and 300 Liaisons Committees reviewing revisions to 100- and 300-level courses for alignment with ILOs. • Required English Composition and Mathematics/Quantitative Reasoning courses revised based on prior assessments from the CUNY Momentum Campaign. 	<ul style="list-style-type: none"> • ILOs to be assessed: Critical Thinking and Information Literacy (in the LEH 351-355 courses) • Critical Thinking: <ul style="list-style-type: none"> - <i>Step 1:</i> Students will apply critical thinking to analyze, integrate, and evaluate information. - <i>Step 2:</i> 75% of students will score an average of 2 or above on the AAC&U’s critical thinking rubric. - <i>Step 3:</i> Direct assessment. Review of written artifacts using the AAC&U’s critical thinking rubric. • Information Literacy: <ul style="list-style-type: none"> - <i>Step 1:</i> Students will demonstrate the ability to identify, locate, evaluate, effectively and responsibly use and share information for assessing problems. - <i>Step 2:</i> 75% of students will score an average of 2 or above on the AAC&U’s information literacy value rubric. - <i>Step 3:</i> Direct assessment. Review of written artifacts using the AAC&U’s information literacy value rubric.

AY 2019-2020	AY 2020-2021
	<ul style="list-style-type: none"> • Collect artifacts from LEH 100 course sections • Collect artifacts from the writing intensive courses. • Complete the first three steps of the six-step assessment process for the outcomes to be assessed in the writing intensive courses during AY 2021-2022. • Implement course design changes in high DWIF courses and assess the effectiveness of the changes.

GE assessment also has continued since the Commission’s action letter of June 28, 2019. During fall 2019, select ILOs were assessed at a department/program level as part of a pilot initiative aimed at developing and refining Lehman College’s multi-year General Education Assessment Plan. For example, the BA English program conducted an assessment of written communication comparing English majors with non-majors. Overall, the department found that English majors were more proficient than non-English majors, but that the percentage of papers falling short of rubric-guided expectations was greater than anticipated. The BA History program examined critical thinking within the context of students’ designing research questions. During AY 2014-2015, 42% of students scored 4 or 5 on a 5-point rubric. In AY 2018-2019, the figure was little changed at 47%. Separately, the BA Latin American and Caribbean Studies program found inconsistent performance when using the AAC&U critical thinking rubric to examine research papers. Based on the findings, some of which are documented above, Lehman introduced the Library’s online information module to augment the teaching of information literacy, and a decision was also made by the college to emphasize assessment of critical thinking and information literacy in the early part of its General Education assessment plan.

In summer 2019, the provost commissioned a major analysis of lower division GE courses to identify bottlenecks that impact students’ progression, retention, and completion. The analysis conducted by the OIR spanned a period of five years from AY 2014-2015 through AY 2018-2019 and revealed opportunities for improvements in pedagogy and curriculum to drive student achievement. The findings led the provost to begin a series of campus-wide conversations in fall 2019 focused on continuing improvements in GE outcomes, which resulted in the approval of funding from the president in the amount of \$100,000 to support innovative and promising pedagogies that advance student learning. In fall 2019, the college launched the *Student Success Course Redesign Initiative: High DWIF/High Enrollment General Education Courses*, inviting proposals from faculty and academic departments for innovative pedagogies that will improve student learning, engagement, persistence, and graduation ([Appendix 006](#)). Redesign of selected proposals utilizing the six-step assessment process, will commence in spring 2020, after all awardees participate in the Office of Online Education (OOE) course redesign workshop.

g. AES Assessments

Lehman's commitment to student achievement and continuing quality improvement has included assessment activities across the college and within AES units. For AY 2018-2019, 81% of AES units completed assessment activities. For AY 2019-2020, 98% of AES units submitted assessment plans in fall 2019. (See Appendix 008 for a sample of submitted plans). Like the academic departments/programs, AES units' submissions began using the six-step assessment process. The plans submitted in fall 2019 include the first three steps: 1) unit-level SLOs or Program Performance Outcomes (PPOs) to be assessed, 2) the criteria for measuring success, and 3) the methods for data collection. The remaining three-steps, which will be completed in spring 2020, include 4) collection and analysis of data, 5) how results would be used for improvement, and 6) reporting and documentation of results. A review of the AES plans shows the use of both direct and indirect assessment measures. The direct measures make significant use of rubrics, while indirect measures utilize mostly surveys to identify students' perceptions on a variety of program outcomes. For example, the Career Exploration & Development Center will use direct observation to assess students' ability to craft an "elevator pitch" for introducing themselves in a professional setting to prospective employers. The Library will assess the effectiveness of its online information literacy tutorial using an AAC&U information literacy value rubric. IT will assess the effectiveness of the conversational chatbot that it has piloted for students. The Counseling Center will introduce pre- and post-test assessment to its workshops to better measure the impact of its educational activities and outreach. These assessments provide further evidence of college-wide engagement in organized and systematic continuing quality improvement efforts in support of student achievement.

h. College-wide Assessments

Two major college-wide reviews were completed in fall 2019 to assess college capacity and readiness to advance student achievement and support our increasingly diverse student population, now at 15,500 for fall 2019, a 3% increase from the previous year. First, the *Provost's Committee on Re-entry* submitted its final report on November 26, 2019, recommending strategies for a well-coordinated system of college care and support services to assist previously incarcerated men, women and youth to successfully participate in college at Lehman. The group's work is consistent with Lehman's mission of social justice, equity and opportunity, and builds on ongoing faculty-led efforts to support students impacted by the justice system in their academic endeavors. The provost will announce initial steps in early spring 2020 to advance the recommendations submitted by the committee. Second, the *President's Taskforce on Food Insecurity and Homelessness* completed an inventory of services available to Lehman students, and submitted its report on December 17, with recommendations for a strengthened system of support for students at risk. Lehman's food pantry, housed in our Office of Campus Life, was established in 2017, as a result of a capstone project by students from the Herbert H. Lehman Leadership Center. In fall 2019, Lehman received additional philanthropic support to expand the pantry and will be examining ways to advance the recommendations of the President's Taskforce. The food pantry is accessible to all Lehman students, and about 100 students, on average, utilize the pantry each week.

Lehman also implemented a comprehensive assessment of our career services unit in fall 2019 following the appointment of a new director. This assessment has resulted in stronger alignment with system-wide focus on workforce development and sector engagement. A team of specialists from our CUNY central office visited Lehman in summer 2019 and presented the framework for

workforce development and inter-sector engagement to the PDC. The college has also implemented a centrally-managed but locally-informed decentralized career services model, where a career services specialist has been assigned to each of our five schools. Each specialist works closely with the executive committee of each school (comprised of the dean, associate dean, and department chairs) and is responsible for career and workforce development-related initiatives/issues relevant to the disciplines in the school. As a result of the career services assessment, college career fairs will now be focused on sector engagement with CUNY providing support for bringing employers to Lehman College. Finally, career services specialists will be able to participate in regional meetings to hone their expertise and build network of opportunities that help increase student achievement.

Between summer and fall 2019, the college also implemented several initiatives to support student achievement. Based on the study and recommendations of the Provost's Taskforce on Internationalization, various units that support international students and community engagement services were consolidated into a single unit, *The Office of International Programs and Community Engagement* (OIPCE), with an additional staff person hired in December 2019, to provide strengthened support for our international student population. Based on feedback from students, the college completed and held the grand opening of the Library's Reflection Space on the 3rd floor of the Library, a quiet space for meditation and reflection for our students. Also, a renovation of the first floor of the Library was completed in fall 2019 based on the college's Master Plan and student survey data. The renovation provides additional study space and work stations for our students, with the grand opening of the facility scheduled for spring 2020.

Finally, Lehman College continues its commitment to improving the student achievement goals for our PMP report to the CUNY Chancellor. The most recent PMP report shows that student outcomes have improved substantially in recent years. Forty-nine percent of full-time, first-time students who entered Lehman in Fall 2012 graduated in six years. This represents a twelve-percentage point increase in comparison to the graduation rate for the 2008 student cohort (37.1%). Preliminary data from the college's Student Success Dashboard (SSD) indicates that the six-year graduation rate will rise above 53% for Fall 2013 first-time full-time freshmen. The college's four-year graduation rate for first-time, full-time students has also improved substantially. First-time, full-time students who arrived at Lehman in Fall 2014 graduated at a rate (28.2%), which was nearly ten percentage points higher than 2010 full-time, first-time students (18.7%). Data from the SSD indicate that four-year graduation rates for the Fall 2014 first-time full-time cohort will again improve, rising above 33%. Although the four-year graduation rate of transfer students declined 4.6% points between Fall 2013 (59.1%) and Fall 2014 (54.5%) entering cohorts, Lehman has consistently been a leader in transfer graduation rates, with a rate above the senior college average in each of the previous five years.

Metrics related to retention have remained steady, while measures related to academic momentum have improved. The percentage of fall full-time, first-time freshmen retained in the fall increased between Fall 2017 to Fall 2018 from 80.7% to 82.5%, a rate nearly identical to Fall 2014 (82.6%). At the same time, students are earning more credits, and successfully completing a larger proportion of their courses. Since Fall 2014, the percentage of fall full-time first-time freshmen who earned 30 or more credits in the first year increased from 44.8% to 62% in Fall 2018, which was the highest such increase among all senior colleges. During the same period,

the percentage of credits attempted that were earned by first-time freshmen attempting 30 or more credits during the academic year increased from 92% to 95.8%.

The postgraduate outcomes of Lehman graduates compare favorably to those of graduates from other senior colleges. In each of the last five cohorts for which data are available, a higher percent of Lehman's graduates was employed in New York State within one year of graduation than graduates of any other senior college. A total of 83.9% of Lehman's 2014-15 baccalaureate degree graduates were employed in New York State within one year of graduation, which was 5.1 percentage points higher than the university average. This can be explained, in part, by a commitment to experiential learning opportunities. The percent of Lehman undergraduates who participated in an internship (25%) was higher than the senior college average (24.5%), according to a 2019 CUNY-wide career readiness survey. Lehman is also a stepping stone to further study. Compared to the university average (18.6%), a higher percent of 2014-15 Lehman baccalaureate degree earners (19.6%) continued their education one year after graduation.

i. Assessment Reporting: Assessment Management System (AMS)

Since 2011, Lehman has used *Taskstream* as its primary AMS to help streamline and standardize reporting and documentation of assessment practices at an annual cost of \$35,000. The recent adoption of a simplified and uniform six-step assessment process was an opportune time to determine whether or not *Taskstream* remained well-suited to campus needs. This led the AAC to explore a more efficient electronic assessment management system. In fall 2019, the provost accepted the recommendation of the AAC to discontinue the use of *Taskstream*, and successfully archived and made accessible to the college all assessment records currently in the system. In the interim, the college is utilizing an electronic *Dropbox* system structured along the lines of our six-step assessment process to report and document assessment activities for AY 2019-2020. Steps are underway to identify a new AMS. Conversations with vendors have begun, and a new AMS is expected to be chosen in spring 2020 and implemented later in 2020. This new system will be selected based on whether or not it can: 1) allow for uniform documentation of our six-step assessment process; 2) permit each academic department or AES unit to track student learning outcomes or unit performance outcomes; 3) map the relationship of each outcome to college ILOs and the college Strategic Plan goals and, 4) fit with the college's tech eco-system. Each department or unit will also be able to report the extent to which it has met the SLOs and/or PPOs and implemented improvement actions in furtherance of the college's mission and goals.

j. Summary

The many activities described in this section provide further evidence of the development and implementation of a continually maturing and comprehensive culture of organized and systematic assessment within our academic departments/programs including general education as well as our AES units in support of student achievement. While providing centralized support, the college continues to promote a faculty/staff-driven approach to assessment by transferring ownership to individual departments and units. What our intentional approach makes clear is that Lehman College continues to embrace educational effectiveness assessment as a most significant process of planning, self-reflection and renewal in furtherance of our central mission of transforming lives and igniting new possibilities. Our tenet remains the same: a strong focus on student success, equity and upward mobility through high-quality education in a vibrant and caring academic community.

III. RESPONSE TO STANDARD VI: INSTITUTIONAL EFFECTIVENESS

Lehman College’s IE framework ensures that the College’s processes, resources, structures, and culture are well aligned with one another, as well as the college’s mission, vision, and values, and those of CUNY. The college takes an intentional, integrated, and comprehensive approach to continuous improvement which extends across academic and AES units and divisions. Lehman’s approach to IE focuses on the intersection of student achievement, social mobility, academic quality, and institutional sustainability. The IE framework, which emphasizes planning, budgeting, assessment, decision-making, and action, is guided by the college’s recently adopted six-step assessment process. The MSCHE site visit and evaluation, which provided the institution with fresh perspectives on how to reinforce our already sustainable and thriving culture of institutional effectiveness, led to a number of positive changes that will maximize IE resources, strengthen IE structures, and grow and make more resilient the college’s culture of evidence. Those actions are noted in the following pages.

a. Summary of Actions and Evidence Presented

MSCHE Request	Lehman College’s Actions & Evidence
Document “further evidence of the development and implementation of organized and systematic assessments that evaluate the extent of institutional effectiveness (Standard V1)”	<ul style="list-style-type: none"> • Codified the IE framework into a single IEP document that further clarifies campus-wide expectations and timelines for all activities and processes that support our institutional effectiveness efforts and began implementation of that plan, including reintegrating the Office of Institutional Research (OIR) into the Division of Academic Affairs and Student Success to enhance synergy and coordination; • Completed analysis of progress on the current strategic plan and began the development of the 2020-2025 Strategic Plan and assessed the feasibility of the 90X30 Challenge, which seeks to increase the number of degrees and high-quality credentials awarded by the college from 2017 to 2030 to 90,000, and aligned the college’s ongoing strategic planning efforts with the most recent CUNY budget proposal to the State legislature; • Developed and began implementation of the Strategic Growth and Investment Plan (SGIP) as a blueprint for strengthening the college’s long-term health and financial sustainability, based on a comprehensive review of current budgetary climate; • Conducted an Institutional Transformation Assessment (ITA), which focused on developing robust IE structures that enhanced teaching, learning, advising, and student transitions and achievement; • Developed and began implementing a GE assessment plan, and implemented a number of structures and assessments to strengthen the college’s continuous improvement efforts moving forward; and, • Invested in faculty development to support assessment and the IEP.

b. The Institutional Effectiveness Plan (IEP)

Lehman has been very intentional about assessing and aligning its current and future strategic plan, the 90X30 Challenge, and CUNY’s own emerging priorities. The college has also

conducted extensive assessments of its programs and services, infrastructure, and IE capacity in an effort to effectively develop a culture of evidence and continuous improvement. The insights gathered from these collective efforts were used to inform the development of a written IEP (Appendix 001).

The IEP offered an opportunity for the college to clarify its approach to IE, defining it as an intentional, integrated, and comprehensive approach to continuous quality improvement by which an institution demonstrates how well it is accomplishing its mission. This approach allows the institution to set clear strategic goals, regularly measure performance against these goals, report and document evidence of success, and continuously strive to improve results.

Lehman’s IEP is led by the College President. The President’s Advisory Board (PAB), consisting of the cabinet and school deans, provides oversight and advises the President on budgetary priorities in alignment with the strategic plan. The Provost and Senior Vice President for Academic Affairs and Student Success coordinates related activities under the IEP, in collaboration with cabinet officers, school deans, and the College Senate. Major activities embedded in the IE function include assessment, academic program review, institutional accreditation, disciplinary accreditation, strategic planning, the CUNY PMP, budgeting and planning, and periodic assessments. Each of these functions has an implementation team, a technical support team, a leadership team, and a primary point person. Together, these stakeholders assure accountability and work to ensure that each IE activity is executed in a consistent and integrated manner. The following table provides an example:

Activities	Implementation Team	Technical Support Team	Leadership Team	Primary Point Person(s)
Assessment, including GE	<ul style="list-style-type: none"> • Academic Units (departments, programs, centers, institutes) • Administrative & Educational Support (AES) Units 	<ul style="list-style-type: none"> • Academic Assessment Council (AAC) 	<ul style="list-style-type: none"> • Provost • Associate Provost for Academic Programs & Educational Effectiveness (APAPEE) 	<ul style="list-style-type: none"> • Associate Provost for Academic Programs & Educational Effectiveness (APAPEE)
Academic Program Review	<ul style="list-style-type: none"> • Academic Units 	<ul style="list-style-type: none"> • Office of Assessment & Educational Effectiveness (OAEE) • Offices of the School Deans 	<ul style="list-style-type: none"> • Provost • APAPEE • Deans 	<ul style="list-style-type: none"> • APAPEE

For academic assessment, each academic unit/department is responsible for program-level outcomes and related assessments to ensure students acquire and demonstrate skills and competencies necessary to pursue further study. They also develop and implement multi-year assessment plans in alignment with the college’s mission, vision, and values; institutional

learning domains, ILOs, and SLOs. School deans and associate deans develop and execute multi-year assessment and IE plans for their schools that cascade upward into the broader IEP and GE assessment plan. As it relates to AES assessment, vice presidents, dean of students, chief librarian, and appropriate divisional heads are responsible for implementing AES assessment activities and ensuring they occur with regularity. Together, they develop, maintain, and disseminate SLOs to support Lehman's institutional learning domains and institutional learning outcomes. As discussed in Standard V earlier, the AAC works across academic and AES units as an ad hoc committee of the Lehman College Senate to review and recommend changes to IEP and assessment activities, and also seeks out ways to nurture and scale out a culture of evidence and continuous improvement by providing resources, guides, and professional development opportunities. More specifically, the GEC oversees the Pathways General Education curriculum and provides technical support and guidance for General Education assessment and program review.

These structures are supported by the OAEE, which was established in Fall 2019. The office is led by the Director of Assessment and Educational Effectiveness, who provides leadership in organizing and coordinating the college's academic, administrative and educational support units' assessment activities in a systematic and efficient manner. The OAEE works in tandem with the OIR, which now has been reintegrated into the Division of Academic Affairs and Student Success to enhance synergy and coordination. OIR provides timely, official, integrated, and actionable data to internal and external stakeholders to support planning and implementation. OIR coordinates the college's participation in a number of national surveys, like NSSE and COACHE, and also, national initiatives like the AASCU CSS, which includes technical assistance that enhances assessment efforts. Until recently, the unit, housed in Academic Affairs, reported to the AVP for SPA within the Office of the President.

Perceiving the college needed more effective integration and communication between Cabinet and academic programs in Spring 2019, then President José Luis Cruz instituted the PAB, consisting of both constituencies (cabinet and school deans), which he chaired. This body, which has continued under current President Daniel Lemons, meets monthly, and is charged with reviewing assessment and institutional effectiveness outcomes, metrics, and recommendations from shared governance bodies. The PAB advises the President and the Provost on priorities in the best interest of the institution, mapped to the Strategic Plan, assessment outcomes, and CUNY's PMP. This approach ultimately empowers the college's senior leadership to chart future strategic directions in a process that is integrated, intentional, inclusive, and respectful.

At the core of Lehman College's IEP is the six-step assessment process, discussed earlier, which promotes evidence-based decision-making and provides a foundation for continuous improvement in program and institutional quality. Through this process, AES Units:

- Set clear program goals that are informed by the college's mission and Strategic Plan, as well as key performance indicators in CUNY's PMP; regularly measure performance against these goals; report and document evidence of performance; continually work to improve outcomes.
- As appropriate, program-level goals are converted into: Student Learning Objectives (SLOs), which demonstrate alignment with the college's three institutional learning

domains of *Educated, Empowered, and Engaged*; and the seven institutional learning outcomes, reflecting core characteristics expected of a Lehman graduate.

- Assessment activities are reported, tracked, and documented in the college's electronic assessment management system.

Some recent examples of AES and academic assessment are:

- The Library conducted a survey of students to better understand student use of library spaces in order to improve service to students and support their academic success. Four types of spaces were rated as very important to students: quiet spaces, spaces for individual work, spaces for group work, and study room(s). The Library concluded that it needs to maintain quiet environments for individual study and appropriate environments for group work. The study was initiated by the Library's Public Services Committee to gather evidence for rezoning the Library's quiet and group study areas. The results will be utilized to improve the Library's quiet and group study areas as part of its rezoning work into 2020. Following the changes, the Library will conduct a new assessment on the effectiveness of the changes to "close the loop."
- Career Services made significant changes in how it engages students in their career assessment process (name change, updated website, introduced evening hours, and use of technology to better accommodate students' schedules, etc.). It then assessed the impact of those changes overall on student participation in the unit's workshops and activities. During 2018-19, Career Services increased its activities by 76% to accommodate student demand. The number of students who participated in its activities rose 99%. The data was used to guide the Center's programming and expand its partnerships. Career Services plans to further expand its collaborations with faculty and interest groups on campus using a career adviser as a liaison for each of Lehman's five schools. Career Services has also engaged in discussions with CUNY's Sector Innovative Team to partner on employer engagement initiatives.
- The Psychology department assessed students' ability to demonstrate factual knowledge and conceptual understanding in an essay-format final exam question. Students were asked to describe and discuss definitions of abnormality, strengths and weaknesses of different research methods, and multiple etiological factors in psychological disorder. This was a repeat assessment from 2016. More than 80% of students demonstrated significant improvement in their knowledge of factual information of topics relevant to abnormal psychology. Students showed less improvement in demonstrating conceptual understanding of more sophisticated topics. The findings suggested that independent writing assignments are effective in helping students gain deeper conceptual understanding. These findings replicated those of the 2016 assessment exercise. Psychology instructors are now being encouraged to consider allowing students to participate in more independent activities such as writing assignments to engage students with more sophisticated content.

Additional measures have been taken to ensure that academic and AES assessment remain intermingled. These include aligning both assessment calendars, and using indirect assessments like NSSE, and COACHE to identify opportunities for academic and administrative divisions to work together to improve student achievement by using evidence to enhance teaching, learning, and advising. One of the more recent examples of assessment that did so included a series of

grade analyses, including the previously mentioned DWIF report, and also, a course grade analysis that looked at the number of students, average course grade, and standard deviation. Together, these reports identified opportunities to improve two ILOs: critical thinking and quantitative reasoning (to be assessed in AY 2020-2021). These kinds of high-level assessments are used to take a deeper dive into specific courses or course sequences, especially within general education, for which the College recently developed a comprehensive plan ([Appendix 007](#)). In fact, they have already led to actions such as the course redesign of select GE courses initiated by the provost in Fall 2019.

c. Strategic Planning and 90X30 Challenge

The college is presently guided by its current strategic plan, *Achieving the Vision* (which concludes at the end of this academic year), and the 90X30 Challenge, which seeks between 2017 and 2030 to award 90,000 degrees and high-quality credentials. Recent actions taken by the college have been designed to build on these guiding plans and aspirations by promoting an ongoing commitment to institutional effectiveness and continuous improvement, and to further align its internal processes and structures.

Achieving the Vision explicitly calls out greater institutional and financial effectiveness as its own priority. Elements of institutional effectiveness and assessment are also embedded within each of the other priorities, which include excellence in teaching, research, and learning; enhanced student success; and a commitment to engagement and community service. Developed in August 2019, the final report on *Achieving the Vision* noted a number of foundational achievements related to institutional effectiveness. Some more recent achievements have included the creation of a new Strategy, Policy, and Analytics function led by an Assistant Vice President; and the establishment of a newly restructured assessment council that includes academic and administrative units ([Appendix 011](#)).

The 90X30 Challenge, launched in 2017, is a call to action to boost educational attainment rates in the Bronx by broadening access and enhancing the student experience. Underlying the challenge is a commitment to the use of data analytics and a culture of evidence. Over the last year, the college has conducted an extensive 90X30 feasibility study. The study revealed multiple pathways to achieving 90X30 based on an analysis of 10 years of student cohorts, in addition to numerous internal and external data sources. This has allowed the college to align its various efforts and resources in pursuit of its challenge. For example, using the 90X30 feasibility study, a recent space utilization analysis, and an analysis of internal and external budgetary realities, senior campus leaders determined that the development of an extension school should emerge as an institutional priority ([Appendix 012](#)). Many actions specifically related to educational effectiveness assessment have been implemented as a result of these efforts and can be reviewed on page 4.

Lehman has also focused on strengthening the degree to which it is aligned with CUNY priorities. Recently, CUNY concluded its PMP process, which resulted in Lehman developing a number of goals related to student success, academic momentum, diversity, and student well-being. These goals will also be embedded into the college's 2020-2025 ongoing strategic planning process. More recently, CUNY delivered its FY2021 University Budget Request, which called for additional funds in key areas, which include P-16, student success, pedagogical

innovation, online education, workforce development and engagement, research, student health, and university infrastructure. Upon receiving this, the college mapped this budget request to the draft reports prepared by each strategic planning taskforce ([Appendix 013](#)). By doing so, Lehman hopes to maximize opportunities for impact and support by leveraging the economy of scale provided by the system.

d. Strategic Growth and Investment Plan (SGIP)

The college also used the recently completed *2019 Self-Study*, and the *2019 Thematic Priorities from Direct Reports to the Provost* as opportunities to assess promises and challenges facing the campus. Institutional effectiveness, data-informed decision making, and assessment were repeatedly called out in both documents, specifically within the context of student achievement, pedagogical innovation, and financial sustainability. This led to the development of the *Strategic Growth and Investment Plan (SGIP)* in spring 2019, which is designed to allow Lehman to take additional efforts to strengthen institutional effectiveness. The SGIP seeks to strengthen the long-term health and financial sustainability of Lehman College with a focus on data-informed decision making, continuous improvement, and institutional effectiveness. Also, the college's current strategic planning process includes a taskforce specific to institutional effectiveness, and all taskforces have pointed to the need for better and more integrated data, which will help pave the way for additional improvements and better internal alignment.

SGIP is designed to help Lehman College navigate an increasingly volatile climate, characterized by collective bargaining negotiations, growing state budget deficits, and an aging and shifting population. These accelerating trends pose risks to the college's financial model, which has increased the importance of an aligned and integrated approach to institutional effectiveness ([Appendix 001](#)). At the moment, the college has a sufficient fund balance in The City University Tuition Reimbursement Account (CUTRA) to carry it through the next two-three years, more so than a number of other CUNY colleges. However, projected expenses will increasingly exceed income over the coming years, so it is imperative that the college chart a new course that corrects this growing imbalance and that is sustainable into the foreseeable future. Rather than wait to do this, Lehman must plan for the future, and the strategies outlined and aligned in these planning efforts improve the college's capacity to leverage existing opportunities to advance a growth and investment climate in support of our financial sustainability and long-term health. Key actions taken since May 2019 include the following:

- About \$847,000 in Provost Strategic Funds (a combination of new investments and some savings), which were derived as a result of giving individual schools greater budgetary control of their adjunct budgets, have been invested in hiring five new faculty lines; curricular renewal initiative related to the speech and hearing program in the School of Health Sciences, Human Services and Nursing; adjunct funding for the School of Natural and Social Sciences and LEH courses; support for NSS large-lecture courses; and a proposed EdD in the School of Education.
- \$180,000 has been invested in educational program development and innovations in pedagogy specifically related to redesign of GE lower division courses with high failure rates.
- \$80,000 has been invested in the Lehman Professors of Excellence Program, which is designed to recognize faculty members of outstanding merit and national and

international reputations whose work enriches the college across three areas of scholarship, teaching and service. The guidelines for the program will be being finalized in spring 2020.

Lehman's comprehensive approach to assessing and aligning its efforts have surfaced a number of common themes. Perhaps most notably, these efforts, the recent self-study suggestions, and the guidance from MSCHE have made clear that a major opportunity exists to take a more systematic approach to structuring and organizing the college's IE work.

e. Institutional Transformation Assessment (ITA)

Efforts to align the college's IE work, coupled with the findings of the self-study process have made clear the campus community's desire for a more systematic and organized approach to IE. As stated earlier, Lehman College moved quickly to adopt a simplified and uniform six-step assessment process for both academic and AES units, which provides a standardized framework for its ongoing work on assessment. For the implementation of that framework to be successful, the college needed to more deeply understand the structures, processes, and data available to do so. This led to a number of major meta assessments taking place, including the AASCU Institutional Transformation Assessment (ITA).

Beginning in April 2019, the college administered the ITA, a broad, multi-topic self-assessment tool and accompanying process that is one part of institutional transformation ([Appendix 014](#)). Funded by the Bill & Melinda Gates Foundation and created by content experts from across higher education, the tool is currently comprised of nine rubrics that provide a relatively quick starting point for institutions to self-assess their practices against the state of the field. The ITA also helps institutions and their partners identify strengths and opportunities for improvement across these topic areas through reflective conversations on the assessment results. These reflections and subsequent prioritizations set the stage for institutions to act on the information to help more students succeed. In total, 47 responses were received from key senior academic and administrative leaders and managers across the campus. Those responses revealed a number of strengths, including advising, information technology, leadership and culture, and student success policies. It also revealed areas for growth, particularly related to areas crucial to effective IE, including institutional research and data use, a more nuanced approach to strategic finance, and digital learning.

The ITA findings broadened Lehman's understanding of IE improvement opportunities and contributed to a number of action steps mentioned below. It also led the college to assess the scope, scale, impact, and data and assessment infrastructure of its student engagement initiatives. To that end, in December 2019, as part of the strategic planning process, and as a follow-up to the ITA, the Taskforce on Enrollment Management and Student Success launched the Student Engagement Initiative Inventory. The survey, which remains open, had as of January 16, 2020, received 54 responses. The responses revealed that of the 54 initiatives, 94% of programs captured data to routinely monitor and track the progress of their initiatives and 80% had been assessed.

The findings of the inventory validated that data on campus remain somewhat siloed, and that better integration could lead to improved institutional effectiveness. As a result, the AVP for

Strategy, Policy, and Analytics, and the VP for IT and CIO have collaborated to hold follow-up meetings related to data governance and utility. These meetings have included a workshop on newly connected student and financial aid data, and discussions about how to take inventory of campus data assets as part of the strategic planning process. These steps will help to ensure that the college's IE infrastructure is enhanced, and adoption of the six-step assessment process is broadly implemented and deeply embedded within organizational structures and routines. All together, these meta-assessments have helped the campus to better understand how to effectively continue with building a culture of evidence and continuous improvement and contributed to the development of the IEP. The IEP document further clarifies campus-wide expectations and timelines for all activities and processes that support our institutional effectiveness efforts.

f. General Education (GE) Assessment

Lehman College's GE offerings are central to the Lehman academic experience. They provide students with the skills and capacities that allow them to grow into educated, empowered, and engaged citizens. GE extends across all areas of the college. The administrative officers responsible for GE are presented in the table on page 15. They also include the Undergraduate Curriculum Committee (UCC) which is a Standing Committee of the Lehman College Senate, and three subcommittees of the UCC: the General Education Council (GEC), the LEH 300 liaison committee, and the LEH 100 liaison committee. These entities were discussed in the section on Standard V. The college has identified several forms of assessment to further guide a strengthened culture of GE assessment that are described in the GE assessment plan ([Appendix 007](#)).

With clearly defined aspirations for IE and GE that are now codified in the IEP and GE assessment plans, and a deeper understanding of the college's capacity to develop and sustain a culture of evidence and continuous improvement, Lehman is now well positioned to continue advancing the implementation of the IEP. In addition to the steps taken related to IE, and academic and AES assessment noted on pages 4 and 14, clear timelines and calendars have been identified. These are available in the IEP and GE assessment Plan ([Appendices 001 and 007](#)).

g. Professional Development

A number of workshops focused on providing the college community with professional development related assessment were conducted over the last six months. These include: a March 23, 2019 presentation that focused on the six-step assessment process for both academic and AES units titled, "Are our students learning"; the May 6, 2019 day-long assessment workshop titled, "Assessment Unpacked: Why? How? & Now What"; and the November 25, 2019 assessment workshop for department assessment coordinators that featured, among other things, presentations on the six-step assessment process, examples of course assessment, and key findings from the NSSE survey. A number of other workshops were also conducted, which include the following:

- The Lehman Summit on Student Success: Held on September 12, 2019, LS3 was keynoted by Tim Renick, Senior Vice president for Student Success at Georgia State University. His address to campus featured the use of data to improve student outcomes while promoting equity. The day included presentations that highlighted how the college was aligning its continuous improvement efforts and student engagement initiatives

towards its strategic plan and 90X30 challenge; innovative initiatives from the School of Natural and Social Sciences (NSS) and Arts and Humanities (A&H), the Library's work on OER; and reports from the Taskforce on Reimagining the School of Continuing and Professional Studies, and the Taskforce on Internationalization.

- The SGIP Workshop for department chairs, deans, associate deans, and members of the President's Cabinet on August 24, 2019, focused on how schools and departments can learn from one another and thrive if resources are managed as well as possible to strengthen Lehman's long-term financial health and sustainability ([Appendix 002](#)).
- AASCU Data Tool: As part of the AASCU CSS, the college has worked to, for the first time, bridge together student success and financial aid data. In an effort to ensure that the data tool was broadly understood and used, the AVP for SPA conducted a workshop on December 6, 2019, that gave participants hands on training focused on using the data tool to facilitate improved student outcomes.
- Provost's Professional Development Series (PPDS) launched in spring 2019 to empower academic leaders for success. Under this initiative, a survey of department chairs was administered and completed in March 2019 to identify topical areas for leading and managing the academic unit for which professional development will be provided. A committee (comprising of one department chair from each of our five schools) chaired by HSH2N Interim Dean Elin Waring plans and coordinates the PPDS. Since the launch of this initiative, three workshops have been held: 1) Empowering Academic Leaders for Success facilitated by Sonya Andrews, former Provost, Portland State University, held on April 18, 2019; 2) Developing Our Bench: New Department Chair Orientation facilitated by Lehman provost held on October 28, 2019; and 3) CUNYfirst Workshop designed to heighten department chairs' awareness of the college's Enterprise Resource Planning system, CUNYfirst, conducted on December 17, 2019. Follow-up sessions are planned for spring 2020. Another workshop on fundraising has been scheduled for February 28, 2020, and will be facilitated by Ms. Rachelle Butler, former Vice President for Development and Institutional Advancement, CUNY's City College of New York.

Together, in combination with the previously mentioned workshops on assessment and funds that have been allocated for contextual and continuous assessment activities, the college has redoubled its commitment to build expertise and capacity that help promote a culture of evidence across academic and AES divisions. Additional follow-up professional development opportunities will further improve IE at Lehman College.

h. Summary

The Institutional Effectiveness Plan described in this section demonstrates how Lehman College's dynamic and integrated assessment programs empower stakeholders to self-reflect and embrace methods for continuous improvement. Thereby, the institution has responded programmatically to MSCHE's charge of developing and implementing organized and systematic assessments that evaluate the extent of institutional effectiveness in a sustainable manner by using evidence and engaging and empowering the campus community. A number of key actions have been taken to develop and implement a comprehensive approach to IE, including clearly defining IE within the context of the college and its mission, vision and values; understanding Lehman's capacity to deliver on this vision for IE as encapsulated in the six-step assessment process; and developing the structures and measures to monitor and track the

progress towards a culture of evidence and continuous improvement at the intersection of student achievement and institutional sustainability. This intentional approach to designing and implementing IE, informed in part by MSCHE, has helped to strengthen ongoing, annual efforts to close the loop and document process improvements in curricular, pedagogical, and administrative activities. College administration, in concert with senior academic leadership, can intentionally revisit strategic priorities to facilitate them with revenue sources in the service of sustaining and enhancing student achievement and success.

IV. CONCLUDING STATEMENT

Overall, the investments in infrastructure support and the vibrant assessment and institutional effectiveness activities described in this SIR demonstrate the college's ongoing commitment to continuing improvements in student learning and institutional quality in support of Standards V and VI. As shown throughout the SIR, we have taken intentional steps to ensure that Lehman's culture of organized and systematic assessment and institutional effectiveness will be sustained going forward to ensure continuing compliance with relevant MSCHE standards for accreditation, and the requirements of affiliation. In this regard, we: 1) restructured the APAPEE position to include the assessment and institutional effectiveness functions and completed the permanent search for this position in December 2019; created the OAEE with staff support, providing a dedicated office space for the unit, and appointing a faculty director, reporting to the APAPEE, to lead assessment and institutional effectiveness activities 2) invested in assessment coordinators for each academic department, providing three-units of course release time for each faculty assessment coordinator, an investment amounting to approximately \$108,000 annually, reflecting the college's strong commitment to continual improvement in expertise and capacity 3) began full implementation of a simplified and uniform six-step assessment process adopted in spring 2019 for all programs including general education to support program improvement providing \$180,000 in funding for curricular renewal and pedagogical innovations, 4) reconstituted the GEC to enhance GE assessment and developed and began implementation of a multi-year GE assessment plan, 5) broadened the composition of the newly established Academic Assessment Council, and began the process of making it a standing committee of the College Senate to be named the Assessment Committee, with the charge to work closely with the OAEE and departments/programs to ensure coordinated assessment efforts on campus, including providing ongoing workshops to faculty and staff to deepen the culture of assessment and continuing quality improvements, 6) updated the process and timelines for APRs and using APR results for improvements, 7) codified our IE framework into a single IEP document that clarifies campus-wide expectations and timelines for all activities and processes that support our institutional effectiveness efforts, 8) took steps to replace Lehman's online platform for tracking and documenting planning and assessment activities based on feedback from the college community, 9) completed analysis of progress on the current strategic plan and began the development of the 2020-2025 Strategic Plan, 10) assessed the feasibility of the 90X30 Challenge, designed to increase the number of degrees and high-quality credentials awarded between 2017 and 2030 to 90,000, 11) conducted an Institutional Transformation Assessment to further enhance learning, advising, and student transitions and achievement, and 12) developed and submitted Lehman's plan for the system-wide CUNY PMP that establishes KPIs that help evaluate the extent of our institutional effectiveness efforts. These are intentional and tangible steps that demonstrate our continued commitment to sustaining what we have put in place to support Lehman's organized and systematic assessment and IE efforts.

Our fiscal health remains strong. The college experienced a positive \$9.6 million balance in our reserve account ending fiscal year 2019, which represents 52% of all reserve account balances combined for CUNY's 11 senior colleges. In spring 2019, the provost initiated the development of the college SGIP as a blueprint for strengthening Lehman's long-term financial health and sustainability. The plan decentralizes adjunct spending, for the first time in the college's history, and gives autonomy to school deans to manage their adjunct spending, calls for efficiencies in curriculum planning and scheduling, expands the college's international footprint, expands on the college's ongoing work on innovative pedagogies and online learning, and re-imagines the School of Continuing and Professional Studies (SCPS) to collaborate more efficiently with our four academic schools in developing and delivering quality stackable credentials and certificates to serve the needs of the region. On August 23, 2019, the provost hosted a workshop for academic leaders (department chairs, associate deans, and deans) on the SGIP, attended by the president and cabinet-level officers. President Lemons presented on the national landscape for higher education, Vice President for Administration and Finance Rene Rotolo presented on Lehman's fiscal outlook, and NSS interim dean Pam Mills presented on innovative pedagogies for enhancing student achievement and improving efficiencies.

As CUNY's only four-year public institution in the Borough of Bronx, Lehman College's history demonstrates its commitment to student learning and achievement and its vital role as an engine of upward mobility in a region ranked near the bottom five percent of counties in the nation for economic mobility for children in poor families. The Bronx also lags in educational attainment in the state, with only 27.7 percent of residents aged 25 to 64 with at least an associate degree. If each of the estimated 462,000 Bronx residents over 25 who have a high school diploma or above, but no bachelor's degree had a path to obtain one, the impact on the borough would be substantial. Recognizing its role as CUNY's most-mission critical institution, we launched the 90X30 challenge in 2016 to boost educational attainment in the borough. Our internal analysis shows that if we achieved 90x30, in one year alone, the region would realize an estimated \$1.03B in additional income, and \$251.4M in additional tax revenue for the Bronx (assuming a 24.2% rate).

Consequently, we have organized the college's work around people, structure, technology, data, policy, and process to pursue a clear and singular purpose designed to improve the student experience and accelerate student success outcomes. Since the April 2019 visit to the college by the Commission's representatives, we graduated 3,676 students, the highest graduating class in Lehman's history, contributing to the largest increase in our six-year graduation rate over the last five years (11.9%), positively impacting our 90X30 goal of advancing educational attainment in the Bronx, and making Lehman the only senior college in CUNY to have increased its graduation rate in each of the last five years. Indeed, a 2019 analysis by *The New York Times* showed that Lehman's actual graduation rate was 9 percentage points higher than its expected graduation rate, giving it the highest positive gap among CUNY senior colleges. In fall 2019, we saw an enrollment headcount of 15,555 students (a 3% increase from the previous year), representing the largest such enrollment for Lehman College since 1975, when CUNY's free tuition policy was discontinued.

Our students also continue to garner national recognitions receiving competitive scholarships and fellowships funded by foundations, non-profit organizations, and government agencies to help

underwrite the cost of going to graduate school, studying abroad, conducting research, and engaging in other scholarly pursuits. In AY 2018-2019, our students won more than 70 awards, totaling more than \$2.3 million, besting the previous two years' records since OPA was established (34 awards totaling nearly \$608,000 for AY 2016-2017 and 58 awards totaling more than \$1 million for AY 2017-2018). In January 2020, the college was selected by The Fulbright Program as a "Fulbright Program Top Producing Institution for the 2019-2020 academic year." In three years, the OPA has helped our students receive 162 awards totaling more than \$4 million. Students have earned some of the most prestigious scholarships and fellowships in the nation:

- The Paul and Daisy Soros Fellowship for New Americans.
- The Jonas E. Salk Awards for medical or graduate education.
- The Boren Scholarship to study in Japan.
- Four students received Fulbright Fellowships to study in Bulgaria, Mexico and Poland.
- The Jeanette K. Watson Fellowship for Summer Internship.
- Fifteen students received funding to pursue graduate education at some of the finest colleges and universities in the nation.
- Eleven students received the Teach for America Fellowships.
- Two students received summer research development grants from the National Institutes of Health.
- Twelve students received Pre-Health Internship Awards.

Throughout this SIR, we have tried to provide a full description and discussion regarding the Commission's request and the actions we have taken to address and sustain them. We have provided further evidence documenting continuing progress on Standards V and VI, and where appropriate, we provided an analysis of the effectiveness of Lehman's actions on these issues in furtherance of overall institutional improvement. As the SIR demonstrates, our approach to continuing quality improvement is intentional, ongoing, organized, systematic, and comprehensive.

APPENDIX INDEX

Appendix 001	Institutional Effectiveness Plan (IEP)
Appendix 002	Strategic Growth and Investment Plan (SGIP)
Appendix 003	AAC approved as an Ad Hoc Senate Committee
Appendix 004	AAC Report to the Senate
Appendix 005	Sample 2019-2020 Academic Assessment Plans
Appendix 006	Student Success Course Redesign Initiative
Appendix 007	General Education (GE) Assessment Plan
Appendix 008	Sample 2019-2020 AES Assessment Plans
Appendix 009	Academic Program Review (APR) Guidelines
Appendix 010	Academic Program Review (APR) Calendar
Appendix 011	Expansion of the AAC's Mandate
Appendix 012	Recommendation for an Extension School
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INSTITUTIONAL EFFECTIVENESS PLAN

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INTRODUCTION

INSTITUTIONAL EFFECTIVENESS PLAN – DESCRIPTION

This Report is provided in response to reaffirmation of Lehman College's accreditation by the Middle States Commission on Higher Education (MSCHE) from its letter dated June 28, 2019.

In its action, the Commission declared:

To acknowledge receipt of the self-study report. To note the visit by the Commission's representatives. To reaffirm accreditation. To request a supplemental information report, due March 1, 2020, documenting further evidence of (1) the development and implementation of organized and systematic assessments that evaluate the extent of student achievement in all programs including general education (Standard V), and, (2) the development and implementation of organized and systematic assessments that evaluate the extent of institutional effectiveness (Standard VI). The next evaluation visit is scheduled for 2027-2028.

In Lehman President Jose Luis Cruz's Institutional Response to the MSCHE Evaluation Team Report [April 7-10, 2019] dated May 13, 2019 to President Elizabeth Sibolski of Middle States Commission on Higher Education, he states:

Standard VI, Requirement 2:

Develop and implement a written institutional effectiveness plan that includes both student learning outcomes and administrative units that includes timelines, processes especially closing the loop activities, full college participation and accountability.

In the specific case of institutional effectiveness, Lehman College already has a framework in place comprised of planning, budgeting, assessment, and decision-making aimed at pursuing its mission, promoting student success and social mobility, and fostering continuous improvement.

At the heart of this framework is a plan characterized by regular timelines and activities. This plan includes CUNY's Performance Management Process (PMP), CUNY's budget and financial review process, annual academic assessment, and annual AES assessment. Each of these activities has its own timelines.

In addition, Lehman College periodically reviews its institutional policies, as noted by the Evaluation Team (p. 6). All of these components and activities are integrated into the broader planning, budgeting, assessment, and decision-making cycle at Lehman College, which are noted in pages 84-85 of the self-study, and represent our comprehensive approach to institutional effectiveness. These all are closely aligned with CUNY's Master Plan and Strategic Framework and Lehman College's mission, vision, values, and Strategic Plan. Together these elements serve as a full-featured institutional effectiveness plan, although they are not explicitly integrated into a single document – something Lehman is happy to undertake moving forward.

Institutional Effectiveness is an intentional, integrated, and comprehensive approach to continuous quality improvement by which an institution demonstrates how well it is accomplishing its mission. This approach allows the institution to set clear strategic goals, regularly measure performance against these goals, report and document evidence of success, and continuously strive to improve results.

Lehman College’s Institutional Effectiveness Plan provides the structure and expectations by which the College implements and evaluates itself by means of a series of system-wide, institutional, and program-level outcomes to ensure the College is fully responsive to its mission and strategic goals.

The Plan consists of the following major components:

STRUCTURE

Lehman’s Institutional Effectiveness Plan is led by the College President. The Senior Leadership Team – consisting of the Cabinet and School Deans – provides oversight and designates budgetary priorities in alignment with the Strategic Plan. The Provost and Senior Vice President for Academic Affairs and Student Success coordinates related activities under the Plan, in collaboration with Cabinet officers, School Deans, and the College Senate.

The Institutional Effectiveness Plan’s major activities include:

- Assessment
- Academic Program Review
- Institutional Accreditation
- Disciplinary Accreditation
- Strategic Planning
- CUNY Performance Management Process
- Budget and Planning
- Periodic Assessments

Responsibility for each of these functions is outlined in the following Table:

Activities	Implementation Team	Technical Support Team	Leadership Team	Primary Point Person
Assessment ¹	<ul style="list-style-type: none"> • Academic Units² • Administrative and Educational Support (AES) Units 	<ul style="list-style-type: none"> • Academic Assessment Council • General Assessment Council 	<ul style="list-style-type: none"> • President • Provost • Senior Leadership Team • Associate Provost for Academic Programs and 	<ul style="list-style-type: none"> • Associate Provost for Academic Programs and Educational Effectiveness

¹ Includes General Education assessment

² Includes Departments, Programs, Centers, and Institutes

			Educational Effectiveness	
Academic Program Review	<ul style="list-style-type: none"> Academic Units 	<ul style="list-style-type: none"> Office of Assessment and Educational Effectiveness Offices of School Deans 	<ul style="list-style-type: none"> President Provost Associate Provost for Academic Programs and Educational Effectiveness Deans 	<ul style="list-style-type: none"> Associate Provost for Academic Programs and Educational Effectiveness
Institutional Accreditation	<ul style="list-style-type: none"> Academic Units AES Units 	<ul style="list-style-type: none"> Academic Affairs Office of Associate Provost for Academic Programs and Educational Effectiveness/Accreditation Liaison Office of Assessment and Educational Effectiveness Administrative and Educational Support (AES) Units Offices of School Deans and Chief Librarian 	<ul style="list-style-type: none"> President Provost Associate Provost for Academic Programs and Educational Effectiveness Deans and Chief Librarian Vice Presidents 	<ul style="list-style-type: none"> Associate Provost for Academic Programs and Educational Effectiveness
Disciplinary Accreditation	<ul style="list-style-type: none"> Academic Units 	<ul style="list-style-type: none"> Offices of the School Deans Academic Affairs Office of Associate Provost for Academic Programs and Educational Effectiveness/Accreditation Liaison Office of Assessment and Educational Effectiveness Administrative and Educational Support (AES) Units 	<ul style="list-style-type: none"> Provost Associate Provost for Academic Programs and Educational Effectiveness Deans and Chief Librarian 	<ul style="list-style-type: none"> Associate Provost for Academic Programs and Educational Effectiveness
Strategic Planning	<ul style="list-style-type: none"> Provost Vice Presidents School Deans 	<ul style="list-style-type: none"> Office of the President Academic Affairs Offices of Vice Presidents Offices of School Deans 	<ul style="list-style-type: none"> President Provost Assistant Vice President for Strategy, Policy, and Analytics Vice Presidents School Deans 	<ul style="list-style-type: none"> Provost Assistant Vice President for Strategy, Policy, and Analytics

			<ul style="list-style-type: none"> Lehman College Senate 	
CUNY Performance Management Process	<ul style="list-style-type: none"> President Provost Vice Presidents School Deans 	<ul style="list-style-type: none"> Office of the President Assistant Vice President for Strategy, Policy, and Analytics Academic Affairs Office of Enrollment Management Office of Human Resources 	<ul style="list-style-type: none"> President Provost Senior Leadership Team Assistant Vice President, Strategy, Policy, and Analytics Lehman College Senate 	<ul style="list-style-type: none"> President Assistant Vice President for Strategy, Policy, and Analytics
Budget and Planning	<ul style="list-style-type: none"> Vice President for Administration and Finance Provost College Senate Joint Committee on Budget and Planning Faculty Personnel and Budget Committee [Academic Chairs] Department Personnel and Budget Committees 	<ul style="list-style-type: none"> Office of the Vice President for Administration and Finance Office of Budget and Planning Academic Affairs School Deans 	<ul style="list-style-type: none"> President Vice President for Administration and Finance Provost Senior Leadership Team College Senate Joint Committee on Budget and Planning 	<ul style="list-style-type: none"> Vice President for Administration and Finance

INSTITUTIONAL EFFECTIVENESS PLAN ACTIVITIES, PROCESS, AND TIMELINES

This section describes the Institutional Effectiveness Plan’s structural components, scope of activity, administrative and reporting structure, and timelines.

Assessment

- A collective effort, involving systematic collection, analysis, and application of qualitative and quantitative data to improve student learning and achievement, as well as related services that support student success.
- According to MSCHE, “Assessment of student learning and achievement demonstrates that the institution’s students have accomplished educational goals consistent with their program of study, degree level, the institution’s mission, and appropriate expectations for institutions of higher education.”³
- Assessment permits the institution to report and document performance in student learning and achievement and in related support services, demonstrating accountability to both the College and its external partners.
- All academic and administrative units participate in assessment to support the College’s mission and strategic goals.
- The Associate Provost for Academic Programs and Educational Effectiveness coordinates assessment activities across the campus through the Office of Assessment and Educational Effectiveness.

Academic Program Review

- Lehman College’s 140 academic programs (76 undergraduate and 64 graduate) – as well as Centers and Institutes – undertake a rigorous Academic Program Review (APR) process every five years, utilizing [APR Guidelines](#), revised in August 2019.
- APR provides an opportunity for self-reflection and analysis about quality and overall effectiveness of each academic program, center, or institute, consistent with program-level goals, institutional mission, and College strategic priorities.
- Responsibility for implementing APR is vested in the Associate Provost for Academic Programs and Educational Effectiveness, in collaboration with School Deans, Department Chairs, and faculty.
- Reviews contain the following elements: program’s alignment to institutional learning domains and General Education outcomes, including evidence of demonstrable use of assessment results for improvement; faculty productivity in relation to teaching/pedagogy, research, and service; student engagement and support services; program’s comparability to other similar programs; program strengths, weaknesses, opportunities, and threats; and a plan for the next five years.
- APR guidelines do not supersede or supplant reviews of academic programs subject to an accreditation process by external agencies.

³ MSCHE.org. *Standards for Accreditation and Requirements of Affiliation*, Standard V

- Lehman’s APR process consists of four key components:
 - Self-Study
 - External peer review site visit and Report
 - Discussion of the Review between the program and College administration
 - Development of an action plan to apply results for continuous improvement.

Strategic Planning

- Lehman College has historically engaged in ten-year strategic planning cycles. These planning cycles have leveraged findings of the Self-Study Report submitted to the Middle States Commission on Higher Education (MSCHE) and feedback received from the Commission to plan and ensure continuous improvement.
- In Summer 2019, the College initiated the process of a new strategic planning cycle, which involves development of a five-year Strategic Plan for 2020-2025. This new five-year planning cycle responds to the changing higher education environment such as labor market demands, enrollment and resource planning, evolving technologies, as well as new expectations from external regulatory bodies such as accrediting agencies (for example, Mid-Cycle Reports following institutional accreditation),
- A 20-member Strategic Plan Steering Committee established by the President and co-chaired by the Provost and the Chair of General Faculty is guiding development. The Steering Committee is comprised of the Co-Chairs (faculty and administrators) of eight thematic Task Forces, including Institutional Effectiveness and Assessment.
- Responsibility for Strategic Plan implementation is vested in the President, Provost, President’s Cabinet, and School Deans.
- The Strategic Plan will include: updated Mission, Vision, and Values Statement, along with key priority areas; set of strategies for achieving each priority; and accompanying measurable targets for assessing progress. An accompanying budget and implementation plan will also be developed.
- To launch the plan, in Fall 2019 Lehman College engaged external consultant Sal Rinella to facilitate a half-day, well-attended College-wide workshop. In the afternoon, targeted focus groups of stakeholders met to chart development of the overall plan. A college-wide survey captured additional commentary to inform this process.
- The draft plan will be presented to the entire campus community in Spring 2020. The completed plan will be approved and adopted through Lehman’s governance process.⁴
- All documents related to the ongoing strategic planning process are accessible on the [Strategic Planning](#) website.

⁴ *Lehman College Guiding Statements (Values, Mission, and Vision) are approved by the College Senate, while the approval of the College Strategic Plan is vested in the President.*

CUNY Performance Management Process (PMP)

- The Performance Management Process (PMP) is incorporated by the City University of New York system to assess college leadership and governance, and the extent to which the College is meeting institutional goals and contributing to system-wide goals. The process allows the system's senior colleges (including Lehman) as well as community colleges to report annually to the Chancellor on overall institutional effectiveness, particularly on specific metrics related to enrollment, student success, post-graduation outcomes, and finances.
- Responsibility for the PMP resides with the College President, with support from: the Provost; Vice Presidents; Assistant Vice President for Strategy, Policy, and Analytics; and the Senior Leadership Team. This cohort ensures coordination and alignment of College strategic goals with PMP goals. The Assistant Vice President for Strategy, Policy, and Analytics develops the preliminary college PMP Report.
- Annual targets set forth in PMP are categorized by specific goals and objectives critical to institutional performance. These targets are timely, measurable, and responsive to change.
- CUNY's Office of Institutional Research and Assessment (OIRA) collects and transmits data for both quantitative and context indicators. Quantitative indicators are main indicators that directly relate to performance and are regularly assessed. Context indicators are supplemental measures that help CUNY campuses interpret the main indicators.
- At the end of each academic year, every CUNY college measures its performance against PMP targets established the previous year and reports results to the Chancellor. Based on the outcomes of this review, PMP targets can be revised. Further, necessary program and service changes are developed and implemented by each CUNY college.
- The College's annual budget allocation from CUNY Central is tied to successful fulfillment of PMP goals.

Budget and Planning

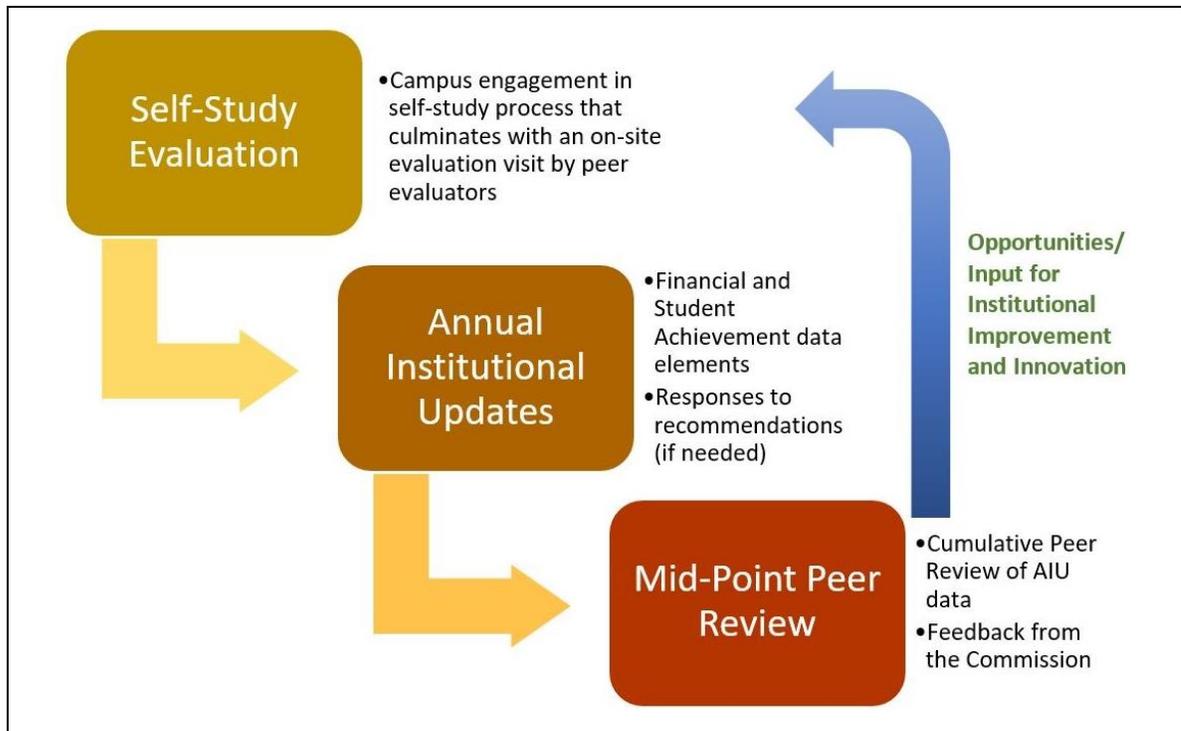
- New York State provides funding for CUNY's senior colleges using line item appropriations. The appropriated budget includes line items for each senior college, as well as for central administration/shared services, information technology, fringe benefits, building rental, and various CUNY programs.
- Responsibility for budget planning and implementation is handled by the President and Vice President for Administration and Finance in coordination with the Provost and Senior Vice President for Academic Affairs, Vice Presidents, Deans, and College Senate Joint Committee on Budget and Planning.
- Each year CUNY submits a tax-levy budget request to New York State for the entire system. The request is comprised of mandatory (baseline) needs and programmatic requests for increases in the operating budget.
- The mandatory request includes contractual salary increases and other than personal service (OTPS) inflationary increases. It includes requests for rent increases, fringe benefits, and operating costs for new buildings.
- The programmatic request is based on program initiatives outlined in CUNY's Strategic Framework and its Master Plan. University central leadership in consultation with CUNY governance bodies such as members of the Board of Trustees, college presidents, faculty and

student representatives develop the Framework and Master Plan, which is ultimately approved by the Board of Trustees.

- Individual colleges receive an initial allocation of their annual budget at the start of each fiscal year. Each college is expected to meet a tuition revenue target. When tuition collections exceed the target, college budgets are increased to reflect the annual revenue. Supplementary budget allocations are made periodically throughout the year to adjust for revenue collection and to disburse additional funds.
- CUNY allocates to each college its own customized portion of the overall CUNY audited financial report.

Accreditation

- Accreditation is the primary means for assuring and improving quality in U.S. higher education.
- Lehman College is accredited by Middle States Commission on Higher Education (MSCHE), which coordinates institutional accreditations for colleges and universities in the mid-Atlantic region and a few other select locations.
- Programmatic or specialized accrediting agencies focus on specific academic disciplines. Lehman College has ten academic departments with 68 specific programs that have disciplinary accreditations.
- The accreditation process is based on voluntary peer review and involves a rigorous method of intentional self-reflection and self-regulation by an institution or program.
- The accreditation cycle is comprised of three distinct components:



- Responsibility for accreditation resides with the President, in partnership with the campus' Senior Leadership Team (Cabinet and School Deans). The Associate Provost for Academic Programs and Educational Effectiveness, who serves as the College's Accreditation Liaison Officer (ALO), manages this responsibility.
- The Associate Provost for Academic Programs works with School Deans and Department Chairs regarding programs with disciplinary accreditations, in conjunction with technical support from the Office of Assessment and Educational Effectiveness and appropriate college units.

Periodic Assessment Activities

- Lehman College periodically pursues additional assessment initiatives ranging from surveys to specialized analyses to evaluate institutional effectiveness.

Examples include the following:

- COACHE Survey (2018-2019), which evaluates full-time faculty job satisfaction on several key indicators
- National Survey of Student Engagement (NSSE) (2018-2019), which gauges student perceptions on four key indicators
- DWIF Analysis (2018-2019), which assesses students' performance in General Education gateway courses.

- The Senior Leadership Team applies results from these Surveys to decision-making and resource allocation to drive continual improvement in institutional quality.

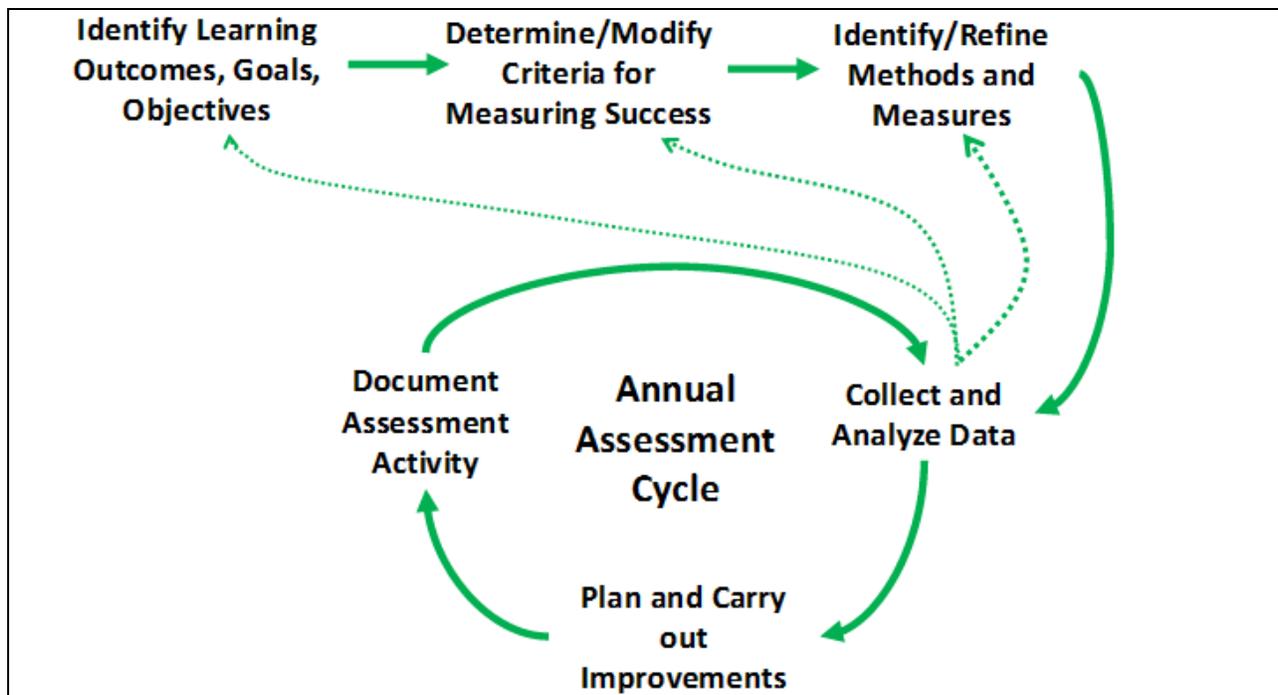
PROCESS

At the core of Lehman College’s Institutional Effectiveness Plan is the Six-Step Assessment Process, which promotes evidence-based decision-making and provides a foundation for continuous improvement in program and institutional quality.

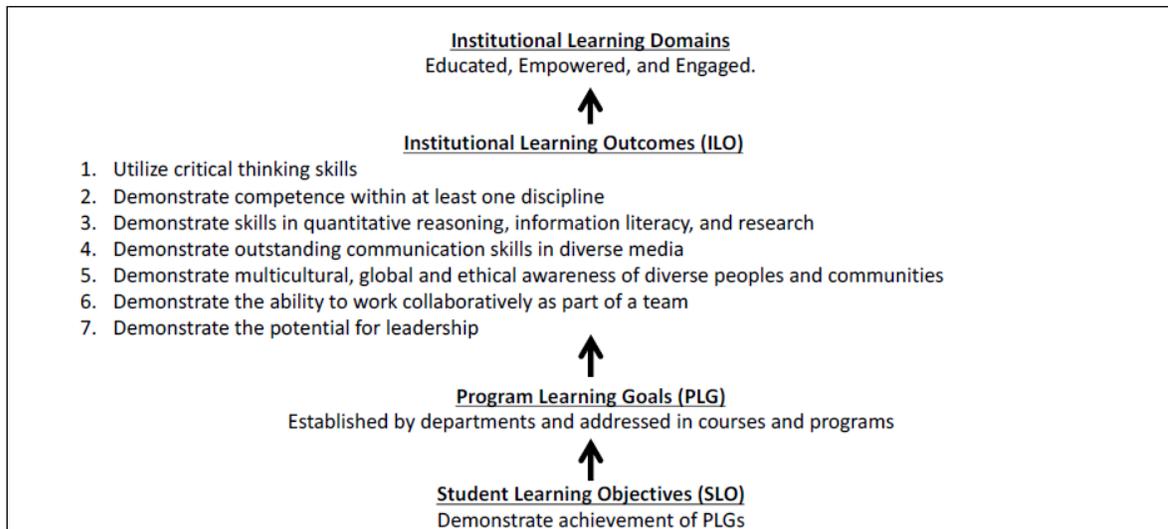
Through this process, Academic Programs and Administrative and Educational Support (AES) Units:

- Set clear program goals; regularly measure performance against these goals; report and document evidence of performance; continually work to improve outcomes.
- Program-level goals are informed by the College’s mission and Strategic Plan, as well as key performance indicators in CUNY’s Performance Management Process (PMP).
- As appropriate, program-level goals are converted into: Student Learning Objectives (SLOs), which demonstrate alignment with the College’s three institutional learning domains of *Educated, Empowered, and Engaged*; and the seven institutional learning outcomes (General Education), reflecting core characteristics expected of a Lehman graduate.
- Assessment activities are reported, tracked, and documented in the College’s electronic assessment management system.

The Six-Step Assessment Process is described below:



Lehman’s comprehensive approach to assessment cascades upwards from Student Learning Objectives to Institutional Learning Outcomes as demonstrated below:



Assessment Management System

- Since 2011, Lehman invested annually in *Taskstream*, an electronic Assessment Management System (AMS) for reporting, tracking, and documenting assessment activities at the College.
- Based on academic and administrative feedback regarding *Taskstream*'s efficacy in serving the institutional effectiveness needs of the campus, we resolved to migrate away from it in Fall 2019.
- While all current assessment data in the system will be archived, in the interim the College is utilizing the electronic *Dropbox* system for collection, tracking, and documentation of assessment data.
- In Fall 2019, Lehman began to review alternative electronic assessment management systems. We plan to adopt a more comprehensive AMS including a strategic planning component during the Spring 2020 semester.
- Responsibility for managing AMS and reporting, tracking, and documenting assessment activities and related planning functions is vested in the Associate Provost for Academic Programs and Educational Effectiveness through the Office of Assessment and Educational Effectiveness.

TIMELINES

Academic and Educational Programs

- Below is the timeline and related set of activities required for implementing assessment of all academic and educational programs at Lehman using the College’s Six-Step Assessment Process:

Timeline	Activity
Fall	<ul style="list-style-type: none"> • Written Assessment Plans (consisting of the first three steps of the Six-Step Process outlined earlier) for the current academic year are collected by the Associate Dean of each School and Department • Assessment Plans are reviewed by the Assessment and Educational Effectiveness Office and Academic Assessment Council • Plans should include the unit Mission Statement, program goals that will be assessed, specific reference to Lehman College’s goals to which unit’s goals are linked, related unit objectives, assessment methods that will be deployed, and any targets or benchmarks that will be referenced • Changes made in response to prior assessment findings are included for assessment • The Assessment and Educational Effectiveness Office and Academic Assessment Council will provide assistance and recommendations to units in advance of their Assessment Plans and will meet with relevant staff as needed • Final Assessment Reports from the prior academic year are submitted • Assessment Office maintains copy of plans
Fall to Spring	<ul style="list-style-type: none"> • Academic programs/departments conduct assessment activities • Programs provide assessment outcomes/findings • Programs explain how results were used or will be used • Programs identify decisions/changes resulting from assessment findings
Spring to Fall	<ul style="list-style-type: none"> • Programs develop Assessment Plans for the next academic year

Administrative and Educational Support (AES) Units

- Below is the timeline and related set of activities required for implementing assessment of all AES units at Lehman using the College’s Six-Step Assessment Process:

Timeline	Activity
Fall	<ul style="list-style-type: none"> • Written AES plans for the current academic year are collected by the Institutional Effectiveness Coordinator • Plans should include the unit Mission Statement, unit goal that will be assessed, specific reference to Lehman College’s goals to which the unit’s goals are linked, related unit

Fall to Spring	<p>objectives, assessment methods that will be deployed, and any targets or benchmarks that will be referenced</p> <ul style="list-style-type: none"> • Changes made in response to prior assessment findings are included for assessment • The Institutional Effectiveness Coordinator will provide assistance and recommendations to units in advance of their Assessment Plans and will meet with relevant staff • Final Assessment Reports from the prior academic year are submitted • The Office of Assessment and Educational Effectiveness maintains a copy of plan • AES Units conduct assessment activities
Spring to Fall	<ul style="list-style-type: none"> • Units provide assessment outcomes/findings • Units explain how results were used or will be used • Units identify decisions/changes resulting from assessment findings
Spring to Fall	<ul style="list-style-type: none"> • Units develop Assessment Plans for the next academic year

Academic Program Review (APR)

APR timeline (arranged according to the College’s five Schools) for all academic programs at Lehman appears in Appendix, Figure 1:

The following ten programs (arranged by School) are externally accredited and required to participate in the APR process:

- ***School of Health Sciences, Human Services, and Nursing (HS2N)***
 - Health Sciences – Dietetics
 - Nursing
 - Nutrition
 - Social Work
 - Speech-Language-Hearing Sciences
- ***School of Natural and Social Sciences (NSS)***
 - Chemistry
- ***School of Education (SoE)***
 - Counseling, Leadership, Literacy, and Special Education
 - Early Childhood and Childhood Education
 - Middle and High School Education

CUNY Performance Management Process (PMP)

The timeline and expectations for PMP are in Appendix, Table 1:

Budget and Planning

The CUNY Budget Phases and Timetable are in Appendix, Table 2:

CONCLUSIONS

INSTITUTIONAL EFFECTIVENESS PLAN – IMPLEMENTATION

The following components have coordinated responsibility for implementation of the Plan within an ongoing, annual reflective assessment review cycle:

Academic Units

- Responsible for program-level outcomes and related assessments to ensure students acquire and demonstrate skills and competencies necessary to pursue further study, realize career opportunities and growth, and participate in communities as engaged and informed citizens.
- Develop and implement multi-year Assessment Plans in alignment with college mission, institutional learning domains, institutional learning outcomes, and specific requirements of their discipline, as well as guidelines of Academic Program Review and applicable accrediting agency requirements.
- Develop and maintain syllabi that identify SLOs and, if appropriate, General Education outcomes.
- Design, accomplish, and follow up on annual assessment activities, as well as report and document evidence of use of assessment results in decision-making (closing the loop).
- Participate in periodic Academic Program Review and, if applicable, disciplinary accreditations.
- Participate in assessment and quality assurance activities that enhance continuous improvement at the program and institutional levels.
- The College has invested in considerable course released time to underwrite assessment activities. Each academic department appoints a faculty member who serves as department Assessment Liaison. This individual works with the Chair, faculty, and staff to promulgate quality assurance practices.
- Assessment Liaisons participate in campus-wide assessment workshops, provide technical support for department assessment activities, and report and document assessment activities utilizing the College's electronic platform to streamline and standardize assessment practices and reporting.

School Deans and Associate Deans

- Develop and execute multi-year Assessment and Institutional Effectiveness Plans for their Schools.
- Provide leadership in implementing department-level and School-wide assessments, ensuring all academic units have Assessment Plans and are utilizing the Six-Step Assessment Process.
- Collect Assessment Plans and Reports, assuring alignment of plans to College mission, institutional learning domains, and institutional learning outcomes.
- Disseminate assessment results, assure assessment is regular and ongoing, and that results are purposed for evidence-based decision-making, including improvements in academic programs, curriculum, and pedagogy.
- Monitor and confirm compliance with Academic Program Reviews as well as discipline-specific accreditation requirements.
- Encourage and facilitate opportunities for professional development and recognition on institutional effectiveness for faculty and staff.

Administrative, Educational, and Student Support (AES) Units

- Develop and implement multi-year Assessment and Institutional Effectiveness Plans in alignment with College mission and Strategic Plan.
- Vice Presidents, Dean of Students, Chief Librarian, and appropriate Divisional heads are responsible for implementing AES assessment activities and ensuring they occur with regularity.
- Develop, maintain, and disseminate Student Learning Objectives (SLOs) to support Lehman's institutional learning domains and institutional learning outcomes.
- Develop and maintain performance outcomes related to services provided to support student learning in alignment with Lehman College's mission and strategic goals.
- Report and document assessment activities within the assessment management system.
- Complete all annual assessment activities that contribute to institutional accreditation as well as the College's quality assurance goals.

Academic Assessment Council

- Ad hoc Committee of the Lehman College Senate coordinated by Associate Provost for Academic Programs and Educational Effectiveness.
- Periodically reviews the Institutional Effectiveness Plan and recommends changes as appropriate.
- Reviews and documents academic assessment information at institutional, program, and course level, including General Education and institutional learning outcomes.
- Reviews and documents assessment information from Administrative, Educational, and Student Support (AES) Units.
- Assists departments, programs, units, and faculty develop and implement Assessment Plans and shares assessment findings with appropriate stakeholders.
- Facilitates use of assessment results in Lehman College's governance, planning, resource allocation, and institutional learning outcomes development.
- Identifies and addresses assessment professional development requisites and opportunities, and distributes information on best practices.
- Advises on development of broader assessment policies to promote student achievement and improvement in curricular, pedagogical, administrative, and support services.
- Reports assessment outcomes and changes to the Provost and College Senate.

Office of Assessment and Educational Effectiveness

- Established in Fall 2019 as a consequence of the Middle States accreditation process, this reconstituted office provides leadership in organizing and coordinating the College's academic, administrative and educational support units' assessment activities in a systematic and efficient manner.
- Comprised of the Director of Assessment and the Institutional Effectiveness Coordinator, who report to the Associate Provost for Academic Programs and Educational Effectiveness.
- Provides technical support for Academic Program Reviews as well as for disciplinary and institutional accreditations.
- Works closely with the Academic Assessment Council, General Education Council, Deans, administrators, and faculty to support, sustain, and enhance Lehman's academic and educational effectiveness mission and strategic goals.
- Facilitates systematic collection, review, and repurposing of information to evaluate the extent of student achievement of institutional and program learning outcomes.
- Provides Annual Report on Assessment, including General Education assessment.

Office of Institutional Research and Planning (OIRP)

- Collaborates on institutional effectiveness planning and implementation as a vital partner and resource.
- Reports to the Provost and Senior Vice President for Academic Affairs and Student Success.
- Provides timely, official, and actionable data to internal and external stakeholders to support planning and implementation.
- Publishes an annual interactive Fact Book containing data on the College's student population, student success, degree programs and majors, faculty and staff, as well as facilities and finances.
- Provides technical support and guidance to develop enrollment and graduation projections.
- Coordinates the College's participation in a number of national surveys on a periodic basis such as National Survey on Student Engagement (NSSE).
- Reports official college data to external regulatory agencies such as the U.S. Department of Education Integrated Post-Secondary Education Data System (IPEDS).
- Provides data to internal stakeholders such as the College's senior leadership, Schools and Divisions to guide planning, decision-making, and resource allocation.

General Education Council

- Oversees the Pathways General Education curriculum and provides technical support and guidance for General Education assessment and program review.
- Develops and implements multi-year plans for assessment of lower- and upper-level General Education courses that demonstrate students' mastery of core competencies noted in the diagram [Appendix, Figure 2], and in alignment with the College's institutional learning domains and MSCHE's required competencies.
- Develops and maintains clear and assessable Student Learning Outcomes for General Education LEH courses, identifies systematic methods for assessing them, and documents utilization of results for improvement.
- Provides technical support to guide periodic review of General Education as a program and recommends revisions of the General Education curriculum, consistent with the Pathways

framework, based on assessments.

- Provides Annual Report on Assessment of General Education to the Provost and Undergraduate Curriculum Committee, which includes how well Lehman students are attaining the seven General Education competencies at the core of the Lehman experience of *Educated*, *Empowered*, and *Engaged* citizens.

Senior Leadership Team

As embodied in this Report, Lehman College's efforts have been directed to integrating existing component parts in order to craft a coherent and comprehensive Institutional Effectiveness Plan. Perceiving the College needed more effective integration and communication between Cabinet and academic programs – in Fall 2019 President Daniel Lemons instituted the Senior Leadership Team, consisting of both constituencies (Cabinet and School Deans), which he chairs. This body, which meets monthly, is charged with reviewing assessment and institutional effectiveness outcomes, metrics, and recommendations from shared governance bodies.

The Senior Leadership Team can then identify and prioritize budgetary allocations in the best interest of the institution, mapped to the new Strategic Plan, assessment outcomes, and CUNY's Performance Management Process. This paradigm ultimately empowers the College's senior leadership to chart future strategic directions in a process that is integrated, intentional, inclusive, and respectful.

SUMMARY

Pursuant to the Middle States Commission on Higher Education's official notification of June 28, 2019, Lehman College instituted the following initiatives and aligned improvements during Fall 2019:

- Adopted the Six-Step Assessment Plan and offered workshops to integrate it into College culture and practices
- Proposed and received approval for new Ad Hoc Assessment Committee within College Senate in order to permanently incorporate assessment into governance structure
- Reinvigorated Academic Assessment Council and offered a number of well-attended workshops to support it
- Strengthened and promoted General Education Council as oversight committee
- Established physical Office of Assessment and Educational Effectiveness and appointed new Director of Assessment, supported by Institutional Effectiveness Coordinator
- Recruited new Associate Provost for Academic Programs and Educational Effectiveness
- Drafted and approved new Institutional Effectiveness Plan, with oversight from newly-charged Senior Leadership Team.

The College President, in consultation with the Senior Leadership Team, is ultimately responsible for successful implementation of the Institutional Effectiveness Plan. The Office of Academic Programs and Educational Effectiveness, in tandem with the Provost, is tasked with coordinating and sustaining quality

assurance and institutional effectiveness for both academic assessment and AES processes across the campus.

In this regard, the Office collaborates with stakeholders to:

- Provide opportunities for professional development and recognition to faculty and staff involved in institutional effectiveness, in particular, the College's Six-Step Assessment Process and its assessment management system.
- Foster and facilitate opportunities for sharing and dissemination of the Institutional Effectiveness Plan and related assessment findings within and outside the College.
- Guarantee that assessment and institutional effectiveness initiatives are regularly overseen by the College Senate and shared academic governance bodies.
- Aspire to achieve a quality assurance ethos that assists in periodically evaluating the Institutional Effectiveness Plan and assessment practices to assure efficacy for continuous improvement in institutional quality.

By respecting shared governance, the Institutional Effectiveness Plan demonstrates how Lehman College's dynamic and integrated assessment programs empower stakeholders to self-reflect and embrace methods for continuous improvement. Thereby, the institution has responded programmatically to Middle States' charge of developing and implementing organized and systematic assessments that evaluate the extent of institutional effectiveness going forward in a sustainable model.

Given ongoing, annual efforts to close the loop and document process improvements in curricular, pedagogical, and administrative activities, College administration, in concert with senior academic leadership, can intentionally revisit strategic priorities to facilitate them with revenue sources in the service of sustaining and enhancing student achievement and success.

APPENDICES

Figure 1: Academic Program Review Cycle

School	Department	Next Program Review
A&H	Languages and Literatures	2020 - 2021
A&H	History	2021 - 2022
A&H	Philosophy	2021 - 2022
A&H	Art	2022 - 2023
A&H	Journalism and Media Studies	2022 - 2023
A&H	English	2023 - 2024
A&H	Latin American, Latino & Puerto Rican Studies	2023 - 2024
A&H	Africana Studies	2024 - 2025
A&H	Music, Multimedia, Theatre & Dance	2024 - 2025
HS2N	Social Work	2019 - 2020
HS2N	Health Sciences - Dietetics, Nutrition, Education	2021 - 2022
HS2N	Health Sciences - Recreation, Exercise, Health Services	2020 - 2021
HS2N	Speech-Language-Hearing Sciences	2023 - 2024
HS2N	Nursing	2022 - 2023
NSS	Chemistry	2020 - 2021
NSS	Anthropology	2021 - 2022
NSS	Mathematics	2021 - 2022
NSS	Computer Science	2022 - 2023
NSS	Economics and Business	2022 - 2023
NSS	Physics and Astronomy	2022 - 2023
NSS	Biological Sciences	2023 - 2024
NSS	Political Science	2023 - 2024
NSS	Earth, Environmental, and Geospatial Sciences	2024 - 2025
NSS	Psychology	2024 - 2025
NSS	Sociology	2024 - 2025
SCPS	Adult Degree, SDS & MALS	2022 - 2023
SOE	Counseling, Leadership, Literacy, and Special Education	2020 - 2021
SOE	Early Childhood and Childhood Education	2020 - 2021
SOE	Middle and High School Education	2020 - 2021

Figure 2: Characteristics of a Lehman Graduate

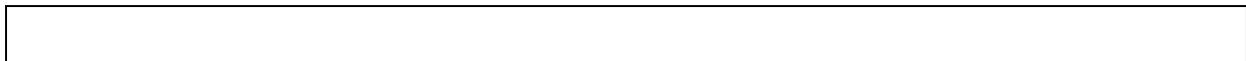
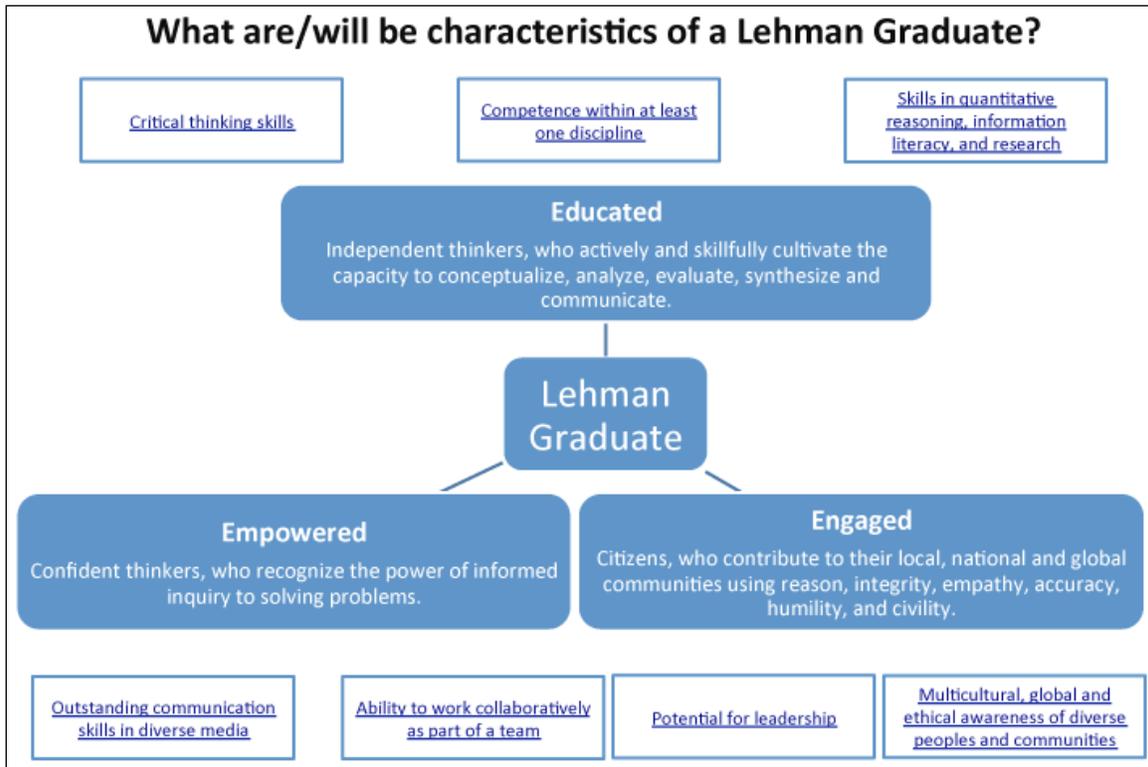


Table 1: CUNY Performance Management Process (PMP)

Timeline	Activities
Spring Semester	CUNY Goals and Targets for the next academic year are distributed
June	PMP Year-End Report for the current academic year is due. President’s Year-End Letter to the CUNY Chancellor is due. Program Review Reports (several programs reviewed each year) are due. Next academic year’s PMP Goals and Targets Report is due.
July	CUNY’s PMP Review Team surveys OIRA data, Reports from each campus, and additional performance metrics reported by Central Office staff. The Team scores each College’s performance in terms of absolute performance, as well as improvement (on each of nine objectives) on 100-point scale in which a score of 50 represents <i>Meets Expectations</i> .

August	<p>Presidents are informed into which Quintiles their campus' scores fall, as well as whether or not the scores meet expectations</p> <p>Outcomes for retention/graduation and revenues carry double weight of other outcomes due to their significance</p> <p>CUNY Presidents meet individually with the Chancellor</p> <p>Campus community (faculty, staff, and administrators):</p> <ul style="list-style-type: none"> • Discuss results from the previous academic year • Develop and implement strategies for addressing PMP-related issues and for continuous improvement • Study campus-related issues (student satisfaction) • Refine Goals and Targets for the next academic year based on results from the most recent PMP Report
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Table 2: Budget and Planning

CUNY Budget Phases and Timetable

July - September	October – December	January – March	April - June
<p>Budget Request Development Phase</p> <p>University consults with various constituencies, including college leadership, and faculty and student governance organizations, regarding groups' budget priorities and concerns</p> <p>University prepares draft overview of Request and consults with Council of Presidents</p> <p>Budget request includes both the mandatory, or base-line needs, and the programmatic request.</p>	<p>CUNY's Board Approval Phase</p> <p>Draft Budget Request is presented to the Board of Trustees Fiscal Affairs committee for review and consideration</p> <p>Board hearing is held on draft Request</p> <p>Full Board considers Budget Request</p> <p>Board-approved Budget Request is formally transmitted to City and State Executive branches for consideration</p>	<p>Lobbying Phase</p> <p>State releases Executive Budget Recommendations</p> <p>City releases Financial Plan and Preliminary Budget</p> <p>Testimony on impact of NYS Executive Budget recommendations before NYS Senate Finance and Assembly Ways and Means Committees</p> <p>Testimony on Impact of NYC Financial Plan and Preliminary Budget before NYC Council Finance and Higher Education Committees and Borough Presidents</p>	<p>Allocation and Adoption Phase</p> <p>April 1 is State deadline for budget adoption</p> <p>April 26 is deadline for release of City Executive Budget recommendations</p> <p>Testimony on impact of NYC Executive Budget before NYC Council Finance and Higher Education Committees</p> <p>June 5 is deadline for adoption of City Budget</p> <p>Board of Trustees adopts budget at the June Board Meeting</p> <p>Budget allocations to campuses are issued after Board adoption</p>

http://www2.cuny.edu/wp-content/uploads/sites/4/page-assets/about/administration/offices/budget-and-finance/FY2020-Budget-Request_FINAL_OBF-Site-1.pdf



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COLLEGE

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Strategic Growth and Investment Plan (SGIP)

**Division of Academic Affairs and Student Success
Lehman College
The City University of New York**

June 2019

Preamble

The Strategic Growth and Investment Plan (SGIP) seeks to strengthen the long-term health and financial sustainability of Lehman College as the most mission critical institution of The City University of New York (CUNY). It builds on the awesome mix of leadership, inspiration, and value creation for which Lehman College has been known for many decades. Our promise to educate, engage, empower, and to transform lives and ignite new possibilities is the reason young women and men, and adults in the Bronx and beyond come to us. We are the only premier anchor public institution in the Bronx, a vital community of teachers, learners, scholars, and activists at the crossroads of that promise, dedicated to an ideal, etched in stone by our founders, of working together to “enrich the human spirit and offer to as many as [could] realize their potential, the opportunity to be so enriched.”

SGIP is informed by this promise encapsulated in our 90x30 challenge, and supported by the priorities outlined in our planning documents, in particular two most recent documents, *The 2019 Self-Study* and the 2019 *Thematic Priorities from Direct Reports to the Provost*.

The Self-Study identifies seven (7) short-term operational initiatives that the College should pursue to support and extend our overarching goals of promoting upward mobility through educational attainment and serving as a cultural and economic hub for the Bronx and greater region. One such initiative is “developing policies and practices that will allow for the responsible expansion of online, graduate, and continuing education programs in high-demand areas.” In pursuing these policies, Lehman will solidify its standing as a national model of a progressive urban public educational institution serving a diverse, dynamic, and engaged community of learners.”

Furthermore, the thematic priorities that emerged from direct reports to the provost included six (6) key areas of focus for Lehman:

- Curricular Renewal and Innovation
- Enrollment and Student Success
- Research and Entrepreneurship
- Building and Developing the Team
- External Engagement, and
- Funding Support and Telling our Story

SGIP is also informed by CUNY’s current budgetary climate and the need for the College to be prepared to absorb any potential funding challenges arising from collective bargaining negotiations. At the moment, the College has sufficient savings in The City University Tuition Reimbursement Account (CUTRA) to carry it through the next two-three years, more so than a number of other CUNY colleges. However, projected expenses will increasingly exceed income over the coming years, so it is imperative that the College chart a new course that corrects this growing imbalance and that is sustainable into the foreseeable future. Rather than wait to do this, Lehman must plan for the future, and the strategies outlined in SGIP strengthen the College’s capacity to leverage existing opportunities to advance a growth and investment climate in support of our financial sustainability and long-term health.

While we have begun planning for the development of our 2020-2025 Strategic Plan, SGIP provides a framework for allocating new and realigning current resources to achieve strategic growth in support of our mission and vision. SGIP also calls for improving efficiencies and services without increasing costs. Other college divisions are also engaged in this process, which is coordinated by the President’s Senior Leadership Team (SLT), chaired by the Provost.

Growth and Investment Strategies

Following multiple conversations with various stakeholders (e.g. President’s Senior Leadership Team, President’s Advisory Board, Division of Administration and Finance, and the Council of Deans), the Provost has approved the implementation of the following strategies for the Division of Academic Affairs and Student Success beginning Fall 2019:

1. **Re-imagine the School of Continuing and Professional Studies (SCPS):** to heighten collaboration between SCPS and the other four schools (A&H, NSS, SoE, and HS2N) in developing certificate programs, increasing Prior Learning Assessment (PLA) in support of graduate and undergraduate programs, and enhance opportunities for revenue sharing. Taskforce established by the President (chaired by Dr. Jane MacKillop and Dr. Dene Hurley) is completing its work in June.

2. **Increase the number of matriculated international students at Lehman College** to five (5) percent of the total student population based on a fall 2018 enrollment number. The plan should provide recommendations with respect to the following: identifying and/or expanding the types of support services at Lehman that may be unique to attracting and retaining international students at the College. Ad-hoc Committee established by the Provost (chaired by Dr. Teresita Levy) completed its work at the end of May.
3. **Expand Lehman's online footprint through Graduate Programs** in accelerated and cohort-based models, as well as offer adult learning in blended or hybrid and residential modalities. The Office of Academic Programs has received MSCHE substantive change approval to expand online learning, and will submit College application to NC-SARA to offer distance education across state lines. Schools are in discussion with the Provost regarding development of new programs and/or marketing of existing programs. Currently, we have four fully online degree programs, with three at the graduate level as follows:

- Master of Arts in Health Education and Promotion
- Master of Science in Business with a concentration in Human Resource Management (coming in Fall 2019)
- Master of Science in Organizational Leadership (coming in Fall 2019)

And one at the undergraduate level as follows:

- Bachelor of Science in Nursing (RN to BSN)

We also have two Post-Masters Certificates recently approved by Middle States:

- Advanced Certificate in Health Education
- Advanced Certificate in Talented and Gifted Education

4. **Adjunct Budget will be decentralized effective Fall 2019** and autonomy has been given to School deans for the management of adjunct funding. Any balances from adjunct budget will remain with the school and used at the discretion of the dean in consultation with the School Executive Committee to advance operational/strategic needs. As discussed in our May 23 Deans' Council meeting, we will use FY 2018 (fall 2017 & spring 2018) expenditures as the base budget allocation for FY 2020 (fall 2019 & spring 2020). The savings generated from this base budget allocation will be used for re-investments in schools and across units in the Division of Academic Affairs and Student Success in support of strategic priorities (e.g. investments in international recruitment, and in graduate programs such as the doctorate in nursing practice, awaiting final approval from the governor, and the proposed doctorate in educational leadership from the SoE).
5. **We will implement strategies to build/increase/improve efficiencies in curriculum and schedule planning.** This includes developing degree maps and course rotation plans for all degree and certificate programs, offering courses in different delivery formats/modalities (e.g. jumbo courses by FT faculty), and optimizing class sizes. Achieving the optimal use of faculty time and expertise may also include more effective management of reassigned time and departmental staffing. Each dean will have flexibility to develop and implement strategies appropriate to the school, in consultation with the School Executive Committee, staying within budget, and ensuring that program and service needs are met. In summer 2019, the Provost's Office will offer a full-day Executive Workshop to deans, associate deans, department chairs, and leadership in Academic Programs and Enrollment Management on good practices for improving efficiencies in curriculum and schedule planning. This will be one of a series of workshops planned for the academic leadership team in the coming year under the Provost's Professional Development Series (PPDS). Innovative best practices developed within the schools will be shared in regular updates via the Provost's *eDigest*.
6. **Expand external partnerships and funding opportunities to support student learning, career opportunities, and faculty scholarship.** On the student learning and career opportunities space, Lehman is currently engaged in discussions with multiple partners and CUNY Central on apprenticeship programs. On the research and creative activities front, a new director for ORSP was hired this spring, and a taskforce on research and creative activities will begin work in fall 2019 to identify and leverage opportunities for external funding. Institutional Advancement will begin working with school deans this summer to identify funding priorities for the schools and develop strategies to meeting these priorities.
7. **Data and Technical Infrastructure:** In order to achieve the goals of this plan the campus will need to work together and with partners to enhance current data infrastructure, and build out needed elements which may not exist. In light of that, a key element of this plan will include a cross-divisional approach to data and data policy that

builds our capacity to deliver timely, accurate, relevant, and integrated data between SCPS and the other schools. It should also address siloes that exist, such as financial aid, so that measures of performance, productivity, and cost can be considered when making strategic decisions. Together with SPA, OIRPA, and IT, this should happen concurrently with other campus conversations.

Conclusion

By implementing these action steps regarding resource planning, growth opportunities, and investment, we will:

- ensure that the College persists as the model of financial stability and remains relevant and competitive in the face of the uncertainty and disruption in today's higher education landscape;
- be able to meet the labor force needs of the Bronx and State of New York; and remain the premier anchor public institution in our region; and
- expand the college's revenue streams in ways that further help advance our mission and vision of transforming lives and igniting new possibilities.

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**Minutes of
The Lehman College Senate Meeting
Wednesday, May 1, 2019
Senate Meeting**

Senators Present: Abdul, H.; Alborn, T.; Ali, S.; Ali, T.; Amend, A.; Austin, L.; Baba, N.; Balde, G.; Bergmann, R.; Boston, N.; Britt, K.; Burton-Pye, B.; Campeanu, S.; Cheng, H.; Cruz, D.; Daley, K.; Deckman, S.; Deprince, A.; Dominguez, V.; Farrell, R.; Finger, R.; Forde, A.; Fortunato-Tavares, T.; Garcia-Otero, N.; Hernandez, F.; Hernandez, T.; Hyman, D.; Jagmohan, A.; Jervis, J.; Johnson, M.; Luerssen, A.; Machado, E.; Magdaleno, J.; Mahon, J.; Mak, W.; Marianetti, M.; Markens, S.; Martín, Ó.; Mazza, C.; McKenna, C.; Nwosu, P.; O’Dowd, M.; Oh, H.; Olewuike, J.; Paniagua, S.; Prince, P.; Punu, K.; Qian, G.; Rice, A.; Rivera, R.; Rivera-McCutchen, R.; Rodriguez-Allie, A.; Rosario, Y.; Rotolo, R.; Saforo, E.; Sailor, K.; Schlesinger, K.; Sekyere, R.; Scott, K.; Sisselman, A.; Trimarchi, Y.; Valentine, R.; Wangerin, R.; Waring, E.; Wynne, B. Yates, S.; Yubi Gomez, J.

Senators Absent: Allison, A.; Alto, A.; Badillo, D.; Bazile, S.; Blachman, S.; Budescu, M.; Cabrera, J.; Clever, R.; Collett, J.; Cruz, J.; DeJaynes, T.; Di Bello, M.; Doyran, M.; Eisenberg, M.; Fera, J.; Graulau, J.; Greaves, T.; Guzman, M.; Kolade, B.; MacKillop, J.; McCabe, J.; Mills, P.; Moreno, Q.; Munch, J.; Musah, S.; Navarro, V.; Ohmer, S.; Olumuyide, E.; Portalatin, S.; Reyes, D.; Reyes, N.; Rivera, J.; Sarmiento, R.; Sauane, M.; Schwittek, D.; Yavuz, D.

The meeting was called to order at 3:39 p.m. by Ms. Nadia Baba, who presided over the Senate in the absence of the President and the Chair of the Senate.

1. Approval of the Minutes

The minutes of the April 17, 2019 Senate meeting were approved by unanimous voice vote.

2. Announcements and Communications

a. Report of the President—

Ms. Baba called the Provost, Dr. Peter Nwosu, to the floor for announcements and communications. The Provost greeted all and brought attention to the President’s campus-wide announcement, which revealed that Dr. Cruz would be making a leadership transition. The Provost confirmed that Dr. Cruz would be stepping down as President of Lehman College to become the Executive Vice Chancellor and University Provost of The City University of New York. Dr. Nwosu congratulated the President on his appointment and urged all to view the transition not simply as recognition of Dr. Cruz’s exemplary leadership,

73 the SGA resolution to the Library proposal—not only to strengthen the advocacy of such,
74 but to hopefully receive rewarding funds from the Office of CUNY Library Services.

75
76 **REPORTS OF STANDING COMMITTEES–**

77
78 **1. Graduate Studies**

79 Professor Janet DeSimone presented proposals for curriculum changes in the following departments:
80 Biological Sciences; Counseling, Leadership, Literacy and Special Education; Earth,
81 Environmental, and Geospatial Sciences; Middle and High School Education; Nursing; and Speech-
82 Language-Hearing Sciences. The proposals were approved by unanimous voice vote.

83
84 Prof. DeSimone also presented one informational item for an experimental course in the Department
85 of Speech.

86
87 See Attachment II

88
89 **2. Governance Committee**

90 Professor Susan Markens presented a resolution to transform the Academic Assessment Council to
91 an Ad Hoc Committee of the Lehman College Senate. She opened the floor for discussion. There
92 were no comments. Prof. Markens moved to approve the resolution and it was seconded. The
93 resolution was approved by unanimous voice vote.

94
95 See Attachment III

96 **3. Committee on Admissions, Evaluations and Academic Standards**

97 Prof. Penny Prince presented the list of graduate and undergraduate degree candidates for approval,
98 which was contingent upon each candidate’s completion of the requirements for graduation. All
99 degree candidates were approved for graduation by unanimous voice vote.

100
101 Prof. Prince provided an update on the committee’s subcommittee, which was established in order
102 to revisit the College’s policies on admissions. She informed that the subcommittee was in the
103 process of writing a summary and recommendations.

**Academic Assessment Council
Background Information
Lehman College Senate, May 1st 2019**

Shortly, a resolution will be brought to the floor asking that the Academic Assessment Council (AAC), with its current membership, become an ad-hoc committee of the Lehman College Senate. The resolution also makes it clear that as an ad-hoc Senate committee, the AAC would need to report to the Senate at least one time in the Fall and at least one time in the Spring semester.

Before making this motion, here is some background on the council.

- In Fall 2018, it was announced that Lehman would create the AAC.
- The AAC's main objective is to support a culture of assessment and evidence-based decision making by developing, implementing and evaluating an overall assessment plan for academic programs.
- Nominations for faculty to serve on the committee were solicited from the College Deans & Department Chairs (email dated 11/20/2018) and from the faculty at-large (email dated 11/30/2018).
- President Cruz consulted with the Governance Committee about the AAC's place in the Lehman College Governance structure in the Fall 2018 term.
- Ultimately, all parties agreed that the AAC should be given time and the flexibility to make its own recommendations on its place in the governance structure.
- The Senate Governance Committee was asked by President Cruz to participate in the nomination and recommendation process, as well. Its list of names was sent to the President at the beginning of the Spring 2019 term.

Action Items

- I now move to bring this resolution to the floor. It requires a second because the Governance Committee has not yet had time to officially meet.
- Is there a second?
- Discussion & Vote

Lehman College Senate

RESOLUTION TO ESTABLISH THE ACADEMIC ASSESSMENT COUNCIL AS AN AD HOC COMMITTEE OF THE LEHMAN COLLEGE SENATE

WHEREAS, the Lehman College Senate has the authority to create ad hoc committees for specific purposes and in accordance with Article IV, Section 3 of the Lehman College Senate Bylaws; and

WHEREAS, the Lehman College Senate may form ad hoc committees by appointment also in accordance with Article IV, Section 3 of the Lehman College Senate Bylaws; and

WHEREAS, the Lehman College Senate is committed to organized, systematic, and sustainable assessments of Lehman College's Institutional Learning Goals; and

WHEREAS, the Lehman College Senate views faculty, students, and administrators as equal stakeholders in effective, sustainable, and strategic assessment of student learning and achievement;

NOW, THEREFORE BE IT RESOLVED that the Lehman College Senate establishes the Academic Assessment Council (AAC), with its current membership, as an ad hoc committee of the Lehman College Senate;

BE IT FURTHER RESOLVED that the AAC shall:

- Develop and implement assessments of the College's Institutional Learning Goals (Characteristics of a Lehman Graduate)
- Develop, coordinate and serve as a resource for assessments of General Education
- Serve as a resource for departmental program assessments
- Implement standards for assessment of educational programs
- Evaluate academic assessments to ensure continuous improvement
- Provide professional development in assessment for members and faculty
- Identify, develop and communicate best practices in assessment

BE IT FURTHER RESOLVED that the AAC shall report to the Lehman College Senate at least one time in the Fall semester and at least one time in the Spring semester;

BE IT FURTHER RESOLVED that the AAC shall recommend to the Senate its position within the Lehman College Governance structure, including whether it should become a standing committee of the Senate.

Academic Assessment Council

Mission

The Academic Assessment Council (AAC) collects academic assessment information at the institutional, program and course levels, including General Education and Institutional Learning Outcomes (ILOs); monitors assessment activity; fosters cross-program collaboration on assessment; works with departments, programs, and faculty in developing and implementing assessment plans and communicating assessment findings with appropriate stakeholders; facilitates the use of assessment results in Lehman College's governance, planning, resource allocation, and institutional learning outcome development; devises professional development activities and materials for faculty; and, advises on the development of broader academic assessment policy to promote student achievement and curricular and pedagogical improvement.

MEMBERS:

Claudette Gordon

Nursing

Sharon Jordan

Art

Donna McGregor

Chemistry

Zoila Morell

Early Childhood and Childhood Education

Anne Rothstein

Early Childhood and Childhood Education

Devrim Yavuz

Sociology

Evan Senreich

Social Work

Ex officio:

Stanley Bazile

Student Affairs

Jonathan Gagliardi

**Institutional Research, Planning, and
Assessment**

Jane MacKillop

**School of Continuing Education and
Professional Studies**

Vincent Prohaska

Academic Programs, Convener

Donald Sutherland

Academic Programs

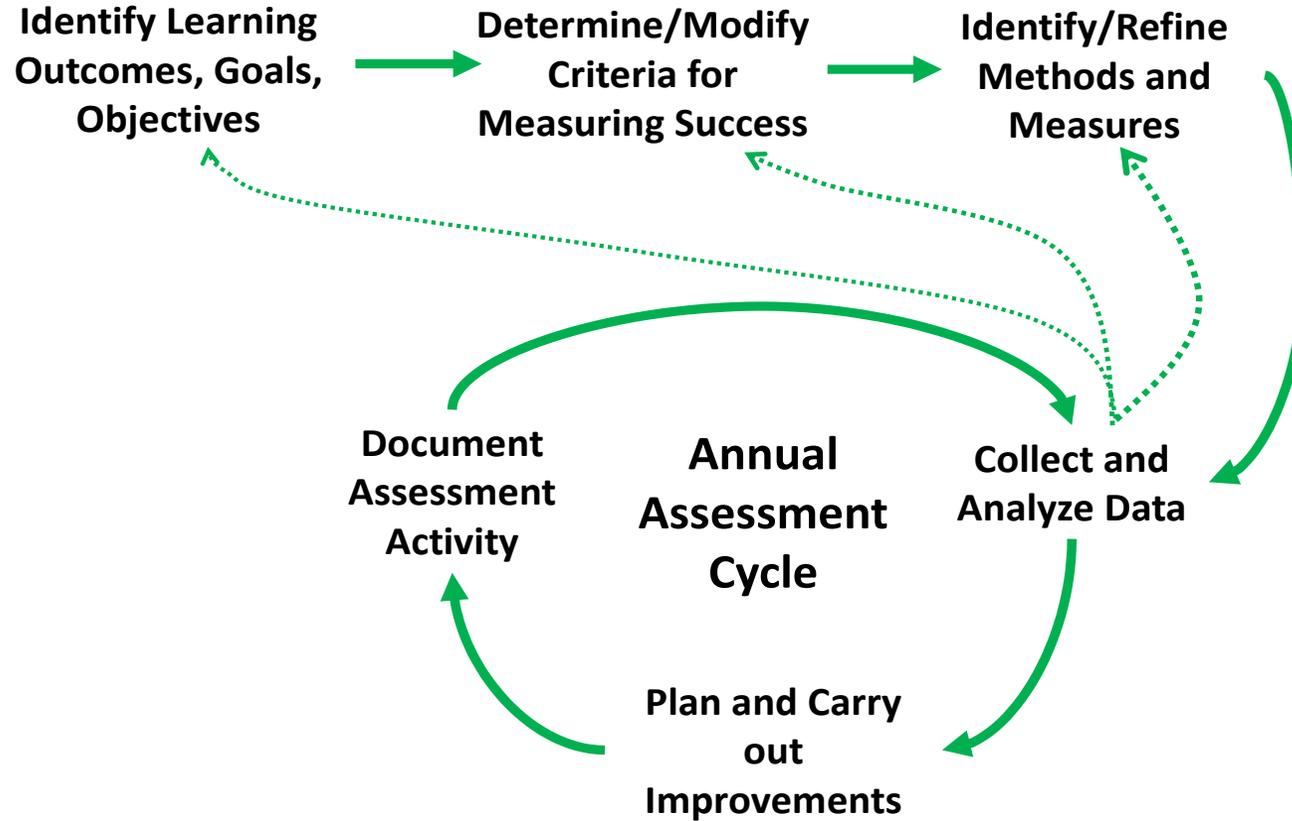
Timeline

First Meeting	March 21, 2019
Ad Hoc Senate Committee	May 1, 2019
Assessment Workshop	May 6, 2019
Dr. Swarat	
Revised Annual Program Assessment	September 17, 2019
Dropbox not TaskStream	
Template & Use of 6-Step Process	
Feedback & Progress Reports	

Timeline

Software Demo	November 13, 2019
Submit Proposal for Senate Standing Committee on Assessment	November 20, 2019
Assessment Workshop 6-Step Process	November 25, 2019
Institutional Effectiveness Plan – draft	November 30, 2019
Assessment Workshops	Spring, 2020
Supplemental Report to MSCHE	March 1, 2020

Figure 5.2: Lehman College has a six-step assessment process



Institutional Learning Domains
Educated, Empowered, and Engaged.



Institutional Learning Outcomes (ILO)

1. Utilize critical thinking skills
2. Demonstrate competence within at least one discipline
3. Demonstrate skills in quantitative reasoning, information literacy, and research
4. Demonstrate outstanding communication skills in diverse media
5. Demonstrate multicultural, global and ethical awareness of diverse peoples and communities
6. Demonstrate the ability to work collaboratively as part of a team
7. Demonstrate the potential for leadership



Program Learning Goals (PLG)

Established by departments and addressed in courses and programs



Student Learning Objectives (SLO)
Demonstrate achievement of PLGs

Lehman College

Academic Program Assessment

Assessment Plan – Due by October 11, 2019

Department/Program: _____ English_(Undergraduate)_____

Identify learning outcome(s), goal(s), objective(s) to be assessed:

Objectives 1.4 and Objective 1.5: “Upon completion of a B.A. in English, a graduate will be able to . . . apply the rules of English grammar” and “adhere to the formatting and documenting conventions of our discipline.”

Determine the criteria for measuring success:

Criteria for measuring success for each objective will be formulated through a rubric with four categories: 1) does not meet the standard; 2) meets the standard (low); 3) meets the standard; 4) meets the standard (high). Proficiency in grammar will be measured by identifying the number and severity of major errors (sentence fragments, run-on sentences, subject-verb agreement) and minor errors (diction, punctuation, spelling). Proficiency in formatting and documenting conventions will be measured by identifying whether or not the student has followed MLA guidelines for quotation format, margins, font size, spacing, citation format, and works cited.

Identify the method and measures:

Our Department Learning Goals and Objectives are formulated to measure what a student has learned “upon completion of a B.A. in English”; however, assessments to date have not always factored in class standing. To assess the degree to which our senior English majors have mastered English grammar and formatting conventions, we will collect 30 end-of-semester artifacts from Literature majors, as well as 10 artifacts each from Creative Writing and Professional Writing majors. We will also collect some 200-level student artifacts for comparative purposes. Groups of readers will score the student artifacts for proficiency in grammar and formatting according to a given rubric.

The timetable for the collection and analysis of data:

We collected student artifacts of graduating seniors in May 2019. Additional artifacts will be collected for any graduating seniors in December 2019. Readers from the Department will begin reading and scoring the artifacts in January and data will be collected, analyzed, and presented to the Department in February and March.

History Department 2019-2020 Assessment Plan

In the 2019/2020 academic year, we will assess all outcomes in our "Critical Thinking" goal. This goal includes four desired outcomes, each of which can be measured directly. The assessment committee will collect and evaluate student artifacts using rubrics. We will use a random sample of students from non-research intensive 300-level classes. We will collect and evaluate student artifacts in the Fall Semester and deliberate and decide on response to the data in Spring 2020.

Outcome 1 Students will describe historical events from multiple perspectives.

We will randomly select papers of history majors enrolled in 300-level classes and evaluate according to the following rubric

1. The paper shows no evidence of historical thinking.
2. The paper uses a single perspective, or naively incorporates information from sources.
3. The paper suggests acquaintance with more than one perspective.
4. The paper suggests understanding of multiple perspectives.
5. The paper shows creativity and insight; the writer critically evaluates the different perspectives included.

When we last assessed this outcome, in 2016, students did extremely well. 97% of majors scored 3 or higher, and 61.8% scored 4 or higher. We would like to equal or better that performance.

Outcome 2 Students will formulate, sustain, and justify an historical argument using original ideas.

We will randomly select papers of history majors and evaluate them according to the following rubric:

1. The paper includes no discernible argument.
2. The paper has a thesis, but the argument is neither clearly articulated nor sustained.
3. The paper makes an argument and includes some evidence to support the argument.
4. The paper makes a clear argument and sustains that argument in a convincing manner.
5. The paper makes a clear, original, and convincing argument.

When we last assessed this rubric, in 2016, 94% of students scored 3 or higher, and 58.8% scored 4 or 5. We concluded that students were demonstrating basic competence, but that we could still work with them to support their arguments with better evidence. Unfortunately, the

department has lost a number of key personnel since then. We would be happy to equal those results.

Outcome 3 Students will place historical arguments into a larger scholarly narrative.

We will randomly select history majors and assess work from 300-level courses using the following rubric

1. The work has no argument
2. The work makes an argument, but the argument has no connection to the field.
3. The work makes an argument with suggestions of why the argument is significant.
4. The work discusses the findings of scholars, making a connection to existing literature even though the connection may not be fully satisfactory.
5. The work includes a discussion of relevant scholarly literature and situates its argument in this discussion

In 2016 82.3% of majors scored 3 or higher; 50% scored 4 or 5. We would like to do as well.

Outcome 4 Students will analyze a primary source of medium difficulty. "Analyze" means to describe its biases and situate it in a historical context.

We will randomly select history majors and collect papers from 300-level classes. We will evaluate the papers using the following rubric:

1. The paper does not have sources, or does not demonstrate awareness of appropriate sources.
2. The paper cites sources correctly, but does so in a matter that simply assumes the sources are accurate.
3. The paper includes discussion of the context and/or possible biases of at least one main source.
4. The paper includes discussion of context and biases of sources when appropriate.
5. The paper demonstrates insight into the historical and historiographical context of its sources.

In 2016, the results were disappointing. The average score was 2.7 (3 is basic competence, so students averaged lower than we think is the minimum of what they should demonstrate). Only 44.1% of students got 3 or higher, and only 23% scored 4 or 5. We have attempted to target assignments to this skill, and hope for better outcomes.

Lehman College

Academic Program Assessment

Assessment Plan – Due by October 11, 2019

Department/Program: Social Work: BA program

Identify learning outcome(s), goal(s), objective(s) to be assessed:

Previous to Spring 2018, all BA social work majors were required to complete two research courses in the Department of Sociology to meet their social work requirements. However, beginning in Spring 2018, students were no longer required to complete those courses. Instead, they were required to complete one new Social Work Research course (SWK-446) in the Department of Social Work. It is the purpose of this assessment to help determine if students are meeting the Competencies and Behaviors of this new course. More specifically, students will be assessed to see if they are meeting Competency 4: “Engage in practice-informed research and research-informed practice;” and Competency 9: “Evaluate practice with individuals, families, groups, organizations, and communities.” Competency 4 contains Behavior 11: “Use practice experience and theory to inform scientific inquiry and research;” Behavior 12: “Apply critical thinking to engage in analysis of quantitative and qualitative research methods and research findings;” and Behavior 13: “Use and translate research evidence to inform and improve practice, policy, and service delivery.” Competency 9 contains Behavior 28: “Select and use appropriate methods for evaluation of outcomes;” Behavior 29: “Apply knowledge of human behavior and the social environment, person-in-environment, and other multidisciplinary theoretical frameworks in the evaluation of outcomes;” Behavior 30: “Critically analyze, monitor, and evaluate intervention and program processes and outcomes;” and Behavior 31: “Apply evaluation findings to improve practice effectiveness at the micro, mezzo, and macro levels.”

Determine the criteria for measuring success:

The Final Paper in SWK-446 is a major three-part assignment, with Part 1 due in Week 9 of the course, and Parts 2 and 3 due in Week 14 of the course. Based on this assignment, instructors will evaluate how students fulfilled Behaviors 11,12, and 13 of Competency 4 and Behaviors 28, 29, 30, and 31 of Competency 9 through use of a rubric.

Identify the method and measures:

All Instructors teaching SWK-446 will be given a guide demonstrating which parts of the Case Scenario assignment apply to each Behavior of Competencies 4 and 9. They will then rate each students' attainment of each Behavior through a 4-point scale: (4) Competent; (3) Approaching Competence; (2) Emerging Competence; and (1) Insufficient Progress. All instructors will place their evaluation of the two Behaviors on a Google-Sheet. The acceptable Benchmark will be that 80% of students attain (3) Approaching Competence for both Competency 4 and Competency 9 separately, when the Behaviors of each of the Competencies are averaged together.

The timetable for the collection and analysis of data:

As Social Work Research (SWK-446) is taught in both Fall 2019 and Spring 2020, the results for both semesters will be combined and assessed. Therefore, data collection will take place in both December 2019 and May 2020, with the analysis of the data completed by August 2020. There are two sections of this course in Fall 2019 and three sections of this course in Spring 2020.

Sociology Assessment Plan 2019-2020
Sociology Major
Department of Sociology

The Department of Sociology has two assessment plans this year; administering the Levels of Conceptual Understanding in Statistics Test (Part I of the plan) and a review of research proposals students submit in our Advanced Methods class (SOC 303) to assess their ability to find sociological sources and use appropriate citation styles (Part II). In addition, members of our Department discussed assessment results from 2018-2019 during our first meeting and, in light of the new Senate ad-hoc committee, decided to take some steps which are shared in PART III.

PART I: Levels Of Conceptual Understanding in Statistics Test (LOCUS)

1.1) Assessment Instrument

The Sociology Department will continue for the fifth year to administer the LOCUS (Levels Of Conceptual Understanding in Statistics) test in multiple sections of two required courses: SOC 301 (Methods of Social Research) and SOC 345 (Quantitative Analysis of Sociological Data). As outlined in previous reports, the test was chosen because of its emphasis on conceptual rather than procedural understanding of statistics (ie: it was designed with the understanding that interpreting statistical results draws on a different set of skills than doing mathematical calculations). Furthermore, given that the test was developed to help assess the mastery of statistical concepts included in the Common Core, it was deemed to be a good way to gain an appreciation of the areas Lehman College students need to improve should they want to be qualified to teach in the school system. Given that the LOCUS has been administered multiple years and that results have been shared with instructors, it is deemed to be a good way to discern whether there are any changes to student performance. Like previous years, students will take the basic online version of the test, comprised of 23 "beginner" and "intermediate" level questions on the different phases of statistical research: formulating questions, data collection, data analysis and the interpretation of results (see <https://locus.statisticseducation.org> for the official LOCUS website and sample questions).

1.2) LOCUS Sample

The LOCUS test will be administered both in the Fall and Spring semesters as a pre-test and post-test in all sections of SOC 301 (our introductory methods course) and all sections of our statistics course (SOC 345). SOC 301 was chosen in order to assess the level of preparedness SOC 301 students starting in the sociology major had in statistics and SOC 345, which students take closer to graduation, was chosen to assess whether our required course sequence has any impact on students' ability to do well on the LOCUS test. While, neither course is expected to cover all the material that the LOCUS intends to assess, the post-test will allow us to gauge

whether student scores improved following exposure to some of the material in both SOC 301 and SOC 345. All sections of 301 and 345 are expected to administer the test and as such we expect to have a sample size close to the previous years:

NUMBER OF TEST TAKERS 2015-2019				
TEST SECTION	2015-2016	2016-2017	2017-2018	2018-2019
SOC 301 Pre-test	124	359	180	154
SOC 301 Post-test	33	105	105	107
SOC 345 Pre-test	21	124	131	108
SOC 345 Post-test	26	114	85	102

1.3) Sociology Learning Objectives and Desired Targets

Parts of the LOCUS mesh well with the Sociology Program’s “GOAL III (research): the use of empirical evidence in sociology” and more specifically with the following sub-goals:

- propose a research design to answer sociological questions or test hypotheses
- implement methods of social data collection
- calculate and interpret descriptive and inferential statistics

Thus, a good score on the LOCUS would indicate that a student does fairly well in the above learning outcomes. Moreover, in addition to overall percentage scores the LOCUS provides scores by question level and topic, enabling us to isolate student preparedness and progress in the following areas:

- ✓ Formulate questions
- ✓ Collect Data
- ✓ Analyze Data
- ✓ Interpret Results

SOC 301 and SOC 345 do not necessarily cover all the skill sets the LOCUS seeks to measure in depth. Additionally, the sociology courses taken in between the two do not always present data in the same manner as the LOCUS, which measures certain specific aspects of statistics proficiency. This is partly due to disciplinary nomenclature which impacts the types of data visualization typically presented in publications within sociology. As such, we established the following goals.

- ✓ SOC 301 pre test: Establishing a baseline, no expectations

- ✓ SOC 301 post test: We expect to find improvements in the *collect data* and *formulate questions* section, with some minor improvements in the *interpret result* questions. Our acceptable goal is a median score of 50% and ideal goal a median of 75% on these three sections, in other words half of the class obtaining a mark equal to or higher to 50 and 75% respectively. We do not expect to see a dramatic increase on the *analyzing data* portion, as this topic is not really covered in SOC 301.
- ✓ SOC 345 pre test: We expect students in this group to score better in all four sections than students in SOC 301, due to exposure to various aspects of statistics in required and substantive courses. This may change if more students take SOC 345 immediately following SOC 301.
- ✓ SOC 345 post test: We expect to see an improvement mainly in the *analyzing data*, *interpreting results* and *data collection* portions. An acceptable target is, as for SOC 301, a median score of 50% and an ideal goal a score of 75%. Given that *formulating questions* is explicitly covered in other courses and not 345, we do not expect to find a significant increase.

PART II: Student Research Proposals

During our first Department meeting of Fall 2019, the faculty agreed that we should revisit some of our previous assessment instruments in order to figure out where we stand as a program. In 2014-2015 the Department of Sociology had used the Research Proposal term assignment from our advanced methods class (SOC 303) in order to assess whether students were able to: (1) access peer reviewed sources, (2) cite them using the ASA style, and (3) distinguish sociological (or in the least social scientific sources) from other disciplines. We will use the same instrument again to assess all sections of SOC 303 in 2019-2020.

2.2) Assessment Instrument

We will use the reference page/annotated bibliography students prepare for their Research Proposals, an assignment where they propose a research project to then include a literature review and research design. The students are required to have at least 8 peer reviewed sources as part of the assignment. These sources will be scored from 1 (very unsatisfactory) to 4 (very satisfactory) on the following three levels:

- 1) The sources are peer reviewed
- 2) The sources are sociologically relevant and appropriate for the topic at hand
- 3) The student uses ASA citation style guidelines

In the past, our desired targets were 60% of the sample performing at “satisfactory” and “very satisfactory” levels on at least 6 of their sources and ideal targets were 80% of the group performing at this level. We will keep the same targets for consistency and comparison.

2.3) Sample

A random cluster sampling strategy will be used to pick 2-3 students from each section of 303. There are currently 8 sections of SOC 303 being offered and we expect a similar number in the Spring of 2020. Thus, we will have a total of 30-40 sociology majors in our sample.

2.4) Learning Outcomes

Objective IA: Compare and contrast a sociological perspective with other scientific perspectives;

Objective IVA: Access original and peer-reviewed published sociological research and data;

Objective IVB: Distinguish credible peer-reviewed published sociological research and knowledge from other information;

PLAN III: CLOSING THE LOOP

- ✓ While it is not our common practice to evaluate individual sections as we do not want to discourage participation in our assessment efforts and we also value academic freedom, we noticed that some sections did particularly well in the post-test of the LOCUS. We will share best practices from these sections with the rest of the faculty.
- ✓ Our SOC 302 theory class has undergone significant revisions in recent years thanks to an ad-hoc theory committee. We will organize a meeting with the instructors of this class in order to determine which assignments could be used to assess mastery of sociological concepts.
- ✓ We will have a review of our learning outcomes in order to determine whether any warrant revisions in light of changes to the discipline and Lehman College's learning goals.

Student Success Course Redesign Initiative: High DWIF/High Enrollment General Education Courses

Program Description

In keeping with its focus on student success, curriculum renewal and innovation, the Office of the Provost is pleased to announce a \$100,000 course redesign initiative to enhance student learning and retention, and promote innovations in pedagogy through the redesign of core, foundational, and gateway courses. To achieve maximum impact on student learning, engagement, and persistence, redesign efforts supported by this initiative in 2019-2020 will focus specifically on undergraduate General Education courses with high DWIF (Drop-out, Withdrawal, Incomplete, and Failure) rates ($\geq 15\%$ over 5 years) and high enrollments (at least 400 students per course over 5 years), as determined by a recent analysis conducted by the Office of Institutional Research. Student performance in these courses creates a significant barrier to their ability to make progress toward degree completion. The **Student Success Course Redesign Initiative: High DWIF/High Enrollment General Education Courses** intends to improve student learning and performance to remove these barriers to student success. Eligible courses for 2019-2020 are: ARH 141, BIO 173, DNC 235, ENG 223, ENG 229, ENG 234, GEH 101, GEO 101, HIS 243, HIS 244, JRN 211, MAT 132, MAT 171, MAT 172, MAT 175, MAT 176, MSH 114, PHI 170, PHI 171, PHI 173, PHY 166, POL 166, POL 217, POL 230, POL 241, POL 266, PSY 166.

Scope of Proposal

The Office of Online Education (OOE) is coordinating this initiative and is available to consult with chairs and faculty members on proposal development and project implementation.

Faculty members are encouraged to submit proposals leading to course redesign and instructional innovation that draw on best practices in teaching and learning, and that will lead to significant improvements in student learning, engagement, persistence, and graduation. Course redesign supported by technology-enhanced modalities (including digital learning) is especially encouraged. The course redesign process should be led by faculty members who are actively involved in teaching the courses to be redesigned.

- All proposals will be considered, although it is preferred that proposals commit to converting more than one course section.
- Faculty Team proposals are highly encouraged but individual faculty proposals will also be considered.
- Budget may include the following:
 - a) faculty compensation for course redesign (e.g., NTA hours during the summer; in anticipation of ratification of the collective bargaining agreement*, proposals may include a faculty stipend of up to \$2500);
 - b) faculty compensation to train other faculty on adopting the course model (e.g., summer NTA hours)
 - c) faculty professional development (e.g. online webinars, books, travel)
 - d) technology (e.g. equipment, licenses, training, etc.)
 - e) other
- The course redesign work must be completed during Spring, Summer, 2020 and redesigned courses must be taught no later than Fall 2020.
- The proposal review team is comprised of Deans or their representatives, the Office of Online Education, and faculty who presented at the CUNY Bronx EdTech Showcase.

- All awardees will participate in professional development programming administered by the Office of Online Education to support the course redesign process in Spring 2020, including a three-hour "kickoff" workshop. The workshop and other activities will focus on best practices in technology enhanced learning and instructional design informed by research on effective student engagement strategies.

Timeline:

- November 11: Initiative published
- December 6: Proposals due
- December 9-13: Review and selection of proposals by proposal review team
- December 17: Awardees announced
- February - May 2020: Faculty participate in professional development programming offered by the Office of Online Education and develop proposed projects (course revisions and more)
- Fall 2020: Faculty pilot redesigned courses

Guidelines for Proposal Preparation

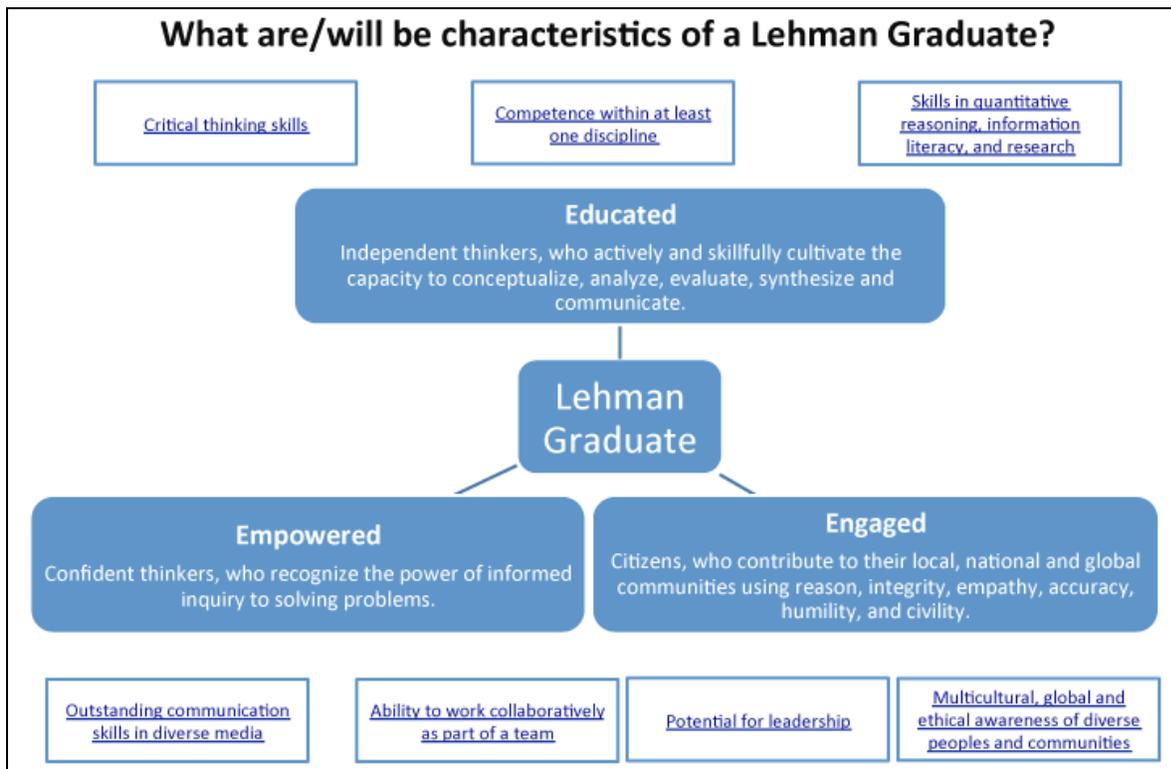
- A proposal narrative that includes:
 - A cover page with proposal title and name(s) of faculty member(s) submitting proposal, the department chair's sign-off, and the dean's sign-off
 - an executive summary
 - a description of the project
 - course titles, number of courses and sections to be redesigned and delivered in the Fall of 2020. Estimated enrollment data should also be included.
 - a description of how the project will be structured and organized, who leads it and who the partners will be should be part of the narrative. If the approach is the same for multiple projects, please provide a rationale.
- An assessment (how will you assess the success of the course redesign?) e.g. % of drop in DWIF; other measures of improved student learning.
- A completed line item budget and project timeline.
- Proposals should address how the instructional strategies selected for the redesign will:
 - foster active, experiential, and/or cooperative learning
 - help students better understand the goals of the course and provide timely and effective feedback to them on their learning
 - enrich student's critical thinking and problem-solving abilities
 - employ effective and appropriate applications of technology in teaching and learning
- Faculty should coordinate the proposed project with their department chair.
- The full proposal should be no longer than 5 pages.
- Submit questions and proposal to Olena Zhadko (olena.zhadko@lehman.cuny.edu), Director of Online Education.

*If collective bargaining agreement is not ratified, other faculty compensation may be offered.

Appendix 007

General Education Assessment

Lehman College's General Education offerings are central to the Lehman academic experience. They provide students with the skills and capacities that allow them to grow into educated, empowered, and engaged citizens.



Structure

General Education extends across all areas of the College. Thus, the administrative officers responsible for General Education start with the President, the Provost and Senior Vice-President for Academic Affairs and Student Success, the Associate Provost for Academic Programs and Educational Effectiveness, and the School Deans. Reporting to the Associate Provost for Academic Programs and Educational Effectiveness, faculty supported through released time primarily responsible for assessing General Education are the Director of Assessment and Educational Effectiveness, and the Director of General Education. Organizations responsible for assessing General Education are the Academic Assessment Council (AAC) which is an Ad Hoc Committee of the Lehman College Senate, the Undergraduate Curriculum Committee (UCC) which is a Standing Committee of the Lehman College Senate, and three subcommittees of the UCC: the General Education Council (GEC), the LEH 300 liaison committee, and the LEH 100 liaison committee.

GEC

The UCC re-established the GEC in fall 2019. The functions of the GEC are to:

- Oversee the Pathways General Education Curriculum and provide technical support and guidance for General Education assessment and program review.
- Develop and implement multi-year plans for assessment plans for lower- and upper-level General Education courses that demonstrate students' mastery of core competencies noted in the diagram below, and in alignment with the college's institutional learning domains and MSCHE's required competencies.
- Develop and/or maintain clear and assessable student learning outcomes for General Education LEH courses, identify systematic methods for assessing them, and document utilization of results for improvement.
- Provide technical support to guide periodic review of General Education as a program and recommend revisions of the General Education Curriculum, consistent with the Pathways framework, based on assessments.
- Provide annual report on assessment of General Education to the Provost and the Undergraduate Curriculum Committee, to include how well Lehman students are attaining the seven General Education competencies at the core of the Lehman Experience of *educated, empowered, and engaged* citizens.

The membership of the GEC consists of ten faculty representatives, one for each General Education area, plus ten ex-officio members and three students. The GEC began meeting in spring 2020.

LEH 300 Liaisons Committee

As part of the General Education requirements, all students are required to complete two LEH 300-level courses, chosen from LEH 351, 352, 353, 354, and 355. As a subcommittee of the UCC, the LEH 300 Liaisons Committee oversees these courses, approves proposals for course sections, recommends changes to learning outcomes, and leads in course assessments. It consists of 5 faculty, one representing each course, appointed by the UCC, plus the Director of General Education and the Associate Director of Academic Programs.

LEH 100 Liaisons Committee

All first-time, full-time first year students complete LEH 100, *Freshman Seminar*. As a subcommittee of the UCC, the LEH 100 Liaisons Committee oversees this course, approves proposals for course sections, recommends changes to learning outcomes, and leads in course assessment. It consists of 3 faculty appointed by the UCC, plus the Associate Dean of the School of Arts and Humanities, the Director of General Education and the Director of the Freshman Year Initiative.

AAC

The AAC is an ad hoc committee of the Lehman College Senate coordinated by the Associate Vice President for Academic Programs and Educational Effectiveness. Its functions are:

- Periodically review the Institutional Effectiveness Plan (IEP) and recommend changes as appropriate.

- Collect and document academic assessment information at the institutional, program and course levels, including General Education and Institutional Learning Outcomes (ILOs).
- Collect and document assessment information from Administrative, Educational, and Student Support (AES) units.
- Assist departments, programs, and faculty in developing and implementing assessment plans and communicating assessment findings with appropriate stakeholders.
- Facilitate the use of assessment results in Lehman College's governance, planning, resource allocation, and institutional learning outcome development;
- Identify and address professional development needs/opportunities in assessment and disseminate information on best practices in assessment.
- Advise on the development of broader assessment policies to promote student achievement and improvement in curricular, pedagogical, administrative, and support services.
- Report assessment outcomes and changes arising from assessment to the Provost and the College Senate.

General Education Assessment Process

During fall 2019, along with the development of an Institutional Effectiveness plan, the College adopted a Six-Step Assessment Process for all institutional assessments. The six steps are: 1) Identify Learning Outcomes, 2) Determine criteria for Success, 3) Identify Methods and Measures, 4) Collect & Analyze Data, 5) Plan and Carry Out Improvements, 6) Document Assessment Activity. The General Education Assessment Plan was designed as a multi-year plan, informed by prior assessment data. The goal is to use assessment results for continuous improvement in fulfilling the College's Institutional Learning Outcomes (ILOs). As the College is developing a 5-year Strategic Plan for 2020 – 2025, the General Education Assessment Plan also is based on a five-year timeline.

To begin, select ILOs were assessed at a department/program level as part of a pilot initiative aimed at developing and refining Lehman College's multi-year General Education Assessment Plan. For example, the BA English program conducted an assessment of written communication comparing English majors with non-majors. Overall, the Department found that English majors were more proficient than non-English majors, but that the percentage of papers falling short of rubric-guided expectations was greater than anticipated. The BA History program examined critical thinking within the context of students' designing research questions. During 2014-15, 42% of students scored 4 or 5 on a 5-point rubric. In 2018-19 the figure was little changed at 47%. Separately, the BA Latin American and Caribbean Studies program found inconsistent performance when using the AAC&U critical thinking rubric to examine research papers. Based on the findings, some of which are documented above, and introduction of the Library's online information module that will augment the teaching of information literacy, Lehman College decided to emphasize assessment of

critical thinking and information literacy in the early part of its General Education assessment plan

Over the next five years, 2020 – 2025, several forms of assessment will be used:

1. Artifacts will be collected biennially from LEH 351-355 (year 1) and LEH 100 (year 2) sections. Artifacts will include both syllabi and student work. Because all students, native and transfers, must complete two LEH 300-level courses after completing 60 cumulative college credits, these courses serve as “capstone” General Education courses. Thus, assessments can measure student learning and skill acquisition both over the course of acquiring at least 60 college credits, as well as in the specific LEH course section. Students also can be identified as those who entered Lehman College as first-time, full-time freshmen and those who entered as transfer students, thus revealing difference in performance between these groups. Syllabi will be assessed to establish that learning outcomes are specified and covered in all course sections. Student work will be assessed by faculty volunteers using AAC&U rubrics, modifications of those rubrics, or Lehman-created rubrics.
2. Every third year artifacts (syllabi and student work) will be collected from Common Core (General Education) courses offered to first-time, full-time freshman or other General Education courses, such as Writing Intensive Courses, to ensure learning outcomes are being addressed in those courses.
3. Ad hoc assessments, such as the results of NSSE (National Survey of Student Engagement) will be used when available and appropriate.

Timeline

AY 2019 - 2020

1. Re-establish General Education Council. Completed by UCC.
2. Collect artifacts from LEH 351-355 course sections.
3. Using the Six-Step Process, complete the first three steps for the outcomes to be assessed in 2020 – 2021.
4. Evaluate evidence from NSSE that reflects General Education learning outcomes. To be completed by Office of Assessment and Educational Effectiveness.
5. Analyze DWIF (Poor, Withdrawal, Incomplete, Fail) grades in General Education courses. Completed by Office of Institutional Research. As a result of this analysis, a course redesign initiative was launched to redesign courses during spring 2020 for implementation in fall, 2020.
6. LEH 300 and 100 Liaisons Committees to examine revisions of LEH 351-355 and 100 courses to ensure alignment with Institutional Learning Outcomes.
7. As a result of prior assessments under the CUNY Momentum Campaign, revisions have been made to both the required English Composition and Mathematics/Quantitative Reasoning courses.

AY 2020 - 2021

1. Assess artifacts from LEH 351-355 course sections. Outcomes assessed: Information Literacy and Critical Thinking.

Step 1: Learning Outcomes	Step 2: Criteria for Success	Step 3: Methods/Measures
Students will apply critical thinking to analyze, integrate, and evaluate information.	75% of students will score an average of 2 or above on the AAC&U's critical thinking value rubric	Direct assessment. Review of written artifacts using the AAC&U's critical thinking value rubric.
Students will demonstrate the ability to identify, locate, evaluate, effectively and responsibly use and share information for addressing problems.	75% of students will score an average of 2 or above on the AAC&U's information literacy value rubric	Direct assessment. Review of written artifacts using the AAC&U's information literacy value rubric.

2. Collect artifacts from LEH 100 course sections.
3. Using the Six-Step Process, complete the first three steps for the outcomes to be assessed in 2021 – 2022.
4. Collect artifacts from Writing Intensive course sections.
5. Using the Six-Step Process, complete the first three steps for the outcomes to be assessed in 2021 – 2022.
6. Implement course design changes in high DWIF courses and assess effectiveness.

AY 2021 - 2022

1. Assess artifacts from LEH 100 course sections. Outcomes assessed: TBD.
2. Assess artifacts from Writing Intensive course sections. Outcomes assessed: Written Communications.
3. Collect artifacts from LEH 351-355 course sections.
4. Using the Six-Step Process, complete the first three steps for the outcomes to be assessed in 2022 – 2023.
5. Collect artifacts from a Common Core area course sections.
6. Using the Six-Step Process, complete the first three steps for the outcomes to be assessed in 2022 – 2023.

AY 2022 - 2023

1. Assess artifacts from LEH 351-355 course sections. Outcomes assessed: Multicultural Awareness, Collaboration, Leadership, and Communication in Diverse Media.
2. Collect artifacts from LEH 100 course sections.
3. Using the Six-Step Process, complete the first three steps for the outcomes to be assessed in 2023 – 2024.
4. Collect artifacts from a Common Core area course sections.

5. Using the Six-Step Process, complete the first three steps for the outcomes to be assessed in 2023 – 2024.

AY 2023 - 2024

1. Assess artifacts from LEH 100 course sections. Outcomes assessed: TBD.
2. Collect artifacts from LEH 351-355 course sections.
3. Using the Six-Step Process, complete the first three steps for the outcomes to be assessed in 2024 – 2025.
4. Collect artifacts from a Common Core area course sections.
5. Using the Six-Step Process, complete the first three steps for the outcomes to be assessed in 2024 – 2025.

AY 2024 - 2025

1. Assess artifacts from LEH 351-355 course sections. Outcomes assessed: TBD.
2. Collect artifacts from LEH 100 course sections.
3. Using the Six-Step Process, complete the first three steps for the outcomes to be assessed in 2025 – 2026.
4. Collect artifacts from a Common Core area course sections.
5. Using the Six-Step Process, complete the first three steps for the outcomes to be assessed in 2025 – 2026.

2019-20 Assessment Cycle

Assessment Plan

Mission Statement

The Career Exploration & Development Center (CEDC) assists Lehman students and alumni with all phases of their career development, to help them transition from college to career. This includes career exploration and counseling, deciding on a major, employer connections and internships. We strive to provide the highest standards of comprehensive and specialized services so that they may successfully meet the challenges of a globally competitive job market.

Measures

The Elevator Pitch

Student Engagement and Success

As a result of participating in The Elevator Pitch workshops, students will enhance their communication skills by managing employers' expectations, expanding their professional network, and strengthening future employment applications.

Outcome: Students will be have a crafted sample to utilize in professional settings resulting in greater success

As a result of participating in an Elevator Pitch workshop, 80% of the students will craft a pitch with a hook which will reflect goals/interests, skills, related extracurricular activity, and academic achievements required for introduction in professional settings.

▼ Measure: Rubric

Detailed Description of Plan:

Employers have identified a soft-skill gap: Recent literature suggests that business schools and employers agree that the most important skills for workplace transition are soft skills, yet

findings indicate these skills are not being emphasized in curricula. A 2013 study surveyed employers on the most important employability factors for new graduates. Five of the six highest ranked factors were what the article identified as soft skills, which identified in rank order included listening skills, interpersonal skills, verbal communication, professionalism, and written communication skills.

Developing a strategy for soft skill development in our career development programs may help answer the value question asked by consumers of higher education. What does all of this mean for career services professionals? The goal of providing professional development training to students is to provide them with valuable information to prepare for the interview process and have the skills to transition seamlessly into the work force. As a result, our focus for this year's assessment would be on the enhancement of communication skills through the crafting of an elevator pitch. An elevator pitch is a brief, persuasive speech that used to spark interest in an organization and/or professional. Students can use it to introduce themselves in professional settings (i.e. recruitment events, career fairs, interviews), to sell a new idea to a CEO, to tell people about the change initiative that they are leading or what they do for a living. Thus, as a result, of participating in an Elevator Pitch workshop, 80% of the students will be able to craft a pitch with a hook to reflect goals/interests, skills, related extracurricular activity, and academic achievements required for introduction in professional settings.

Acceptable / Ideal
Target:

80% of the students will craft a pitch with a hook which will reflect goals/interests, skills,

	related extracurricular activity, and academic achievements required for introduction in professional settings.
Data and Resources:	Elevator Pitch Worksheet, Completed Elevator Pitch and participation in Elevator Pitch workshop
Implementation Plan (timeline):	Fall 2019 and Spring 2020
Primary Contact and Additional Personnel:	Bascillia Toussaint

Outcome: 70% of the students will be able to clarify their career goal(s) to match with their values, motivations and abilities

As a result of participating in the Elevator Pitch workshop 70% of the students will be able to articulate themselves using appropriate grammar that is clear, concise and understandable.

▼ **Measure:** Rubric

Detailed Description of Plan:	Employers have identified a soft-skill gap: Recent literature suggests that business schools and employers agree that the most important skills for workplace transition are soft skills, yet findings indicate these skills are not being emphasized in curricula. A 2013 study surveyed employers on the most important employability factors for new graduates. Five of the six highest ranked factors were what the article identified as soft skills, which identified in rank order included listening skills, interpersonal skills, verbal communication, professionalism, and written communication skills.
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Developing a strategy for soft skill development in our career development programs may help answer the value question asked by consumers of higher education. What does all of this mean for career services professionals? The goal of providing professional development training to students is to provide them with valuable information to prepare for the interview process and have the skills to transition seamlessly into the work force. As a result, our focus for this year's assessment would be on the enhancement of communication skills through the crafting of an elevator pitch. An elevator pitch is a brief, persuasive speech that used to spark interest in an organization and/or professional. Students can use it to introduce themselves in professional settings (i.e. recruitment events, career fairs, interviews), to sell a new idea to a CEO, to tell people about the change initiative that they are leading or what they do for a living. Thus, as a result, of participating in an Elevator Pitch workshop, 80% of the students will be able to craft a pitch with a hook to reflect goals/interests, skills, related extracurricular activity, and academic achievements required for introduction in professional settings.

Acceptable / Ideal
Target:

70% of the students will be able to clarify their career goal(s) to match with their values, motivations and abilities.

Data and Resources:

Elevator Pitch Worksheet, Completed Elevator Pitch, Participation in Elevator Pitch Workshop

Implementation Plan
(timeline):

Fall 2019 and Spring 2020

Primary Contact and
Additional Personnel:

Bascillia Toussaint

Supporting Attachments:

2019-20 Assessment Cycle
Assessment Plan

Mission Statement

The Office of Admissions is responsible for attracting, admitting, and assisting in the enrollment of well-prepared and motivated students from the Bronx and the surrounding region and graduate degree programs. The Office provides professional and responsible customer service, and accurate information to the many internal and external constituents served.

Measures

Admissions & Recruitment Outcome Set

Goal 1

Improve the effectiveness and efficiency of unit programs and services.

Outcome: Objective 1.1

Regularly assess core programs, services, and functions.

▼ Measure: Commitment Deposits: Paid vs Waived

Detailed Description of Plan:

Comparative analysis of registration numbers of admitted students who accepted our admission offer and paid their commitment deposit versus those who accepted our admission offer and had a waived commitment deposit.

Future added metrics:

Also assess the impact on Lehman's registration numbers of students who accepted multiple offers of admission at CUNY Colleges versus those who

only accepted the offer of admission at Lehman College.

Acceptable / Ideal Target: Admitted freshmen & transfer students.

Data and Resources: We will collect numbers of accepted and enrolled students. In addition, retention rates will be reviewed..

Resources - UAPC, CUNYfirst, BI, Hobsons Connect

Other Resources - Offices of Institutional Research and Information Technology

Implementation Plan (timeline): August 31, 2019 - Submit draft.

Primary Contact and Additional Personnel: Jose Mancebo, Peter Engel

▼ **Measure:** Graduate Admissions Recruitment Activities

Detailed Description of Plan: The office of Graduate Admissions will continue to follow both Teaching Fellow Math Education cohort at the graduate level and the non-cohort group in this program. We will continue to assess whether or not the cohort model continues to prove to be beneficial to our students.

Acceptable / Ideal Target: Teaching Fellow Math Education cohort at the graduate level and the non-cohort group in this program

Data and Resources: In addition to assessing the enrollment rate from prospects through graduation, this report also reviews grade point average, credits per semester, and persistence.

Resources: Hobsons Connect, Events and Interviews, and ApplyYourself (AY); CUNYfirst (CF); Business Intelligence (BI); Information Technology (IT)

Implementation Plan (timeline): September 1, 2019 - Assessment begins.
August 31, 2020 - Submit draft.

Mission Statement

The mission of the Freshman College is to provide a foundational academic experience that actively engages students in their intellectual, personal, and professional development. The Freshman College will foster a supportive environment leading to a successful college transition, overall academic achievement, and retention of students toward graduation.

Measures

Office of Freshman College Goals

Goal Two_ AY F'19-SU'20: Promote an environment that fosters interdisciplinary studies, collab. teaching & learning, & enhanced student srvs
Increase collaboration between the Division of Information Technology, Institutional Research, Planning, and Assessment, and Freshman College to properly identify FTFT students' credits upon entry.

Outcome: Objective 2.1: FTFT Credits Upon Entry

A Working Group will be established by Freshman College to include representation from the areas of Enrollment Management, Freshman College, Information Technology, and Institutional Research, Planning, and Assessment to build an accurate, automated report, further analyzed to properly identify FTFT credits upon entry.

▼ Measure: September 2020: FTFT Credits Upon Entry

Detailed Description of Plan:

A Working Group will be established by Freshman College to include representation from the areas of Enrollment Management, Freshman College, Information Technology, and Institutional Research, Planning, and Assessment to build an accurate, automated report, further analyzed to

Acceptable / Ideal Target:	properly identify FTFT credits upon entry Automated Report and Analysis, shared campus-wide: Exceptional Automated Report and Analysis: Exceed Expectations Report and Analysis, not automated: Meets Expectations Report, not automated, not analyzed: Needs Improvement Working Group not established; Unsatisfactory
Data and Resources:	1. CUNYfirst Reporting Tools 2. Information Technology Database (s) 3. Institutional Research, Planning, and Assessment Database (s)
Implementation Plan (timeline):	September 19': Working Group Established (FC) October 19': Preliminary dataset (s) created (IT & FC) November 19': Preliminary dataset (s) analyzed (IR & FC) February 20': Update to dataset (s) to include SP'20 FTFT (IT & FC) March 20': Update to analysis to include SP'20 FTFT (IR & FC) April 20': Automate report May 20': Communication plan to share campus-wide June 20': Final Report Completed
Primary Contact and Additional Personnel:	Deputy Director, Gina G. Immucci Freshman College Division of Enrollment Management

Goal One_ AY F'19-SP'20: Provide a successful transition into the Lehman College community Freshman College will support, advise, and registered at least 70% of (applicable) FTFT students into LEH 100, Freshman Seminar. Thus, creating an initial baseline.

Outcome: Objective 1.1: Freshman Seminar Placement

In addition to providing one on one academic advising appointments, Freshman College will develop a series of Group Advising and Registrations sessions to accommodate all (applicable) FTFT students in support of advisement and registration into LEH 100, Freshman Seminar.

▼ **Measure:** September 2020: Freshman Seminar Placement

Detailed Description of Plan:	In addition to providing one on one academic advising appointments, Freshman College will develop a series of Group Advising and Registration sessions to accommodate all (applicable) FTFT students in support of advisement and registration into LEH 100, Freshman Seminar. Thus, creating a baseline of 70% registration into LEH 100.
Acceptable / Ideal Target:	>71% Registration: Exceptional 70% Registration: Meets Expectations 60-69% Registration: Needs Improvement
Data and Resources:	1. CUNYfirst Reporting Tools 2. IR Daily Enrollment Dashboard
Implementation Plan (timeline):	SP' 2019: Develop Group Advising and Assisted Registration Days SU' 2019: Provide and support proper advisement and registration into LEH 100, Freshman Seminar FA' 2019: Report on placement in to LEH 100, Freshman Seminar SP'2020: Expand report to include passing rate of LEH 100, Freshman Seminar
Primary Contact and Additional Personnel:	Deputy Director, Gina G. Immucci Freshman College Division of Enrollment Management

Last Modified: 09/26/2019 03:26:40 PM EDT

Assessment Project 1: Information Literacy Tutorial

In the fall of 2018, the college launched an online tutorial designed to teach and assess information literacy among students in LEH 300 classes. This tutorial, created by library faculty, was built around the AAC&U's Information Literacy VALUE Rubric (<https://www.aacu.org/value/rubrics/information-literacy>). The tutorial includes four modules which address the following competencies defined in the rubric:

- Determine the Extent of the Information Needed
- Access the Needed Information
- Evaluate Information and its Sources Critically
- Access and Use Information Ethically and Legally

Each module addresses two learning outcomes drawn directly from the rubric. Since the tutorial is pitched at a beginner level, these learning outcomes aim to move students up from a relatively low point in the rubric (level 1 or 2).

The tutorial concludes with a 20-question, multiple choice Blackboard quiz. Quiz questions map directly to the learning outcomes articulated in the modules, but do not duplicate the scenarios presented in the modules. This quiz was intended as the main assessment tool for the tutorial, as well as a means to assess students' information literacy.

The library proposes to assess students' information literacy using the quiz scores, learning outcomes, and rubric. If available, the library would appreciate assistance from the Office of Institutional Research to perform statistical analysis of the quiz data. If not available, the library will study the raw quiz scores. The library expects this assessment will also reveal areas in which the tutorial and quiz can be improved.

Guidelines for Academic Program Review Lehman College, City University of New York

Office of the Vice Provost for Academic Programs
Revised August 2019

All academic programs, centers and institutes shall conduct formal periodic program reviews.

An academic program review consists of:

1. a self-study;
2. an external peer review, site visit, and report;
3. a discussion of the review between the program and the administration;
4. development of an action plan to utilize results for continuous improvement.

These guidelines do not supersede or replace reviews of academic programs that are subject to an accreditation process by external agencies. Those programs are addressed later in this document.

Self-Study

The self-study encourages faculty and staff to analyze the overall effectiveness and quality of the program. Specifically, the self-study should look back over the past 5 years (or since the most recent program review) and, utilizing qualitative and quantitative data, address:

- The relation of the program to the College's mission, vision, and goals: addressing such questions as how the program *educates, empowers, and engages* students and contributes to achieving the College's *Institutional Learning Goals*; how the program advances 90X30; and, how the program integrates the College's *Strategic Plan*.
- The program's curriculum in relation to desired outcomes: addressing such questions as how the program compares to comparable programs and/or norms established by relevant professional organizations; how the program ensures students can achieve program learning goals; how the program assesses student learning; how the program collaborates with/supports other programs within the College; how the program considers and addresses student perceptions and expectations.
- The faculty's activities in scholarship, teaching and professional service, including faculty development and pedagogical innovations.
- The program's use of assessment for continuous improvement.
- Future directions for the program, based on an analysis of the program's current strengths and weaknesses, external opportunities and obstacles, forecasts for the program's field, and changes implemented since the last program review. A plan and timeline for the next 5-year period should be developed.

External Peer Review

Normally, there will be two reviewers. They should be selected from different appropriate institutions and professional organizations. The department will nominate reviewers to the Dean, along with pertinent biographical information such as current position, area of specialization, relevant professional experience, where and when the Ph.D. was granted, and other distinguishing academic credentials. Reviewers must be from outside of the CUNY system and any connections that a proposed reviewer may have with the department or any of its members need to be disclosed. The Dean may seek additional names and will then select reviewers with the approval of the Vice Provost.

The Dean will send the departmental self-study to the reviewers at least two weeks in advance of the visit. The Department Chair will establish a schedule for, and oversee, the visit. The site visit will consist of interviews with faculty, students, administrators and alumni (to the extent possible).

The final report should be submitted to the Dean and the Department Chair within four weeks of the site visit.

Action Plan

After the department has had an opportunity to examine the report for accuracy and consider its recommendations, the Vice Provost's Office will schedule a meeting of the department P&B or the entire department, the Vice Provost, the Dean, and Associate Dean for a discussion of the report and the department's reaction to it. Following this meeting, the department will develop an action plan for the next five years. The goals and timeline articulated by the department should be as explicit as possible. Two months after the meeting to discuss the report, the department's draft action plan should be submitted to the Vice Provost and Dean. The Vice Provost and Dean may recommend revisions of the draft plan or additional meetings. Once the plan is finalized, the Vice Provost will send the department and Dean a formal written acceptance.

Programs with External Accreditation

Generally, external accreditors request the same information as in a self-study and often conduct a site visit. In such cases, the external accreditation will take the place of the self-study and site visit components of the academic program review process. However, the program must complete a statement addressing the following issues: The relation of the program to the College's mission, vision, and goals; how the program *educates*, *empowers*, and *engages* students and contributes to achieving the College's *Institutional Learning Goals*; how the program advances 90X30; and, how the program integrates the College's *Strategic Plan*. This statement is attached to the final accreditation report submitted to the Dean and Vice Provost prior to their meeting with the department to consider the accreditation recommendations.

Program Review Timeline

	Activity
March	Identification of programs to be reviewed in the following academic year. Department considers potential reviewers.
Fall semester	Department writes self-study.
October	Reviewer nominations due in Dean's Office by mid-October. Dean selects review team, secures approval of Vice Provost by end of October. Chair then initiates contacts to coordinate site visit dates.
December	Self-study due to Vice Provost and Dean.
Six weeks from site-visit	Dean's office and the department coordinate the site visit itinerary. Draft schedule due a month prior to the site visit.
At least two weeks prior to site-visit	Dean's Office sends final self-study to the reviewers.
Spring	Site visit.
Four weeks after site visit	Reviewers' report due.
Three weeks after receipt of reviewers' report	Meeting with Vice Provost, Dean and department to consider report and issues to be addressed in the action plan.
Two months meeting about reviewers' report	Five-year action plan due to Vice Provost and Dean.

Appendix 010

Academic Program Review Calendar:

School	Department	Next Program Review	Notes
A&H	Languages and Literatures	2020 - 2021	
A&H	History	2021 - 2022	
A&H	Philosophy	2021 - 2022	
A&H	Art	2022 - 2023	
A&H	Journalism and Media Studies	2022 - 2023	
A&H	English	2023 - 2024	
A&H	Latin American, Latino & Puerto Rican Studies	2023 - 2024	
A&H	Africana Studies	2024 - 2025	
A&H	Music, Multimedia, Theatre & Dance	2024 - 2025	
HS2N	Social Work	2019 - 2020	concurrent with external accreditation
HS2N	Health Sciences - Dietetics, Nutrition, Education	2021 - 2022	next external accreditation in 2025
HS2N	Health Sciences - Recreation, Exercise, Health Services	2020 - 2021	
HS2N	Speech-Language-Hearing Sciences	2023 - 2024	concurrent with external accreditation
HS2N	Nursing	2022 - 2023	concurrent with external accreditation
NSS	Chemistry	2020 - 2021	concurrent with external accreditation
NSS	Anthropology	2021 - 2022	
NSS	Mathematics	2021 - 2022	
NSS	Computer Science	2022 - 2023	
NSS	Economics and Business	2022 - 2023	
NSS	Physics and Astronomy	2022 - 2023	
NSS	Biological Sciences	2023 - 2024	
NSS	Political Science	2023 - 2024	
NSS	Earth, Environmental, and Geospatial Sciences	2024 - 2025	
NSS	Psychology	2024 - 2025	
NSS	Sociology	2024 - 2025	
SCPS	Adult Degree, SDS & MALS	2022 - 2023	
SOE	Counseling, Leadership, Literacy, and Special Education	2020 - 2021	concurrent with external accreditation
SOE	Early Childhood and Childhood Education	2020 - 2021	concurrent with external accreditation
SOE	Middle and High School Education	2020 - 2021	concurrent with external accreditation

Proposal to Senate Governance Committee

Assessment Committee

a) Membership:

Thirteen members as follows: six elected faculty; three elected students; four administrators: one each from Academic Affairs, Student Affairs, Enrollment Management, Administration and Finance.

b) Functions:

- i. Periodically review the Institutional Effectiveness Plan and recommend changes;
- ii. Collect and document academic assessment information at the institutional, program and course levels, including General Education and Institutional Learning Outcomes (ILOs);
- iii. Collect and document assessment information from Administrative, Educational, and Student Support (AES) units;
- iv. Assist departments, programs, and faculty in developing and implementing assessment plans and communicating assessment findings with appropriate stakeholders;
- v. Facilitate the use of assessment results in Lehman College's governance, planning, resource allocation, and institutional learning outcome development;
- vi. Identify and address professional development needs/opportunities in assessment and disseminate information on best practices in assessment;
- vii. Advise on the development of broader assessment policies to promote student achievement and improvement in curricular, pedagogical, administrative, and support services.

Appendix 012

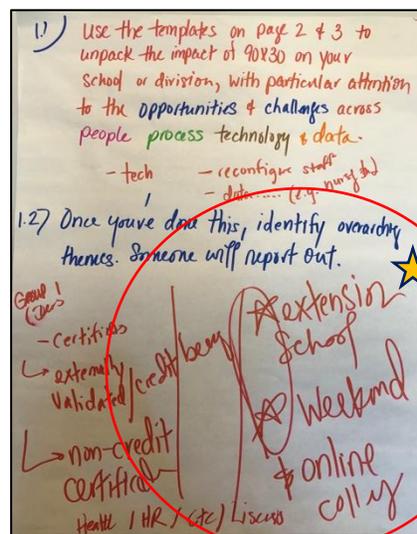
PAB Retreat Meeting Output

Morning Summary: There were two teams. The first team included the Deans, and the other group included administrators. The purpose of the discussion was to unpack the impact of 90X30 on individual schools and divisions, with a focus on people, process, technology, and data.

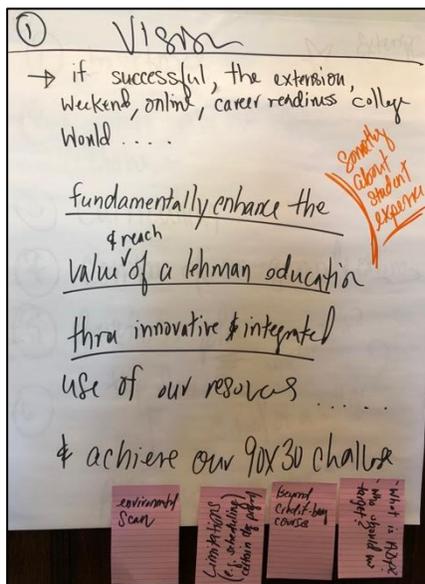
The team composed of the Deans chose to take a deep dive into the importance and variety of credentials. Some are well-validated and credit-bearing and others are non-credit bearing. Many, which are focused on licensure in fields including Health and Human Resources, represent major opportunities to enhance the career trajectories of our students. In light of that, **The group proposed the idea of an extension school of sorts.** The team composed of the other participants unpacked the opportunities and challenges related to people, process, data, and technology. A few themes emerged from these conversations, including:

- Developing a cohesive and prioritized resource strategy;
- Upskilling and reskilling many of our staff in light of Lehman’s ongoing transformation;
- Modernizing and optimizing our human, physical, and digital infrastructure;
- Telling Lehman’s story in by focusing on our globally reflective students, staff, and faculty; and
- Taking a deeper dive into learning modalities and space optimization.

Interestingly, this team concluded with the broader idea of developing a weekend or online college. **Given that both teams landed in a similar place, the remaining time was spent unpacking what it would take to develop something like this.**



Afternoon Summary: Rather than focus on getting to a set of big ideas, the consensus generated allowed us to focus instead on what a new college would look like. First, we thought about what a vision could be. The group came up with the following working draft.



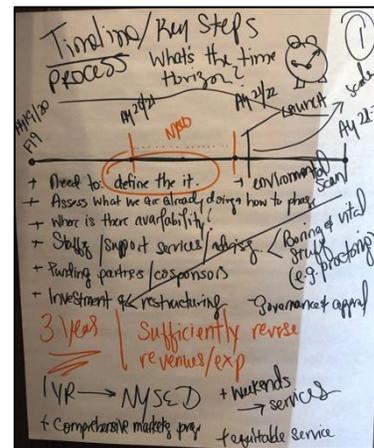
“If successful, the extension, online, career readiness, **weekend** (Struck Through Based on Later Conversations) would fundamentally enhance the value and reach of a Lehman education through the innovative and integrated use of resources to enhance the student experience and achieve our 90X30 challenge by increasing educational attainment in the Bronx and region.”

In order to understand this, it was suggested that an environmental scan/business plan be developed, and that we think about what our limitations could be. Additionally, the group thought it would be important to think beyond credit-bearing courses, and to leverage the infrastructure and programs we already have to help launch something like this successfully.

Finally, Dean Mills noted the importance of an approach that allowed for a top-down and bottom-up effort to converge.

Following this, the group brainstormed for an hour, thinking of what some of the core components and key considerations should be. They included the following:

- Should something like this be open access?
- Could a new approach serve as an incubator for new programs and pedagogical innovations that eventually could be scaled throughout the college?
- Does it make sense to include a co-op component (e.g., should it be internship based)?
- What are the implications for work-study?
- How do we think of pre-baccalaureate programs, post-baccalaureate programs, certificates with no on ramps for a bachelor's or master's degree, and certificates that can be stacked or converted to such credentials?
- Would we charge undergraduate or graduate tuition?
- Where should we first focus our energy? Should we launch graduate programs because they are in theory revenue generators? What can be done quickly to prove the concept and gain more experience?
- Do we have the appropriate enrollment capacity? What are the implications of this on enrollment and support operations? Do we need a weekend administrator?
- What are the implications for this regarding accreditation?



Timeline and Next Steps: After the brainstorming session that focused on the vision and key considerations, the group took a brief break. Following the break, the remainder of the meeting was spent identifying what a timeline and key milestones for the development of a new college or program.

In order to facilitate this process, it was important that the development and maturation of such a program be phased-in over the course of the next three years in a manner that would allow the College to sufficiently reverse the structural deficits that have expenses outpacing revenues and drawing down on our reserve balance.

Year 1 (End of FY20)	Year 2 (End of FY21)	Year 3 (End of FY22)
<ul style="list-style-type: none"> • Have program applications and approvals for NYSED, MSCH E set so that in AY20-21 things can be launched. • Ensure that the design of a new school/program be done in a way that ensures equitable service. • Have comprehensive marketing plan developed. 	<ul style="list-style-type: none"> • Implement key components identified in year 1. • Develop systems and processes to monitor and assess progress and continuously improve. 	<ul style="list-style-type: none"> • Have a fully operational college with a series of signature programs. • Have a multi-year scaling strategy developed.

<ul style="list-style-type: none"> • Determine staffing/support services. • Identify funders and partners, like philanthropy, industry, and the central office. • Launch early pilots • Develop support approaches/budgets. • Develop metrics 		
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Next Steps: At the conclusion of the meeting a series of next steps were identified to help sustain the momentum over the course of the next three months. They are included in the table below:

Thirty Days	Sixty Days	Ninety Days
<ul style="list-style-type: none"> • Define and narrow focus of 90X30. • Organize content around 90X30. • Use upcoming cabinet/PAB meeting to map out student success work and align work (effectively, the exercises we did not do). • Prepare for S. Rinella's arrival. • Embed some of the communications around 90X30, and some of the output of this meeting, into the kickoff of the strategic plan. • Send out most recent space utilization study. 	<ul style="list-style-type: none"> • Bake exercise 2B into the strategic planning efforts for each taskforce. • Develop a targeted marketing strategies for master's programs and other pertinent certificates. • Determine the metrics that allow us to assess the viability of a new program(s). • Ongoing effort to firm up the important metrics. 	<ul style="list-style-type: none"> • Determine the impact of targeted financial aid, with a particular emphasis on summer and winter scholarships. • Have a well-developed, conclusive plan for the launch of this new school/college. • Establish a taskforce and begin the work. • Ongoing effort to firm up the important metrics.

Parking Lot: Additional items were raised and documented for further action.

- The group discussed whether or not to create a program like Georgia State's Panther retention grants based on Kenneth's suggestion. **At the end of the meeting, the group agreed that this should be done and steps should be taken to do so.** This likely included Kenneth, Susan, Reine Sarmiento.
- Would it be possible to examine what would be needed to develop a summer scholarship program that would enable students to take summer courses without drawing down on other forms of financial aid? This was raised because there is anecdotal evidence that involvement in either summer or winter makes a difference in retention and outcomes.
- As we think about 90X30, does it make sense to refine our language and focus on the additional undergraduate degrees that would be needed?

- Related to certificates, have we accounted for all of them? How would we do so? *Note that Jane has already reached out to Jonathan regarding this.*
- Dawn raised a good point regarding the external factors that shape our financial model, and Ron provided some nuance related to micro-population trends in the Bronx. These should be incorporated into the external environmental scan provided in preparation for the meeting.
- Kenneth noted that we needed to be sure to effectively communicate a message of focused, contained, and responsible growth.
- Peter and Ron noted that our efforts are the result of an intentional process of transformation and continuous improvement.

INSTITUTIONAL TRANSFORMATION ASSESSMENT MVP BETA



The **Institutional Transformation Assessment** is an inquiry and learning tool designed to help institutions better understand their strengths and areas for improvement, in order to prioritize transformation efforts.

INDIVIDUAL REPORT

This report shows a summary of your responses to the assessment along with your answers to each question. The group's responses to the assessment will be used as a key input in the consensus discussion.

STUDENT SUCCESS FRAMEWORK COMPONENTS

Pathways measures an institution's state of adopting essential guided pathways practices at scale.

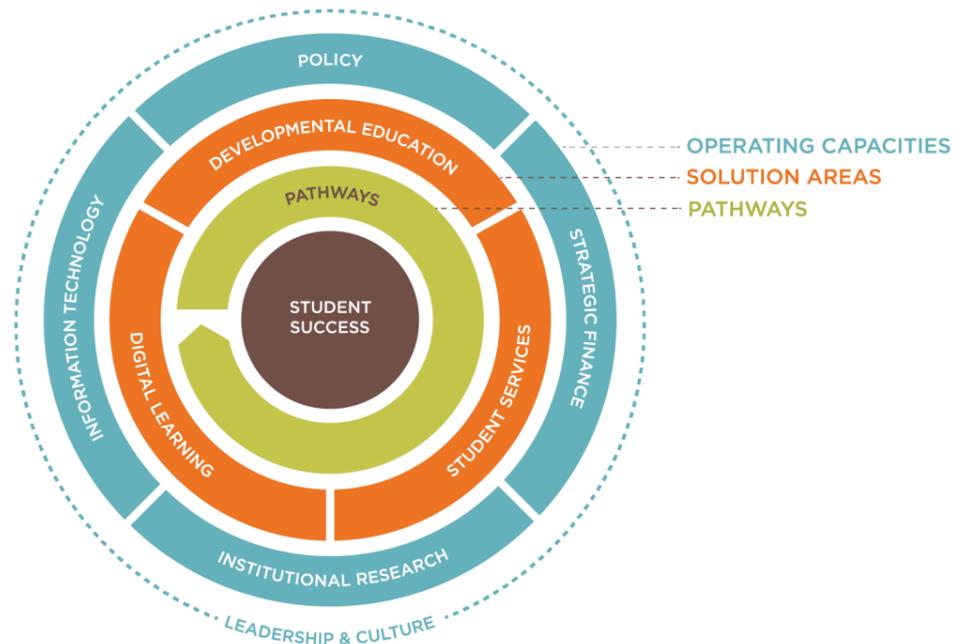
Solution Areas measure the state of an institution's implementation of three focused areas:

- Developmental Education
- Student Services
- Digital Learning

Operating Capacities measure the state of an institution of five operating areas:

- Leadership & Culture
- Policy
- Strategic Finance
- Institutional Research
- Information Technology

STUDENT SUCCESS FRAMEWORK



SUMMARY REPORT MECHANICS

OPERATIONAL CAPACITIES & SOLUTION AREAS RATING DEFINITIONS

The section below summarizes your responses to the assessment into four capability groupings. In general these categories can be defined as:

Emerging - A fairly low level of capability maturity, in that limited capabilities exist or those that are present do not exist in any pervasive, repeatable manner.

Developing - An increased level of capability over "non-existent", generally characterized by inconsistent execution and limited repeatable processes

Accomplished - A moderately high level of capability maturity, with consistent execution and repeatable processes

Exemplary - The highest level of capability maturity, characterized by high level of execution, process standardization, and continuous monitoring and feedback to achieve the desired results, that are formalized and part of the way the institution "does business" on a consistent basis

I don't know/unsure - You don't know the answer to a question, or you are unsure if your institution is implementing or following this practice

Not applicable - This question does not apply to my institution's context

PATHWAYS RATING DEFINITIONS

There are different capability groupings for the **Pathways** section. This section follows the 5-scale rubric as follows:

Not Occuring - Institution is currently not following or planning to follow this practice

Not Systematic - Practice is incomplete, inconsistent, informal, and/or optional

Planning for Implementation - Institution is planning to implement the practice at scale

Implementation in Progress - Implementation of the practice is in progress for all students

At Scale - Practice is implemented at scale—that is, for all degree-seeking students

I don't know/unsure - You don't know the answer to a question, or you are unsure if your institution is implementing or following this practice

Not applicable - This question does not apply to my institution's context

RATING MATHEMATICS

Each ordinal response was assigned a numerical value. The average of the data set for each category was used to determine the overall rating for that category. In the case where the average is not an integer, the number was rounded up or down depending on the mode of the data set.

QUALITY OF IMPLEMENTATION	NUMERICAL VALUE
EMERGING	1
DEVELOPING	2
ACCOMPLISHED	3
EXEMPLARY	4

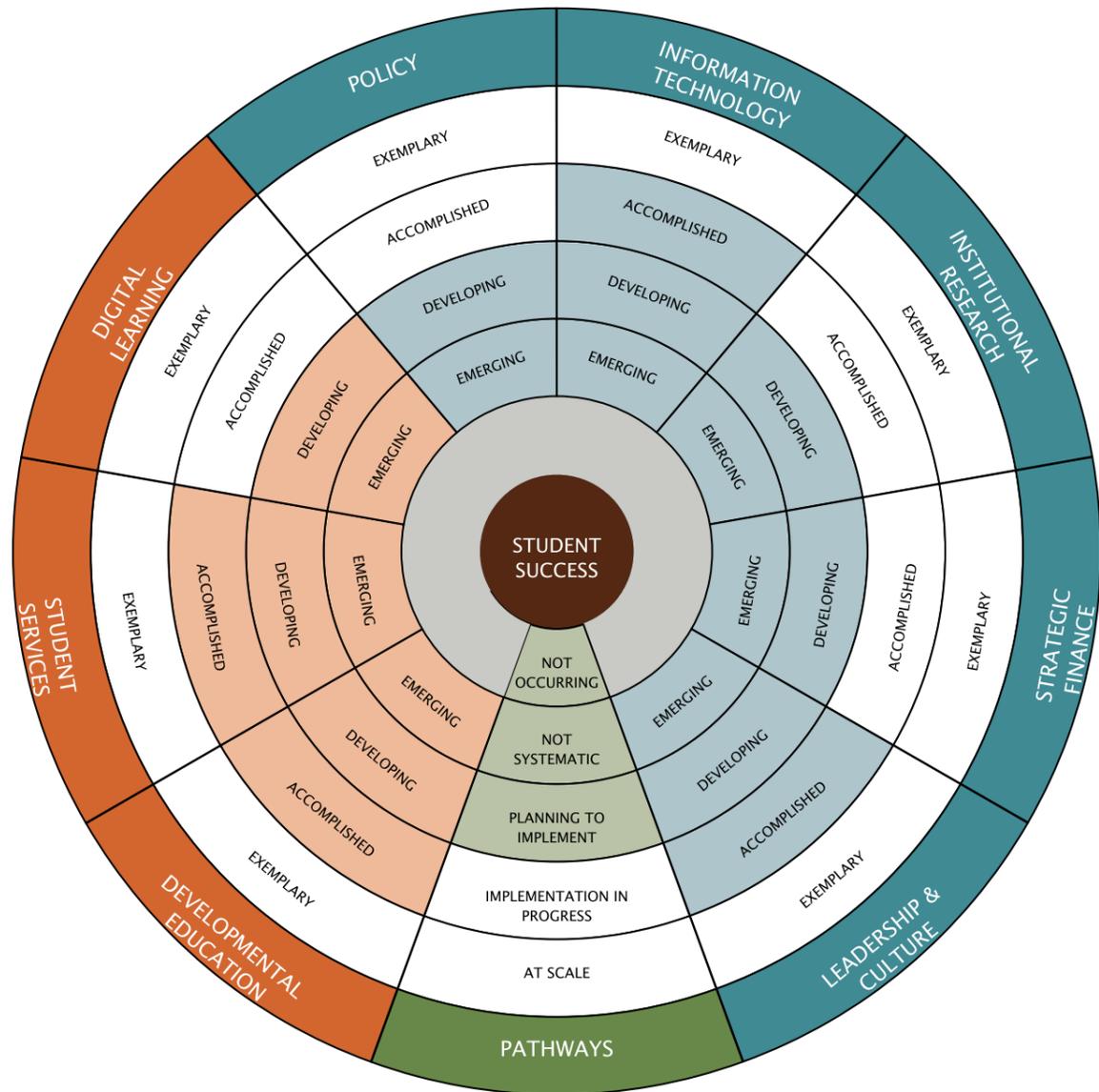
SCALE OF ADOPTION	NUMERICAL VALUE
NOT OCCURRING	1
NOT SYSTEMATIC	2
PLANNING FOR IMPLEMENTATION	3
IMPLEMENTATION IN PROGRESS	4
AT SCALE	5

YOUR INDIVIDUAL ASSESSMENT RESULTS

WHAT DOES THIS REPRESENT?

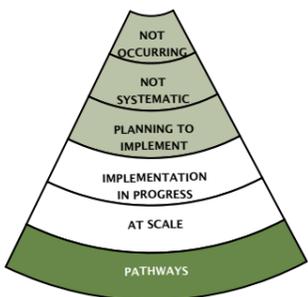
This is a high level view of your assessment results. It displays an aggregate rating for each section of the student success framework based on the answers you gave for each question in the assessment.

The pages that follow show how you answered questions in each section to arrive at these aggregate ratings.



PLANNING TO IMPLEMENT

Pathways



PATHWAYS

Pathways focuses on measuring your institution's focus on and ability to define student pathways, map pathways to student end goals, help students choose a pathway, keep students on a pathway, and ensure that students are learning.

	NOT OCCURRING	NOT SYSTEMATIC	PLANNING TO IMPLEMENT	IMPLEMENTATION IN PROGRESS	AT SCALE	Not Applicable	Unsure / I don't know	
1	The institution emphasizes long-term student education planning for an entire program/degree linked to transfer and career plans, rather than course selection for the current or upcoming term.	Institution is currently not following or planning to follow this practice	Practice is incomplete, inconsistent, informal, and/or optional	Institution is planning to implement the practice at scale	Implementation of the practice is in progress for all students	Practice is implemented at scale—that is, for all degree-seeking students	Not Applicable	Unsure / I don't know

MAPPING PATHWAYS TO STUDENT END GOALS

		NOT OCCURRING	NOT SYSTEMATIC	PLANNING TO IMPLEMENT	IMPLEMENTATION IN PROGRESS	AT SCALE	Not Applicable	Unsure / I don't know
2	Every program is well designed to guide and prepare students to enter employment and further education in fields of importance to the college's service area.	Institution is currently not following or planning to follow this practice	Practice is incomplete, inconsistent, informal, and/or optional	Institution is planning to implement the practice at scale	Implementation of the practice is in progress for all students	Practice is implemented at scale—that is, for all degree-seeking students	Not Applicable	Unsure / I don't know
3	Detailed information is provided on the college's website on the employment and further education opportunities targeted by each program.	Institution is currently not following or planning to follow this practice	Practice is incomplete, inconsistent, informal, and/or optional	Institution is planning to implement the practice at scale	Implementation of the practice is in progress for all students	Practice is implemented at scale—that is, for all degree-seeking students	Not Applicable	Unsure / I don't know
4	Programs are clearly mapped out for students. Students know which courses they should take and in what sequence. Courses critical for success in each program and other key progress milestones are clearly identified. All this information is easily accessible on the college's website.	Institution is currently not following or planning to follow this practice	Practice is incomplete, inconsistent, informal, and/or optional	Institution is planning to implement the practice at scale	Implementation of the practice is in progress for all students	Practice is implemented at scale—that is, for all degree-seeking students	Not Applicable	Unsure / I don't know

HELPING STUDENTS CHOOSE AND ENTER A PATHWAY

5	Every new student is helped to explore career/college options, choose a program of study, and develop a full-program plan as soon as possible.	Institution is currently not following or planning to follow this practice	Practice is incomplete, inconsistent, informal, and/or optional	Institution is planning to implement the practice at scale	Implementation of the practice is in progress for all students	Practice is implemented at scale—that is, for all degree-seeking students	Not Applicable	Unsure / I don't know
6	Special supports are provided to help academically unprepared students to succeed in the "gateway" courses for the college's major program areas" not just in college-level math and English.	Institution is currently not following or planning to follow this practice	Practice is incomplete, inconsistent, informal, and/or optional	Institution is planning to implement the practice at scale	Implementation of the practice is in progress for all students	Practice is implemented at scale—that is, for all degree-seeking students	Not Applicable	Unsure / I don't know
7	Required math courses are appropriately aligned with the student's field of study.	Institution is currently not following or planning to follow this practice	Practice is incomplete, inconsistent, informal, and/or optional	Institution is planning to implement the practice at scale	Implementation of the practice is in progress for all students	Practice is implemented at scale—that is, for all degree-seeking students	Not Applicable	Unsure / I don't know
8	Intensive support is provided to help very poorly prepared students to succeed in college-level courses as soon as possible.	Institution is currently not following or planning to follow this practice	Practice is incomplete, inconsistent, informal, and/or optional	Institution is planning to implement the practice at scale	Implementation of the practice is in progress for all students	Practice is implemented at scale—that is, for all degree-seeking students	Not Applicable	Unsure / I don't know
9	The college works with high schools and other feeders to motivate and prepare students to enter college-level coursework in a program of study when they enroll in college.	Institution is currently not following or planning to follow this practice	Practice is incomplete, inconsistent, informal, and/or optional	Institution is planning to implement the practice at scale	Implementation of the practice is in progress for all students	Practice is implemented at scale—that is, for all degree-seeking students	Not Applicable	Unsure / I don't know

KEEPING STUDENTS ON THE PATH

10	Advisors monitor which program every student is in and how far along the student is toward completing the program requirements.	Institution is currently not following or planning to follow this practice	Practice is incomplete, inconsistent, informal, and/or optional	Institution is planning to implement the practice at scale	Implementation of the practice is in progress for all students	Practice is implemented at scale—that is, for all degree-seeking students	Not Applicable	Unsure / I don't know
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		NOT OCCURRING	NOT SYSTEMATIC	PLANNING TO IMPLEMENT	IMPLEMENTATION IN PROGRESS	AT SCALE	Not Applicable	Unsure / I don't know
11	Students can easily see how far they have come and what they need to do to complete their program.	Institution is currently not following or planning to follow this practice	Practice is incomplete, inconsistent, informal, and/or optional	Institution is planning to implement the practice at scale	Implementation of the practice is in progress for all students	Practice is implemented at scale—that is, for all degree-seeking students	Not Applicable	Unsure / I don't know
12	Advisors and students are alerted when students are at risk of falling off their program plans and have policies and supports in place to intervene in ways that help students get back on track.	Institution is currently not following or planning to follow this practice	Practice is incomplete, inconsistent, informal, and/or optional	Institution is planning to implement the practice at scale	Implementation of the practice is in progress for all students	Practice is implemented at scale—that is, for all degree-seeking students	Not Applicable	Unsure / I don't know
13	Assistance is provided to students who are unlikely to be accepted into limited-access programs, such as nursing or culinary arts, to redirect them to another more viable path to credentials and a career.	Institution is currently not following or planning to follow this practice	Practice is incomplete, inconsistent, informal, and/or optional	Institution is planning to implement the practice at scale	Implementation of the practice is in progress for all students	Practice is implemented at scale—that is, for all degree-seeking students	Not Applicable	Unsure / I don't know
14	The college schedules courses to ensure students can take the courses they need when they need them, can plan their lives around school from one term to the next, and can complete their programs in as short a time as possible.	Institution is currently not following or planning to follow this practice	Practice is incomplete, inconsistent, informal, and/or optional	Institution is planning to implement the practice at scale	Implementation of the practice is in progress for all students	Practice is implemented at scale—that is, for all degree-seeking students	Not Applicable	Unsure / I don't know

ENSURING THAT STUDENTS ARE LEARNING

15	Program learning outcomes are aligned with the requirements for success in the further education and employment outcomes targeted by each program.	Institution is currently not following or planning to follow this practice	Practice is incomplete, inconsistent, informal, and/or optional	Institution is planning to implement the practice at scale	Implementation of the practice is in progress for all students	Practice is implemented at scale—that is, for all degree-seeking students	Not Applicable	Unsure / I don't know
16	Students have ample opportunity to apply and deepen knowledge and skills through projects, internships, co-ops, clinical placements, group projects outside of class, service learning, study abroad and other active learning activities that program faculty intentionally embed into coursework.	Institution is currently not following or planning to follow this practice	Practice is incomplete, inconsistent, informal, and/or optional	Institution is planning to implement the practice at scale	Implementation of the practice is in progress for all students	Practice is implemented at scale—that is, for all degree-seeking students	Not Applicable	Unsure / I don't know
17	Faculty assess whether students are mastering learning outcomes and building skills across each program, in both arts and sciences and career/technical programs.	Institution is currently not following or planning to follow this practice	Practice is incomplete, inconsistent, informal, and/or optional	Institution is planning to implement the practice at scale	Implementation of the practice is in progress for all students	Practice is implemented at scale—that is, for all degree-seeking students	Not Applicable	Unsure / I don't know
18	Results of learning outcomes assessments are used to improve teaching and learning through program review, professional development, and other intentional campus efforts.	Institution is currently not following or planning to follow this practice	Practice is incomplete, inconsistent, informal, and/or optional	Institution is planning to implement the practice at scale	Implementation of the practice is in progress for all students	Practice is implemented at scale—that is, for all degree-seeking students	Not Applicable	Unsure / I don't know

		NOT OCCURRING	NOT SYSTEMATIC	PLANNING TO IMPLEMENT	IMPLEMENTATION IN PROGRESS	AT SCALE	Not Applicable	Unsure / I don't know
19	The college helps students document their learning for employers and universities through portfolios and other means beyond transcripts.	Institution is currently not following or planning to follow this practice	Practice is incomplete, inconsistent, informal, and/or optional	Institution is planning to implement the practice at scale	Implementation of the practice is in progress for all students	Practice is implemented at scale—that is, for all degree-seeking students	Not Applicable	Unsure / I don't know
20	The college assesses effectiveness of educational practice (e.g. using CCSSE or SENSE, etc.) and uses the results to create targeted professional development.	Institution is currently not following or planning to follow this practice	Practice is incomplete, inconsistent, informal, and/or optional	Institution is planning to implement the practice at scale	Implementation of the practice is in progress for all students	Practice is implemented at scale—that is, for all degree-seeking students	Not Applicable	Unsure / I don't know

ACCOMPLISHED

Operating Capacities



LEADERSHIP & CULTURE

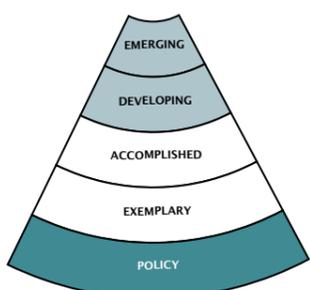
The Leadership & Culture capacity is an institution's ability to develop and lead execution of a strategic agenda focused on student success.

		EMERGING	DEVELOPING	ACCOMPLISHED	EXEMPLARY	Not Applicable	Unsure / I don't know
1	Senior leaders are publicly committed to improve completion and/or labor market outcomes and overall student success.	Student success improvement is not among the institution's stated or announced priorities.	Senior leaders in specific departments, schools or representing specific groups of students may have publicly committed to a student success improvement initiative.	The institution has stated student success improvement goals and identified key stakeholders and leadership.	Student success improvement is a highly visible and clear priority for the institution	Not Applicable	Unsure / I don't know
2	There is at least one senior position specifically dedicated to student success improvement.	Student success improvement is not a formal part of any senior executive's portfolio.	Student success leadership is limited to specific departments, schools, or groups of students. Institution-wide leadership is absent or not at a senior level.	Student success is a shared responsibility across several roles; leadership may be distributed or not at an executive level.	A dedicated leader of student success improvement initiatives reports directly to the president and/or serves on the cabinet.	Not Applicable	Unsure / I don't know
3	Individuals within and between departments and units collaborate and communicate to implement student success initiatives.	If student success initiatives are underway, they are being conducted by individual departments, schools, or groups, with little or no communication, awareness, or coordination.	Several stakeholders are collaborating and communicating. It may be a showcase or pilot project.	Key stakeholder roles and departments have been identified and most are committed to and involved in the initiative, but some areas are not involved, have declined, or are unable to participate.	All relevant stakeholders (individuals and departments) are collaborating and communicating in institutional student success initiatives.	Not Applicable	Unsure / I don't know

		EMERGING	DEVELOPING	ACCOMPLISHED	EXEMPLARY	Not Applicable	Unsure / I don't know
4	Input from multiple stakeholders (e.g., IT, faculty, institutional research, students, staff, student affairs) is used when making decisions about student success goals and initiatives.	Student success goals and initiatives either have not been articulated at all or are not shared with others.	Decisions about student success goals and initiatives are made by a small group that does not represent most stakeholders.	Input from many internal stakeholders is used to make decisions about student success goals and initiatives, but some stakeholders may feel their input goes unheeded and the rationale for some decisions is unclear.	All relevant internal stakeholders participate actively in decision-making about student success goals and initiatives.	Not Applicable	Unsure / I don't know
5	Metrics of progress towards priority objectives related to student success are defined and shared across the institution.	Measurable outcomes and metrics towards priority objectives are generally understood but not specifically delineated in a formal document.	The strategic plan specifies some measurable outcomes and metrics towards priority objectives and there is limited information available to key constituents upon request.	Measurable outcomes and metrics are defined in the strategic plan and progress is reported periodically to key constituents in a clear and concise format.	Measurable outcomes and metrics of progress towards priority student success objectives are defined in the strategic plan and progress towards achievement is regularly evaluated and shared with the campus community and senior officials.	Not Applicable	Unsure / I don't know
6	Executives are accountable for achieving the institution's priority objectives.	The institution has an informal process to evaluate the performance of senior leadership.	A performance management system exists on campus but it is not specifically linked to priority objectives.	The institution is in the process of adopting a formal process to include priority objectives in a performance management system.	Achieving priority objectives are critical measures in an executive performance measurement system.	Not Applicable	Unsure / I don't know
7	Key human resources are effectively organized to achieve priority initiatives and roles and responsibilities related to business office, IT, IR are clearly differentiated and respected.	The institution has a traditional organizational structure that has received little attention over recent years.	Institutional leaders plan to review the roles and responsibilities for key operational areas and to make adjusts as needed.	An institutional review is underway and some roles and responsibilities have been revised or clarified.	Key institutional areas have been reviewed and realigned to ensure collaboration in achieving priority objectives.	Not Applicable	Unsure / I don't know
8	Leadership use of analytics when making decisions about student success initiatives.	Leadership makes decisions about student success with only marginal or no use of data. They have expressed no interest in employing analytics.	Leadership is interested in applying analytics to student success initiatives. Initial exploratory uses of analytics, such as a pilot project, may be in place with strong leadership interest.	Leadership employs analytics to inform some initiative-level decisions.	Analytics are used by leadership as a key component of initiative-level decisions.	Not Applicable	Unsure / I don't know

DEVELOPING

Operating Capacities



POLICY

The Policy capacity is an institution's ability to mobilize the support required to change laws, regulations, rules, protocols, and funding priorities governing operations whether or not the policies fall within the institution's formal authority to modify.

EMERGING

DEVELOPING

ACCOMPLISHED

EXEMPLARY

Not Applicable

Unsure / I don't know

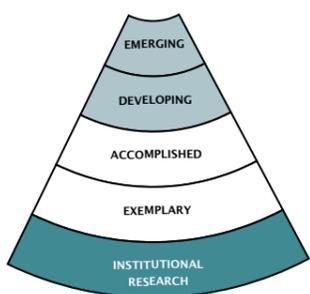
		EMERGING	DEVELOPING	ACCOMPLISHED	EXEMPLARY	Not Applicable	Unsure / I don't know
1	The institution has a clear definition of student success that emphasizes completion and/or labor market outcomes.	The institution does not have a clear definition of student success.	The institution has a definition of student success but it does not include completion and/or labor market outcomes.	The institution has a definition of student success that includes, but does not emphasize, completion and/or labor market outcomes.	The institution uses a clear definition of student success that emphasizes completion and/or labor market outcomes.	Not Applicable	Unsure / I don't know
2	The institution consistently uses a shared definition of student success.	The institution either does not define student success or the definition is unfocused, emphasizes different objectives, or is used inconsistently on campus.	The institution has a definition of student success and uses it in multiple contexts, but the definition is not yet an integral part of the institutional culture.	The institution uses a consistent definition of student success.	The institution uses a consistent definition of student success that is universally recognized on campus and used in major institutional processes or documents.	Not Applicable	Unsure / I don't know
3	Improving student success is prioritized among competing objectives.	The institution may have identified student success as an important goal, but has not given it unique importance among other institutional priorities.	The institution has made student success one of their top two or three priorities. They have allocated resources to specific projects or ideas on an ad hoc basis, but not within most core planning, budgeting, and personnel processes.	The institution has made student success one of their top two or three priorities and has systematically integrated a student success framework into their institutional planning, budgeting, and personnel processes. Budget and policy decisions are routinely based on student success considerations.	The institution gives student success top priority relative to other important goals and evaluates all major budget and policy decisions based on their impact on student success.	Not Applicable	Unsure / I don't know
4	The institution has a process for regularly communicating student success goals and performance to appropriate stakeholders.	The institutional community is not aware of any student success activities. Communications efforts are informal and ad hoc.	Communications about student success goals and performance are limited to particular groups, or infrequent.	A dedicated website or other "channel" exists to communicate about student success goals and performance.	Multiple communications venues (e.g., web site, social media, newsletters and emails, departmental and town hall meetings, media, events, etc.) are used to communicate student success goals and performance to all stakeholders. Someone is formally responsible for initiative communications. The institutional community helps spread the word about student success goals and current progress toward those goals.	Not Applicable	Unsure / I don't know

		EMERGING	DEVELOPING	ACCOMPLISHED	EXEMPLARY	Not Applicable	Unsure / I don't know
5	The institution has a strong process in place for identifying institutional policies and procedures in need of modification or improvement.	The institution knows some of the internal stakeholders needed to support policy change, but has not yet engaged them.	The institution has occasionally engaged internal stakeholders to develop and implement new policies and procedures. Engagement may not be especially wide or deep and transparency may be limited. Some stakeholders may not feel empowered to implement or recommend changes.	The institution ensures that key internal stakeholders are well informed about its policy agenda and has successfully engaged them in developing and implementing many important policies and procedures. Engagement is often wide (most or many members of key groups participate) and deep (policies significantly shaped by input from internal stakeholders), and the process is transparent to affected groups.	The institution is recognized regionally or nationally as having especially strong internal stakeholder engagement. Formal and transparent processes for engagement are in place and regularly used. Engagement is consistently wide and deep and has been sustained through significant leadership transitions at the institution.	Not Applicable	Unsure / I don't know
6	The institution has a strong process in place for identifying policies and procedures in need of modification or improvement and for ensuring effective implementation of changes.	The institution may have anecdotal awareness of problems with its policies and procedures and may have occasionally taken steps to address them, but has not actively sought to audit policies or anticipate problems before they emerge.	The institution has made at least one major systematic attempt to identify institutional policies and procedures that present a barrier to student success.	The institution has established and used a process to identify areas for policy and procedure improvement, implemented new policies, and followed up to evaluate results of the new implemented policies.	The institution has extensively and repeatedly used a process to review and improve its policies and procedures.	Not Applicable	Unsure / I don't know
7	The institution has the ability to identify and address barriers to student success in institutional policies and procedures.	The institution is aware that policies might hinder or aid the achievement of its strategic objectives, but has not yet engaged in systemic efforts to identify and change them.	The institution has identified and addressed some of the internal or external policies and procedures that need to be eliminated, modified, or adopted. There may be weak links in the team or process.	The institution has systematically identified internal and external policy barriers to achieving its strategic objectives and developed strong teams and processes to change them.	The institution has an outstanding and sustainable team in place. It has implemented and repeatedly used an ongoing process for reviewing internal and external policies and identifying and removing barriers to achieving strategic objectives.	Not Applicable	Unsure / I don't know
8	Institution has strong and effective processes in place to cultivate external stakeholders such that its requests for external policy support or change have been successful and it is seen as a willing and helpful collaborator by its peers and partners.	The institution knows some of the constituencies needed to support external policy change, but has not yet engaged them.	The institution has engaged some of the appropriate external stakeholder groups to institute some policy change, but lacks a strong process for one or more of them.	The institution has strong and effective processes in place to cultivate external stakeholders. Its requests for external policy support or change have been successful and the institution is seen as a willing and helpful collaborator by its peers and partners.	The institution is recognized among peers as a leader in making the case for policy support or change. Its effectiveness has been sustained through key leadership transitions (within or outside the institution).	Not Applicable	Unsure / I don't know

		EMERGING	DEVELOPING	ACCOMPLISHED	EXEMPLARY	Not Applicable	Unsure / I don't know
9	The institution consistently and effectively engages external stakeholders in developing and improving student success policies and procedures.	The institution makes decisions affecting student success without significant involvement of external stakeholders. It does not regularly use the results of surveys, focus groups, or other processes to acquire more comprehensive input.	The institution occasionally uses surveys, focus groups, or other means to solicit input from external stakeholders and occasionally acts based on the results of that input. The processes for involvement are not systematic, and stakeholders may not understand the institution's decisions about acting on that feedback.	The institution consistently uses surveys, focus groups, or other means to solicit input from external stakeholders and frequently changes institutional policies and procedures based on the input received. External stakeholders understand why the institution sometimes chooses not to act upon their feedback.	The institution is recognized within its state or peer groups as responsive to and collaborative with external partners, and may be identified by external partners as an exemplar for other institutions.	Not Applicable	Unsure / I don't know
10	There are strong data and analytical resources available for policy and procedure development.	The institution has limited data and analytical resources for institutional policy development. Few real-time resources or forecasting tools are available, so the institution relies primarily on historical reports and analyses developed for other purposes, such as compliance or accreditation.	The institution has developed some data sources and analyses specifically to inform policy development that go beyond what is required for compliance and accreditation. Some core institutional functions have access to real-time reports and forecasts, but many do not.	The institution has developed real-time reports and forecast models for all major central administrative functions to inform institutional policies that affect student success.	The institution has developed data and analytical resources, including real-time and predictive reports, to support institutional policy development and adjustment across the institution, including faculty planning and student advising.	Not Applicable	Unsure / I don't know
11	Data resources are effectively and consistently used in the policy and procedure development process.	The institution's use of data and analytics to make and adjust institutional policies and processes is uncoordinated. These functions take place in separate units or are specialized functions of a small group of people.	The institution's use of data and analytics to make and adjust institutional policies and processes is coordinated, but the number of people involved is limited.	Virtually all academic and administrative units of the institution have access to and regularly use data and analytics to make and adjust institutional policies and procedures. They make use of real-time reports and forecasting techniques to anticipate and respond to issues as early as possible.	The institution's data and analyses are available to and used extensively by individual students, faculty and staff to inform their decisions and to create a constant feedback loop that informs institutional policy and procedure. Confidence in the systems is high.	Not Applicable	Unsure / I don't know

DEVELOPING

Operating Capacities



INSTITUTIONAL RESEARCH

The Institutional Research capacity is an institution's ability to use inquiry, action research, data, and analytics to intentionally inform operational, tactical, and strategic accomplishment of an institution's student success mission. The function—occurring inside and outside of an institutional research office—provides timely, accurate, and actionable decision support to administrators, faculty, staff, students, and other stakeholders.

EMERGING

DEVELOPING

ACCOMPLISHED

EXEMPLARY

Not Applicable

Unsure / I don't know

		EMERGING	DEVELOPING	ACCOMPLISHED	EXEMPLARY	Not Applicable	Unsure / I don't know
1	Data and institutional research are viewed as valued assets for decision making and continuous improvement of the institution.	In addition to mandatory reporting, the use of data by internal audiences is mainly served through one-off ad hoc requests.	Access to data and analytics is specifically aligned with the decision-making authority and needs of different audiences (e.g., boards of directors, faculty in governance roles, faculty in instructional roles, staff, students).	Data are frequently and widely used by a variety of audiences across the institution to inform decisions, demonstrating the genesis of a culture of evidence.	In a robust culture of evidence, data and IR are evaluated and improved with new tools, methods, and developments to proactively meet audiences' needs.	Not Applicable	Unsure / I don't know
2	There are established goals for staff and faculty data literacy.	There are positions which are designed specifically around data and analytic skills (e.g., staff in business intelligence/IR office).	Data knowledge and skills is included in position descriptions for all positions that collect data and/or support decision making.	Professional development is provided to individuals who collect data and/or support decision making aligned with position descriptions and expectations.	Goals are established for staff/faculty data literacy and a multi-year plan for reaching the established goals.	Not Applicable	Unsure / I don't know
3	Professional development opportunities exist to build skills for data collection, analysis and use.	Support is occasionally provided for conference or webinar attendance to build institutional research knowledge and skills.	Professional development opportunities are provided for faculty, staff, and administrators to grow institutional research skills, even if they do not work in an IR office.	A strategy has been established for developing employee capacities to collect, analyze, disseminate, and use data in support of their own position and their unit's work.	An established strategy exists to successfully enlarge the institution's pool of skilled employees who use data to inform operational, tactical, and strategic decisions which impact student success.	Not Applicable	Unsure / I don't know
4	Faculty and advisors use analytics to improve individual student success.	Faculty and advisors make decisions that affect student success with only marginal or no use of data. Few or none have expressed interest in employing analytics.	Some individual faculty and advisors use the available data and analytics to make some decisions, but most do not.	Many faculty and advisors apply analytics to help individual students and otherwise improve support.	Faculty and advisors use analytics on an ongoing basis to help individual students, inform curriculum and course design, and otherwise improve support.	Not Applicable	Unsure / I don't know
5	The institution applies student success metrics in policies and practices.	Metrics that measure institutional and student performance have been identified.	Data that support student success metrics are collected, quality-checked, and confirmed for all students, including subpopulations.	Relevant decision makers have access to student success metrics for all students, including subpopulations.	Student success metrics are used to confirm, change, or create academic policies and practices.	Not Applicable	Unsure / I don't know
6	Individuals and departments have access to data and data tools to inform decision making.	Data primarily come from existing administrative records and mandated reporting, and are generally used in the aggregate.	Access to data requires special skills or permissions that are limited to specific units.	Select decision makers have access to data and data tools to ask and answer questions related to their areas.	Institution has a process to evaluate and improve access to data and data tools for all decision makers, including administrators, faculty, staff, and students.	Not Applicable	Unsure / I don't know
7	The institution has established a level of oversight of student success data.	The institution has established some links across administrative units responsible for student success data.	The institution has formalized the links in the organizational structure so that cross-unit authority and responsibility for student success data is established.	A single administrative unit has ultimate responsibility for data oversight of student success data.	An administrative support structure has ultimate responsibility to confirm or change data, resources, and practices related to student success.	Not Applicable	Unsure / I don't know

		EMERGING	DEVELOPING	ACCOMPLISHED	EXEMPLARY	Not Applicable	Unsure / I don't know
8	The institution uses data to inform unit-level and functional management.	Baseline student success metrics in support of the institution's goals have been established to facilitate decisions by unit administrators, faculty, and staff.	Access is provided to data and analytics to align with the decision-making needs of unit administrators, faculty, and staff.	Unit administrators, faculty, and staff use data and analytics to inform decisions and set priorities.	Each institutional unit uses continuous improvement processes to evaluate its data and analytics capacities.	Not Applicable	Unsure / I don't know
9	Using analytics predictively to inform student success initiatives.	The institution does not use predictive analytics to inform student success initiatives, but may be considering an initiative.	Use of data is primarily limited to monitoring and reporting, with little or no predictive capabilities.	Predictive analytics are in place and in use for at least one component of student success.	Predictive analytics are in place and in use in all feasible components of student success.	Not Applicable	Unsure / I don't know
10	Institution anticipates and evaluates new opportunities (tools/methods) for data and institutional research in support of student success.	No organized evaluation of new data tools/methods is established. Or, multiple units at our institution independently monitor and explore new vendor services, external data collections, and new analytical tools with only informal links between units.	The institution has formalized links in the organizational structure and in position descriptions so that authority and accountability for maintaining the institution-wide data and institutional research capacity are clearly established.	The institution has established a single individual/unit with ultimate responsibility for maintaining and growing the institution's data and institutional research capacity.	The institution has used the administrative support structure to confirm or change data resources and practices, and inform tactical, operational, and strategic decisions in support of student success.	Not Applicable	Unsure / I don't know

DEVELOPING

Operating Capacities



STRATEGIC FINANCE

The Strategic Finance capacity is the institution's ability regarding the strategic and effective allocation and management of resources in support of the institution's vision, mission, goals, and priority initiatives.

		EMERGING	DEVELOPING	ACCOMPLISHED	EXEMPLARY	Not Applicable	Unsure / I don't know
1	How do student success goals influence resource allocation decisions (financial, human, technological, facilities)?	Resources are not allocated strategically toward these outcomes using cost, performance data and basic statistics but rather based on historical funding levels, formulas or processes.	Student success has been identified as a priority outcome in the institution's strategic plan, and performance, cost data and analytics are broadly used to inform resource allocation decisions.	Student success has been identified as a priority outcome in the institution's strategic plan, and performance, cost data and analytics are used to dedicate resources to achieve this outcome.	Student success is clearly delineated as critical to the institution's mission and strategic plan. The institution uses relevant performance, cost data and analytics to enable strategic effectiveness.	Not Applicable	Unsure / I don't know

		EMERGING	DEVELOPING	ACCOMPLISHED	EXEMPLARY	Not Applicable	Unsure / I don't know
2	Does the institution have a multi-year financial plan, based on data-driven assumptions?	The college budgets on an annual basis.	The budget is developed annually however senior leaders have a multi-year financial model.	A multi-year budget model has been developed based primarily on historical financial measures.	The institution uses multi-year forecasts and, using sensitivity analysis, develops financial pro formas for the next 5 years, enabling it to understand the implications of current and future commitments and initiatives.	Not Applicable	Unsure / I don't know
3	Does the institution have processes in place to accurately assess costs related to programs and activities?	Cost estimates are based on traditional financial accounting systems and reports.	Individual units have developed internal processes to assess costs related to their programs and activities.	The institution has begun to develop a process to accurately assess the cost of programs, products and services.	Sufficient resources are planned to ensure the reasonable success of a priority initiative before the effort is undertaken.	Not Applicable	Unsure / I don't know
4	Are faculty and staff using financial data in their decision making and goal setting?	Little evidence that financial data are widely used by staff outside of the business office.	Faculty and staff use general financial data in decision-making.	Faculty and staff use financial forecasting at their departmental level.	Faculty and staff widely understand and use advanced costing techniques.	Not Applicable	Unsure / I don't know
5	Are processes in place to assess and report on the financial impact of achieving institutional strategies and outcomes?	The institution periodically reports both internally and externally on progress towards achieving priority initiatives.	Individual units have developed dashboards and other systems to measure and report progress on priority objectives.	The institution has begun to develop a campus-wide system to accurately measure and report progress on priority objectives.	The institution uses relevant performance and cost data to assess the financial impact of achieving priority initiatives and communicates these results both internally and externally.	Not Applicable	Unsure / I don't know
6	Does the institution periodically measure the financial costs and benefits of achieving priority initiatives?	Priority initiatives are periodically included in broader financial overviews.	Cost/Benefit analysis is sometimes utilized as a component of periodic program reviews.	Cost/Benefit analysis is used extensively in some but not all program reviews.	The institution measures the financial costs and benefits of achieving priority initiatives as return on investment, across financial and non-financial outcomes.	Not Applicable	Unsure / I don't know
7	Are faculty and staff incented to improve student success in a way that is aligned with the institutional vision?	Faculty and staff receive periodic reviews based upon traditional performance criteria, and/or revenue distribution formulae conflict with institutional goals.	Senior institutional leaders understand the need to align incentives with vision but have not yet begun developing a campus-wide system.	The institution has begun to develop a campus-wide system to accurately monitor, incent and motivate individual efforts that advance institutional goals.	Effective financial incentives have been developed and implemented throughout the campus to support the institution's vision and priority objectives.	Not Applicable	Unsure / I don't know
8	Are metrics and data of institutional financial health shared transparently and consistently both internally and externally?	Limited financial information is available to key constituents upon request, and definitions of terms vary throughout the organization.	Financial reports and key performance measures and data are available upon request by key constituents, and the budget process involves limited stakeholders.	Budget process and data are regularly presented in a clear and concise format, and constituents rely on them for key allocation decisions.	Financial / performance data and budgeting processes are understood and discussed regularly with constituents, and a high level of confidence exists with the data's accuracy.	Not Applicable	Unsure / I don't know

INFORMATION TECHNOLOGY

The Information Technology capacity is the institution's ability to provide institutional leadership, faculty, and advisors with tools and information they need to contribute to student success and develop and monitor meaningful student success initiatives.

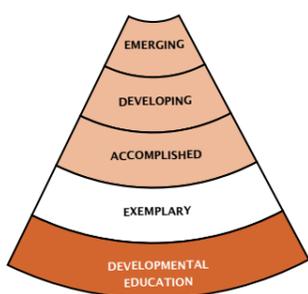
		EMERGING	DEVELOPING	ACCOMPLISHED	EXEMPLARY	Not Applicable	Unsure / I don't know
1	IT provides institutional leadership, faculty, and advisors with tools and information they need to contribute to student success and to develop and monitor meaningful student success initiatives.	The institution lacks the resources, institutional commitment and direction, processes, policies, systems and infrastructure needed to manage and deliver data, analytics, systems, and technologies to support student success initiatives. No funding exists or is planned for new technology investments to support student success initiatives.	Connections between student success goals and data and information systems are weak or indirect, but planning is underway to strengthen them and to develop a roadmap for student success programs, services, and tools. Faculty, advisor, and student use of student success information systems and data to make decisions is optional and limited to enthusiasts.	IT is becoming a strategic asset in support of student success. Technology is in place to support most student success activities, as are processes and policies to support student success technologies. Faculty, advisors, and students are adequately supported and strongly encouraged to use student success information systems to support their work and data to make decisions.	IT is viewed as a strategic asset in supporting student success initiatives as a result of empowered end users and successful enterprise-wide interoperability. Technology is in place to support all student success activities and processes that are relevant to institutional student success priorities. Processes and policies to support student success technologies are well-documented, enforceable, and enforced. Use of data to make decisions is preferred throughout the institution.	Not Applicable	Unsure / I don't know
2	There is extensive faculty adoption and use of information systems that support student success (e.g., early alerts, advising systems, degree progress tracking).	Faculty do not use or have access to student success information systems.	Faculty use of student success information systems is optional, sporadic, and limited to enthusiasts.	Faculty are strongly encouraged to use student success information systems. Many do, and those who use the systems find them useful and reasonably easy to use.	Faculty use and see the usefulness of student success information systems. Faculty adoption is widespread and a seamless part of their work.	Not Applicable	Unsure / I don't know
3	There is extensive training for users (e.g., faculty, advisors, students) to make effective use of student success technology systems.	Little or no training or support is available to help faculty, students, and advisors use student success technologies.	Training and support to help faculty, students, and advisors is available as a one-off, or by special request as needed.	Training and support to help faculty, students, and advisors is available via web-based documentation and/or scheduled, generic training sessions.	Training and support to help faculty, students, and advisors is available institution-wide via general web-based documentation and training sessions and via customized consultations and training.	Not Applicable	Unsure / I don't know
4	Input from multiple stakeholders (e.g., IT, faculty, institutional research, students, staff, student affairs) is used when making decisions about student success technologies.	Student success systems and technologies, if present, are used or operated by individual departments. IT may either not be included in decision-making about student success technologies or be making decisions independent of other stakeholders.	IT's involvement may be limited (e.g., informing rather than consulting about decisions) or narrow. Or IT may make student success technology decisions without adequately consulting other stakeholders.	IT is informed of functional and technical requirements and participates in technology selection. Stakeholders (including IT) may not have a clear understanding of how technology choices will (or will not) contribute to the student success goals.	All relevant stakeholders participate actively in decision-making about student success technologies. IT is viewed as an integral stakeholder and can ensure that technology choices can achieve their intended objectives.	Not Applicable	Unsure / I don't know

		EMERGING	DEVELOPING	ACCOMPLISHED	EXEMPLARY	Not Applicable	Unsure / I don't know
5	Ability of information security policies and practices to safeguard data used for student success analytics.	Information security policies and procedures are not rigorous enough to safeguard data used for student success analytics. No thought is being given to assess or improve them.	Efforts are underway to adapt Information security policies, procedures, and tools to adequately safeguard student success data. Some are already adequate.	Information security policies, procedures, and tools for student success data are sufficiently rigorous and audited for compliance on an ad hoc basis. Consequences for violating policies are well-documented and clear to the institutional community, but may not be consistently enforced.	Information security policies, procedures, and tools to safeguard student success data are rigorous, and frequently or continuously monitored for compliance. Policies are well-documented and consequences for violating them are clear to the institutional community, and enforced.	Not Applicable	Unsure / I don't know
6	Extent to which data related to student success can be shared effectively among technology systems (e.g., SIS, LMS, advising, analytics, etc.).	Data from information systems relevant to student success are siloed and would require significant work to share among systems.	Data from information systems relevant to student success are siloed, but can be connected or shared with some effort on an ad hoc basis.	Key data elements from information systems relevant to student success can be shared among systems but data are not fully integrated and connected.	Key data elements from information systems relevant to student success are integrated and connected and available for use in analytics and reporting.	Not Applicable	Unsure / I don't know
7	Technology in place to help students and advisors plan a detailed course of study through degree or credential completion.	Technology to help students and advisors plan a detailed course of study through degree or credential completion is neither in place nor under consideration.	Planning is underway to evaluate technology to help students and advisors plan a detailed course of study through degree or credential completion.	Technology is currently in place to help some students and advisors plan a detailed course of study through degree or credential completion.	Technology is in place to help all students and advisors, institution-wide, plan a detailed course of study through degree or credential completion. Additional related technologies or enhancements are integrated with an overall student success roadmap.	Not Applicable	Unsure / I don't know
8	Technology to identify and intervene with students at academic risk.	Technology to identify and intervene with students at academic risk is neither in place nor under consideration.	Planning is underway to evaluate technology to identify and intervene with students at academic risk.	Technology is in place to identify and intervene with some students at academic risk.	Technology is in place, institution-wide, to identify and intervene with students at academic risk.	Not Applicable	Unsure / I don't know
9	Technology to identify and intervene with students at risk from non-academic factors (e.g., work, child care, transportation).	Technology to identify and intervene with students at risk from non-academic factors (e.g., work, child care, transportation) is neither in place nor under consideration.	Planning is underway to evaluate technology to identify and intervene with students at risk from non-academic factors (e.g., work, child care, transportation).	Technology is in place to identify and intervene with some students at risk from non-academic factors (e.g., work, child care, transportation).	Technology is in place, institution-wide, to identify and intervene with students at risk from non-academic factors (e.g., work, child care, transportation).	Not Applicable	Unsure / I don't know
10	Ability of technology systems to accurately track student progress and identify potential obstacles to degree or credential completion.	Technology to accurately track student progress and identify potential obstacles to degree or credential completion is neither in place nor under consideration.	Planning is underway to evaluate technology to accurately track student progress and identify potential obstacles to degree or credential completion.	Technology is in place for some students to accurately track student progress and identify potential obstacles to degree or credential completion.	Technology is in place, institution-wide, to accurately track student progress and identify potential obstacles to degree or credential completion.	Not Applicable	Unsure / I don't know

		EMERGING	DEVELOPING	ACCOMPLISHED	EXEMPLARY	Not Applicable	Unsure / I don't know
11	Ability of technology systems to provide faculty and staff advisors with a unified, comprehensive view of a student's education planning and advising interactions.	Technology to provide faculty and staff advisors with a unified, comprehensive view of a student's education planning and advising interactions is neither in place nor under consideration.	Planning is underway to evaluate technology to provide faculty and staff advisors with a unified, comprehensive view of a student's education planning and advising interactions.	Technology is in place to provide some faculty and staff advisors with a unified, comprehensive view of a student's education planning and advising interactions.	Technology is in place, institution-wide, to provide faculty and staff advisors with a unified, comprehensive view of a student's education planning and advising interactions.	Not Applicable	Unsure / I don't know

ACCOMPLISHED

Solution Areas



DEVELOPMENTAL EDUCATION

The Developmental Education solution is the institution's capacity for comprehensive and integrated approaches for expediting students' progression through developmental education to gateway, college-level course completion.

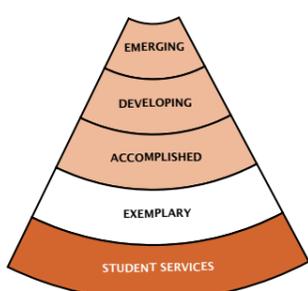
		EMERGING	DEVELOPING	ACCOMPLISHED	EXEMPLARY	Not Applicable	Unsure / I don't know
1	The institution has clear goals and defined measurable outcomes for Developmental Education.	Goals and measurable outcomes for Development Education have not been defined or are not generally understood.	The strategic plan specifies some goals and measurable outcomes for Developmental Education, but progress is not tracked.	The strategic plan specifies goals and measurable outcomes for Developmental Education, and progress towards achievement is reported periodically to core team.	The strategic plan specifies measurable outcomes for Developmental Education, and progress towards achievement is frequently evaluated and shared with the campus community.	Not Applicable	Unsure / I don't know
2	Faculty and Staff Supports: The support the institution provides faculty and staff to improve individual practice and institutional policy for developmental education programs.	The institution does not offer professional learning opportunities for faculty and staff that are integrated within individual and departmental work portfolios.	The institution is committed to providing professional learning opportunities and is engaged in a process to develop them.	The college has developed professional learning opportunities that support faculty and staff as they make changes to developmental education curriculum, pedagogy and provision of student supports.	Sustained and meaningful professional learning opportunities help support faculty and staff to improve individual and institutional policy and practice. Professional learning is grounded in pressing problems of classroom practice that can be examined collaboratively within the context of specific improvement activities.	Not Applicable	Unsure / I don't know

		EMERGING	DEVELOPING	ACCOMPLISHED	EXEMPLARY	Not Applicable	Unsure / I don't know
3	Acceleration: The way our institution limits students' time in developmental education.	The institution requires students to complete multi-semester, multi-course pre-requisite developmental education sequences before enrolling in college-level math and English.	Pilots are underway to eliminate multi-semester, multi-course developmental sequences.	Acceleration reform processes have replaced multi-semester and multi-course developmental education course sequences.	Students' progression through developmental education and gateway math and English courses is expedited by streamlining developmental education, co-enrolling in developmental education and gateway courses. These changes are associated with improved student outcomes.	Not Applicable	Unsure / I don't know
4	Alignment: The degree to which developmental education content is mapped to college coursework.	The institution does not map developmental education content to college-level coursework. Skills do not transfer to college-level performance tasks.	The institution is in the process of mapping college-level coursework to developmental education content and continues to identify ways for skills to transfer to college-level performance.	The institution clearly maps developmental education content to college-level courses and ensures that basic skills transfer to college level performance.	Content and performance requirements of developmental education courses are mapped and designed to more effectively prepare students for college coursework by replicating college-level tasks (with the appropriate level of support).	Not Applicable	Unsure / I don't know
5	Integration: The way developmental education solutions and associated supports propel students into college coursework in intended program of study.	The institution does not connect or explicitly integrate developmental and college courses with structured academic plans and basic skills are discretely from disciplines.	The institution has begun to integrate developmental and college courses by identifying which skills are associated with each discipline.	The institution has a clear understanding of how developmental education and college courses are connected and integrated with academic plans.	Developmental and college courses and content are fully connected and/or explicitly integrated within structured academic plans and college-level courses. These processes contribute to increased student transfer and completion rates.	Not Applicable	Unsure / I don't know
6	Embedded Student Supports: The way our institution embeds students' academic and non-academic supports into developmental education instructional delivery and curriculum.	The institution offers marginal academic support to developmental education students. Students receive infrequent and unsystematic academic advising that focuses primarily on course registration and they are not required to take a student success course.	The institution offers limited academic support to developmental education students. Sustained and proactive advising is not routinely offered for all students or focuses only on academic planning and success.	The institution mandates that students receive academic support in developmental courses. Developmental math and English assignments are explicitly designed to enhance students' college know how and career and academic planning (e.g., lessons on study skills, time management, how to access school services). Students engage with advising on an ongoing basis and throughout the semester. Services are linked to career planning and transfer.	Institution exhibits widespread use of embedded academic and nonacademic supports for students into the curriculum and enacted through the instructional approaches used in developmental education courses. As a result of these support structures, student retention and completion rates are increasing.	Not Applicable	Unsure / I don't know

	EMERGING	DEVELOPING	ACCOMPLISHED	EXEMPLARY	Not Applicable	Unsure / I don't know
<p>7 Accurate Placement: The way our institution assesses students' academic and nonacademic strengths and weaknesses prior to or upon entry.</p>	<p>The institution assesses students' academic strengths and weaknesses using a standardized single instrument and lacks the data infrastructure to consider multiple measures.</p>	<p>The institution has identified a need to incorporate multiple measures into how it assesses students' academic and nonacademic strengths and is engaged in the process of creating a data infrastructure for it.</p>	<p>The institution is committed to using multiple measures to accurately place students into college-level courses and has the data infrastructure in place to use this approach.</p>	<p>Students' academic and non-academic strengths and weaknesses are assessed prior to or upon entry to college through the use of indicators of high school performance and student motivation or commitment to succeed in school. The placement process takes into account student goals or programs of study. There is evidence of impact on student outcomes based on these placement mechanisms.</p>	<p>Not Applicable</p>	<p>Unsure / I don't know</p>
<p>8 Refinement: The systems to learn from our reform efforts and how we use those insights to refine reform activities.</p>	<p>The institution has minimal systems and mechanisms in place to define and measure student outcomes and use those outcomes to inform reform refinement.</p>	<p>The institution has in place processes and policies to define and measure student outcomes but has yet to use data to refine the reforms.</p>	<p>The institution consistently uses data from the reforms to make decisions about needed changes in programs, plans and strategies.</p>	<p>The institution routinely assesses the reform efforts and uses those insights to refine reform activities.</p>	<p>Not Applicable</p>	<p>Unsure / I don't know</p>
<p>9 Scaling: The degree of institutional commitment to developmental education solution's potential to improve academic success and student progression.</p>	<p>Institutional policies, funding priorities, and individual roles and responsibilities reflect a limited commitment to developmental education reform and student success.</p>	<p>The college is in the process of reevaluating institutional policies, funding priorities, and individual roles and responsibilities in order to incorporate a stronger commitment to developmental education reform and student success.</p>	<p>Institutional policies, funding priorities, and individual roles and responsibilities reflect a strong commitment to recent reforms designed to scale and make developmental education reform more sustained in order to promote student success.</p>	<p>Institutional commitment to solution's potential to improve academic success and student progression serving all students who can benefit and aligning institutional resources accordingly (technically that's our institutionalization definition but we speak of them in tandem). Institution exhibits widespread use of all core features of the solutions with evidence of impact on student outcomes</p>	<p>Not Applicable</p>	<p>Unsure / I don't know</p>

ACCOMPLISHED

Solution Areas



STUDENT SERVICES

The Student Services solution focuses on assessing the provision of advising and support services—by leveraging technology—that are proactive, structured, personalized, sustained, and that connect advising and planning.

EMERGING	DEVELOPING	ACCOMPLISHED	EXEMPLARY	Not Applicable	Unsure / I don't know
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	EMERGING	DEVELOPING	ACCOMPLISHED	EXEMPLARY	Not Applicable	Unsure / I don't know
1 Organizational Structure: The way our institution organizes student supports	Organizational structures (for example, institutional policies, funding priorities, job descriptions, technology infrastructure) largely restrict advising to course registration functions.	Organizational structures promote some efforts to provide advising and student support using SSIPP (sustained, strategic, integrated, proactive and personalized) strategies but have not adopted the full approach. (For example, a college may assign students to advisors, but provide little structural reinforcement to incentivize regular touchpoints).	The majority of organizational structures are designed to facilitate the provision of advising and student support using a SSIPP (sustained, strategic, integrated, proactive and personalized) approach.	All organizational structures are designed to facilitate the provision of advising and student support using a SSIPP (sustained, strategic, integrated, proactive and personalized) approach.	Not Applicable	Unsure / I don't know
2 Process Alignment: The integration of support across offices and departments	Organizational processes (for example, workflow guidelines, communication channels, and expectations) are largely set by individual departments. Some efforts at cross-departmental collaboration may be underway, but overall, student experiences vary depending on where and when they access advising and student support services.	Organizational processes have been streamlined across advising and student support services departments to promote a SSIPP (sustained, strategic, integrated, proactive and personalized) approach, but these services are largely disconnected from the rest of the institution.	Organizational processes have been streamlined across advising and student support services departments to promote a SSIPP (sustained, strategic, integrated, proactive and personalized) approach that connects student support to most departments across the institution.	As a result of streamlining organizational processes across the entire institution, all students receive advising and student support using a SSIPP (sustained, strategic, integrated, proactive and personalized) approach.	Not Applicable	Unsure / I don't know
3 Leadership: Multi-tiered, aligned leadership approach	Advising and student support services leaders operate in functional silos from one another. Leaders have different visions of advising and student support, and overall ownership for student support is unclear. Limited efforts have been made to engage end-users (i.e. advisors, faculty, students).	Advising and student support services are run by a leadership team consisting of multiple leaders who represent a cross-section of departments and positions (multi-tiered), but leaders are not fully aligned in their vision and/or have not clarified who is ultimately accountable for advising quality. Leaders have sought surface level engagement from end-users.	Advising and student support services are run by a multi-tiered leadership team with a shared vision of the SSIPP (sustained, strategic, integrated, proactive and personalized) approach and a clear accountability structure. End users are included in discussions, but not given any leadership authority.	Not only are advising and student support run by a multi-tiered leadership team as described under "accomplished," but there is also a deliberate effort to include and empower mid-level leaders and end users on the leadership team.	Not Applicable	Unsure / I don't know

		EMERGING	DEVELOPING	ACCOMPLISHED	EXEMPLARY	Not Applicable	Unsure / I don't know
4	Vision of Benefits: The clarity of our institution's goals for advising and student support as student success efforts	Advising and student support services are primarily viewed as stand-alone functions, with little connection to larger goals for increasing student success.	A few key stakeholders view connecting advising to other services as key for fostering an institution-wide approach to student success. Plans for actualizing this vision are unclear.	A clear, actionable, and consistently understood vision of using the SSIPP (sustained, strategic, integrated, proactive and personalized) approach to connect advising and student support as part of an institution-wide student success effort is shared by most stakeholders across the college.	A clear, actionable, and consistently understood vision of using the SSIPP (sustained, strategic, integrated, proactive and personalized) approach to connect advising and student support as part of an institution-wide student success effort is shared by all stakeholders across the college.	Not Applicable	Unsure / I don't know
5	Technology Integration: Integration of advising / student support technology solutions with institutional enterprise systems	There have been limited efforts to integrate advising / student support technology solutions and other institutional systems.	Advising / student support technology solutions are integrated with some other institutional systems. Gaps in consistent information flow have been identified.	Advising / student support technology solutions are integrated with most enterprise systems. Information flow is mostly consistent and complete.	Advising / student support technology solutions are integrated with all enterprise systems. Information flow is regularly monitored for consistency and completeness.	Not Applicable	Unsure / I don't know
6	Advisor / Student Engagement: Advising promotes student learning in three categories: information, skills, and cognitive development, as well as providing affective support	Advising is primarily focused on information provision related to course registration and administrative tasks.	In addition to information provision, advising services are designed to incorporate some opportunities for skill building in areas such as academic planning or developing study skills. Some advisors provide affective support by helping students connect to individuals (staff, faculty) and institutional activities (clubs, events).	In addition to information provision and skill building, advising services are designed to promote cognitive development (critical thinking about education and career paths). It is standard practice for advisors to provide affective support by helping students connect to individuals (staff, faculty) and institutional activities (clubs, events).	All students receive advising services that are designed to promote student learning in all three key categories: information, skills, and cognitive development, as well as to provide affective support. Students' feedback on advising is regularly sought out as a means of improving services.	Not Applicable	Unsure / I don't know
7	Education Planning: Emphasis on long-term education planning for an entire program / degree linked to transfer and career plans, rather than course selection for the current or upcoming term	Education planning primarily consists of course selection for the current or upcoming term.	Efforts are being made to emphasize the importance of long-term education planning for an entire program / degree, but not all students have plans, and / or plans are not linked to transfer and career plans. Technology for education planning is used inconsistently.	Technology is leveraged to ensure that all students have an education plan for their entire program / degree that is linked to transfer and career plans.	Technology is routinely used to facilitate long-term education planning for an entire program / degree linked to transfer and career plans. Education plans are regularly reviewed to ensure that plans are up to date and that students are following them. If plans are not up to date or students are not following them, advisors intervene.	Not Applicable	Unsure / I don't know

		EMERGING	DEVELOPING	ACCOMPLISHED	EXEMPLARY	Not Applicable	Unsure / I don't know
8	Student Analytics - Risk Identification and Early Interventions: Proactive efforts by faculty, advisors, and other support staff to use data to identify students who present risk factors and to connect them to services	Limited efforts are made to use student analytics to proactively identify and intervene with students who present risk factors related to completion.	Student analytics are primarily used to identify students who present risk factors and inform them of available services. Students receive little personalized follow-up from advisors or other support staff. The college has invested a minimal amount of time in considering how to use student analytics responsibly and ethically.	Advisors and other support staff actively monitor student analytics to identify students who present risk factors, and follow up with them according to protocols that outline responsible and ethical types of responses that are appropriate given the information conveyed through the data.	In addition to using student analytics to identify and follow up with students who present risk factors in a responsible and ethical manner, advisors and other support staff help students understand, critique, and act on the information contained in the data.	Not Applicable	Unsure / I don't know
9	Institutional Analytics: Use of data to promote continuous program improvement and to assess impact on student outcomes	Limited use of institutional data to promote continuous program improvement or assess impact on student outcomes.	Institution collects data related to program quality and impacts on student outcomes, but only some stakeholders have access to it.	Stakeholders across the institution have access to data related to program quality and impacts on student outcomes.	Personalized and actionable reports are regularly reviewed, updated, and used to inform and modify individual interventions as well as institution-wide initiatives. As a result, the data being collected show clear evidence of improved outcomes for students.	Not Applicable	Unsure / I don't know
10	Technology Use: Incorporation of advising / student support technology into everyday practice	Faculty, advisors, and other student services staff make minimal use of advising / student support technologies related to the three core functions of education planning, counseling and coaching, and risk targeting and intervention. Many advising processes are manual or paper-based.	Some faculty, advisors, and other student services staff use advising / student support technologies inconsistently or intermittently. Advising / student support technologies are used to support only or two of the core functions.	Most faculty, advisors, and other student services staff routinely use advising / student support technologies that support all three core functions.	Use of advising / student support technologies that support all three core functions has been fully institutionalized as necessary practice for all faculty, advisors, and other student services staff.	Not Applicable	Unsure / I don't know
11	Staff / Faculty Professional Development: Our provision of regular trainings that help support staff improve their service delivery	Limited professional development opportunities are offered related to advising, student support, and the use of associated technologies (professional development for student support).	Professional development opportunities for student support primarily focus on administrative tasks or the use of specific technology functions.	Professional development opportunities for student support emphasize how the provision of advising and student support using a SSIPP (sustained, strategic, integrated, proactive and personalized) approach changes the role of advisors and other support staff. Trainings also address how technology can be used to enhance the provision of this type of support.	Professional development for student support as described under "accomplished" is offered routinely. Trainings are revised as needs of advisors and other staff change.	Not Applicable	Unsure / I don't know

DEVELOPING

Solution Areas

DIGITAL LEARNING

The Digital Learning solution focuses on assessing the implementation of digital technologies and content for augmenting instruction to promote learning personalization, engagement, feedback, and outcomes.



		EMERGING	DEVELOPING	ACCOMPLISHED	EXEMPLARY	Not Applicable	Unsure / I don't know
1	The institution has clear goals and defined measurable outcomes for Digital Learning.	Goals and measurable outcomes for Digital Learning have not been defined or are not generally understood.	A formal document specifies some goals and measurable outcomes for Digital Learning, but progress is not tracked.	A formal document specifies goals and measurable outcomes for Digital Learning, and progress towards achievement is reported periodically.	A formal document specifies measurable outcomes for Digital Learning, and progress towards achievement is frequently evaluated and shared with the campus community.	Not Applicable	Unsure / I don't know
2	Faculty Support: The institution's commitment to faculty engagement and professional development for digital learning.	There is limited / no evidence of faculty support for digital learning.	Standards for faculty engagement and professional development efforts have been undertaken.	Standards for faculty engagement and professional development efforts have been undertaken with opportunities to provide coaching and feedback on faculty performance.	Standards for faculty engagement and professional development efforts are followed with a defined and followed process of performance review.	Not Applicable	Unsure / I don't know
3	Institutional Support: The institution's efforts to ensure digital learning is "mission critical" and sufficiently resourced.	There is limited / no evidence that digital learning supports the institution's mission, values, and strategic plan.	Efforts to align digital learning with mission, values, and strategic plan are underway.	Efforts have been undertaken to align digital learning with the institution's mission, values, and strategic plan.	Efforts have been enacted to ensure digital learning is "mission critical" for the institution and sufficiently resourced.	Not Applicable	Unsure / I don't know
4	Technology Support: The institution's maintenance and continued assessment of our digital learning technology infrastructure.	There is limited / no evidence of support for a digital learning technology infrastructure	Efforts to develop a digital learning technology infrastructure are underway.	A well-coordinated digital learning technology infrastructure is in place and maintained.	A well-coordinated technology infrastructure is maintained and regularly assessed based on a standardized quality assurance process.	Not Applicable	Unsure / I don't know
5	Student Support: The institution's commitment to providing student support for learning in digital environments.	There is limited / no evidence of student support in digital learning.	Access to a limited number of support services is offered for learning in digital environments.	Access to a variety of support services is offered for learning in digital environments with efforts to coordinate and centralize these offerings.	A full array of support services are offered for learning in digital environments which are well coordinated and centralized,	Not Applicable	Unsure / I don't know

		EMERGING	DEVELOPING	ACCOMPLISHED	EXEMPLARY	Not Applicable	Unsure / I don't know
6	Institution-Level Evaluation: The institution's process of evaluating the effectiveness of digital learning technology based on learning outcomes.	There is limited / no evidence of a process for evaluating the use of digital learning technology based on learning outcomes.	Ad-hoc evaluation is conducted to assess the effectiveness of digital learning technology based on learning outcomes.	A regular process of evaluation is conducted to assess the effectiveness of digital learning technology based on learning outcomes.	A regular process of evaluation is conducted to assess the effectiveness of digital learning technology based on learning outcomes and to explore and adopt new methods and tools based on student need and strong market awareness.	Not Applicable	Unsure / I don't know
7	Course Dev. / Instructional Design: The institution's design process for courses that use digital learning tools.	There is limited / no evidence of instructional design structure or principles in courses that use digital learning tools.	Course re-design efforts have been undertaken to align objectives, assessment, and curriculum to digital learning delivery.	Course redesign has been completed with clear alignment of objectives, assessment, and curriculum to digital learning delivery.	Course revision cycle has been executed to ensure alignment of objectives, assessment, and curriculum to digital learning delivery, and a process of continuous improvement is in place.	Not Applicable	Unsure / I don't know
8	Course Structure: The institution's commitment to providing equal access to digital learning resources and clear and transparent communication of expectations for learning in digital environments.	There is limited / no evidence of digital learning structures that promote equal access to resources and learning materials.	Restructuring efforts have been undertaken to provide equal access to resources and provide learning materials to communicate expectations for learning in a digital environment.	Courses have been re-structured to provide equal access to resources, and learning materials are in place to communicate expectations for learning in a digital environment.	Complete and equal access to resources and learning materials is offered which are curated to clearly and transparently communicate expectations for learning in a digital environment.	Not Applicable	Unsure / I don't know
9	Teaching and Learning: The institution's commitment to using digital learning tools to promote personalized learning.	There is limited / no evidence of course policies and practices in place to support personalized learning.	Efforts have been undertaken to adopt policies and practices that support personalized learning, including the use of analytics to support engagement and feedback between faculty and students.	Policies and practices are in place to support personalized learning, including the use of analytics to support engagement and feedback between faculty and students.	Policies and practices are in place to support personalized learning, including the use of analytics to support engagement and feedback between faculty and students, and regular assessment of stakeholder feedback and need is conducted to drive continuous improvement.	Not Applicable	Unsure / I don't know
10	Student Support for Digital Learning: The institution's methods for promoting student readiness and engagement with content, faculty, and peers in digital learning environments.	There is limited / no evidence of course structure to promote student readiness and engagement in digital learning environments.	Efforts have been undertaken to promote student readiness and engagement in digital learning environments.	Courses incorporate various methods of promoting student readiness and engagement in digital learning environments.	Courses incorporate various methods of promoting student readiness and engagement in digital learning environments, and are regularly reviewed and improved upon based on learning outcomes and changing student needs.	Not Applicable	Unsure / I don't know

STANDARDS FOR ACCREDITATION

OF BACCALAUREATE AND
GRADUATE NURSING PROGRAMS

AMENDED 2018





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INTRODUCTION

ACCREDITATION OVERVIEW

Accreditation is a nongovernmental process conducted by members of postsecondary institutions and professional groups. As conducted in the United States, accreditation focuses on the quality of institutions of higher and professional education and on the quality of educational programs within those institutions. Two forms of accreditation are recognized: one is institutional accreditation, and the other is professional or specialized accreditation. Institutional accreditation concerns itself with the quality and integrity of the total institution, assessing the achievement of the institution in meeting its own stated mission, goals, and expected outcomes. Professional or specialized accreditation is concerned with programs of study in professional or occupational fields. Professional accrediting agencies assess the extent to which programs achieve their stated mission, goals, and expected outcomes. In addition, consideration of the program's mission, goals, and expected outcomes is of importance to the accrediting agency in determining the quality of the program and the educational preparation of members of the profession or occupation.

COMMISSION ON COLLEGIATE NURSING EDUCATION

The Commission on Collegiate Nursing Education (CCNE) is an autonomous accrediting agency, contributing to the improvement of the public's health. A specialized/professional accrediting agency, CCNE strives to promote the quality and integrity of baccalaureate and graduate nursing programs. Specifically, CCNE accredits baccalaureate degree nursing programs, master's degree nursing programs, nursing doctorates that are practice-focused and have the title Doctor of Nursing Practice (DNP), and post-graduate certificate programs that prepare Advanced Practice Registered Nurses (APRNs) (see glossary). CCNE also accredits nurse residency programs and uses a separate set of accreditation standards for these programs.

CCNE serves the public interest by assessing and identifying programs that engage in effective educational practices. As a voluntary, self-regulatory process, CCNE accreditation supports and encourages continuous quality improvement in nursing education and nurse residency programs. As accreditation is a voluntary process, CCNE strives to provide a process that is collegial and fosters continuous quality improvement.

CCNE is recognized by the U.S. Department of Education for the accreditation of baccalaureate, master's, doctoral, and certificate programs in the United States and its territories. Accreditation by CCNE serves as a statement of good educational practice in the field of nursing. Accreditation evaluations are useful to the program in that they serve as a basis for continuing or formative self-assessment as well as for periodic or summative self-assessment through which the program, personnel, procedures, and services are improved. The results of such assessments form the basis for planning and the setting of priorities at the institution in relation to nursing education.

The CCNE comprehensive accreditation process consists of a review and assessment of the program's mission and governance, institutional commitment and resources, curriculum and teaching-learning practices, and assessment and achievement of program outcomes.

In evaluating a baccalaureate, master's, DNP, and/or post-graduate APRN certificate program for accreditation, the CCNE Board of Commissioners assesses whether the program meets the standards and complies with the key elements presented in this publication. A self-study conducted by the sponsoring institution prior to the on-

site evaluation provides data indicating the extent to which the program has complied with the key elements and, ultimately, whether the program has met the overall standards for accreditation.

The Commission formulates and adopts its own accreditation standards and procedures for baccalaureate and graduate nursing programs and for nurse residency programs, all of which are publicly available on the CCNE website.

ACCREDITATION PURPOSES

Accreditation by CCNE is intended to accomplish at least five general purposes:

1. To hold nursing programs accountable to the community of interest – the nursing profession, consumers, employers, institutions of higher education, students and their families, nurse residents – and to one another by ensuring that these programs have mission statements, goals, and outcomes that are appropriate to prepare individuals to fulfill their expected roles.
2. To evaluate the success of a nursing program in achieving its mission, goals, and outcomes.
3. To assess the extent to which a nursing program meets accreditation standards.
4. To inform the public of the purposes and values of accreditation and to identify nursing programs that meet accreditation standards.
5. To foster continuing improvement in nursing programs and, thereby, in professional practice.

CCNE ACCREDITATION: A VALUE-BASED INITIATIVE

CCNE accreditation activities are premised on a statement of values. These values are that the Commission will:

1. Foster *trust* in the process, in CCNE, and in the professional community.
2. Focus on stimulating and supporting *continuous quality improvement* in nursing programs and their outcomes.
3. Be *inclusive* in the implementation of its activities and maintain openness to the *diverse institutional and individual issues and opinions* of the community of interest.
4. Rely on *review and oversight* by peers from the community of interest.
5. Maintain *integrity* through a consistent, fair, and honest accreditation process.
6. Value and foster *innovation* in both the accreditation process and the programs to be accredited.
7. Facilitate and engage in *self-assessment*.
8. Foster an educational climate that supports program students, graduates, and faculty in their pursuit of *life-long learning*.
9. Maintain a high level of *accountability* to the publics served by the process, including consumers, students, employers, programs, and institutions of higher education.
10. Maintain a process that is both *cost-effective and cost-accountable*.
11. Encourage programs to develop graduates who are *effective professionals and socially responsible citizens*.
12. Provide *autonomy and procedural fairness* in its deliberations and decision-making processes.

GOALS FOR ACCREDITING NURSING EDUCATION PROGRAMS

In developing the educational standards for determining accreditation of baccalaureate, master's, DNP, and post-graduate APRN certificate programs, CCNE has formulated specific premises or goals on which the standards are based. These goals include the following:

1. Developing and implementing accreditation standards that foster continuous improvement within nursing education programs.
2. Enabling the community of interest to participate in significant ways in the review, formulation, and validation of accreditation standards and policies and in determining the reliability of the accreditation process.
3. Establishing and implementing an evaluation and recognition process that is efficient, cost-effective, and cost-accountable.
4. Assessing whether nursing education programs consistently fulfill their stated missions, goals, and expected outcomes.
5. Ensuring that nursing education program outcomes are in accordance with the expectations of the nursing profession to adequately prepare individuals for professional practice, life-long learning, and graduate education.
6. Encouraging nursing education programs to pursue academic excellence through improved teaching/ learning and assessment practices and in scholarship and public service in accordance with the unique mission of the institution.
7. Ensuring that nursing education programs engage in self-evaluation of personnel, procedures, and services; and that they facilitate continuous improvement through planning and resource development.
8. Acknowledging and respecting the autonomy of institutions and the diversity of programs involved in nursing education.
9. Ensuring consistency, peer review, agency self-assessment, procedural fairness, confidentiality, and identification and avoidance of conflict of interest, as appropriate, in accreditation practices.
10. Enhancing public understanding of the functions and values inherent in nursing education accreditation.
11. Providing to the public an accounting of nursing education programs that are accredited and merit public approbation and support.
12. Working cooperatively with other agencies to minimize duplication of review processes.

CURRICULAR INNOVATION

CCNE standards and key elements are designed to encourage innovation and experimentation in teaching and instruction. CCNE recognizes that advancements in technology have enabled programs to facilitate the educational process in ways that may complement or supplant traditional pedagogical methods.

ABOUT THIS DOCUMENT

This publication describes the standards and key elements used by CCNE in the accreditation of baccalaureate, master's, DNP, and post-graduate APRN certificate programs. The standards and key elements, along with the accreditation procedures, serve as the basis for evaluating the quality of the educational program offered and to hold the nursing program(s) accountable to the educational community, the nursing profession, and the public. All nursing programs seeking CCNE accreditation, including those with distance education offerings, are expected to meet the accreditation standards presented in this document. The standards are written as broad statements that embrace several areas of expected institutional performance. Related to each standard is a series of key elements. Viewed together, the key elements provide an indication of whether the broader standard has been met. The key elements are considered by the evaluation team, the Accreditation Review Committee, and the Board of Commissioners in determining whether the program meets each standard. The key elements are designed to enable a broad interpretation of each standard in order to support institutional autonomy and encourage innovation while maintaining the quality of nursing programs and the integrity of the accreditation process.

Accompanying each key element is an elaboration, which is provided to assist program representatives in addressing the key element and to enhance understanding of CCNE's expectations. Following each standard is a list of supporting documentation that assists program representatives in developing self-study materials and in preparing for the on-site evaluation. Supporting documentation is included in the self-study document or provided for review on site. CCNE recognizes that reasonable alternatives exist when providing documentation to address the key elements. Supporting documentation may be provided in paper or electronic form.

At the end of this document is a glossary that defines terms and concepts used in this document.

The standards are subject to periodic review and revision. The next scheduled review of this document will include both broad and specific participation by the CCNE community of interest in the analysis and discussion of additions and deletions. Under no circumstances may the standards and key elements defined in this document supersede federal or state law.

AT THE END OF THIS DOCUMENT IS A GLOSSARY THAT DEFINES TERMS AND CONCEPTS USED IN THIS DOCUMENT.

STANDARD I

PROGRAM QUALITY: MISSION AND GOVERNANCE

The mission, goals, and expected program outcomes are congruent with those of the parent institution, reflect professional nursing standards and guidelines, and consider the needs and expectations of the community of interest. Policies of the parent institution and nursing program clearly support the program's mission, goals, and expected outcomes. The faculty and students of the program are involved in the governance of the program and in the ongoing efforts to improve program quality.

KEY ELEMENTS

I-A. The mission, goals, and expected program outcomes are:

- congruent with those of the parent institution; and
- reviewed periodically and revised as appropriate.

Elaboration: The program's mission, goals, and expected program outcomes are written and accessible to current and prospective students, faculty, and other constituents. Program outcomes include student outcomes, faculty outcomes, and other outcomes identified by the program. The mission may relate to all nursing programs offered by the nursing unit, or specific programs may have separate missions. Program goals are clearly differentiated by level when multiple degree/certificate programs exist. Expected program outcomes may be expressed as competencies, objectives, benchmarks, or other terminology congruent with institutional and program norms.

There is a defined process for periodic review and revision of program mission, goals, and expected program outcomes that has been implemented, as appropriate.

I-B. The mission, goals, and expected program outcomes are consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.

Elaboration: The program identifies the professional nursing standards and guidelines it uses. CCNE requires, as appropriate, the following professional nursing standards and guidelines:

- The Essentials of Baccalaureate Education for Professional Nursing Practice [American Association of Colleges of Nursing (AACN), 2008];
- The Essentials of Master's Education in Nursing (AACN, 2011);
- The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006); and
- Criteria for Evaluation of Nurse Practitioner Programs [National Task Force on Quality Nurse Practitioner Education (NTF), 2016].

A program may select additional standards and guidelines that are current and relevant to program offerings.

A program preparing students for certification incorporates professional standards and guidelines appropriate to the role/area of education.

An APRN education program (degree or certificate) prepares students for one of the four APRN roles and in at least one population focus, in accordance with the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education (July 2008).

- I-C. The mission, goals, and expected program outcomes reflect the needs and expectations of the community of interest.**

Elaboration: The community of interest is defined by the nursing unit. The needs and expectations of the community of interest are considered in the periodic review of the mission, goals, and expected program outcomes.

- I-D. The nursing unit's expectations for faculty are written and communicated to the faculty and are congruent with institutional expectations.**

Elaboration: Expectations for faculty are congruent with those of the parent institution. The nursing unit's expectations for faculty, whether in teaching, scholarship, service, practice, or other areas, may vary for different groups of faculty (full-time, part-time, adjunct, tenured, non-tenured, or other).

- I-E. Faculty and students participate in program governance.**

Elaboration: Roles of the faculty and students in the governance of the program, including those involved in distance education, are clearly defined and promote participation. Nursing faculty are involved in the development, review, and revision of academic program policies.

- I-F. Academic policies of the parent institution and the nursing program are congruent and support achievement of the mission, goals, and expected program outcomes. These policies are:**

- fair and equitable;
- published and accessible; and
- reviewed and revised as necessary to foster program improvement.

Elaboration: Academic policies include, but are not limited to, those related to student recruitment, admission, retention, and progression. Policies are written and communicated to relevant constituencies. Policies are implemented consistently. Differences between the nursing program policies and those of the parent institution are identified and support achievement of the program's mission, goals, and expected outcomes. A defined process exists by which policies are regularly reviewed. Policy review occurs, and revisions are made as needed.

- I-G. The program defines and reviews formal complaints according to established policies.**

Elaboration: The program defines what constitutes a formal complaint and maintains a record of formal complaints received. The program's definition of formal complaints includes, at a minimum, student complaints. The program's definition of formal complaints and the procedures for filing a complaint are communicated to relevant constituencies.

- I-H. Documents and publications are accurate. A process is used to notify constituents about changes in documents and publications.

Elaboration: References to the program's offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, grading policies, degree/certificate completion requirements, tuition, and fees are accurate. Information regarding licensure and/or certification examinations for which graduates will be eligible is accurate. For APRN education programs, transcripts or other official documentation specify the APRN role and population focus of the graduate.^{1,2}

If a program chooses to publicly disclose its CCNE accreditation status, the program uses either of the following statements:

“The (baccalaureate degree program in nursing/master’s degree program in nursing/Doctor of Nursing Practice program and/or post-graduate APRN certificate program) at (institution) is accredited by the Commission on Collegiate Nursing Education (<http://www.ccneaccreditation.org>).”

“The (baccalaureate degree program in nursing/master’s degree program in nursing/Doctor of Nursing Practice program and/or post-graduate APRN certificate program) at (institution) is accredited by the Commission on Collegiate Nursing Education, 655 K Street NW, Suite 750, Washington, DC 20001, 202-887-6791.”

SUPPORTING DOCUMENTATION FOR STANDARD I

The supporting documentation listed below is included in the self-study document or provided for review on site. CCNE recognizes that reasonable alternatives exist when providing documentation to address the key elements.

1. Mission, goals, and expected program outcomes.
2. Copies of all professional nursing standards and guidelines used by the program. CCNE requires the following professional nursing standards and guidelines:
 - **Baccalaureate degree programs:** *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008).
 - **Master’s degree programs:** *The Essentials of Master’s Education in Nursing* (AACN, 2011).
 - **Doctor of Nursing Practice programs:** *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006).
 - **Graduate degree (master’s or DNP) or certificate programs preparing nurse practitioners:** *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016).
 - **Graduate-entry programs:** *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and other relevant standards based on the degree outcome (e.g., *The Essentials of Master’s Education in Nursing* for master’s degree programs, *The Essentials of Doctoral Education for Advanced Nursing Practice* for DNP programs, and *Criteria for Evaluation of Nurse Practitioner Programs* for nurse practitioner programs).
 - **All programs:** Any additional relevant professional nursing standards and guidelines used by the program.

¹ *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education* (July 2008).

² *Criteria for Evaluation of Nurse Practitioner Programs* (National Task Force on Quality Nurse Practitioner Education, 2016).

3. For APRN education programs (degrees/certificates), evidence that transcripts or other official documentation specify the APRN role and population focus of the graduate.
4. Identification of the program's community of interest.
5. Appointment, promotion, and, when applicable, tenure policies or other documents defining faculty expectations related to teaching, scholarship, service, practice, or other areas.
6. Major institutional and nursing unit reports and records for the past three years, such as strategic planning documents and annual reports.
7. Reports submitted to and official correspondence received from applicable accrediting and regulatory agencies since the last accreditation review of the nursing program.
8. Catalogs, student handbooks, faculty handbooks, personnel manuals, or equivalent information, including (among other things) academic calendar, recruitment and admission policies, grading policies, and degree/post-graduate APRN certificate program completion requirements.
9. Program advertising and promotional materials directed at prospective students.
10. Documents that reflect decision-making (e.g., minutes, memoranda, reports) related to program mission and governance.
11. Organizational charts for the parent institution and the nursing unit.
12. Program policies related to formal complaints.

STANDARD II

PROGRAM QUALITY: INSTITUTIONAL COMMITMENT AND RESOURCES

The parent institution demonstrates ongoing commitment to and support for the nursing program. The institution makes resources available to enable the program to achieve its mission, goals, and expected outcomes. The faculty and staff, as resources of the program, enable the achievement of the mission, goals, and expected program outcomes.

KEY ELEMENTS

- II-A. Fiscal resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of fiscal resources is reviewed periodically, and resources are modified as needed.**

Elaboration: The budget enables achievement of the program's mission, goals, and expected outcomes. The budget supports the development, implementation, and evaluation of the program. Compensation of nursing unit personnel supports recruitment and retention of faculty and staff.

A defined process is used for regular review of the adequacy of the program's fiscal resources. Review of fiscal resources occurs, and modifications are made as appropriate.

- II-B. Physical resources and clinical sites enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of physical resources and clinical sites is reviewed periodically, and resources are modified as needed.**

Elaboration: Physical space and facilities (e.g., faculty and staff work space, classrooms, meeting areas) are sufficient and configured in ways that enable the program to achieve its mission, goals, and expected outcomes. Equipment and supplies (e.g., computing, laboratory, and teaching-learning materials) are sufficient to achieve the program's mission, goals, and expected outcomes. The program is responsible for ensuring adequate physical resources and clinical sites. Clinical sites are sufficient, appropriate, and available to achieve the program's mission, goals, and expected outcomes.

A defined process is used to determine currency, availability, accessibility, and adequacy of resources (e.g., clinical simulation, laboratory, computing, supplies, and clinical sites), and modifications are made as appropriate.

- II-C. Academic support services are sufficient to meet program and student needs and are evaluated on a regular basis.**

Elaboration: Academic support services, which may include library, technology, distance education support, research support, and admission and advising services, foster achievement of program

outcomes. A defined process is used for regular review of academic support services, and improvements are made as appropriate.

II-D. The chief nurse administrator of the nursing unit:

- is a registered nurse (RN);
- holds a graduate degree in nursing;
- holds a doctoral degree if the nursing unit offers a graduate program in nursing;
- is vested with the administrative authority to accomplish the mission, goals, and expected program outcomes; and
- provides effective leadership to the nursing unit in achieving its mission, goals, and expected program outcomes.

Elaboration: The administrative authority of the chief nurse administrator is comparable to that of chief administrators of similar units in the institution. He or she consults, as appropriate, with faculty and other communities of interest to make decisions to accomplish the mission, goals, and expected program outcomes. The chief nurse administrator is an effective leader of the nursing unit.

II-E. Faculty are:

- sufficient in number to accomplish the mission, goals, and expected program outcomes;
- academically prepared for the areas in which they teach; and
- experientially prepared for the areas in which they teach.

Elaboration: The faculty (full-time, part-time, adjunct, tenured, non-tenured, or other) for each degree and post-graduate APRN certificate program are sufficient in number and qualifications to achieve the mission, goals, and expected program outcomes. The program defines faculty workloads. Faculty-to-student ratios provide adequate supervision and evaluation and meet or exceed the requirements of regulatory agencies and professional nursing standards and guidelines.

Faculty are academically prepared for the areas in which they teach. Academic preparation of faculty includes degree specialization, specialty coursework, or other preparation sufficient to address the major concepts included in courses they teach. Faculty teaching in the nursing program have a graduate degree. The program provides a justification for the use of any faculty who do not have a graduate degree.

Faculty who are nurses hold current RN licensure. Faculty teaching in clinical/practicum courses are experienced in the clinical area of the course and maintain clinical expertise. Clinical expertise may be maintained through clinical practice or other avenues. Faculty teaching in advanced practice clinical courses meet certification and practice requirements as specified by the relevant regulatory and specialty bodies. Advanced practice nursing tracks are directly overseen by faculty who are nationally certified in that same population-focused area of practice in roles for which national certification is available.

II-F. Preceptors (e.g., mentors, guides, coaches), if used by the program as an extension of faculty, are academically and experientially qualified for their role.

This key element is not applicable to a degree or certificate program that does not use preceptors.

Elaboration: The roles and performance expectations for preceptors with respect to teaching, supervision, and student evaluation are:

- clearly defined and communicated to preceptors;
- congruent with the mission, goals, and expected student outcomes;

- congruent with relevant professional nursing standards and guidelines; and
- reviewed periodically and revised as appropriate.

Preceptors have the expertise to support student achievement of expected outcomes. The program ensures that preceptor performance meets expectations.

II-G. The parent institution and program provide and support an environment that encourages faculty teaching, scholarship, service, and practice in keeping with the mission, goals, and expected faculty outcomes.

Elaboration: Institutional support is available to promote faculty outcomes congruent with defined expectations of the faculty role (full-time, part-time, adjunct, tenured, non-tenured, or other) and in support of the mission, goals, and expected faculty outcomes.

- Faculty have opportunities for ongoing development in teaching.
- If scholarship is an expected faculty outcome, the institution provides resources to support faculty scholarship.
- If service is an expected faculty outcome, expected service is clearly defined and supported.
- If practice is an expected faculty outcome, opportunities are provided for faculty to maintain practice competence.
- Institutional support ensures that currency in clinical practice is maintained for faculty in roles that require it.

SUPPORTING DOCUMENTATION FOR STANDARD II

The supporting documentation listed below is included in the self-study document or provided for review on site. CCNE recognizes that reasonable alternatives exist when providing documentation to address the key elements.

1. Nursing unit budget for the current and previous two fiscal years.
2. Current curricula vitae of the chief nurse administrator and faculty.
3. Summary (e.g., list, narrative, table) of name, title, educational degrees with area of specialization, certification, relevant work experience, and teaching responsibilities of each faculty member and administrative officer associated with the nursing unit.
4. Schedule of courses for the current academic year and faculty assigned to those courses.
5. Policies regarding faculty workload.
6. Current collective bargaining agreement, if applicable.
7. Policies and/or procedures regarding preceptor qualifications and evaluation. Documentation of preceptor qualifications and evaluation.
8. Policies and/or procedures that support professional development (e.g., release time, workload reduction, funding).
9. Documents that reflect decision-making (e.g., minutes, memoranda, reports) related to institutional commitment and resources.

STANDARD III

PROGRAM QUALITY: CURRICULUM AND TEACHING- LEARNING PRACTICES

The curriculum is developed in accordance with the program’s mission, goals, and expected student outcomes. The curriculum reflects professional nursing standards and guidelines and the needs and expectations of the community of interest. Teaching-learning practices are congruent with expected student outcomes. The environment for teaching-learning fosters achievement of expected student outcomes.

KEY ELEMENTS

III-A. The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that:

- are congruent with the program’s mission and goals;
- are congruent with the roles for which the program is preparing its graduates; and
- consider the needs of the program-identified community of interest.

Elaboration: Curricular objectives (e.g., course, unit, and/or level objectives or competencies as identified by the program) provide clear statements of expected learning that relate to student outcomes. Expected outcomes relate to the roles for which students are being prepared.

III-B. Baccalaureate curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate). Baccalaureate program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008).

This key element is not applicable if the baccalaureate degree program is not under review for accreditation.

Elaboration: The baccalaureate degree program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curriculum.

III-C. Master’s curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).

- Master’s program curricula incorporate professional standards and guidelines as appropriate.

- a. All master's degree programs incorporate *The Essentials of Master's Education in Nursing* (AACN, 2011) and additional relevant professional standards and guidelines as identified by the program.
- b. All master's degree programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016).
- Graduate-entry master's program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and appropriate graduate program standards and guidelines.

This key element is not applicable if the master's degree program is not under review for accreditation.

Elaboration: The master's degree program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curricula.

Master's degree APRN education programs (i.e., clinical nurse specialist, nurse anesthesia, nurse midwife, and nurse practitioner) incorporate separate comprehensive graduate-level courses to address the APRN core, defined as follows:

- *Advanced physiology/pathophysiology, including general principles that apply across the lifespan;*
- *Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and*
- *Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.*

Additional APRN core content specific to the role and population is integrated throughout the other role and population-focused didactic and clinical courses.

Master's degree programs that have a direct care focus but are not APRN education programs (e.g., nurse educator and clinical nurse leader) incorporate graduate-level content addressing the APRN core. These programs are not required to offer this content as three separate courses.

- III-D.** DNP curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).
- DNP program curricula incorporate professional standards and guidelines as appropriate.
 - a. All DNP programs incorporate *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006) and additional relevant professional standards and guidelines if identified by the program.
 - b. All DNP programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016).
 - Graduate-entry DNP program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and appropriate graduate program standards and guidelines.

This key element is not applicable if the DNP program is not under review for accreditation.

Elaboration: The DNP program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curricula.

DNP APRN education programs (i.e., clinical nurse specialist, nurse anesthesia, nurse midwife, and nurse practitioner) incorporate separate comprehensive graduate-level courses to address the APRN core, defined as follows:

- *Advanced physiology/pathophysiology, including general principles that apply across the lifespan;*
- *Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and*
- *Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.*

Additional APRN core content specific to the role and population is integrated throughout the other role and population-focused didactic and clinical courses.

Separate courses in advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology are not required for students enrolled in post-master's DNP programs who hold current national certification as advanced practice nurses, unless the program deems this necessary.

- III-E. Post-graduate APRN certificate program curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate). Post-graduate APRN certificate programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016).**

This key element is not applicable if the post-graduate APRN certificate program is not under review for accreditation.

Elaboration: The post-graduate APRN certificate program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curricula.

APRN education programs (i.e., clinical nurse specialist, nurse anesthesia, nurse midwife, and nurse practitioner) incorporate separate comprehensive graduate-level courses to address the APRN core, defined as follows:

- *Advanced physiology/pathophysiology, including general principles that apply across the lifespan;*
- *Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and*
- *Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.*

Additional APRN core content specific to the role and population is integrated throughout the other role- and population-focused didactic and clinical courses.

Separate courses in advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology are not required for certificate students who have already completed such courses, unless the program deems this necessary.

- III-F. The curriculum is logically structured to achieve expected student outcomes.**

- **Baccalaureate curricula build on a foundation of the arts, sciences, and humanities.**
- **Master's curricula build on a foundation comparable to baccalaureate-level nursing knowledge.**

- DNP curricula build on a baccalaureate and/or master's foundation, depending on the level of entry of the student.
- Post-graduate APRN certificate programs build on graduate-level nursing competencies and knowledge base.

Elaboration: Baccalaureate degree programs demonstrate that knowledge from courses in the arts, sciences, and humanities is incorporated into nursing practice. Graduate-entry programs in nursing incorporate the generalist knowledge common to baccalaureate nursing education as delineated in The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008) as well as advanced nursing knowledge.

Graduate programs are clearly based on a foundation comparable to a baccalaureate degree in nursing. Graduate programs delineate how students who do not have a baccalaureate degree in nursing acquire the knowledge and competencies comparable to baccalaureate education in nursing as a foundation for advanced nursing education. Programs that move students from basic nursing preparation (e.g., associate degree or diploma education) to a graduate degree demonstrate how these students acquire the baccalaureate-level knowledge and competencies delineated in The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008), even if they do not award a baccalaureate degree in nursing in addition to the graduate degree.

DNP programs, whether post-baccalaureate or post-master's, demonstrate how students acquire the doctoral-level knowledge and competencies delineated in The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006). If the program awards the master's degree as part of the DNP program, the program demonstrates how students acquire the master's-level knowledge and competencies delineated in The Essentials of Master's Education in Nursing (AACN, 2011) and, if applicable, Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2016).

The program provides a rationale for the sequence of the curriculum for each program.

III-G. Teaching-learning practices:

- support the achievement of expected student outcomes;
- consider the needs and expectations of the identified community of interest; and
- expose students to individuals with diverse life experiences, perspectives, and backgrounds.

Elaboration: Teaching-learning practices (e.g., simulation, lecture, flipped classroom, case studies) in all environments (e.g., virtual, classroom, clinical experiences, distance education, laboratory) support achievement of expected student outcomes identified in course, unit, and/or level objectives.

Teaching-learning practices are appropriate to the student population (e.g., adult learners, second-language students, students in a post-graduate APRN certificate program), consider the needs of the program-identified community of interest, and broaden student perspectives.

III-H. The curriculum includes planned clinical practice experiences that:

- enable students to integrate new knowledge and demonstrate attainment of program outcomes;
- foster interprofessional collaborative practice; and
- are evaluated by faculty.

Elaboration: To prepare students for a practice profession, each track in each degree program and each track in the post-graduate APRN certificate program affords students the opportunity to develop

professional competencies and to integrate new knowledge in practice settings aligned to the educational preparation. Clinical practice experiences include opportunities for interprofessional collaboration. Clinical practice experiences are provided for students in all programs, including those with distance education offerings. Clinical practice experiences align with student and program outcomes. These experiences are planned, implemented, and evaluated to ensure students are competent to function as members of interprofessional teams at the level for which they are being prepared.

Programs that have a direct care focus (including, but not limited to, post-licensure baccalaureate and nurse educator tracks) provide direct care experiences designed to advance the knowledge and expertise of students in a clinical area of practice.

- III-I. Individual student performance is evaluated by the faculty and reflects achievement of expected student outcomes. Evaluation policies and procedures for individual student performance are defined and consistently applied.**

Elaboration: Evaluation of student performance is consistent with expected student outcomes. Grading criteria are clearly defined for each course, communicated to students, and applied consistently. Processes exist by which the evaluation of individual student performance is communicated to students. In instances where preceptors facilitate students' clinical learning experiences, faculty may seek input from preceptors regarding student performance, but ultimately faculty are responsible for evaluation of individual student outcomes. The requirement for evaluation of student clinical performance by qualified faculty applies to all students in all programs. Faculty evaluation of student clinical performance may be accomplished through a variety of mechanisms.

- III-J. The curriculum and teaching-learning practices are evaluated at regularly scheduled intervals, and evaluation data are used to foster ongoing improvement.**

Elaboration: Faculty use data from faculty and student evaluation of teaching-learning practices to inform decisions that facilitate the achievement of student outcomes. Such evaluation activities may be formal or informal, formative or summative. The curriculum is regularly evaluated by faculty and revised as appropriate.

SUPPORTING DOCUMENTATION FOR STANDARD III

The supporting documentation listed below is included in the self-study document or provided for review on site. CCNE recognizes that reasonable alternatives exist when providing documentation to address the key elements.

1. Evidence that faculty participate in the development, implementation, and revision of curricula.
2. Course syllabi for all courses included in the curricula.
3. Examples of course content and/or assignments reflecting incorporation of professional nursing standards and guidelines in the curriculum.
4. Evidence that APRN education programs incorporate separate comprehensive graduate-level courses to address the APRN core.

5. Evidence that graduate-level content related to the APRN core is taught in master's degree programs that have a direct care focus (e.g., nurse educator and clinical nurse leader).
6. The program of study/curricular plan for each track/program under review.
7. Examples of student work reflecting student learning outcomes (both didactic and clinical).
8. Examples of clinical practice experiences that prepare students for interprofessional collaborative practice.
9. Evidence of direct care clinical experiences for all programs/tracks preparing students for a direct care role (including, but not limited to, post-licensure baccalaureate and nurse educator tracks).
10. Current affiliation agreements with institutions at which student instruction occurs.
11. Examples of student performance evaluations (didactic and clinical), including evaluation tools (e.g., exams, quizzes, projects, presentations).
12. Documentation that faculty are responsible for grading all courses and clinical experiences.
13. Examples of tools for curriculum assessment (e.g., end-of-course and faculty evaluations, student and faculty evaluations of clinical experiences).
14. Documents (e.g., minutes, memoranda, reports) that demonstrate data analysis of student and/or faculty evaluations to support ongoing improvement of curriculum and teaching-learning practices.

STANDARD IV

PROGRAM EFFECTIVENESS: ASSESSMENT AND ACHIEVEMENT OF PROGRAM OUTCOMES

The program is effective in fulfilling its mission and goals as evidenced by achieving expected program outcomes. Program outcomes include student outcomes, faculty outcomes, and other outcomes identified by the program. Data on program effectiveness are used to foster ongoing program improvement.

KEY ELEMENTS

IV-A. A systematic process is used to determine program effectiveness.

Elaboration: The program (baccalaureate, master's, DNP, and/or post-graduate APRN certificate) uses a systematic process to obtain relevant data to determine program effectiveness. The process:

- *is written, is ongoing, and exists to determine achievement of program outcomes;*
- *is comprehensive (i.e., includes completion, licensure, certification, and employment rates, as required by the U.S. Department of Education; faculty outcomes; and other program outcomes);*
- *identifies which quantitative and/or qualitative data are collected to assess achievement of the program outcomes;*
- *includes timelines for data collection, review of expected and actual outcomes, and analysis; and*
- *is periodically reviewed and revised as appropriate.*

IV-B. Program completion rates demonstrate program effectiveness.

This key element is not applicable to a degree or certificate program that does not yet have individuals who have completed the program.

Elaboration: The program (baccalaureate, master's, DNP, and/or post-graduate APRN certificate) demonstrates achievement of required program outcomes regarding completion in any one of the following ways:

- *the completion rate for the most recent calendar year (January 1 through December 31) is 70% or higher;*
- *the completion rate is 70% or higher over the three most recent calendar years;*
- *the completion rate is 70% or higher for the most recent calendar year when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education; or*
- *the completion rate is 70% or higher over the three most recent calendar years when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education.*

The program identifies the cohort(s), specifies the entry point, and defines the time period to completion, each of which may vary by track; however, the program provides the completion rate for the overall degree/certificate program. The program describes the formula it uses to calculate the completion rate. The program identifies the factors used and the number of students excluded if some students are excluded from the calculation.

IV-C. Licensure pass rates demonstrate program effectiveness.

This key element is not applicable to a program that does not prepare individuals for licensure examinations or does not yet have individuals who have taken licensure examinations.

Elaboration: Programs with a pre-licensure track demonstrate achievement of required program outcomes regarding licensure. The program demonstrates that it meets the licensure pass rate of 80% in any one of the following ways:

- the NCLEX-RN® pass rate for each campus/site and track is 80% or higher for first-time takers for the most recent calendar year (January 1 through December 31);
- the pass rate for each campus/site and track is 80% or higher for all takers (first-time and repeaters who pass) for the most recent calendar year;
- the pass rate for each campus/site and track is 80% or higher for all first-time takers over the three most recent calendar years; or
- the pass rate for each campus/site and track is 80% or higher for all takers (first-time and repeaters who pass) over the three most recent calendar years.

For each campus/site and track, identify which of the above options was used to calculate the pass rate.

IV-D. Certification pass rates demonstrate program effectiveness.

This key element is not applicable to a degree or certificate program that does not prepare individuals for certification examinations or does not yet have individuals who have taken certification examinations.

Elaboration: The master's, DNP, and post-graduate APRN certificate programs demonstrate achievement of required program outcomes regarding certification. For programs that prepare students for certification, certification pass rates are obtained and reported for those completers taking each examination, even when national certification is not required to practice in a particular state.

For programs that prepare students for certification, data are provided regarding the number of completers taking each certification examination and the number that passed. A program is required to provide these data regardless of the number of test takers.

A program that prepares students for certification demonstrates that it meets the certification pass rate of 80%, for each examination, in any one of the following ways:

- the pass rate for each certification examination is 80% or higher for first-time takers for the most recent calendar year (January 1 through December 31);
- the pass rate for each certification examination is 80% or higher for all takers (first-time and repeaters who pass) for the most recent calendar year;
- the pass rate for each certification examination is 80% or higher for all first-time takers over the three most recent calendar years; or

- the pass rate for each certification examination is 80% or higher for all takers (first-time and repeaters who pass) over the three most recent calendar years.

The program identifies which of the above options was used to calculate the pass rate. The program provides certification pass rate data for each examination but, when calculating the pass rate described above, may combine certification pass rate data for multiple examinations relating to the same role and population.

IV-E. Employment rates demonstrate program effectiveness.

This key element is not applicable to a degree or certificate program that does not yet have individuals who have completed the program.

Elaboration: The program demonstrates achievement of required outcomes regarding employment rates.

- The employment rate is provided separately for each degree program (baccalaureate, master's, and DNP) and the post-graduate APRN certificate program.
- Data are collected within 12 months of program completion. Specifically, employment data are collected at the time of program completion or at any time within 12 months of program completion.
- The employment rate is 70% or higher. However, if the employment rate is less than 70%, the employment rate is 70% or higher when excluding graduates who have elected not to be employed.

IV-F. Data regarding completion, licensure, certification, and employment rates are used, as appropriate, to foster ongoing program improvement.

This key element is applicable if one or more of the following key elements is applicable: Key Element IV-B (completion), Key Element IV-C (licensure), Key Element IV-D (certification), and Key Element IV-E (employment).

Elaboration: The program uses outcome data (completion, licensure, certification, and employment) for improvement.

- Discrepancies between actual and CCNE expected outcomes (program completion rates 70%, licensure pass rates 80%, certification pass rates 80%, employment rates 70%) inform areas for improvement.
- Changes to the program to foster improvement and achievement of program outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.
- Faculty are engaged in the program improvement process.

IV-G. Aggregate faculty outcomes demonstrate program effectiveness.

Elaboration: The program demonstrates achievement of expected faculty outcomes. In order to demonstrate program effectiveness, outcomes are consistent with and contribute to achievement of the program's mission and goals and are congruent with institution and program expectations. Expected faculty outcomes:

- are identified for the faculty as a group;
- specify expected levels of achievement for the faculty as a group; and
- reflect expectations of faculty in their roles.

Actual faculty outcomes are compared to expected levels of achievement. Actual faculty outcomes are presented in the aggregate. If expected faculty outcomes vary for different groups of faculty (full-

time, part-time, adjunct, tenured, non-tenured, or other), actual faculty outcomes may be presented separately for each different group of faculty.

IV-H. Aggregate faculty outcome data are analyzed and used, as appropriate, to foster ongoing program improvement.

Elaboration: The program uses faculty outcome data for improvement.

- Faculty outcome data are used to promote ongoing program improvement.
- Discrepancies between actual and expected outcomes inform areas for improvement.
- Changes to foster achievement of faculty outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.
- Faculty are engaged in the program improvement process.

IV-I. Program outcomes demonstrate program effectiveness.

Elaboration: The program demonstrates achievement of outcomes other than those related to completion rates (Key Element IV-B), licensure pass rates (Key Element IV-C), certification pass rates (Key Element IV-D), employment rates (Key Element IV-E), and faculty (Key Element IV-G).

Program outcomes are defined by the program and incorporate expected levels of achievement. The program describes how outcomes are measured. Actual levels of achievement, when compared to expected levels of achievement, demonstrate that the program, overall, is achieving its outcomes. Program outcomes are appropriate and relevant to the degree and certificate programs offered.

IV-J. Program outcome data are used, as appropriate, to foster ongoing program improvement.

Elaboration: For program outcomes defined by the program:

- Actual program outcomes are used to promote program improvement
- Discrepancies between actual and expected outcomes inform areas for improvement.
- Changes to the program to foster improvement and achievement of program outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.
- Faculty are engaged in the program improvement process.

SUPPORTING DOCUMENTATION FOR STANDARD IV

The supporting documentation listed below is included in the self-study document or provided for review on site. CCNE recognizes that reasonable alternatives exist when providing documentation to address the key elements.

1. Evidence of a systematic, written, comprehensive process to determine program effectiveness (e.g., evaluation or assessment plan).
2. Examples of periodic review of the systematic process (e.g., meeting minutes, supplemental documents).
3. Summary of aggregate student outcomes with comparison of actual levels of aggregate student achievement to expected levels of aggregate student achievement. Aggregate student outcome data (applicable only to programs with completers), including:
 - Completion rates for each degree and post-graduate APRN certificate program;
 - NCLEX-RN® pass rates for each campus/site and track;

- Certification pass rates for each degree/certificate program for each APRN role, population focus, and/or specialty for which the program prepares graduates;
 - Certification pass rates for each degree program by roles/areas other than APRN roles for which the program prepares graduates; and
 - Employment rates for each degree/certificate program.
4. Summary of aggregate faculty outcomes for the past three years with comparison of actual levels of aggregate faculty achievement to expected aggregate faculty achievement.
 5. Summary of aggregate program-identified outcomes for the past three years with comparison of actual levels of aggregate achievement in relation to expected levels of achievement.
 6. Documents (e.g., minutes, memoranda, reports) that demonstrate data analysis, explanations of variances between actual and expected outcomes, and use of the analysis for ongoing program improvement.

GLOSSARY

Academic Policies: Published rules that govern the implementation of the academic program, including, but not limited to, policies related to admission, retention, progression, graduation/completion, grievance, and grading.

Academic Support Services: Services available to the nursing program that facilitate faculty and students in any teaching/learning modality, including distance education, in achieving the expected outcomes of the program (e.g., library, computer and technology resources, advising, counseling, placement services).

Advanced Nursing: Nursing roles requiring advanced nursing education beyond the basic baccalaureate preparation. Academic preparation for advanced nursing may occur at the master's, doctoral, or post-graduate APRN certificate level.

Advanced Practice Registered Nurse (APRN): The title given to a nurse who has obtained a license to practice as an APRN in one of the four APRN roles: certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS), and certified nurse practitioner (CNP).

Advanced Practice Registered Nurse (APRN) Education Program: A master's degree program in nursing, a Doctor of Nursing Practice (DNP) program, or a post-graduate certificate program that prepares an individual for one of the four recognized APRN roles: certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS), and certified nurse practitioner (CNP). The education program must also prepare the individual in one of six population foci:

- family/individual across the lifespan
- adult-gerontology
- pediatrics
- neonatal
- women's health/gender-related
- psychiatric/mental health

Chief Nurse Administrator: A registered nurse with a graduate degree in nursing, and a doctoral degree if a graduate nursing program is offered, who serves as the administrative head of the nursing unit.

Clinical Practice Experiences: Planned learning activities in nursing practice that allow students to understand, perform, and refine professional competencies at the appropriate program level. Clinical practice experiences may be known as clinical learning opportunities, clinical practice, clinical strategies, clinical activities, experiential learning strategies, or practice.

Community of Interest: Groups and individuals who have an interest in the mission, goals, and expected outcomes of the nursing unit and its effectiveness in achieving them. The community of interest comprises the stakeholders of the program and may include both internal (e.g., current students, institutional administration) and external constituencies (e.g., prospective students, regulatory bodies, practicing nurses, clients, employers, the community/public). The community of interest might also encompass individuals and groups of diverse backgrounds, races, ethnicities, genders, values, and perspectives who are served and affected by the program.

Curriculum: All planned educational experiences that facilitate achievement of expected student outcomes. Nursing curricula include clinical practice experiences.

Distance Education: As defined by the Higher Education Opportunity Act of 2008:

(A) *Education that uses one or more of the technologies described in subparagraph (B)-*

(i) to deliver instruction to students who are separated from the instructor; and

(ii) to support regular and substantive interaction between the students and the instructor, synchronously or asynchronously.

(B) **INCLUSIONS.**—*For the purposes of subparagraph (A), the technologies used may include—*

(i) the Internet;

(ii) one-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices;

(iii) audio conferencing; or

(iv) video cassettes, DVDs, and CD-ROMs, if the cassettes, DVDs, or CD-ROMs are used in a course in conjunction with any of the technologies listed in clauses (i) through (iii). [The Higher Education Opportunity Act of 2008, Pub. L. No. 110-315, § 103(a)(19)]

Formal Complaint: A statement of dissatisfaction that is presented according to a nursing unit's established procedure.

Goals: General aims of the program that are consistent with the institutional and program missions and reflect the values and priorities of the program.

Mission: A statement of purpose defining the unique nature and scope of the parent institution or the nursing program.

Nursing Program: A system of instruction and experience coordinated within an academic setting and leading to acquisition of the knowledge, skills, and attributes essential to the practice of professional nursing at a specified degree level (baccalaureate, master's, doctorate) or certificate level (for post-graduate APRN certificate programs).

Nursing Unit: The administrative segment (e.g., college, school, division, or department of nursing) within an academic setting in which one or more nursing programs are conducted.

Parent Institution: The entity (e.g., university, academic health center, college, or other entity) accredited by an institutional accrediting agency (regional or national) recognized by the U.S. Secretary of Education that has overall responsibility and accountability for the nursing program.

Post-Graduate APRN Certificate Program: A post-master's or post-doctoral certificate program that prepares APRNs in one or more of the following roles: certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS), and certified nurse practitioner (CNP). CCNE only reviews certificate programs that prepare APRNs in at least one role and population focus, in accordance with the *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education* (July 2008). Although other types of nursing certificates may be offered by an institution, they are outside CCNE's scope of review.

Preceptor: An experienced practitioner who facilitates and guides students' clinical learning experiences in the preceptor's area of practice expertise.

Professional Nursing Standards and Guidelines: Statements of expectations and aspirations providing a foundation for professional nursing behaviors of graduates of baccalaureate, master's, professional doctoral, and post-graduate APRN certificate programs. Standards are developed by a consensus of professional nursing communities who have a vested interest in the education and practice of nurses. CCNE recognizes that professional nursing standards and guidelines are established through: state rules and regulations, nationally recognized accrediting agencies and professional nursing specialty organizations, national and institutional educational organizations, and health care agencies used in the education of nursing graduates.

CCNE requires that pre- and post-licensure baccalaureate and graduate pre-licensure programs in nursing use *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008); that master's degree programs use *The Essentials of Master's Education in Nursing* (AACN, 2011); that DNP programs use *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006); and that nurse practitioner programs use *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016). Programs incorporate additional professional nursing standards and guidelines, as appropriate, consistent with the mission, goals, and expected outcomes of the program.

Program Improvement: The process of using results of assessments and analyses of actual outcomes in relation to expected outcomes to validate or revise policies, practices, and curricula as appropriate.

Program Outcomes: Results that participants (individually or in the aggregate) derive from their association with the nursing program. The results are measurable and observable and may be quantitative or qualitative, broad or detailed.

Student Outcomes: Results reflecting competencies, knowledge, values, or skills attained by students through participation in program activities.

Faculty Outcomes: Results demonstrating achievements in teaching, scholarship, service, practice, or other areas appropriate to the mission and goals of the nursing program attained by faculty as part of their participation in the program.

Expected Outcomes: Anticipated results expressed as predetermined, measurable levels of student, faculty, and program achievement.

Actual Outcomes: Results describing real student, faculty, and program achievement.

Teaching-Learning Practices: Strategies that guide the instructional process toward achieving expected student outcomes.



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December 3, 2020

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 Bronx, NY 10468

Dear Dr. Georges:

This letter is in response to your request concerning the registration and accreditation status of the following nursing programs offered by the City University of New York Herbert H. Lehman College:

Program Code	Program Title	Degree Award
60288	MHC-Nursing	B.S.
36703	Nursing	B.S.
02630	Nursing	B.S.
40383	Nursing (ASDBS)	B.S.
31082	Nursing	Ph.D.
28210	Nursing Administration	Adv. Cert.
28211	Nursing Education	Adv. Cert.
40561	Pediatric Nurse Practitioner	D.N.P.
19752	Pediatric Nurse Practitioner	M.S.
20582	Pediatric Nurse Practitioner	Adv. Cert.
40560	Family Nurse Practitioner	D.N.P.
33473	Family Nurse Practitioner	M.S.
33472	Family Nurse Practitioner	Adv. Cert.

These programs remain registered and accredited by the New York State Board of Regents – Office of the Professions until the Department’s next review, which is tentatively scheduled for fall 2027. Accredited programs must submit annual reports and each annual report must demonstrate that these programs continue to meet program registration standards. Failure to do so may have an adverse impact on program registration and accreditation status.

If you have any questions, please contact me at opnurs@nysed.gov.

Sincerely,

Renée Gecsedí, M.S., R.N.
 Associate in Nursing Education

Accreditation of our Department of Nursing Family Nurse Practitioner (FNP) Master of Science program

Lehman Community List <ALL-L@LIST.LEHMAN.EDU>

on behalf of

President.Lemons <President.Lemons@LEHMAN.CUNY.EDU>

Mon 11/23/2020 7:57 AM

To:

Dear Colleagues,

We are extremely disappointed to learn that due to what amounts to a matter of procedure, the Commission on Collegiate Nursing Education (CCNE) has decided to withdraw the accreditation of our Department of Nursing Family Nurse Practitioner (FNP) Master of Science program in the Lehman College School of Health Sciences, Human Services, and Nursing.

Though the Department of Nursing Family Nurse Practitioner master's program received its initial accreditation from CCNE in 2013; the program's cohort pass rates on the American Nurses Credentialing Center (ANCC) Family Nurse Practitioner Examination fell below the required 80 percent, a requirement specified by CCNE Standard IV. Over the past several years our students' certification pass rates came progressively closer to the required 80 percent, seeming to make it likely that the program would meet the standard, given additional time. However, CCNE determined it must refuse to grant that additional time despite the fact that in July 2020, the U.S. Department of Education amended its regulations so that accrediting agencies, such as CCNE, are encouraged to provide institutions with additional time to come into compliance with accrediting standards.

We are devastated and heartbroken to learn of the Commission's determination and to have to communicate this news to our students and faculty before the holidays in a year that has already taken so much from our students and our community. Our dean of Health, Human Services, and Nursing, Dr. Elgloria Harrison, and the chair of the Nursing program, Dr. Catherine Alicia Georges, and program administrators are working closely with our Office of Academic Affairs to identify other options for our FNP master's program students to receive their certification.

The FNP program continues to be accredited by the New York State Education Department Office of the Professions, a U.S. Department of Education-approved accrediting nursing agency. Therefore, this decision in no way affects our students' ability to graduate; and is not a reflection of the hard work and ability of our students and faculty. However, it does prevent students from sitting for the ANCC examination.

The Department of Nursing baccalaureate program remains accredited through 2028 by CCNE and our Doctor of Nurse Practitioner (DNP) program, launched earlier this year, is not yet eligible to apply for accreditation.

Our students have my word that the College will do everything in its power to assist them in achieving their academic goals. Dean Harrison, Dr. Georges, and Dr. Campbell will host a virtual town hall discussion at 8 p.m., today, Nov. 23, 2020, to share the next steps with our FNP nursing students and faculty.

Best,
Daniel E. Lemons



PROVOST AND SENIOR
VICE PRESIDENT FOR
ACADEMIC AFFAIRS AND
STUDENT SUCCESS

Shuster Hall, Room 379
250 Bedford Park Blvd West
Bronx, NY 10468

Phone: 718-960-8222
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www.lehman.edu

TO: FNP Students

FROM: Peter O. Nwosu, Provost and Senior Vice President for Academic Affairs and Student Success

SUBJECT: MS-FNP Program Update

DATE: December 4, 2020

Dear Students—

I hope you, your family and loved ones enjoyed a safe and healthy holiday. As a student of our Department of Nursing Master of Science Family Nurse Practitioner (MS-FNP) program, I wanted to share with you an update on the progress the Department of Nursing, the College, my office, the Office of the President and CUNY Central Office have made to provide solutions for all of our Master of Science Family Nurse Practitioner (MS-FNP) students after the Commission on Collegiate Nursing Education (CCNE) decided on November 20, 2020 to withdraw the program's accreditation.

We are currently awaiting confirmation from the [American Academy of Nurse Practitioners Certification Board \(AANPCB\)](#) that our MS-FNP students are eligible to sit for its FNP National Certification Examination. On Thursday, December 3, we sent documentation to the AANPCB verifying our program's review and accreditation of the Lehman MS-FNP curriculum and master of science program from the New York State Education Department (NYSED) Office of the Professions, along with verification from the U.S. Department of Education (DOE) that the NYSED Office of the Professions is recognized by the U.S. DOE as an accreditor of our graduate nursing program. We are hopeful we hear back from AANPCB representatives soon with a response to our request for confirmation.

In addition to our correspondence to the AANPCB, on Tuesday, December 1, I sent a letter to the CCNE, requesting that its Board of Commissioners postpone the date of the program's accreditation withdrawal until February 28, 2021, which would grant students in cohort NUR 776 the opportunity to sit for the American Nurses Credentialing Center (ANCC) exam by February 12, 2021, and for the College to officially certify and confer their degrees. We will also issue a letter to the ANCC, requesting the 45 students in cohort NUR 776, scheduled to complete all coursework and clinicals this month, be able to sit for the exam.

In addition to our outreach to external organizations and agencies, we have also made progress here at the College and with CUNY in our efforts to provide as much accommodation and flexibility to our MS-FNP students in their pursuit of their scheduled academic goals with as little disruption as possible. Here is a summary of actions we have taken in the past week:

- The Department of Nursing has hosted two virtual roundtables with School of Health Sciences, Human Services, and Nursing Dean Elgloria Harrison, Chair Dr. Catherine Alicia Georges, and staff members of our nursing department and representatives from the Office of the President and the Office of the Provost. These virtual sessions were held on Monday, November 30, with cohort NUR 776, and on Thursday, December 3 with cohort NUR 774, whose expected graduation date is May 2021, to answer student questions and concerns and to provide program status updates. We are in the process of scheduling a roundtable with cohort NUR 775, who have an expected degree completion date of December 2021, and will be meeting with our continuing MS-FNP students as well. I ask that those students look for an email invitation for that upcoming meeting.

- For those students who have already sat for the ANCC exam and have completed all coursework prior to November 20, 2020, and were scheduled to graduate in January 2021, the CUNY registrar has confirmed they will confer those students' degrees on November 19, 2020. This would allow these 15 students, if all other eligibility requirements have been met, to receive their diploma, which makes them eligible to receive their ANCC certificate.
- Early next week, the Department of Nursing and Department of Admissions will host an information session on the [Doctor of Nursing Practice \(DNP\) program](#) for those FNP students interested in transferring to that program. Once it is scheduled, you will receive an email from the Department of Nursing with a link to register. Should you decide to apply to the DNP program, the documents you have already submitted will be applied to the DNP application. If you have any questions regarding the program or cannot attend the information session, contact the Program Director Dr. Eleanor Campbell at eleanor.campbell@lehman.cuny.edu or you may direct admissions questions to Valerie Brown at valerie.brown@lehman.cuny.edu.
- Over the next month, the Department of Nursing will develop a roadmap for our two remaining MS-FNP cohorts, recommendations for the future of the MS-FNP program and, in conjunction with my office, steps for a nursing program review. While we understand that students would like immediate answers to their questions about the future of the MS-FNP program and if we will pursue accreditation with CCNE after six months, we need to conduct our due diligence before making a decision that is in the best interests of our students and the program. We will share with you those review outcomes as soon as possible.

As always, the [Frequently Asked Questions \(FAQs\)](#) page we have created is the best source for updates as this situation is fluid and we are receiving updates from various offices, agencies and individuals every day. President Lemons and I also discussed and answered student questions at yesterday's [President's Live Briefing](#). You may view this session here. If you have questions that are not answered on our FAQ page, you may email them to this address we created for this express purpose: lehman.fnpinfo@lehman.cuny.edu. If you have other questions for the Department of Nursing, you may email: nursing.department@lehman.cuny.edu.

I want to thank each of you for your patience and thoughtfulness during this extremely challenging time. You are responding with grace and professionalism in the face of these extremely challenging circumstances during what is already an overwhelmingly stressful time in our city and our nation. As highly trained and specialized licensed registered nurses, it is not unusual that you hold yourself with such composure in the face of this challenge, but I want to assure you that we do not take your professionalism as acceptance. You have my promise that we are doing everything we can to develop solutions for each of you with the same commitment, rigor and drive that you have displayed in your pursuit of your MS-FNP certification. I want to reiterate that we will support you--the students in this program; we will be transparent about the options you have going forward and the considerations we must weigh for the future of the MS-FNP program at Lehman.

Remain well and be safe.



PROVOST AND SENIOR
VICE PRESIDENT FOR
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TO: FNP Students

FROM: Peter O. Nwosu, Provost and Senior Vice President for Academic Affairs and Student Success

SUBJECT: MS-FNP Program Update

DATE: December 11, 2020

Dear Students—

I hope the end of the semester finds you well. For those of you who have recently taken the HESI exam, as well as all of our Department of Nursing Master of Science Family Nurse Practitioner (MS-FNP) program students, congratulations on this accomplishment during what has become a very difficult semester in an extremely challenging year.

Many of you have attended Department of Nursing town halls this past week. For the student leaders among you, thank you for organizing your fellow MS-FNP students; and thank you, each of you, for the very fruitful dialogue in the town hall meetings.

We have made good progress in the past week. We are still awaiting answers to our requests to:

1. the Commission on Collegiate Nursing Education (CCNE) to postpone the date of CCNE accreditation withdrawal to Feb. 28, 2021 so that the December 2020 cohort can sit for the exam by Feb. 12, 2021; and
2. the American Academy of Nurse Practitioners Certification Board (AANPCB) to permit our FNP students to sit for the AANPCB exam based on the fact that Lehman's FNP program is nationally accredited by the New York State Education Department Office of the Professions.

The CCNE board met today in executive session to discuss our aforementioned request as well as a request by Department of Nursing Chair Catherine Alicia Georges for a transcript of the appeal hearing that occurred Nov. 13, 2020. CCNE will inform us of the board's decisions by Monday, Dec. 14.

The AANPCB has also confirmed it will meet this month to consider our request. School of Health Sciences, Human Services, and Nursing Dean Elgloria Harrison has been updating students as information is available and will continue to do so. As soon as we know of new information it will be shared it with you.

Here are some other updates from this week:

- On Dec. 1, the Department of Nursing received confirmation from the AANPCB that Lehman College program graduates who completed the FNP program by November 2020 continue to be eligible to take the AANPCB examinations. We are awaiting further information about our December or May graduates.
- Dean Harrison, Dr. Georges, and Department of Nursing administrators continued to meet with students several times over the past week to answer questions and provide guidance about next steps as well as information about the College's DNP program. A DNP program open house will be scheduled soon for those interesting in transferring from the FNP to the DNP. These students would enroll in the BS-to-DNP program, so their BS degree from a CCNE-accredited program would make them eligible to enter into the program. Our Office of Admissions will do everything it can to facilitate this transfer.

- We have received confirmation from CUNY that the requirement to sit for the ANCC exam in order to graduate from the MS-FNP program may be waived if necessary. Because we are awaiting responses from both CCNE and AANPCB that may enable our students to sit for a national certifying exam, to enact the waiver prematurely would put these students' ability to sit for the exam in jeopardy. However, the ability to waive the requirement is available to us and we will enact the waiver if necessary.
- On Dec. 9, NUR 776 met with the Department of Nursing and the College Registrar to discuss graduation and conferral dates. This cohort, which is due to complete course work and clinicals this month and has the most immediate need for resolution, will be conferred Jan. 1, 2021; however, the Registrar has agreed to move the conferral date to Feb. 1, 2021, if necessary to provide students in that cohort with as much flexibility as possible as we await a response from the CCNE and AANPCB. For those NUR 776 students who opt to postpone their graduation to May 2021, they may do so; however, the CUNY Registrar advises that students postpone their graduation no later than May 2021; and to be advised that they are not in attendance at the College, student loan payments start to come due six months after non-attendance.
- For those students who wish to transfer to an FNP program outside of Lehman, Dean Harrison and the University Dean for Health and Human Services are working together to assist these students. Lehman is the only CUNY college with an FNP program; however, the College will help facilitate a transfer to another institution if a student wishes to transfer. Remember though, it is up to the transfer institution whether you would be accepted as a transfer student.
- Some students have asked if they may take a leave of absence. A student may take a leave of absence up to one year without having to reapply to the program. After that time, they must reapply. Again, student loan payments will start to come due 6 months after non-attendance.
- The Department of Nursing is currently developing recommendations for the future of the MS-FNP program and, in conjunction with my office, steps for a nursing program review.

Remember, we will receive a response from CCNE no later than Monday, Dec. 14. Please watch your inbox. We will notify you of their response as soon as we receive it and we are hopeful we will have good news to share. As always, you may find a list of [FAQs](#) and status updates about the FNP program.

I hope you have a good and restful weekend.



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TO: FNP Students

FROM: Peter O. Nwosu, Provost and Senior Vice President for Academic Affairs and Student Success

SUBJECT: MS-FNP Program Update

DATE: December 18, 2020

Dear Students—

It is the holiday season and I have much good news to share, though many of you may already be aware of this good news.

On Dec. 14 the Commission on Collegiate Nursing Education (CCNE) responded and its board agreed to our request to postpone the date of CCNE accreditation withdrawal from Nov. 20, 2020, to March 1, 2021, so that the 43 students in the NUR 776 cohort set to graduate this month and the 19 students in pending status can sit for the American Association of Colleges of Nursing (AACN) exam as graduates of a CCNE-accredited program. This is very good news.

We are still awaiting confirmation from the American Academy of Nurse Practitioners Certification Board (AANPCB) to permit our Family Nurse Practitioner (FNP) program students to sit for the AANPCB exam based on the fact that Lehman's FNP program is nationally accredited by the New York State Education Department Office of the Professions. While we do not yet have confirmation, the AANPCB board did meet and considered our request, and we expect an answer soon.

But we have even more good news. Our Nursing Department administrators have proposed a plan that would allow the 26 students NUR 775 cohort that is expected to graduate May 2021 to also graduate from a CCNE-accredited program before accreditation is withdrawn on March 1, 2021. These students have all completed at least 400 hours of their required clinical hours, and have two more courses to complete before they may graduate. If students are willing, they will be able to use the upcoming Winter session, which begins in Jan. 4, to complete their coursework and also earn the remaining 100 clinical hours they need in order to finish their degrees and be eligible to sit for the AACN exam.

This proposed solution is a result of the School of Health Sciences, Human Services, and Nursing Dean Elgloria Harrison, Department of Nursing Chair Dr. Catherine Alicia Georges, Program Director Dr. Eleanor Campbell, our College Senior Registrar Yvette Rosario, Nursing faculty and other College and University teams doing everything in their power to come up with innovative solutions to support our MS-FNP nursing students, who have worked so hard, sacrificed so much this year, and are currently serving on the frontlines of the COVID-19 pandemic. They deserve to be New York City's newest certified FNP's.

If you need a reminder of who our Master of Nursing students are, you needn't look any further than the Dec. 14 cover of *The New York Times*, which featured Sandra Lindsay '10, an ICU critical care director at Long Island Jewish Medical Center, and a Lehman College graduate of our Master of Nursing program, who was the first person to be vaccinated in New York, and in the U.S.

From the *Times*: “Because of lingering skepticism about the vaccine, even among some on her own staff, Ms. Lindsay, the director of critical care nursing, said she wanted to lead by example — particularly as a Black woman who understands the legacy of unequal and racist medical treatment and experimentation on people of color. “She said that she wanted everyone to know that the coronavirus vaccine was critical in keeping all New Yorkers safe: ‘It is rooted in science, I trust science, and the alternative and what I have seen and experienced is far worse,” she said. “So it’s important that everyone pulls together to take the vaccine, not only to protect themselves but also to protect everyone they will come into contact with.””

Our Lehman graduates do not simply become workers in their fields, they become leaders, they excel, they become the people who the next generation of Lehman students aspire to be and our current MS-FNP program students deserve that same opportunity.

I do wish for each of you the best this holiday season may offer and a joyous New Year.

Remain well and be safe.



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July 1, 2020

Dr. Daniel Lemons
Interim President
Lehman College of the City University of New York
250 Bedford Park Boulevard West
Bronx, NY 10468

Dear Dr. Lemons:

On behalf of the Middle States Commission on Higher Education, I am writing to inform you that on June 25, 2020, the Commission acted as follows:

To acknowledge receipt of the supplemental information report. The next evaluation visit is scheduled for 2027-2028.

Pursuant to the Commission's *Communication in the Accreditation Process Policy and Procedures*, this letter serves as the Commission's official notification of this action. This accreditation action will be publicly available on the Commission's website within 24 hours of informing the institution. This action will also appear on the institution's Statement of Accreditation Status (SAS). If any of the information contained within the action appears to be factually incorrect, please send an email within 60 calendar days of the action to actions@msche.org.

The following resources provide additional information that may be helpful to understanding the Commission's actions and the institution's accreditation status:

[*Accreditation Actions Policy and Procedures*](#)

[*Accreditation Review Cycle and Monitoring Policy and Procedures*](#)

[*Communication in the Accreditation Process Policy and Procedures*](#)

[*Public Disclosures Policy and Procedures*](#)

[*Standards for Accreditation and Requirements of Affiliation*](#)

[*Substantive Change Policy and Procedures*](#)

For questions about the Commission's actions, please contact the institution's assigned Commission staff liaison. Questions from the public about the institution's accreditation phase or accreditation status can be directed to communications@msche.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Heather F. Perfetti". The signature is fluid and cursive, with a prominent initial "H" and a long, sweeping underline.

Heather F. Perfetti, J.D., Ed.D.
President



DEPARTMENT OF NURSING

T3 Building, Room 201
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December 21, 2020

Jennifer Butlin, EdD
Executive Director
Commission on Collegiate Nursing Education
655 K Street NW
Suite 750
Washington DC 20001

Dear Dr. Butlin:

I write to inform the Commission on Collegiate Nursing Education that Lehman College intends to apply for accreditation of its Masters program. We request that we be given the opportunity when eligible in May of 2021 to submit an application. Lehman college would like to host an evaluation site visit in January or February of 2022

Respectfully,

A handwritten signature in black ink, appearing to read 'C. Georges', on a light gray rectangular background.

Catherine Alicia Georges, EdD, RN, FAAN
Professor and Chairperson
Department of Nursing



October 30, 2020

Félix V. Matos Rodríguez
Chancellor
The City University of New York

2020-21 PMP Goals

Dear Chancellor Matos Rodríguez,

I write to provide you with an update on the progress we continue to make as a college community, and to set forth goals for the next four years in support of our strategic plan, and [90x30 Challenge](#), a bold initiative designed to increase educational attainment in the Bronx by awarding 90,000 or more degrees and credentials from the beginning of the initiative in 2017 through 2030.

In 2019 we launched our [2020-2025 strategic planning process](#), which includes the goals developed as part of the Performance Management Process (PMP). The planning process was slowed by the COVID-19 pandemic, but it has continued none-the-less and is now nearing completion. It will be finalized in fall 2020.

The PMP goals described below are also laid out in an attached Summary Sheet that adds some details to the narrative that follows.

1. Student Success: Five of our major PMP goals center around student success, promoting timely completion of degrees and continually improving the quality of educational programs.

a. Graduation rates:

Six-Year Graduation Rate: Fifty-three percent of full-time, first-time students who entered Lehman in fall 2013 graduated in six years, which represents a fifteen-percentage point increase in comparison to the graduation rate for the 2008 student cohort (37 percent). At the same time, we are keenly aware that more is left to be done in support of our students and. In light of that, **we will aim to increase our six-year graduation rate to 55% for the fall 2017 first-time, full-time student cohort.**

Four-Year Graduation Rate: Lehman College has seen its four-year graduation rate for first-time, full-time students similarly improve in recent years. Full-time, first-time students who arrived at Lehman in fall 2015 graduated at a rate (28.2%), which was nearly ten percentage points higher than 2010 full-time, first-time students (18.7%). We will continue our efforts to improve this.

As part of the PMP **we aim to increase our four-year graduation rate by three percentage points to 31% for fall 2019 full-time, first-time students.**

- b. Transfer Outcomes:** Even though the number of first-time, full-time students has grown significantly in recent years, increasing dramatically this year, new full-time transfers still represent the majority of our incoming students. Although the four-year graduation rate of transfer students with associates degrees declined 2.5% points between fall 2013 (57%) and fall 2015 (54.5%) entering cohorts, Lehman has consistently been a leader in transfer graduation rates, with a rate above the senior college average in each of the previous five years. As part of the PMP, **the college plans to increase the four-year graduation rate of transfer students to 57% for the fall 2019 entering cohort.**

In order to reach this goal, Lehman College has and will continue to develop and deploy a number of strategies. Lehman has been a leader with the Bronx Transfer Affinity Group, BTAG, which is enabling more effective transfer from CUNY community colleges to Lehman, and our efforts with BTAG are expanding. The college plans to further expand its use of Degree Works in an effort to enable our students to better plan their courses and track progression towards degree completion. In recognition of the financial difficulties that many of our students face we are continuing our TAP recovery project. Our continuation of the Race to the Finish Line Initiative, which provides students with stipends to offset the costs associated with gaining necessary credentials, will help expand prior learning initiatives.

- c. Retention:** Like many other senior colleges, Lehman will need to advance one-year retention rates in order to improve the likelihood that we will achieve our graduation rate goals. Between fall 2014 and fall 2018, the college experienced an overall flat one-year retention rate around 82.5 percent according to the most recent PMP data. In light of that, and as part of the PMP, **Lehman will strive to increase its one- year retention rate to 84 percent for the Fall 2022 full-time first-time student cohort.**
- d. Momentum:** In addition to one-year retention rates, the pace of credit accumulation during freshmen year is an early indicator of on-time graduation. Lehman has steadily improved the percent of fall full-time first-time students who earned thirty credits or more in the first year, rising by almost seventeen percentage points, from 44.8 percent for fall 2014 entering freshmen, to 62.0 percent for fall 2018 entering freshmen. That is the largest increase among CUNY senior colleges. In an effort to sustain this trajectory, and as part of the PMP, **the college will seek to increase from 62 percent (fall 2018) to at least 65 percent (fall 2022), the percent of freshmen earning thirty or more credits during their first year.** In support of our goals related to graduation, retention, and momentum, we plan to employ a number of strategies which are described below.

Improvements to the process of awarding credits earned during high school (AP, ECI, College Now, and Bridge Programs) have positively impacted the awarding of credit earlier in a student's career and mitigating credit loss. We plan to continue to identify new ways to award credit in ways that promote retention, momentum, and ultimately, graduation.

Additionally, the college has received funding that supports two Accelerate, Complete, and Engage (ACE) cohorts over the next four years. Our first cohort of 124 full-time, first-time students began fall 2019, and another cohort of 150 joined us in fall 2020. The program, which provides students with more engaged advising, career counseling, and financial support will help ensure that students not only are retained after one year, but maintain a pace to graduate within four years.

As the profile of our freshmen class continues to evolve, the need to evaluate approaches to freshmen schedules has grown, and Lehman continues to evaluate this as well as its Freshmen Learning Communities. Enrollment of students who bring extensive amounts of college coursework into the freshman year has led to an institutional commitment to engage in an ongoing assessment of course offerings to ensure that we are able to maintain freshman learning communities while offering students appropriate courses. These efforts will continue on an ongoing basis to ensure a successful freshman year.

Led by the Graduation Specialist unit in the Office of the Registrar, the Senior Success Initiative works with students in their last year of study at the college. This effort begins with a comprehensive review of the academic record to determine remaining courses and culminates with an academic plan which includes opportunities to leverage prior learning to satisfy missing degree requirements. As the college successfully develops a culture of evidence, the ability to leverage data in real-time ways to move the needle on student success will help ensure continued increases in graduation rates.

e. Pedagogical professional development linked to student success outcomes/efforts:

In 2019 I allocated \$180,000 in funding for a combination of course redesign and curriculum renewal. The Student Success Course Redesign Initiative (SSCRI) selected ten proposals from seven departments, focusing on gateway courses with high drop/withdrawal/incomplete/failure (DWIF) rates. Additionally, thirteen curriculum renewal proposals are in development from the four academic schools. They are focusing on pedagogical improvements in those courses. **Our PMP goal is to increase that total to 30 courses redesigned and 30 courses revised with pedagogical innovations by 2024.** External funding will be sought to support these efforts, particularly in light of the constriction in tax levy budget support for CUNY.

Training in both online instruction and in effective assessment has also ramped up and **we aim by fall 2024 to have increased by 69% above the 314 faculty who received training in online course delivery in fall 2020. We also aim to increase faculty training in assessment by 46% above the 141 trained in fall 2020.**

Both faculty training and course redesign and improvement address a major factor in student success, which is the efficacy of the curriculum and of instruction. Research is clear that improving both of these is critical to increasing student success.

2. Career Success: Lehman College remains committed to serving as an engine of upward mobility by providing opportunities for experiential learning and career engagement. As part of our strategic planning efforts, **the college has set a goal of increasing the percent of students who participate in internships by four percentage points between 2020 and 2024, from 25% to 29%.**

To meet this goal, the Career Exploration & Development Center (CEDC) will leverage a number of strategies. It is important to increase and improve the opportunities we provide our students for employer engagement. Programs begun the past academic year like Braven and the Braven Career Booster help build relationships and networks that are critical for finding and landing job opportunities. Braven had 68 registered fellows in the spring and over 100 were recruited for the Fall 2020 cohort. Developing those relationships virtually and utilizing online networks is particularly helpful during this time of the COVID-19 pandemic. We expect to continue to strengthen partnerships with the CUNY Innovative Sector teams and support platforms like Symplicity, a database that enables us to maintain effective contact with all current students and alumni, as well as to update and maintain jobs/internship postings, post upcoming events and workshops, review and approve résumés, and coordinate the Alumni Mentoring Network. We will continue to seek paid micro-internship and virtual internship opportunities, as well as external funding to support internships. The CEDC also utilizes a Virtual Mock Interviews module for students, and recently began to import career videos from LinkedIn Learning.

3. Faculty, Staff, and ECP Diversity: Lehman College is committed to recruiting, hiring, and retaining a diverse workforce. This commitment is especially important given our highly diverse student population. In addition to having the only majority-Hispanic undergraduate population (52.5 percent) among senior colleges, nearly 68 percent and 86 percent of our undergraduates are women and underrepresented minorities, respectively. It is important to undertake efforts to have that diversity reflected in the totality of our staff. In light of that, the college has used the PMP and Strategic Plan to set goals in support of this aim across a number of dimensions, which align and comply with the University's Policy on Affirmative and non-discrimination laws. They are listed below.

Gender: We aim as part of the PMP to increase by two percentage points the percentage of full-time employees who are female, from 53 percent in 2020 to 55 percent in 2024.

Race/Ethnicity: Additionally, we have set a PMP goal to increase, from 60 percent in 2020 to 62 percent in 2024, the percentage of full-time employees who are minority. Since Lehman's staff already have a higher diversity, these efforts will be focused on faculty recruitment, as budgets allow for faculty replacement. This fall Lehman College added 26 new faculty members, 17 of whom are URM faculty and half of whom are female.

Italian American: As part of the PMP we will increase the percentage of full-time employees who are Italian American, from 5 percent in 2020 to 6 percent in 2024.

To meet these goals, the college plans to: employ best practices to attract diverse applicants, complete searches efficiently and effectively and provide fair and equitable treatment in the search and selection processes; implement a continuous improvement plan to refine and strengthen the search process; administer a search effectiveness survey annually to assess

stakeholder satisfaction and impressions of the search process and use findings to improve processes; communicate with and educate the campus community on strategies to promote diversity and inclusion, and cultivating a positive and authentic campus climate where all members of the community experience a sense of belonging.

These efforts will be reinforced by the President’s Task Force on Campus Climate and Inclusion that began its work summer 2020 and will submit recommendations in December 2020.

4. Diversity of first-time freshmen:

Gender: We aim as part of the PMP to increase by two percentage points the percentage of first-time, full-time freshmen who are male, from 38 percent in 2020 to 40 percent in 2024.

Race/Ethnicity: As previously noted, Lehman College has the second highest percent of URM students among CUNY senior colleges and the largest absolute number of URM students. We aim to maintain that percentage over the next four years.

5. Sustainability:

Sustainability is not one of the areas identified in the PMP process as a CUNY priority, but I include a sustainability PMP target because our response to climate change is integrally linked to our commitment to social justice. The social determinants of income, educational and health inequities are the same ones that are producing disproportionate impacts from climate change on vulnerable communities, including those in the Bronx and New York City. Lehman has a long-running composting program that handles over 60 tons of organic waste per year and it will be expanded through a SAMS grant of \$340,000. **Our PMP goal is to increase the percentage of our total waste stream that is either recycled or composted to 60 percent from 59% by 2024.**

There are a number of additional areas that are immediate and long-term priorities for the campus, which are detailed in our [Strategic Growth and Investment Plan](#) and noted below:

- Research and Entrepreneurship,
- Building and Developing the Team,
- External Engagement,
- Funding Support and Telling Our Story,
- Strengthening our Data and Technical Infrastructure, and
- Strategic Finance and Organizational Sustainability.

We are mindful that this academic year is dramatically different from all previous ones due to the COVID-19 pandemic. Nevertheless, we aim to move forward and pursue ambitious goals. Developments beyond our control may interfere with progress in some areas, and if so, we will adjust our 2024 goals accordingly, but we will not abandon their intent.

We are grateful for this important opportunity to look ahead, and for your continued support and partnership as we make progress towards our shared goals and priorities on behalf of our students and community.

Sincerely,

A handwritten signature in blue ink, appearing to read 'D. Lemons', with a long horizontal line extending to the right.

Daniel Lemons
Interim President

Enclosures (1)



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August 2, 2020

Félix V. Matos Rodríguez
Chancellor
The City University of New York

2019-20 Performance Management Process (PMP) Report

Dear Chancellor Matos Rodríguez,

I am writing to update you on Lehman College's progress on its PMP goals. Lehman began the 2019-2020 academic year with its largest enrollment (15,143) since CUNY discontinued free tuition in 1975. By the end of the year, there were projected to be another 3500 graduates, nearly replicating the record number of the previous year. Expanding Lehman's student body and graduating class concretely demonstrates its values and mission as a catalytic anchor institution in the Bronx. In 2017, the college launched the 90X30 challenge, a bold initiative designed to increase educational attainment in the Bronx-- a borough identified by the Equality of Opportunity Project as "among the worst counties in the U.S. in helping poor children move up the income ladder,"-- by awarding 90,000 or more degrees and credentials from the beginning of the initiative through 2030. This year's enrollment and graduation numbers kept the college on pace to meet this ambitious goal.

The college began the academic year on a solid financial footing that was further strengthened by the end of the year. As the academic year began, Lehman had momentum in advancing student success, strengthening its capacity for continuous improvement and completing a successful follow-up on the Middle States visit of the previous spring. We embarked on a new strategic planning initiative which will conclude this fall. Overall, the combination of the college's momentum as it entered the academic year and its deep strengths have given it the needed resilience to continue its extraordinary efforts during the COVID-19 pandemic. I am enormously proud of Lehman College and what it has accomplished this year through the dedication, talent and hard work of its administrative team, staff, faculty and students. I think the following report will make clear why that is so.

Progress Toward CUNY PMP and Lehman Strategic Goals

Online Education (Access and Completion, Goal 1): When we abruptly moved to fully-distant education in March, we were helped by our already-established breadth and depth in online education. At that time, 24.9 percent of courses were already partially or totally online, double the senior college average and the most of any CUNY college. This year the college converted three provisional staff members of the Office of Online Education to tax levy positions, recognizing their importance in sustaining the development of more high-quality online programs. Over the past four years, the percentage of undergraduate and graduate students who had taken one or more courses in those formats increased from 57 percent to 61 percent, and 509 unique faculty members had taught in an online format.

Serving Adult and Returning Students (Access and Completion, Goal 2): As Lehman has substantially increased the number of first-year students (FTFT), we still have the highest proportion (41.8 percent) of undergrads 25 years or older among all CUNY colleges. Our commitment to lifelong learning is integral to our mission in the Bronx, addressing the extreme educational under-attainment in the borough. Later in this report I will mention an exciting new initiative to further strengthen this effort.

Serving Under-represented Minority (URM) Students (Access and Completion, Goal 3): Lehman continues to educate a large number of Black students (33.2 percent of students compared to the CUNY senior college average of 24.1 percent). It has the highest CUNY senior college percentage and the largest number of Hispanic students (52.5 percent and 6832, respectively). Lehman also educates the overall largest number of URM students among the senior colleges and the second highest percentage (85.9). We have been recalibrating our admissions criteria in a way that promotes access, and moves us away from standardized tests. I believe we are leading the way towards a more data-informed approach to admissions that is equity-driven.

Retention (Access and Completion, Goal 4): This year, the one-year (fall-to-fall) retention rate for FTFT students rebounded to 82.5 percent for the fall 2018 cohort. Lehman College set goals for an 84.0 percent retention rate for the Fall 2021 cohort and 86.0 percent for the Fall 2023 cohort.

Momentum (Access and Completion, Goal 4): Lehman College has increased the percentage of fall FTFT students earning 30 or more credits during their first year by 17.2 percent over the past five years. This exceeds by 2 percent our PMP goal of at least 60.0 percent by the fall 2021 cohort. The percentage of fall FTFT students who earn 20 or more credits during their first year of has also steadily increased over the past five years by 4.3 percent, the largest increase among CUNY senior colleges.

Gateway Courses (Access and Completion, Goal 4): Lehman leads senior colleges in the percentage of fall FTFT freshmen in baccalaureate programs who passed Gateway Math in the fall and spring semesters (79.8 – preliminary data). This metric has increased an astounding 44 percent in five years! Lehman is also second in CUNY senior colleges in the number of fall FTFT students in baccalaureate programs who passed Gateway Math in the first year. Remarkably, Lehman also increased this pass rate from 51.5 percent to 85.2 percent over the past five years (a 65 percent increase), jumping over 20 percent from Fall 2017 to Fall 2018. These data clearly demonstrate the results of innovative change in the math program. No other CUNY school has come close to this level of improved pass rates in Math.

Opportunity Gaps (Access and Completion, Goal 5): We are one of only three CUNY campuses with a reverse equity gap for the one-year retention rate of FTFT students (URM minus non-URM=1.5), a standing that is more significant because Lehman's gap was the only one derived from data from more than 25 students. Like all CUNY colleges, Lehman has a negative gap along gender (men minus women=-4.6); that is less than the CUNY college average but remains a longstanding concern.

Actual vs. Predicted Six-Year Graduation Rate (Access and Completion, Goal 6): FTFT students from the Fall 2013 cohort graduated at a rate 6.2 percentage higher than predicted for the students in the cohort. This is due in part to development of [147 Degree Maps](#) that have clarified the curriculum pathway to a degree. We are also building on the success of dedicated graduation specialists in each school, and we are drawing upon a number of other innovative actions such as micro-grants that help students who are close to crossing the finish line.

Six-Year Graduation Rate (Access and Completion, Goal 6): 52.9 percent of full-time, first-time (FTFT) students who entered Lehman College in the Fall 2013 cohort graduated in six years. That is a 15.1 percentage point increase in comparison to the graduation rate for the 2009 cohort, or a 40 percent increase in five years. This is, by a large margin, the greatest increase among CUNY senior colleges over the last five years. This increase keeps the college ahead of the trend needed to achieve a six-year graduation rate of 56 percent for the Fall 2016 cohort and 60 percent for the Fall 2018 cohort.

Four-Year Graduation Rate (Access and Completion, Goal 6): 27.9 percent of FTFT students who entered Lehman College in Fall 2015 graduated in four years. That is a 7.5-percentage point increase in comparison to the graduation rate for the 2011 cohort, a 37 percent increase over five years. Lehman's expanding initiatives to promote timely graduation, including new Fall 2019 and Fall 2020 ACE cohorts, reinforce confidence that Lehman College will attain its goals of raising the four-year FTFT graduation rate to 31 percent for the Fall 2018 cohort and 33 percent for the Fall 2020 cohort.

Transfer Outcomes (Access and Completion, Goal 6): 54.5 percent of the transfer students who entered Lehman College in Fall 2015 graduated in four years. This stabilized transfer graduation rate suggests that the college is making progress in reversing its recent decline in transfer graduation rates. Lehman College set goals of increasing the four-year transfer graduation rate to 57 percent for the Fall 2018 cohort and 61 percent for the Fall 2020 cohort.

Enrollment in STEM Programs (Career Readiness, Goal 1): Lehman has steadily increased the percentage of students enrolled in STEM in each of the past five years, increasing it by 28 percent over that time period. Given the large overall increase in enrollment at the college during those years, that represents a very large increase in the number of STEM majors.

Internships (Career Readiness, Goal 2): The college is firmly committed to being an engine of upward mobility by providing opportunities for experiential learning and career engagement. During 2019, 25.0 percent of Lehman students participated in internships. The college has set a goal of increasing the percentage of students who participate in internships to 30 percent in 2024. In support of that goal, the college began a new mentorship-based career prep program with Braven that has had robust and enthusiastic participation. Its second cohort of over 100 students is enrolled for Fall 2020.

Post-Graduate Success (Career Readiness, Goal 3): One year after graduation, Lehman students earn \$40,048 annually, the third highest among CUNY senior colleges, and \$2500 above the senior college average. That is encouraging, but still well below the national average, and one of the reasons we have begun working with Braven. Only 25 percent of about 1.2 million low-income, first-generation college graduates will attain a quality first job. The Braven program specifically addresses the failure of URM graduates to earn beginning salaries even close to non-URM college graduates.

Research Awards (Knowledge Creation and Innovative Research, Goal 1): New awards increased from \$2.9 to \$5.9 million. Gaining external funding is an area for growth at the college.

Faculty, Staff and ECP Diversity (Knowledge Creation and Innovative Research, Goal 2): As CUNY's only senior college with a Hispanic majority undergraduate student population and a significant Black student population, Lehman has a longstanding commitment to diversity. Lehman's long-term aspiration is a workforce that increasingly reflects the student population it serves. During AY 2019-20, 53 percent of full-time employees were female, and we are on track to reach the goals of 56 percent by 2022 and 58 percent in 2024. At this time, 58 percent of full-time employees are from minority groups. Among full-time employees, 19 percent are Black/African-American and 30.4 percent are Hispanic. Lehman College remains committed to its goals of 60 percent in 2022 and 62 percent in 2024. We have made significant strides towards that with faculty hiring for Fall 2020.

COVID-19 Response

The emergence of the COVID-19 pandemic in March led Lehman to convert five partially-online classes, 815 web-enhanced classes, and 1,367 in-person classes to fully distance learning. The Lehman Information Technology Division (ITD) and Lehman's Office of Online Education provided a robust set of supports to full-time and adjunct faculty for successful distance learning, including: an online Digital Toolkit, extensive training and support, live FAQ sessions, "How-to" webinars, Blackboard/Teams Office Hours, and, "FAQs for Faculty Going Online in a Hurry."

Throughout the academic year, the Office of Online Education has continued to offer monthly, hour-long, lunchtime webinars for faculty on innovative teaching. These fully-online webinars are facilitated by the Office of Online Education, and each features a presentation by a faculty co-host with expertise on the topic. During AY2019-2020, 453 faculty attended at least one webinar.

Since mid-March, Lehman College has loaned more than 800 devices to students. The majority of student loaner devices are Chromebook laptops, with a small number of iPad loaners. The college has also separately provided laptops, Chromebooks, and iPad loaner devices to approximately 150 faculty and staff members to assist with their remote work.

The Lehman community was kept up-to-date on developments by regular communication from me, Provost Nwosu and others. Between February 28 and April 3, I disseminated [28 messages](#) devoted entirely to COVID-19. Additional messages also conveyed COVID-related content, including developing the FY2021 budget. Beginning the second week of May, I have held weekly live Instagram sessions, attended mainly by students, as well as President's Live Briefings on Zoom, mostly attended by faculty and staff. Attendance for both has remained high at 150-300 participants for each session. Provost Nwosu

also disseminated [messages](#) related to academic continuity and student support. A planning document titled *Guidelines for Preparation for Summer 2020 and AY2020-2021* was developed to guide instructional modality and support services for the college.

Food insecurity has become an even more urgent issue for Lehman's students during the COVID-19 pandemic. Nearly 90 percent of responders to a survey of food bank users indicated they were often concerned about running out of food. Almost 31 percent indicated that they had often run out of food before they had money to make more purchases, while nearly 54 percent indicated that they sometimes did. To assist its students, the Lehman Food Bank continued to operate after distance learning commenced. During the March 13-May 18 period, 108 grocery bags were distributed. Subsequently, 400 \$25 Target gift cards, and 300 \$75 Target gift cards were provided to students. The college also launched an online "[Lehman Cares](#)" giving campaign for the student emergencies fund and the 2020-2021 General Scholarship Fund. The College also established a Taskforce on Food Insecurity, and recommendations from the group have led to the development of the Basic Needs Center that will be launched in Fall 2020.

We hosted the first drive-through COVID-19 testing site in the Bronx and also NYC's serological testing for the Bronx. We also have kept our Daycare Center open through the pandemic for health workers.

Major Initiatives in Progress

Strategic Plan: Work on the development of the 2020-2025 College Strategic Plan continued during the spring. I asked the college community to reflect on nine fundamental questions as the planning process began. In light of the changing health and fiscal climate, the goals and objectives of the emerging plan have been revised and refined. I expect the new Strategic Plan to be in place by the end of the fall term.

Strategic Growth Investment Plan (SGIP): The [SGIP](#) is designed to strengthen the long-term health and financial sustainability of the college through data-informed decision making, continuously increasing institutional effectiveness. Under the plan, approximately \$847,000 in Provost Strategic Funds were identified by giving individual schools greater budgetary control over their adjunct budgets. Subsequently, there was a reinvestment in hiring five new faculty lines, a curricular renewal initiative, support for large-lecture courses, and a proposed EdD. I allocated an additional \$180,000 to support educational program development and innovations in pedagogy specifically related to redesigning GE lower division courses with high failure rates. \$80,000 has also been allocated for the Lehman Professors of Excellence Program, which is designed to recognize outstanding faculty members with national and international reputations whose work enriches the college across scholarship, teaching and service.

Continuous Improvement: During the past academic year, Lehman College continued to strengthen its continuous improvement infrastructure and processes. As documented in its [Supplemental Information Report](#) (SIR) submitted to the Middle States Commission on Higher Education (MSCHE), the college took major steps: It established a dedicated Office of Assessment and Educational Effectiveness (OAEE); expanded the role of the Academic Assessment Council (AAC) to include Administrative and Educational Support (AES) units; launched the governance process to make the AAC a standing Senate committee; codified Institutional Effectiveness activities into a formal Institutional Effectiveness Plan (IEP); conducted an Institutional Transformation Assessment (ITA) in partnership with the American Association of State Colleges and Universities (AASCU), which focused on developing robust IE structures that enhanced teaching, learning, advising, and student transitions; and, invested \$25,000 to support professional development opportunities to strengthen faculty and staff expertise in assessment. On June 25, 2020, the MSCHE accepted the SIR, setting the next re-accreditation for 2027-2028.

Academic Planning and Student Success--Course Redesign and Pedagogy Initiatives: During Summer 2019, the provost commissioned a comprehensive analysis of lower division General Education (GE) courses to identify bottlenecks that impact students' progression, retention, and completion. Subsequently, a series of campus-wide conversations focused on continuing improvements in GE

outcomes, after which I allocated \$100,000 for innovative and promising pedagogies that advance student learning. The college launched the *Student Success Course Redesign Initiative (SSCRI): High DWIF/High Enrollment General Education Courses* and redesigned courses will be launched in Fall 2020. Ten course proposals were approved for redesign from four schools.

In addition, thirteen curriculum development proposals were approved for funding under the provost's Curriculum Development Initiative supported by \$80,000 in funding from the college. The selected proposals offer different instructional modalities, demonstrate potential student impact, anticipated return on investment, impact on Lehman's 90X30 strategic initiative, and linkage to the overall goals and mission of the college. When fully implemented, they will expand Lehman's in-person and online footprints as part of its Strategic Growth and Investment Plan (SGIP).

Through a partnership with CUNY, the National Association of System Heads (NASH) and the Association of College and University Educators (ACUE), sixty Lehman faculty members will participate in ACUE's professional development workshop on innovative pedagogy to strengthen student achievement and close equity gaps in courses with high enrollment and high failure rates.

During AY 2019-2020, Lehman College's Senate approved the following new programs: the Ed.D. in Higher Education Leadership and Change, Post-baccalaureate Pre-Med Certificate Program, Advanced Certificate Program, Human Rights Education and Transformative Justice; Advanced Certificate Program, Bilingual Extension - Intensive Teacher Institute/Clinically Rich Program; Arabic Minor and Chinese Minor. Lehman College also began a Doctor of Nursing Practice (DNP) program.

Lehman Extension (LeX) is designed to address the needs of the region for flexible educational pathways, bringing new and existing programs in many disciplines to students whose needs are not met by current programs, scheduling or delivery mode. LeX degrees and credentials will be fully attainable through evening and weekend courses and hybrid/online offerings. LeX will advance the 90X30 initiative and expand our impact on the Bronx. Launch of a pilot is planned for Spring 2021.

AASCU's Center Student Success (CSS) is a new Gates Foundation-funded initiative in which Lehman is one of five colleges in the national pilot group. I have attended two Student Success Academies (SSA) with our team, and based on our work, the Gates Foundation asked to spend a week on campus studying our approaches. COVID-19 interrupted those plans, but we are continuing with the initiative which is developing analytic tools for targeting student success efforts. Lehman produced the winning plan at the SSA this winter. That plan, SEEMLSS: Seamless Education Experience to Maximize Lehman Student Success, became the basis of a Title V grant proposal and is a template for more student success efforts.

A Bronx Climate Justice Summit and the Launch of the Urban Climate Justice Studies Initiative at Lehman College is the result of a discussion with Dr. Adam Falk, President of the Alfred P. Sloan Foundation. He invited the college to submit a proposal through his special projects fund. This is a broad interdisciplinary initiative including environmental science, botany, political science, philosophy, and media studies among other departments. We are partnering with the New York Botanical Garden and other environmental organizations, envisioning a career-focused program that is unique in the region.

The Lehman College Center for Global Performing and Visual Arts and Study Center for Latino Arts and Culture is a \$2.4 million proposal before the Ford Foundation that grew out of a year-long strategic planning process for the Lehman Center for the Performing Arts carried out by Michael Kaiser of the DeVos Institute. It envisions combining the work of the Lehman Center for the Performing Arts, the Lehman College Art Gallery, Lehman Stages, and the Lehman College Multimedia Center. This would make it a beacon of Latino performances, visual arts exhibitions, cultural festivals, arts symposia, and studies for the United States. If funded, we envision a companion proposal to the Mellon Foundation

that enables linking Lehman's academic programs to the center. Currently, there is virtually no connection and these four entities are almost entirely outward facing with little relevance to the college.

The Herbert H. Lehman College Foundation has for many years been a steady but poor-performing fundraising arm of the college, and this year has marked a turning point in its operations. For a variety of reasons, five directors left the board and six new directors were added. The board adopted a \$15,000 "give or get" policy and has committed to supporting its operations through director donations. I am actively recruiting new board members who will support the foundation financially and help link it to individuals and foundations that can offer the substantial funding needed to build a strong endowment for scholarships and other needs of the college.

The Campaign for Lehman was launched in response to the great need of students for food and emergency grants due to the COVID-19 pandemic and also to the loss of a spring gala, which was also due to the pandemic. The campaign goal of \$1 million was met in June, and has been increased to \$1.5 million.

Campus Climate: Issues of Race and Inclusion. In Fall 2019 the English Department, in response to a letter from the student LatinX Alliance, began a comprehensive review of its curriculum with a view to diversity and inclusion, and remarkably, by spring had produced a revised English core—lightning speed. This spring, students in Speech and Hearing Science also requested a thorough review of curriculum and practice. These departments have been positive models for the other departments, digging deeply into their curriculum, departmental hiring, and work with a largely URM student body. I established a Task force on Campus Climate and Inclusion in the aftermath of the George Floyd killing, charging it to make recommendations by December on a range of actions on campus to address issues of race, racism, gender bias and bias based on sexual orientation.

COVID-19 and the financial situation it has created are our greatest challenges. At the start of the Spring 2020 semester, Lehman College had a fund balance of approximately \$12.8 million, which has afforded some flexibility in addressing the rapidly-developing challenges presented by the COVID-19 pandemic. This balance was born of prudent hiring over a number of years (\$5 million in unfilled positions) and strong enrollment growth. I have frequently updated the college's stakeholders about the budget, educating them and building understanding. I have emphasized that the structural deficit that predated COVID-19 is widening, and is cushioned by, but ultimately not solved by, the fund balance. Though not without some marginal dissent, we have maintained a constructively-engaged environment in which the administrators and chairs have offered their best efforts to strategically trim their budgets in the face of the uncertainty of our current NY State and CUNY budget environment. I am concerned, but I am also confident that we will do more than survive these next few years. Beyond budget tightening, we have identified significant ways to build our programs and strengthen our revenues.

Like all of CUNY, Lehman College is a transformational place, holding a unique position in the Bronx. The degree to which the college can build upon its distinctive qualities, its own version of being a scholarly and creative leader, of engaging with its wider community, and of building student success, the brighter it will shine as a beacon in the Bronx and the nation.

Thank you for your steadfast support and partnership as we pursue that vision.



Daniel Lemons
Interim President, Lehman College



Assessment Workshop Schedule

Academic and Administrative & Educational Support (AES) Units 2020-2021 Academic Year

Start of Semester Welcome

Introduction to the semester for department liaisons and coordinators. Participants will receive:

- *A brief overview of Lehman College's 6-Step process*
- *Introduction to Lehman's assessment infrastructure*

Presenters: Peter O. Nwosu, PhD, Provost

Date: September 17, 2020 **Completed**

Developing an Effective Assessment Plan Using The 6-Step Assessment Process

To be effective, assessment must be organized and systematic. At the end of the workshop, participants will be able to:

- *Write a clear assessment plan based on Lehman College's 6-Step process*

Presenters: Victor Brown, PhD, Associate Provost for Academic Programs and Educational Effectiveness; Donald Sutherland, Assessment Manager; and Devrim Yavuz, Faculty Assessment Fellow and Assistant Professor of Sociology

Date: September 23, 2020 **Completed**

Writing Assessment Goals and Measurable Outcomes (For AES Units)

Clearly-written goals and measurable outcomes are the basis for effective assessment. At the end of this session, participants will be able to:

- *Distinguish between goals and outcomes*
- *Write clear assessment goals*
- *Write measurable and specific outcomes*

Presenter: Donald Sutherland, Assessment Manager

Date: October 15, 2020 **Completed**

Developing Measures and Metrics for Assessing Student Performance (For Academic Units)

The creation and use of appropriate rubrics in assessment can provide students with feedback about areas of strengths and weaknesses. At the end of the workshop, participants will be able to:

- *Create rubrics for student learning outcome assessment*
- *Use rubrics to assess student learning outcomes at the course- and program- levels*

Presenter: Devrim Yavuz, Faculty Assessment Fellow and Assistant Professor of Sociology

Date: November 19, 2020 **Completed**

Introduction to the AAC&U Value Rubrics (For academic units)

Rubrics enable faculty to assess student learning and allow students to gain an understanding of learning expectations. At the end of this workshop participants will be able to:

- *Use AAC&U rubrics to evaluate student work*
- *Communicate grading expectations on syllabi using rubrics*

Presenters: LaRose Parris, Associate Professor Africana Studies and Amanda Sisselman, Assistant Professor Social Work

Date: February 18, 2021

Writing Student Learning Outcomes (For academic and AES units)

Student learning outcomes articulate what a student is supposed to know or be able to demonstrate upon completing a course or program. At the end of the workshop, participants will be able to:

- *Write clear and measurable learning outcomes*

Presenters Donald Sutherland, Assessment Manager and Devrim Yavuz, Faculty Assessment Fellow

Date: March 18, 2021

Can Institutional Surveys Be Used as Evidence? (For academic and AES units)

The workshop will expose participants to using the data from institutional surveys to inform learning outcomes assessment at the program level. At the end of each session, participants will be able to:

- *Become more adept at discussing issues relating to assessment*

Presenter: Michael Goldberg, Associate Director of Institutional Research

Date: April 15, 2021

Creating Curriculum Maps (For Academic Units)

Curriculum maps illustrate the interconnectivity between course learning outcomes, student learning outcomes and institutional learning outcomes. The workshop will demonstrate the creation of curriculum map and how they can be used as an effective assessment tool to track student performance. At the end of the workshop, participants will be able to:

- *Create curriculum maps linking course learning outcomes, student learning outcomes and institutional learning outcomes*

Presenters: Yvette Rosario, Senior Registrar and Victor Brown, PhD, Associate Provost for Academic Programs and Educational Effectiveness

Date: May 20, 2021

“Assessment Talk” Brown Bag Series

The series focuses on engaging faculty across Lehman in discussions on assessment topics such as “Assessment Resources”, “Issues and Trends in Assessment,” and “Best Practices in Assessment”. RSVP is required because lunch will be provided and seats are limited. At the end of each session, participants will be able to:

- *Become more adept at discussing issues relating to assessment*
- *Work collaboratively to address assessment issues*

Presenter: TBD

Date: First Monday each month except during holidays (Oct 8, Dec 7, Feb 1, Apr 5)

Notes: Depending on progress related to procuring a new Assessment Management System (AMS), training workshops for academic and AES will be scheduled. In general, Assessment “Brown Bag” lunches will take place on the first Monday of each month, except when such dates fall on holidays; Assessment workshops will take place on the third Thursday each month.



Procedures for Accreditation of Baccalaureate and Graduate Nursing Programs

Amended: May 31, 2019



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INTRODUCTION

The Commission on Collegiate Nursing Education (CCNE) is one of more than 60 educational accrediting agencies that serve the public interest by providing an unbiased assessment of the quality of professional education programs. Conceived by the American Association of Colleges of Nursing (AACN) in 1996, the Commission officially began accrediting operations in 1998. CCNE is an autonomous accrediting arm of AACN contributing to the improvement of the public's health.

CCNE is recognized by the U.S. Department of Education to accredit nursing programs at the baccalaureate, master's, and doctoral levels, including programs offering distance education. As a specialized/professional accrediting agency, CCNE evaluates and makes judgments about the quality of baccalaureate and graduate programs in nursing located in colleges and universities that are accredited by an institutional (regional or national) accrediting agency recognized by the U.S. Department of Education. The institution(s) offering the nursing program(s) must be located or chartered in the United States or its territories.

Specifically, CCNE accredits baccalaureate degree nursing programs, master's degree nursing programs, and clinical nursing doctoral programs that are practice-focused and have the title Doctor of Nursing Practice (DNP). In addition, CCNE accredits post-graduate Advanced Practice Registered Nurse (APRN) certificate programs. CCNE recognizes that APRN titling may vary under state statute. A post-graduate APRN certificate program is a post-master's or a post-doctoral certificate program that prepares APRNs in one or more of the following roles: certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS), and certified nurse practitioner (CNP). CCNE only reviews certificate programs that prepare APRNs, although programs may choose to offer certificate programs in other areas. CCNE endorses the *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education* (2008).

Intermediate or "stop out" degrees in bridge programs (e.g., ADN-MSN or BSN-DNP) are separately accredited from the higher degree that is awarded as accreditation of the higher degree does not extend to the intermediate or "stop out" degree.

The Commission serves the public interest by assessing and identifying programs that engage in effective educational practices. Accreditation by CCNE is an indication of confidence in the ability of the educational institution to offer a program of quality, deserving of public approbation.

The procedures described in this publication have been established by CCNE both to assist institutions whose baccalaureate and/or graduate programs in nursing are preparing for initial or continued accreditation and to guide the CCNE Board of Commissioners and its committees in the accreditation decision-making process. This publication is designed to be useful to programs seeking initial accreditation and to programs seeking continued accreditation. The procedures for accreditation of nurse residency programs are published separately.

Standards for Accreditation

CCNE formulates and adopts accreditation standards for nursing programs, which are described in *Standards for Accreditation of Baccalaureate and Graduate Nursing Programs* (amended 2018). Nursing programs offered at the baccalaureate or graduate level may achieve CCNE accreditation by demonstrating their compliance with the CCNE standards and key elements. All nursing programs seeking CCNE accreditation, including, but not limited to, programs offered via distance education or through a consortium, are expected to substantially comply with the CCNE standards. This publication is posted on the CCNE website and may be obtained by contacting the CCNE office. The standards for accreditation of nurse residency programs are published separately.

Board of Commissioners

CCNE is governed by a Board of Commissioners. The Board is the final authority on all policy and accreditation matters affecting CCNE. The Board adopts standards and procedures for the CCNE accreditation process after appropriate opportunity is provided to the community of interest to comment on proposed revisions that are substantive in nature. The Board has final authority over all accreditation actions.

The Board comprises 13 individuals who broadly represent CCNE's community of interest. The composition of the Board includes three representatives of the faculties of CCNE-affiliated nursing programs; three chief nurse administrators (e.g., deans) of CCNE-affiliated nursing programs; three representatives from the field of professional nursing practice; two professional consumers who represent employers of health care professionals and have significant involvement in a nurse residency program; and two public consumers.

CCNE Board members attend orientation and training prior to the first meeting at which they serve on the Board. Orientation of new members may include observation of Board or committee meetings, in which case new Board members participate as non-voting observers. At the beginning of each Board meeting, the chair reviews the roles and responsibilities of Board members and emphasizes the CCNE values as the basis for conducting business.

It is the policy of CCNE to make available to the public the names, academic and professional qualifications, and relevant employment and organizational affiliations of members of its Board and principal administrative staff.

Accreditation Review Committee

The Accreditation Review Committee (ARC) is a standing committee of the Commission. The ARC serves as the primary review body for baccalaureate and graduate programs in nursing seeking initial or continued accreditation by CCNE. Review panels comprising members of the committee are constituted to facilitate the committee's work.

The composition of the ARC includes at least four members of the CCNE Board and at least four individuals from outside of the Board who broadly represent the interests of baccalaureate and graduate nursing education. All committee members are appointed by the Board chair.

For each program seeking initial or continued accreditation, the ARC is responsible for reviewing the self-study document, the team report, and the program's response to the team report. Upon its review, the ARC offers a confidential recommendation to the CCNE Board regarding the action to be taken. The possible recommendations regarding accreditation actions are outlined elsewhere in this document.

Co-chairs are appointed by the Board chair to lead and facilitate ARC discussions and the formal business of the committee. The ARC co-chairs may serve a maximum of two terms of 3 years each. At least one co-chair of the ARC is a member of the Board. A co-chair is assigned to lead each review panel.

Newly appointed ARC members attend orientation and training prior to the first meeting at which they serve on the committee. Orientation of new members may include observation of committee meetings, in which case new members participate as non-voting observers. At the beginning of each meeting, the ARC co-chairs review the roles and responsibilities of committee members and emphasize the CCNE values as the basis for conducting business.

Report Review Committee

The Report Review Committee (RRC) is a standing committee of the Commission. The RRC serves as the primary body to review annual report data, continuous improvement progress reports, compliance reports, special reports, and other reports submitted by or relative to nursing programs that hold accreditation by CCNE. The RRC serves to monitor these programs between evaluations for continued compliance with established standards and policies. Review panels comprising members of the committee are constituted to facilitate the committee's work.

The composition of the RRC includes at least three members of the CCNE Board and at least four individuals from outside of the Board who broadly represent the interests of baccalaureate and graduate nursing education. All committee members are appointed by the Board chair.

Upon its review of any report, the RRC offers a recommendation to the CCNE Board regarding the action to be taken. The possible recommendations regarding these reports are outlined elsewhere in this document.

Co-chairs are appointed by the Board chair to lead and facilitate discussions and the formal business of the committee. The RRC co-chairs may serve a maximum of two terms of 3 years each. At least one co-chair of the RRC is a member of the Board. A co-chair is assigned to lead each review panel.

Newly appointed RRC members attend orientation and training prior to the first meeting at which they serve on the committee. Orientation of new members may include observation of committee meetings, in which case new members participate as non-voting observers. At the beginning of each meeting, the RRC co-chairs review the roles and responsibilities of committee members and emphasize the CCNE values as the basis for conducting business.

Substantive Change Review Committee

The Substantive Change Review Committee (SCRC) is a standing committee of the Commission. The SCRC serves as the primary body to monitor continued compliance of programs in relation to substantive change notifications submitted by programs. Review panels comprising members of the committee are constituted to facilitate the committee's work.

The composition of the SCRC includes at least one member of the CCNE Board and at least four individuals from outside of the Board who broadly represent the interests of baccalaureate and graduate nursing education. All committee members are appointed by the Board chair.

Upon review of the substantive change notification, the SCRC may request additional information. The SCRC may recommend that the CCNE Board require additional reporting, require a focused or comprehensive on-site evaluation, issue a show cause directive, or take an adverse action.

Co-chairs are appointed by the Board chair to lead and facilitate discussions and the formal business of the committee. The SCRC co-chairs may serve a maximum of two terms of 3 years each. At least one co-chair of the SCRC is a member of the Board.

Newly appointed SCRC members attend orientation and training prior to the first meeting at which they serve on the committee. Orientation of new members may include observation of committee meetings, in which case new members participate as non-voting observers. At the beginning of each meeting, the SCRC co-chairs review the roles and responsibilities of committee members and emphasize the CCNE values as the basis for conducting business.

CCNE ACCREDITATION: A VALUE-BASED INITIATIVE

CCNE accreditation activities are premised on a statement of principles or values. These values are that the Commission will:

- Foster *trust* in the process, in CCNE, and in the professional community.
- Focus on stimulating and supporting *continuous quality improvement* in nursing programs and their outcomes.
- Be *inclusive* in the implementation of its activities and maintain an openness to the *diverse institutional and individual issues and opinions* of the interested community.
- Rely on *review and oversight by peers* from the community of interest.
- Maintain *integrity* through a consistent, fair and honest accreditation process.
- Value and foster *innovation* in both the accreditation process and the programs to be accredited.
- Facilitate and engage in *self-assessment*.
- Foster an educational climate that supports program students, graduates, and faculty in their pursuit of *life-long learning*.
- Maintain a high level of *accountability* to the publics served by the process, including consumers, students, employers, programs and institutions of higher education.
- Maintain a process that is both *cost-effective and cost-accountable*.
- Encourage programs to develop graduates who are *effective professionals and socially responsible citizens*.
- Ensure *autonomy and procedural fairness* in its deliberations and decision-making processes.

PROCEDURAL OVERVIEW

A baccalaureate degree nursing program, master's degree nursing program, DNP program, or post-graduate APRN certificate program located in an institution of higher education accredited by an accrediting agency recognized by the U.S. Department of Education may be affiliated with CCNE in one of two ways: as a new applicant program or as a program that holds CCNE accreditation status. Both affiliations are voluntary and are initiated by the institution.

In terms of education program accreditation, CCNE evaluates the baccalaureate degree nursing program, master's degree nursing program, DNP program and/or post-graduate APRN certificate program offered by an institution's nursing unit. DNP programs, for example, may be housed in a graduate school, but would be considered part of the nursing unit. Similarly, post-graduate APRN certificate programs may be housed in a professional development/continuing education unit, but would be considered part of the nursing unit. This nursing unit is the administrative segment within an academic setting in which one or more nursing programs are conducted, and is usually called a college, school, division, or department of nursing. During a comprehensive on-site evaluation, CCNE evaluates all areas and tracks in the program(s) under review. A program that withholds any area or track within the program(s) under review may be subject to an adverse action by the CCNE Board. Thus, the focus of the accreditation review is the baccalaureate degree program,

master's degree program, DNP program, and/or post-graduate APRN certificate program, not the larger administrative unit.

The accreditation process consists of the following steps:

1. The program conducts a self-study process (self-assessment), which generates a document addressing the program's assessment of how it meets CCNE's accreditation standards. The self-study document that results from this assessment should identify the program's strengths and action plans for improvement.
2. An evaluation team of peers is appointed by the Commission to visit the program to validate the information in the self-study document, and to determine whether the program meets the accreditation standards and whether there are compliance concerns with the key elements. Acting as a fact-finding body, the evaluation team prepares a report for the institution and for CCNE.
3. The program is provided with an opportunity to respond in writing to the team report. Additional and/or updated information to support compliance and continuous quality improvement may be submitted as part of the response.
4. The self-study document, the team report, and the program's response are reviewed by the ARC, which makes a confidential recommendation regarding accreditation to the Board.
5. The CCNE Board, taking into consideration the ARC recommendation, decides whether to grant, deny, or withdraw accreditation of the program; or to issue a show cause directive. If accreditation is denied or withdrawn, the institution is accorded an opportunity to appeal the action.
6. The Commission periodically reviews accredited programs between on-site evaluations in order to monitor continued compliance with CCNE standards, as well as progress in improving the quality of the educational program.

This process is reinitiated every 10 years or sooner, depending on the success of the program in demonstrating continued compliance and improvements in the quality of the educational program.

Conduct of Business in English

The Commission conducts its business in English. This includes, but is not limited to, meetings, workshops, trainings, and on-site evaluations. During an on-site evaluation, a program under review for accreditation must, at its own expense, provide professional translation services, if necessary, as all interactions and interviews between the CCNE evaluation team and program constituents are conducted in English. All materials, reports, third-party comments, complaints, and other documents that are submitted to CCNE must be presented in English. This includes, but is not limited to, correspondence with the CCNE staff, the self-study document and any appendices, the program's response to the team report, and materials/resources that are provided for review.

Distance Education

The Commission considers for accreditation those programs offered wholly or in part via distance education. The Commission's definition of distance education conforms to the Higher Education Opportunity Act of 2008, as follows:

- (A) Education that uses one or more of the technologies described in subparagraph (B)—*
(i) to deliver instruction to students who are separated from the instructor; and

- (ii) to support regular and substantive interaction between the students and the instructor, synchronously or asynchronously.
- (B) **INCLUSIONS.**—For the purposes of subparagraph (A), the technologies used may include—
- (i) the Internet;
 - (ii) one-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices;
 - (iii) audio conferencing; or
 - (iv) video cassettes, DVDs, and CD-ROMs, if the cassettes, DVDs, or CD-ROMs are used in a course in conjunction with any of the technologies listed in clauses (i) through (iii). [The Higher Education Opportunity Act of 2008, Pub. L. No. 110-315, § 103(a)(19)]

INSTITUTIONAL ACCREDITATION

Programs pursuing initial CCNE accreditation must be located in a parent institution that is accredited by an institutional accrediting agency (regional or national) that is recognized by the U.S. Department of Education. Institutional accreditation must be maintained by the parent institution in order for its program to seek and maintain CCNE accreditation. For more information on the loss of institutional accreditation, refer to the sections on Withdrawal of Accreditation: Parent Institution Accreditor Loses U.S. Department of Education Recognition and Withdrawal of Accreditation: Loss of Institutional Accreditation.

INITIAL ACCREDITATION

Institutions that seek initial accreditation by CCNE of a baccalaureate and/or graduate program in nursing, and institutions that have had accreditation withdrawn by CCNE or that have voluntarily withdrawn from accreditation by CCNE and desire to regain accreditation, must first submit an application for accreditation.

If a significant change is made to a new applicant program or to a new program *after* submitting the self-study document but prior to the decision-making meeting of the Board, the program must submit to CCNE a report detailing this change and how it affects the program's compliance with the accreditation standards. This information will be considered as part of the decision-making process. For examples of what constitutes a significant change, refer to the Substantive Change Notification section.

New Applicants

A program begins the accreditation review process by requesting new applicant status. New applicants for accreditation are eligible for a maximum accreditation term of 5 years. New applicant status signifies an affiliation with CCNE; it is not a status of accreditation. CCNE actions to grant accreditation are effective as of the first day of that program's most recent CCNE on-site evaluation. New applicants should schedule accreditation reviews accordingly.

The written application must include:

1. A letter of request signed by a) the chief executive officer (e.g., president) of the institution in which the program is located, b) the chief academic officer (e.g., provost) of the institution, and c) the chief nurse administrator of the nursing unit. In addition to requesting CCNE to begin the accreditation process, the letter should clearly indicate when the program for which accreditation is being sought began enrolling students, and when the program anticipates hosting the on-site evaluation (e.g., spring or fall review cycle, and the year).

2. Evidence that the parent institution is accredited by an institutional accrediting agency recognized by the U.S. Department of Education. The institution provides an explanation if it holds applicant, candidacy, or similar status with the institutional accrediting agency; or if it is on probation, warning, show cause, or similar status with the institutional accrediting agency. Refer to the Institutional Accreditation section.
3. Evidence that the institution has received approval or authorization from the recognized institutional accrediting agency and state higher education authority, if applicable, to offer the nursing program(s). The institution provides an explanation if such approval or authorization is not necessary for a particular nursing program.
4. Evidence that the nursing program is approved or otherwise authorized by all applicable state boards of nursing. The institution provides an explanation if the program is on probation, warning, show cause, or similar status with the state board of nursing. The institution provides an explanation if such approval or authorization is not necessary for a particular nursing program.
5. Payment of the fee for new applicants as indicated in CCNE's fee schedule.
6. A completed CCNE Program Information Form.
7. A catalog, bulletin, or other publication (print or electronic) for the institution and the program.
8. Documentation that briefly summarizes the ability of the program to meet the established accreditation standards. The program should present this information in 5 pages or less. This documentation must include the following:
 - a. a description of the educational setting and the organizational structure of the institution;
 - b. a stated program mission, with supporting goals and expected outcomes, related to the institutional mission; and
 - c. a description of the curriculum and the resources available to support the program.

A program requesting new applicant status must submit its written application to CCNE. The application is reviewed by CCNE staff, and, if needed, by the CCNE Executive Committee in order to determine completeness of the application and readiness of the program to initiate the accreditation review process.

A request for new applicant status will be accepted at any time, but new applicants should understand that once a program is accepted as a new applicant, the program must proceed toward accreditation. Specifically, a new applicant must submit a complete self-study document and host an on-site evaluation by CCNE within 2 years of the date of acceptance as a new applicant; failure to do so will result in termination of new applicant status.

For more information about scheduling an on-site evaluation, refer to the section on Scheduling the On-Site Evaluation. Refer to the Disclosure section for information about statements that institutions may make when their programs are pursuing initial accreditation by CCNE.

At any time during new applicant status, but no later than the day prior to the CCNE Board's decision-making meeting at which the program will be reviewed for accreditation, a program may withdraw its application without prejudice, on written notice to CCNE, and no further review activities will be conducted. There is a 6 month waiting period after an application is withdrawn before a program may initiate a new request for applicant status.

New Programs

Programs that hold accreditation by CCNE and seek accreditation of a new program are required to submit to CCNE a letter of intent to request an accreditation review. A new program is the addition of a program at a different degree or certificate level than the already accredited program. For more information, refer to the section on Scheduling the On-Site Evaluation.

At any time, but no later than the day prior to the CCNE Board's decision-making meeting at which the program will be reviewed for accreditation, a program may withdraw from the accreditation process without prejudice, on written notice to CCNE, and no further review activities will be conducted. There is a 6 month waiting period after a new program withdraws from the accreditation process before that program may initiate a new request for accreditation review by CCNE.

CCNE actions to grant accreditation are effective as of the first day of that program's most recent CCNE on-site evaluation. The fee for adding a new program is indicated in CCNE's fee schedule.

When a new track is added within a CCNE-accredited program, the program must submit a substantive change notification. The addition of a new track to an already accredited degree or certificate program does not require an on-site evaluation, but, at the Board's discretion, may result in such an evaluation. For more information, refer to the section on Substantive Change Notification.

SCHEDULING THE ON-SITE EVALUATION

In order for accreditation of a CCNE-accredited program to be continued, CCNE conducts a reevaluation of the program on a periodic basis. Approximately 12-18 months prior to the time the on-site evaluation is to be scheduled, CCNE advises the chief nurse administrator that arrangements should be made for reevaluation. The program should at that time determine whether it wishes to pursue continued accreditation.

For all programs, the chief nurse administrator selects and confirms preferred dates for the on-site evaluation based on the options presented by CCNE, thereby indicating the intent to pursue initial or continued accreditation. Team appointments are determined by CCNE staff. The chief nurse administrator is invited to declare a conflict of interest for any proposed team member.

A degree program must have students enrolled for the equivalent of one academic year (e.g., two semesters) prior to hosting an on-site evaluation. CCNE will only consider exceptions to this requirement if the total length of the degree program is less than 18 months *and* the program provides a compelling rationale for needing an earlier on-site evaluation. The Executive Committee will review the request for an earlier evaluation and has the authority to accept or deny the request.

On-site evaluations are generally scheduled with CCNE a minimum of 12 months in advance. CCNE conducts on-site evaluations during spring and fall review cycles. Spring on-site evaluations are generally scheduled January through April, and fall on-site evaluations are generally scheduled September through November.

Post-graduate APRN certificate programs must host an on-site evaluation concurrently with a baccalaureate degree program, master's degree program, and/or DNP program. CCNE will not evaluate a post-graduate APRN certificate program without simultaneously evaluating at least one degree program.

THE ACCREDITATION REVIEW PROCESS

Self Study

In seeking initial or continued accreditation, the program is required to conduct a self-study related to program quality and effectiveness and to prepare an analytic document that addresses all accreditation standards and key elements. The self-study document begins with a brief overview or introduction to the institution and programs(s) under review. The self-study document also includes data and other information about the program and demonstrates that this information is analyzed and used in program improvement efforts. The self-study process affords the program the opportunity to identify its strengths, its performance with respect to student achievement, and areas for improvement, as well as its plans to address continuous improvement. The program solicits input from its community of interest—including, but not limited to, students, faculty, and staff—in developing its self-study document.

The self-study document should be no longer than 90 pages of general text for one or two programs and no longer than 100 pages of general text for three or more programs, excluding any pertinent supplementary information. CCNE staff is available to provide advice to the program about the self-study process. A completed CCNE Program Information Form must be submitted with the self-study document.

As a general guide, the self-study document should be organized to facilitate an assessment of each accreditation standard by the evaluation team. Guidelines for preparing the self-study document are posted on the CCNE website or may be obtained by contacting the CCNE office.

At least 6 weeks prior to the scheduled on-site evaluation, the program must submit the self-study document and any other information requested by CCNE. Self-study documents submitted to CCNE are available for public review by appointment only but will not be copied or distributed by CCNE.

Third-Party Comments

CCNE provides the opportunity for program constituents and other interested parties to submit, in writing, comments concerning a program's qualifications for accreditation. At least 2 months before the scheduled on-site evaluation, the program notifies its constituents, including, at a minimum, faculty teaching in and students enrolled in the program(s) under review, that an accreditation review is scheduled; this notification should indicate that written third-party comments will be received by CCNE until 21 days before the scheduled on-site evaluation. The form of such notice is at the discretion of the program, but it must include the name of CCNE and instructions for submitting comments to CCNE. The program submits to CCNE, at the same time it submits the self-study document, evidence that its constituents were informed of the opportunity to submit third-party comments to CCNE, in accordance with CCNE policy. Additionally, CCNE notifies its pertinent constituencies and the public of upcoming accreditation reviews and invites third parties to submit comments to CCNE.

CCNE shares third-party comments only with the evaluation team. CCNE shares third-party comments with the evaluation team prior to the on-site evaluation, but at no time during the review process are these comments shared with the program, the Accreditation Review Committee, or the Board. During its review of the program, the evaluation team considers third-party comments, if any, that relate to the program's qualifications for accreditation.

A program's failure to comply with this requirement may result in the postponement or suspension of an on-site evaluation until such time that program constituents and other interested parties are given the opportunity to submit comments.

Planning for the On-Site Evaluation

CCNE provides guidance to the chief nurse administrator regarding the accreditation process. These guidelines are posted on the CCNE website and may be obtained by contacting the CCNE office. The specific logistics for the on-site evaluation should be arranged several months prior to the on-site evaluation. The chief nurse administrator should propose a draft agenda for the evaluation no later than 8 weeks prior to the review and should share it with the team leader. The chief nurse administrator then submits the final agenda to CCNE and to the evaluation team. The team leader and the chief nurse administrator should discuss the plans for the on-site evaluation, review the agenda, and finalize arrangements for the team.

Comprehensive On-Site Evaluation

The comprehensive on-site evaluation is conducted to assess the program's compliance with CCNE standards. The evaluation typically occurs over a 2.5 to 3-day period. However, CCNE reserves the right to lengthen the on-site evaluation when appropriate (e.g., when there are multiple tracks or multiple campuses/sites, when an unusually complex organizational structure or a consortium exists, etc.). The chief nurse administrator will be consulted regarding dates and arrangements for the evaluation. The evaluation team assigned to review the program gathers data and information that are used by the ARC and CCNE Board to assess whether the program is in compliance with the standards for accreditation. CCNE may elect to conduct subsequent on-site evaluations before granting initial accreditation.

The procedures for conducting on-site evaluations to determine initial accreditation are the same as those used in the reevaluation of accredited programs.

A comprehensive on-site evaluation is conducted to accomplish the following three objectives:

1. to validate the findings, conclusions, and information contained in the self-study document;
2. to collect information to be used by the ARC and CCNE Board to assess compliance with CCNE accreditation standards; and
3. to review the processes that program officials and faculty have established to foster continued self-improvement for the program.

The evaluation team appointed to conduct the on-site evaluation gathers information that supplements and validates information provided in the self-study document.

The chief nurse administrator must ensure that sessions with the team, including all interviews and the exit interview, are not recorded and that *only* members of the designated constituent group participate in the meeting. In addition, it is important that the program arranges for the team to meet with students who are representative of each program under review for accreditation. Consideration also should be given to students being represented across tracks and sites/campuses (if more than one). The chief nurse administrator may only attend meetings that are specifically designated for program officials. Additionally, faculty may not attend sessions that are designed for students or alumni (even if a current faculty member is enrolled as a student or is an alumnus). The team reserves the right to request additional meetings with constituents and/or constituent groups in order to carry out its responsibilities. The team additionally reserves the right to select individuals to be interviewed.

The team forms judgments about the institution and program(s) based upon observations and impressions as well as upon information presented in the self-study document. These judgments appear in a written report prepared by the team, which is described later in this publication. The team leader, on behalf of the team,

provides a verbal summary of its findings to the chief nurse administrator and his/her invitees, if any, during the exit interview – the final session of the on-site evaluation.

CCNE may cancel or postpone an on-site evaluation due to concerns regarding the team's safety and/or ability to conduct a thorough on-site evaluation (e.g., as a result of natural disaster, faculty strike or lockout, threats of war or terrorism, curtailment of transportation).

Evaluation Team and Observers

Team members are selected for the particular perspective they contribute to the evaluation team. Team members make important contributions, individually as experts and collectively as a team of peer evaluators. The composition of a comprehensive evaluation team includes trained CCNE evaluators appointed in accordance with the type and specialty orientation of the program(s) reviewed. All evaluation teams must consist of one or more educators and one or more practicing nurses. All individuals who represent CCNE as evaluators must have participated in a CCNE evaluator training program in which they are oriented to the accreditation review process.

The educator who serves on the evaluation team has depth of knowledge in one or more areas of nursing expertise and is familiar with nursing education and program development. He or she is responsible for helping the team understand the special nature of nursing education and the importance of preparing safe and effective nurses. Educators assist the team in evaluating curricula, faculty roles and qualifications, internal governance, student services, and student and faculty outcomes.

The practicing nurse who serves on the evaluation team a) regularly engages, as his or her primary professional role, in nursing practice; or b) has worked full-time in nursing practice for a minimum of 10 years and maintains currency in practice by providing nursing care at least 200 hours per year. The practicing nurse has knowledge about nursing in general and depth of knowledge in at least one area of nursing practice relevant to the program(s) under review.

The size of the evaluation team is determined in accordance with the type of program(s) under review. Normally the team consists of three to five members. In general, three team members, including the team leader, are appointed to evaluate a single degree program; four team members, including the team leader, are appointed to evaluate two degree programs; and five team members, including the team leader, are appointed to evaluate three degree programs (i.e., baccalaureate, master's, and DNP programs). CCNE reserves the right to increase the size of the team whenever appropriate (e.g., when there are multiple tracks or multiple campus/sites or when the institution/program has an unusually complex organizational structure or consortium structure). When reviewing a post-graduate APRN certificate program in addition to a degree program, an additional team member is not typically required if a graduate degree is also under review; however, at its discretion, CCNE may add an additional team member when it deems appropriate. The program bears the cost of the CCNE on-site evaluation. Refer to the section on On-Site Evaluation Fees for more information.

CCNE staff assigns team leaders and team members to serve on evaluation teams from the list of trained on-site evaluators. In order to preclude conflicts of interest, the chief nurse administrator is provided with the opportunity to reject, for cause, any member of the proposed evaluation team. Conflicts of interest are addressed in the Conflicts of Interest section.

With the consent of CCNE and the team leader, the chief nurse administrator may invite individuals from interested agencies to observe the evaluation at no expense to CCNE. Observers may be included in all evaluation activities except for executive sessions of the team. CCNE may invite individuals to observe the evaluation, as well, at no expense to the program under review.

On-Site Resources

Before the CCNE evaluation team arrives on site, the program should compile information for on-site review by the team. In general, the information should include any materials referenced in the self-study document that were not included in the appendices, and any other information that provides evidence of compliance with the accreditation standards and their key elements. The resources and documents provided on site should be organized to facilitate the team's assessment of the program's compliance with each accreditation standard.

During the on-site evaluation, the evaluation team must have access to student files and records. CCNE recognizes that such materials may contain personally identifiable student information that is subject to the Family Educational Rights and Privacy Act (FERPA). However, FERPA and the U.S. Department of Education's related regulations at 34 CFR Part 99 allow disclosure of such information to accrediting organizations carrying out their accrediting functions. Student files and records may therefore be provided to CCNE under FERPA without obtaining prior student consent. These files and records are not to be removed from the program's property, and their contents will be kept confidential.

Preparation of the Team Report

The team report is an objective assessment of the program's compliance with the accreditation standards. It represents the team's findings regarding whether the program has clearly specified education outcomes consistent with its mission and appropriate in light of the degree awarded; whether it is successful in achieving its objectives; and whether its degree requirements conform to commonly accepted standards.

The team report is based upon the team's analysis of institutional documents and other materials provided by the program, as well as an analysis of information garnered during interviews with program constituents, observation of classes, and other activities of the team during the on-site evaluation. All statements, findings and recommendations included in the report are made in good faith with a view toward enhancing the quality of the educational program. The report reflects only that information obtained as part of the educational evaluation process conducted in accordance with CCNE procedures.

For each program under review, the evaluation team makes a written determination in the team report about whether a program has met (i.e., that the program substantially complies with the standard) or not met (i.e., that the program fails to substantially comply with the standard) each accreditation standard. For each program under review, at the key element level, a determination is made about whether there are compliance concerns. A narrative summary under each key element supports the team's findings.

The team leader coordinates the development of the team report and ensures that a draft report has been written before leaving the site. The team does not form a recommendation regarding the accreditation of the program. The team report is edited by the team leader and is submitted, as directed by CCNE, within 2 weeks of the on-site evaluation. CCNE staff reviews the team report, and a final copy is made available to the chief nurse administrator.

Program Response

The chief nurse administrator is provided a minimum of 15 calendar days to submit a written response to the report of the evaluation team. The response to the team report may:

1. offer corrections of errors as they relate to names, positions, data, and other documentable facts; and/or

2. offer comments that agree or disagree with the opinions and conclusions stated in the team report; and/or
3. provide any documentation demonstrating additional progress made toward compliance with the accreditation standards, key elements, or ongoing program improvement.

The chief nurse administrator's response to the team report is submitted to CCNE, as instructed by CCNE. CCNE sends the program's response to the team report to the evaluation team. The team report with the program's response to it is provided to the ARC and, subsequently, to the CCNE Board. As the response to the report is considered along with the team report at the ARC and Board meetings, CCNE does not require the chief nurse administrator to attend those meetings; however, program representatives may meet with the ARC if desired, and at the institution's expense. The chief nurse administrator should inform CCNE of the program's intent to send representatives to the ARC meeting when submitting the program's response to the team report. The chief nurse administrator's request to send representatives to the ARC meeting must be submitted at least 30 days in advance of the ARC meeting.

THE ACCREDITATION DECISION-MAKING PROCESS

Review by the Accreditation Review Committee

All members of the ARC are provided the self-study document, team report, and response to the team report submitted by the chief nurse administrator. The ARC may consider additional facts or other information not available to the team at the time of the on-site evaluation as part of the review of the report. The extent to which the additional information will affect the recommendation of the ARC is a matter of judgment within its discretion.

If the chief nurse administrator and/or other program representative(s) elect to meet with the ARC, he/she may provide a verbal statement to the ARC regarding the findings identified in the team report. The ARC reserves the right to limit the time of the verbal presentation.

The team leader may be invited to participate, either in person or by teleconference, during the ARC's review by, among other things, providing a verbal summary of the team's findings as stated in the team report or elaborating further on those findings, clarifying the team report, and/or answering any questions of the ARC. The chief nurse administrator and/or other program representative(s) is given an opportunity to respond to the team leader's comments.

The ARC reviews all materials carefully and formulates a confidential recommendation regarding a proposed action to be taken by the CCNE Board. Neither the chief nurse administrator nor the team leader may be present during the ARC's deliberations. The proposed accreditation action includes:

1. accreditation status and term of accreditation;
2. identification of any areas where the program is not in compliance with CCNE standards and/or key elements; and
3. a schedule for progress, compliance, or special reports to be submitted and for the conduct of subsequent comprehensive or focused evaluations, if needed.

Action by the Board of Commissioners

At a meeting of the CCNE Board that occurs following the meeting of the ARC, the Board considers the proposed accreditation action recommended by the ARC. The co-chairs of the ARC provide a written and oral report of the ARC's recommendations. All Board members are provided the self-study document, the team report, and the response to the team report submitted by the chief nurse administrator. After reviewing all relevant materials, the Board may accept the recommendation of the ARC or it may choose to take an alternative action that it believes is appropriate.

ACCREDITATION CATEGORIES

Accreditation

Accreditation is granted by the CCNE Board to a degree program or a post-graduate APRN certificate program that demonstrates substantial compliance with the CCNE standards and key elements. Accreditation is an indication of CCNE confidence in the overall integrity of the program, the demonstrated success of the program in achieving program outcomes and engaging in continuous self-improvement, and the ability and wherewithal of the program to continue as an accredited program for the foreseeable future. For baccalaureate, master's, and DNP programs, initial accreditation may be granted for a time period extending up to 5 years. For post-graduate APRN certificate programs, initial accreditation may be granted for the same time period for which the degree program being evaluated concurrently is eligible. For baccalaureate, master's, DNP, and post-graduate APRN certificate programs, accreditation may be continued for a time period extending up to 10 years based upon demonstrated substantial compliance with the standards for accreditation. As indicated in the section on Scheduling the On-Site Evaluation, the post-graduate APRN certificate program must be presented for evaluation at the same time as one or more degree programs (e.g., baccalaureate, master's, and/or DNP program). A comprehensive on-site evaluation serves as the basis for granting initial or continued accreditation. CCNE will provide notice of its accreditation actions to the U.S. Department of Education, institutional accrediting agency, other applicable accrediting agencies, appropriate state agency, and the public within 30 days of taking the action.

Accreditation Denied

Accreditation is denied by the CCNE Board when the Board determines that a degree program or a post-graduate APRN certificate program seeking initial accreditation fails to demonstrate substantial compliance with the CCNE standards and key elements and/or fails to adhere materially to CCNE procedures (e.g., by failing to submit reports, pay fees, or adhere to other CCNE procedures). When the Board considers an action to deny accreditation, the Board a) determines that one or more CCNE accreditation standards are not met and/or b) identifies the specific CCNE procedures to which the program has failed to adhere. The parent institution has an obligation to inform students in the program and applicants to the program of this adverse action. The CCNE Board also issues a public statement and notifies the U.S. Department of Education, institutional accrediting agency, other applicable accrediting agencies, and appropriate state agency concerning final actions to deny accreditation. Before an action of the Board to deny accreditation is made public, the institution is afforded the opportunity to seek and fully exhaust the appeal process. Following the implementation of the appeal process, if the action to deny accreditation is affirmed by the Hearing Committee, the effective date of the denial of accreditation will be the date the Board acted to deny accreditation.

Accreditation Withdrawn

Accreditation is withdrawn by the CCNE Board when the Board determines that a CCNE-accredited degree program or a post-graduate APRN certificate program fails to demonstrate substantial compliance with the CCNE standards and key elements and/or fails to adhere materially to CCNE procedures (e.g., by failing to submit reports, pay fees, or adhere to other CCNE procedures). When the Board considers an action to withdraw accreditation, the Board a) determines that one or more CCNE accreditation standards are not met and/or b) identifies the specific CCNE procedures to which the program has failed to adhere. The parent institution has an obligation to inform students in the program and applicants to the program of this adverse action. The CCNE Board also issues a public statement and notifies the U.S. Department of Education, institutional accrediting agency, other applicable accrediting agencies, and appropriate state agency concerning final actions to withdraw accreditation. Before an action of the Board to withdraw accreditation is made public, the institution is afforded the opportunity to seek and fully exhaust the appeal process. Following the implementation of the appeal process, if the action to withdraw accreditation is affirmed by the Hearing Committee, the effective date of the withdrawal of accreditation will be the date the Board acted to withdraw accreditation.

Withdrawal of Accreditation: Parent Institution Accrator Loses U.S. Department of Education Recognition

A CCNE-accredited program must be located in a parent institution that is accredited by an institutional accrediting agency (regional or national) that is recognized by the U.S. Department of Education. If the institutional accrediting agency of the parent institution loses its recognition by the U.S. Department of Education, the parent institution must achieve a) applicant, candidacy, or similar status, with an institutional accrediting agency recognized by the U.S. Department of Education within 18 months of the loss of recognition, and b) accreditation by an institutional accrediting agency recognized by the U.S. Department of Education within 36 months of the loss of recognition.

If the parent institution of the CCNE-accredited program fails to achieve a) and/or b), CCNE will withdraw accreditation of the program. Actions to withdraw accreditation due to loss of U.S. Department of Education recognition of the accreditor of the parent institution are not subject to appeal. Within 30 days of such an action, CCNE staff will notify the U.S. Department of Education, institutional accrediting agency, other applicable accrediting agencies, appropriate state agency, and the public of said action.

Withdrawal of Accreditation: Loss of Institutional Accreditation

A CCNE-accredited program must be located in a parent institution that is accredited by an institutional accrediting agency (regional or national) that is recognized by the U.S. Department of Education. If the parent institution has such institutional accreditation withdrawn, revoked, or terminated (or any similar action resulting in loss of accreditation), the CCNE Board may withdraw accreditation of the degree or post-graduate APRN certificate program.

Actions to withdraw accreditation due to loss of institutional accreditation are not subject to appeal. Within 30 days of such an action, CCNE staff will notify the U.S. Department of Education, institutional accrediting agency, other applicable accrediting agencies, appropriate state agency, and the public of said action.

Withdrawal of Accreditation: Closed Programs

A degree program must remain in continuous operation with enrolled students in order to remain accredited. A program must notify CCNE of its intent to close a program no earlier than 90 days prior to and no later than 30 days prior to the closure of the program. A post-graduate APRN certificate program is considered by CCNE to be

a closed program if a) it has not enrolled at least one student or does not have at least one completer over a 2-year period, and b) the institution does not have an accredited degree program that offers at least one track (with the same APRN role and population focus) that aligns with a track in the certificate program, and that track in the accredited degree program remains in continuous operation with enrolled students. If a post-graduate APRN certificate program has not enrolled at least one student or does not have at least one completer over a 2-year period, and does not align with a track in a CCNE-accredited degree program as described above, the program must notify CCNE within 30 days of such occurrence. This notification should be made following the process described in the Substantive Change Notification section, while using the timeframe delineated in this section.

The CCNE Board will withdraw accreditation of any degree program or post-graduate APRN certificate program that is closed or otherwise terminated. Accreditation will be withdrawn effective at the time of closure of the program. Actions to withdraw accreditation of closed programs are not subject to appeal. Within 30 days of learning of a program's closure, CCNE staff will notify the U. S. Department of Education, institutional accrediting agency, other applicable accrediting agencies, appropriate state agency, and the public of said action.

Voluntary Withdrawal of Accreditation

The pursuit of accreditation is a voluntary process. An institution that seeks continued accreditation of its baccalaureate, master's, DNP, and/or post-graduate APRN certificate program(s) may withdraw from this process at any time, but no later than the day prior to the CCNE Board's decision-making meeting at which the program(s) will be reviewed for continued accreditation. Within 30 days of receiving written notification from an institution of its accredited program's intent to withdraw from the accreditation process, the Commission will notify the U.S. Department of Education, institutional accrediting agency, other applicable accrediting agencies, appropriate state agency, and the public of said action. An institution that voluntarily withdraws from accreditation may reapply for accreditation no earlier than 6 months following the withdrawal. If a program allows its accreditation to lapse, this is considered the same as voluntary withdrawal of accreditation.

Show Cause

The Board may issue a show cause directive when substantive questions and concerns are raised regarding a CCNE-accredited program's compliance with the CCNE standards and key elements or its adherence to CCNE procedures. CCNE notifies the chief nurse administrator and the institution's chief executive officer of the show cause directive in writing.

The issuance of a show cause directive is not an adverse action, but a statement of serious concern by the Board. The program must respond to the Board's concerns within a specified time and "show cause" as to why adverse action should not be taken against the program. The Board will consider the program's response at its next scheduled meeting, and may act to vacate the show cause, continue the show cause and require additional reporting or a focused on-site evaluation, or take adverse action. Because a show cause directive is not an adverse action, it is not appealable. A program may remain subject to a show cause directive for no longer than 12 months. Because a show cause directive is not a final accreditation action, it is not made public.

Adverse Actions

Adverse actions include actions of the CCNE Board to deny or withdraw accreditation (except for withdrawal of accreditation due to parent institution accreditor losing U.S. Department of Education recognition, withdrawal of accreditation due to loss of institutional accreditation, and withdrawal of accreditation due to program closure). Adverse actions are subject to review under the appeal process. The appeal process may be initiated by the parent institution in accordance with the procedures specified in this document.

COMMUNICATION OF ACTIONS TO OTHER AGENCIES

It is the policy of CCNE to share information regarding final accreditation actions, including actions to grant or continue accreditation and adverse actions, with other appropriate accrediting agencies, appropriate state agencies, and the U.S. Department of Education.

The U.S. Department of Education, institutional and other accrediting agencies, appropriate state agencies, and the public are notified in writing within 30 days of any action to grant initial accreditation or continue accreditation, and any final decision involving an adverse action. In the case of a final adverse action, such notification occurs at the same time the program is notified of the action. The public notification is posted on the CCNE website and also is included in information distributed by CCNE. Within 24 hours of notifying an institution of any final adverse action, CCNE provides written notice of that action to the public on the CCNE website. Within 60 days of any final adverse action, CCNE releases to the U.S. Department of Education, institutional and other accrediting agencies, and appropriate state agencies, and makes available to the public, a summary of the findings made in connection with the action, as well as the official comment, if any, received from the institution regarding the final action, or evidence that the affected institution was offered the opportunity to provide official comment.

DISCLOSURE

The current published CCNE accreditation status of a baccalaureate or graduate nursing program is available upon request to any interested party and is also posted on the CCNE website.

All final accreditation actions made within the most recent year are announced in CCNE's annual report. CCNE posts a directory of accredited nursing programs on the CCNE website, which is updated twice yearly following the accreditation decision-making meetings of the CCNE Board. The accreditation status of a program, including the term of accreditation and year of the program's next review for accreditation, is included in the directory.

CCNE also, upon request, shares with the U.S. Department of Education, appropriate recognized accrediting agencies, and recognized state licensing and approval agencies information about the accreditation status of a program; current show cause directives that CCNE has issued to a program; and adverse actions it has taken against a program.

Copies of the CCNE annual report and the directory of accredited programs are furnished to the U.S. Department of Education. CCNE also provides any other information requested by the U.S. Department of Education in accordance with the Secretary's procedures and criteria for the recognition of accrediting agencies. Such information may include, but not be limited to, the name of any accredited program that CCNE believes is failing to meet its Title IV program responsibilities or is engaged in fraud or abuse, along with the reasons for the concern by CCNE, and any proposed change to CCNE standards or procedures that is substantive in nature and/or might alter its scope of recognition by the Department or its compliance with the Secretary's criteria for recognition.

If a program elects to make a public disclosure of a program's accreditation status with CCNE, the program or institution must disclose that status accurately. The program or institution disclosing the information must identify the nursing program and its affiliation with CCNE. This statement must include either the accrediting agency's full name, address, and telephone number or the accrediting agency's full name and address of the website home page, which identifies CCNE's address and telephone number. CCNE has approved the use of *either* of the following statements for disclosure of the accreditation status to the public:

The (baccalaureate degree program in nursing/master's degree program in nursing/Doctor of Nursing Practice program and/or post-graduate APRN certificate program) at (institution) is accredited by the Commission on Collegiate Nursing Education (<http://www.ccneaccreditation.org>).

The (baccalaureate degree program in nursing/master's degree program in nursing/Doctor of Nursing Practice program and/or post-graduate APRN certificate program) at (institution) is accredited by the Commission on Collegiate Nursing Education, 655 K Street NW, Suite 750, Washington, DC 20001, 202-887-6791.

If a program or institution elects to make a public disclosure that it is pursuing initial accreditation by CCNE, the program or institution must disclose that status accurately. The program or institution disclosing the information must identify the nursing program and its affiliation with CCNE. CCNE has approved the use of either of the following statements for disclosure of status to the public when a program is pursuing initial accreditation by CCNE:

The (baccalaureate degree program in nursing/master's degree program in nursing/Doctor of Nursing Practice program and/or post-graduate APRN certificate program) at (institution) is pursuing initial accreditation by the Commission on Collegiate Nursing Education (<http://www.ccneaccreditation.org>). Applying for accreditation does not guarantee that accreditation will be granted.

The (baccalaureate degree program in nursing/master's degree program in nursing/Doctor of Nursing Practice program and/or post-graduate APRN certificate program) at (institution) is pursuing initial accreditation by the Commission on Collegiate Nursing Education, 655 K Street NW, Suite 750, Washington, DC 20001, 202-887-6791. Applying for accreditation does not guarantee that accreditation will be granted.

Any incorrect or misleading information provided by a program about its CCNE accreditation status, including information related to accreditation actions, will be corrected publicly. Similarly, CCNE will publicly correct any inaccurate or misleading information a program discloses about the content of a team report.

ACCREDITATION TERM

An accreditation term is the period during which the program's accreditation status remains valid as long as certain conditions have been met.

The dates on which accreditation becomes effective and on which it ceases are important because accreditation status sometimes establishes eligibility of a program for participation in certain federal programs and/or establishes the qualifications of graduates to pursue certain career opportunities. For all programs that are granted initial accreditation by CCNE and for all programs whose accreditation is continued by CCNE, the CCNE accreditation action is effective as of the first day of that program's most recent CCNE on-site evaluation.

In granting a term of accreditation the CCNE Board shows its confidence in the competency and effectiveness of the educational program and in its continuing ability to comply with CCNE standards. At the discretion of the CCNE Board, for baccalaureate, master's, and DNP programs, initial accreditation may be granted for a maximum period of 5 years based upon the results of a comprehensive on-site evaluation. For post-graduate APRN certificate programs, initial accreditation may be granted for up to the same time period for which the degree program being evaluated concurrently is eligible. As indicated in the section on Scheduling the On-Site

Evaluation, post-graduate APRN certificate programs must be presented for evaluation at the same time as one or more degree programs (e.g., baccalaureate, master's, and/or DNP program).

At the discretion of the CCNE Board, continued accreditation of a CCNE-accredited program may be granted for a maximum period of 10 years based upon the results of a comprehensive on-site evaluation. If a post-graduate APRN certificate program and a degree program are both pursuing initial accreditation, each program is eligible for a term of up to 5 years. If the post-graduate APRN certificate program seeking initial accreditation is being evaluated at the same time as a CCNE-accredited degree program, each program is eligible for a term of up to 10 years.

The Board may, at its discretion, grant an accreditation term of any length, up to and including the maximum accreditation term. The Board may act to grant an accreditation term that is less than the maximum term for which the program is eligible if, upon its review of the program, it determines that one or more concerns/deficiencies warrant a grant of a lesser term. When an accreditation term is granted for a period less than the maximum possible, the Board may, at its discretion, specify that an extension of the term is possible, pending a future determination by the Board that cited concern(s)/deficiency(ies) have been resolved satisfactorily. If, upon review of the continuous improvement progress report, compliance report, special report, or any other report requested by the Board in the accreditation action letter, the Board concludes that the program has satisfactorily resolved the cited concern(s)/deficiency(ies), a new action must be taken at that time regarding the extension of the accreditation term. Under no circumstances may the revised term of accreditation exceed 10 years for continued accreditation or 5 years for initial accreditation. In order to ensure appropriate monitoring of programs throughout the accreditation period, the Board may require submission of an additional report(s) when extending an accreditation term.

The chief nurse administrator may request that one or more of an institution's CCNE-accredited programs host an earlier on-site evaluation to coincide with the scheduled review of the institution's other CCNE accredited program(s). Such requests should be made at least 12 months in advance of the next scheduled evaluation. If granted, the program(s) is not absolved of its obligation to submit any required reporting, including, but not limited to, compliance and continuous improvement progress reports.

The Board may also elect to modify a program's accreditation term when an institution or program has undergone a substantial change, deterioration in the program has occurred, the program requests an earlier evaluation, or a formal complaint against a program requires an on-site evaluation or review of the issues surrounding the complaint. The Board reserves the right to conduct an evaluation or review of the program whenever, in its judgment, circumstances require such evaluation or review. This evaluation or review may have an impact on a previously-granted accreditation term, resulting in a reduced accreditation term or an immediate adverse action to withdraw accreditation.

It is the Board's policy not to grant extensions of accreditation terms beyond the maximum term. However, a program that is accredited by CCNE may request postponement of its regularly scheduled review, but only for extraordinary reasons. A request for postponement by an accredited program must be made in writing at least 12 months prior to the expiration of the accreditation term, or as soon as is practicable in the event of a natural disaster or other unforeseen circumstances that are severe. Any exceptions must be approved by the CCNE Board and require action by the Board to extend the current accreditation term by a specified period of time.

Notification to the Parent Institution

CCNE notifies institutions of the accreditation action by the CCNE Board pertaining to the nursing program(s) in writing within 30 days of the date on which the Board completes its accreditation deliberations and takes action.

CCNE sends the accreditation action letter to the chief nurse administrator at the institution and to the institution's chief executive officer. The report of the evaluation team and the program's response to the team report are available to the institution in the CCNE Online Community. CCNE also sends the final action letter to the Accreditation Review Committee and the evaluation team that reviewed the program. The institution may make the accreditation findings available to faculty, students, administrative personnel, and other program constituents.

The accreditation action letter comprises the accreditation decision of the Board, identifying areas in which the program has failed to demonstrate substantial compliance with the CCNE standards and key elements and/or has failed to adhere materially to CCNE procedures.

For adverse actions, the action letter contains the following information:

1. the specific reasons for taking the adverse action, including a) the standards and key elements with which the program failed to substantially comply and/or b) the CCNE procedures to which the program failed to adhere;
2. the date the action becomes effective;
3. a notice to the institution that it may initiate an appeal process and the date by which such a request must be received by CCNE; and
4. a reminder to the institution regarding its obligation to inform students in the nursing program and applicants to the program about the adverse action if no request for an appeal is made.

Notification of adverse actions is confidential, except as specified in the section on Disclosure.

MONITORING PROGRAM PERFORMANCE

Annual Reports

The chief nurse administrator of a program that holds CCNE accreditation is required each year to submit a report to CCNE, providing statistical data and other information about the parent institution, program(s), faculty, and students. The information submitted in the annual report is utilized to update CCNE records to help determine whether the program continues to comply with the CCNE standards and key elements. Information collected as part of the annual report includes headcount enrollment data as well as other areas of interest. Annual reports are reviewed by CCNE staff, and, if particular concerns or problems are identified, the reports are reviewed further by the RRC, which may request additional information from the program. The RRC offers a confidential recommendation to the CCNE Board on action to be taken. That action may include, but is not limited to, additional reporting, a focused or comprehensive on-site evaluation, or the issuance of a show cause directive. Data supplied annually to AACN may be used to fulfill CCNE's annual reporting requirements.

Continuous Improvement Progress Reports

An accredited program submits a continuous improvement progress report (CIPR) for the purpose of demonstrating continued compliance with the CCNE standards and key elements, as well as ongoing program improvement. The accredited program is required to submit one progress report, unless additional progress reports are specifically requested by the Board. The continuous improvement progress report is submitted in year 5 of a 10-year accreditation term or at the mid-point of any other designated accreditation term.

In the continuous improvement progress report, the program provides data regarding the program's continued compliance with all CCNE standards and key elements, including, but not limited to, financial information,

data on headcount enrollment, and data related to student achievement. The program should report on its continuous improvement efforts, including a description of any new initiatives, concerns, or objectives identified for the program since the most recent on-site evaluation, and the institution's efforts toward improving the program based on ongoing self-study.

The report should contain documentation and data about any changes in the nursing program(s) and changes in the institution as a whole that may affect the nursing program(s).

Reporting on changes in the continuous improvement progress report (e.g., the addition, suspension, or closure of a track) does not absolve the program of its responsibility to submit substantive change notifications as described in the section on Substantive Change Notification.

Guidance on preparing the continuous improvement progress report, page limitations, and a report template are provided on the CCNE website and may be obtained by contacting the CCNE office. Appendices are not required, but may be included with the report, if necessary.

Continuous improvement progress reports are reviewed by the RRC. At the request of the RRC, the chief nurse administrator may be asked to provide additional information to CCNE.

Upon its review of the continuous improvement progress report, the RRC formulates a confidential recommendation to the CCNE Board. The RRC may recommend either of the following:

- That the Board find that the continuous improvement progress report demonstrates that the program continues to comply with all accreditation standards;
- That the Board find that the continuous improvement progress report does not demonstrate that the program continues to comply with all accreditation standards.

If the RRC recommends that the Board find that the continuous improvement progress report does not demonstrate continued compliance, it will identify the program deficiencies supporting its recommendation and may also recommend that the Board require additional reporting or a focused or comprehensive on-site evaluation, or issue a show cause directive. The Board ultimately may take adverse action based on the information derived from this additional reporting.

Compliance Reports

A compliance report is required in cases in which the Board determines, at the time accreditation is granted or continued, that the program has a compliance concern for one or more key elements although compliance with the standard for accreditation was demonstrated. (See the section on Special Reports if the program does not comply with one or more standards for accreditation.) An accredited program submits a compliance report for the purpose of demonstrating compliance with the previously cited key element(s).

The request for a compliance report will specify the area(s) of concern/deficiency and the date of expected submission. Compliance reports are normally submitted 1 year, but no later than 15 months, following the Board's determination that the program has a compliance concern for one or more key elements. It is the responsibility of the program to submit the compliance report to CCNE on or before the deadline that is specified in the action letter.

Compliance reports are reviewed by the RRC. At the request of the RRC, the chief nurse administrator may be asked to provide additional information to CCNE.

Upon its review of the compliance report, the RRC formulates a confidential recommendation to the CCNE Board. The RRC may recommend either of the following:

- That the Board find that the compliance report demonstrates that the program complies with the key element(s);
- That the Board find that the compliance report does not demonstrate that the program complies with the key element(s).

If the RRC recommends that the Board find that the compliance report does not demonstrate compliance, it will identify the program deficiencies supporting its recommendation and may also recommend that the Board require additional reporting or a focused or comprehensive on-site evaluation, or issue a show cause directive. The Board ultimately may take adverse action based on the information derived from this additional reporting.

Special Reports

A special report is required in cases in which the program, at the time accreditation is granted or continued, does not comply with one or more of the standards for accreditation. The request for a special report will specify the area(s) of concern/deficiency and the date of expected submission. The Board must require that the program satisfactorily address the area(s) of concern/deficiency and demonstrate compliance with the accreditation standard(s) within 2 years, a period which may be extended only for good cause. If a program fails to do so within the specified period, the Board must take adverse action with regard to the program's accreditation status. If the program does not demonstrate compliance within 2 years, the U.S. Department of Education requires its recognized accrediting agencies, including CCNE, to take immediate adverse action unless the accrediting agency, for good cause, extends the period for achieving compliance.

It is the responsibility of the program to submit the special report to CCNE on or before the specified deadline. The report will be reviewed by the RRC, which will make a confidential recommendation to the Board regarding whether the program has demonstrated compliance with the identified accreditation standard(s). The report will subsequently be reviewed by the Board, which will act either to accept or not accept the special report. Special reports are accepted if the Board concludes, based on the evidence provided, that the program has demonstrated compliance with the standard(s) in question. If the program has not fully resolved the cited concerns/deficiencies, the Board must act not to accept the special report and must a) take adverse action with regard to the program's accreditation status; or b) extend the time period by which the program must resolve the cited concerns/deficiencies. If the Board extends the time period for compliance, it may also require a focused or comprehensive on-site evaluation.

In order for the Board to grant an extension of the time period for achieving compliance beyond 2 years, the Board must find good cause exists to grant an extension. Good cause may be found if the program has made substantial progress toward compliance and the quality of the program is not in jeopardy. The Board determines the appropriateness of an extension of time for good cause on a case by case basis, but the extension of time for good cause may not exceed 18 months beyond the 2-year period for achieving compliance. If a program does not submit a requested special report, the Board will take adverse action with regard to the program's accreditation status.

Other Reports

The CCNE Board may, at its discretion, request that a program submit a report to provide additional information, clarification, or an update regarding any matter about which the Board has concerns or questions. The program will be notified in writing of the Board's request, together with the reasons for the request, a description of the information and documentation to be submitted, the date on which the report is due, and the date(s) on which the Board (or other body, as appropriate) will review the report.

Extension of Accreditation Term

When an accreditation term is granted for a period less than the maximum possible, the Board may, at its discretion, specify that an extension of the term is possible, pending a future determination by the Board that cited concerns/deficiencies have been resolved satisfactorily. If, upon review of the continuous improvement progress report, compliance report, special report, or any other report requested by the Board in the accreditation action letter, the Board concludes that the program has satisfactorily resolved the cited concerns/deficiencies, a new action must be taken at that time regarding the extension of the accreditation term. Under no circumstances may the revised term of accreditation exceed the maximum term of accreditation for which the program was eligible. In order to provide for appropriate monitoring of programs throughout the accreditation period, the Board may require submission of an additional report when extending an accreditation term.

Focused On-Site Evaluation

The CCNE Board may require focused on-site evaluations to review specific issues between comprehensive on-site evaluations. The purposes of focused evaluations are:

1. To follow up on unresolved matters from the most recent comprehensive on-site evaluation.
2. To evaluate new concerns or issues that come to light during the review of reports (annual reports, special reports, compliance reports, continuous improvement progress reports, or other), complaints, or as circumstances warrant.
3. To assess substantive changes in the program.

Continued accreditation may be contingent upon the results of a focused on-site evaluation.

Teams for the focused evaluation include two or more individuals and are appointed and configured in accordance with the scope and special purpose of the evaluation. Focused evaluations are usually conducted over a 1-day period; however, a longer evaluation may be necessary, depending on the scope and special purpose of the evaluation. The schedule for the focused evaluation includes opportunities for the team to meet with the appropriate personnel and review programmatic materials relative to the special purpose of the evaluation. The rights, privileges, and responsibilities of institutions during a focused evaluation are the same as those accorded an institution for a comprehensive evaluation. The team report based on a focused on-site evaluation is considered by the CCNE Board.

Substantive Change Notification

Irrespective of required annual reports, continuous improvement progress reports, compliance reports, or other reports, the program is required to notify CCNE of any substantive change affecting the nursing program.

Substantive changes include, but are not limited to:

- change in established mission or goals of the program;
- change in legal status, control, or ownership of the institution or program, including acquisition of another institution or program;
- a significant reduction in resources of the institution or program;

- change in status with a state board of nursing or other regulatory agency, including cases in which the institution or program is placed on warning, probationary, or show cause status;
- change in status with an institutional accrediting agency or nursing accrediting agency, including cases in which the institution or program is placed on warning, probationary, or show cause status;
- change in (including development, suspension, or closure of) program offerings or options, including both degree and post-graduate APRN certificate programs and tracks within those programs (see the section on Withdrawal of Accreditation: Closed Programs for information on the timing of reporting the closing of a program);
- the addition of a new nursing program (e.g., a master’s degree program, a DNP program, or a post-graduate APRN certificate program), when another nursing program (e.g., a baccalaureate degree program) is accredited by CCNE;
- the addition of courses that represent a significant change in method or location of delivery from those offered when CCNE last evaluated the program;
- change of the chief nurse administrator;
- significant change in faculty composition and size;
- significant change in student enrollment;
- significant change in teaching affiliations;
- major curricular revisions; and
- change in student achievement such that completion rates, pass rates, and/or employment rates fall below CCNE’s expectations.

Consistent with the U.S. Secretary of Education’s procedures and criteria for the recognition of accrediting agencies, CCNE has identified student achievement expectations for nursing programs within its scope. Refer to the *Standards for Accreditation of Baccalaureate and Graduate Nursing Programs* and the *Guidelines for Assessment of Student Achievement*, available on the CCNE website, for CCNE’s expectations relative to completion rates, pass rates, and employment rates.

The substantive change notification must be submitted to CCNE no earlier than 90 days prior to implementation or occurrence of the change, but no later than 90 days after implementation or occurrence of the change. See the section on Withdrawal of Accreditation: Closed Programs for information on the timing of reporting the closing of a degree offering.

The substantive change notification is submitted by the chief nurse administrator and must document the nature and scope of the substantive change. The notification also must document how, if at all, the change affects the program’s compliance with the accreditation standards. The substantive change notification should not exceed 5 pages, unless otherwise negotiated with CCNE staff.

The substantive change notification is reviewed by the SCRC. The Board’s review of a substantive change notification may result in acceptance of the notification, additional reporting requirements, a focused or comprehensive on-site evaluation, issuance of a show cause directive, or an adverse action.

Continued accreditation of the program is contingent upon the chief nurse administrator apprising CCNE of substantive changes in a timely manner. The chief nurse administrator is encouraged to contact CCNE staff if there is a question about whether a particular change constitutes a substantive change.

Report Review Processing Under Special Circumstances

At CCNE's discretion (e.g., to expedite the review of a report or to coordinate the review of multiple reports submitted by an institution), any report may be reviewed by either the Executive Committee or the Board without first being reviewed by the SCRC or the RRC.

REVIEW OF ADVERSE ACTIONS

If an adverse action is taken by CCNE, the program receives formal written notification of the adverse action. The basis for the adverse action, the program's right to appeal, and the appeal procedures are stated in the action letter. The program may appeal the adverse action of the CCNE Board to a Hearing Committee. The notice of appeal must be received in the CCNE office within 10 business days of receipt of the action letter and must include the basis for the appeal, which must be either that (a) CCNE's decision was arbitrary, capricious, or not supported by substantial evidence in the record on which it took action and/or (b) the procedures used by CCNE to reach its decision were contrary to CCNE's bylaws, standards, or other established policies and practices, and that procedural error adversely prejudiced CCNE's consideration. The purpose of the appeal is not to reevaluate anew the educational program. The program bears the burden of proof on appeal. The program is entitled to be represented by counsel throughout the appeal process.

If the program does not file a notice of appeal within the 10-day timeframe, the CCNE Board's adverse action becomes final. The effective date of the adverse action of the Board is the date on which the Board reached its initial decision to deny or withdraw accreditation. If a program files a notice of appeal, the appeal process set forth below commences.

During the appeal period, the educational program retains its existing accreditation status (e.g., new applicant or accredited). Following the appeal process, if the Hearing Committee affirms the adverse action of the CCNE Board, the effective date of the action is the date on which the Board took the adverse action. If the Hearing Committee remands the adverse action to the CCNE Board, the effective date of the accreditation action is either a) the first day of the program's most recent CCNE on-site evaluation if the Board's subsequent action is to grant or continue accreditation, or b) the date on which the Board originally took the adverse action leading to the appeal, if the Board denies or withdraws accreditation when considering the action on remand. If the Hearing Committee reverses the adverse action of the CCNE Board such that initial accreditation is granted or accreditation is continued by CCNE, the effective date of the accreditation action is the first day of that program's most recent CCNE on-site evaluation.

Written Materials and Documents

The program's full written appeal must be received in the CCNE office within 20 business days following its filing of the notice of appeal. If the full written appeal is not received in the CCNE office within 20 business days following the program's filing of the notice of appeal, CCNE will consider the adverse action to be final. Payment of the appeals fee must accompany the written appeal. The written appeal must include the facts and reasons that are the basis of the appeal. The appeal is limited to the record of evidence that was before the CCNE Board at the time the adverse action was taken. At the time the program submits its written appeal, it must submit information that supports the basis for the appeal. Supplementary information may be considered by the committee if it is received in the CCNE office no later than 20 business days prior to the hearing. The Hearing Committee may request that additional materials and documents be submitted after this deadline or after the hearing. However, all supplementary information, like the written appeal itself, must be limited to the record of evidence that was before the CCNE Board at the time the adverse action was taken. The Hearing Committee does not consider new evidence or information provided by the institution that was not in the record reviewed by the CCNE Board at the time the adverse action was taken.

CCNE is provided the opportunity to submit a response to the program's full written appeal and to any supplementary information submitted by the program. CCNE's response must be submitted to the Hearing Committee and the program no later than 15 business days prior to the hearing. The Hearing Committee may request that additional materials and documents be submitted after this deadline or after the hearing. However, all responses must be limited to the record of evidence that was before the CCNE Board at the time it took its adverse action. The Hearing Committee does not consider new evidence or information provided by CCNE that was not in the record reviewed by the CCNE Board at the time the adverse action was taken.

Hearing Committee

The committee assigned to hear the appeal is appointed by the CCNE Board chair. The Hearing Committee functions as an independent review body for the purpose of reviewing materials and hearing verbal presentations from representatives of the program and representatives of CCNE relative to the adverse action.

The Hearing Committee consists of three to five members, and must include at least one public member, one practicing nurse, and one academic representative. The size and composition of the Hearing Committee must take into consideration the nature of the appeal, and the content and scope of activities of the educational program under consideration. Membership of the Hearing Committee may not include any member of the CCNE Board, committee, advisory group, or evaluation team who was involved in the review of the program leading to the adverse action. The CCNE Board chair designates one member of the committee to act as chair of the Hearing Committee. The practicing nurse and academic representatives of the Hearing Committee must hold a graduate degree in nursing. They also must have at least 10 years of experience in nursing practice and/or nursing education, and must have been trained as a CCNE on-site evaluator. The public member must meet CCNE's definition of public member.

A list of names of potential members of the Hearing Committee is identified by CCNE staff and forwarded to the chief nurse administrator of the educational program under consideration within 20 business days of receipt of the full written appeal. The appellant is provided reasonable opportunity (not to exceed 10 business days) to object to individuals from the list based on conflicts of interest or other bona fide reasons. From those names on the list, the CCNE Board chair appoints the members of the committee. The decision on whether a conflict of interest or other bona fide reasons exist for excluding a member from the Committee will also be made by the CCNE Board chair. The chief nurse administrator is informed of the individuals appointed. The final composition of the Hearing Committee is confirmed within 15 business days of the chief nurse administrator's response to the list of names.

A CCNE staff member is appointed to act as a technical advisor to the Hearing Committee as it prepares for the hearing. All members of the Hearing Committee are trained by CCNE on their responsibilities prior to the first meeting of the Hearing Committee. Such training includes a review of the CCNE standards, policies, and procedures, as appropriate, given the role of the Hearing Committee. The members of the Hearing Committee are subject to the conflicts of interest policy addressed in the Conflicts of Interest section. All sessions in which the Hearing Committee meets to organize its work will be conducted in executive session.

Appeal Hearing: Time and Location

The appeal hearing takes place no later than 75 business days and no sooner than 45 business days following confirmation of appointment of the Hearing Committee. A date and time for the appeal hearing are determined by CCNE staff in consultation with the chief nurse administrator and the chair of the Hearing Committee. The site of the hearing is determined by CCNE staff. In selecting the site for the hearing, staff must ensure that the confidentiality of the process can be maintained.

Rights of Participants

At the hearing, the program and CCNE are afforded a full opportunity to make an oral presentation. The committee chair may establish specific time limitations prior to the hearing in an effort to confine the hearing to a reasonable period of time. The hearing will be recorded and transcribed.

The program is entitled to have representatives, including legal counsel, appear on its behalf. CCNE may have members or representatives, consultants, and legal counsel in attendance at the hearing. The Hearing Committee may request that the team leader of the evaluation team and/or the Board chair (or designee) be present at the hearing to respond to questions from the Hearing Committee.

Purpose of the Hearing

The purpose of the hearing is not to reevaluate anew the educational program; but rather, to determine whether CCNE's decision was arbitrary, capricious, or not supported by substantial evidence in the record on which it took action, or whether the procedures used by CCNE to reach its decision were contrary to CCNE's bylaws, standards, or other established policies and practices, and that procedural error prejudiced CCNE's consideration.

General Rules for the Hearing

The chair of the Hearing Committee presides over the hearing, and his/her decisions pertaining to rules of order and procedures are final and not open to debate. After the program and CCNE make their oral presentations, the chair and committee members may ask questions of the program's and CCNE's representatives. The committee may also ask questions of the team leader of the evaluation team and/or Board chair (or designee). CCNE is given an opportunity to respond to any remarks made by the program's representatives, and the program is given an opportunity to respond to any remarks made by CCNE's representatives. The program is afforded an opportunity to make a final statement before the hearing concludes.

Statements regarding personalities are explicitly prohibited. Specific allegations regarding individual performance also are prohibited unless documented evidence can be provided to substantiate these allegations. Issues that were not raised in the notice of appeal or full written appeal may not be considered.

A list of all individuals, including legal counsel, who will provide oral remarks on behalf of the appellant and CCNE must be submitted to the committee at least 15 business days prior to the hearing.

Summary of Findings and Decision

After the hearing, the Hearing Committee deliberates in executive session. Based on its deliberations, the committee develops a written summary of findings and a decision. The Hearing Committee's decision is to affirm the CCNE Board's adverse action, amend the action, reverse the action, or remand the action to the CCNE Board to reconsider in light of information garnered during the appeal process. The summary of findings and decision are provided to the institution's chief executive officer and the chief nurse administrator as well as the CCNE Board chair and the CCNE Executive Director no later than 45 days after the hearing. CCNE sends the summary of findings and decision to the CCNE Board, the Accreditation Review Committee, and the evaluation team that reviewed the program.

If the Hearing Committee remands the action to the CCNE Board, the Hearing Committee must identify specific issues that the Board must address. The Board must act in a manner consistent with the Hearing Committee's decision and instructions.

Actions of the Board on remand become final upon a decision following an appeal, and are not subject to further appeal, unless the decision is to maintain the adverse action on new grounds that have not previously been appealed. At the time the institution is notified of the final action after appeal, it is also advised as to its obligation to inform students in the program and applicants to the program of the action taken. CCNE also is obliged to inform other parties of certain adverse actions. These other parties include the U.S Department of Education, state and federal agencies, institutional and other appropriate accrediting agencies, and the public.

Withdrawal of Appeal

The program may withdraw its appeal in writing during the appeal process, but no later than the day prior to the hearing. In withdrawing its appeal, however, the program foregoes any right to reassert the appeal at a later date. If the program withdraws its appeal, the appeals fee is nonrefundable. The action of the CCNE Board becomes final upon receipt of a written request to withdraw the appeal.

Appeal of Adverse Actions Based Solely on Failure to Comply with the Financial Requirements of the Standards

In the event of an adverse action based solely on the program's failure to comply with the financial requirements of the standards for accreditation, a program appealing that adverse action follows the appeal process described above with the exception that the program may at any point after the adverse action, but no later than 15 business days before the date of the appeal hearing, seek CCNE's review of financial information that a) is significant; b) was unavailable to the program prior to the Board making its adverse action; and c) bears materially on the financial deficiencies identified by CCNE. If CCNE determines that the financial information satisfies all three of these criteria, the program will be allowed to present the information to the Hearing Committee for consideration. CCNE's action, however, of whether to consider the new financial information, is not separately appealable by the program.

LITIGATION

Any litigation instituted by any program or institution against CCNE concerning any action taken by CCNE involving the accreditation process or any litigation instituted by CCNE against any program or institution involving the accreditation process, shall be brought in a court in the District of Columbia. District of Columbia law shall be applicable in such litigation.

Each program or institution that participates in the CCNE accreditation process consents to personal jurisdiction of the courts of the District of Columbia. Nothing herein shall restrict the right of a program, an institution, or CCNE to remove such litigation to federal court in the District of Columbia where permitted by law.

No litigation shall be instituted by a program or institution involving an adverse action taken by CCNE unless and until after the CCNE appeal procedure is concluded in accordance with the CCNE appeals process and procedures.

REAPPLICATION FOLLOWING DENIAL OR WITHDRAWAL OF ACCREDITATION

Institutions seeking accreditation of a program that has had accreditation denied or withdrawn are expected to follow the procedures outlined in the sections on New Applicants and New Programs, as appropriate. CCNE will not consider a reapplication from an institution offering a program that has had its accreditation denied or withdrawn for a period of 6 months from the time a final action is determined by CCNE.

CONFIDENTIALITY

All representatives of CCNE are required to maintain the confidentiality of written and orally presented information received or produced as a result of the accreditation process, including, but not limited, to materials, reports, letters and other documents prepared by the institution, CCNE, or other individuals and agencies relative to the evaluation, accreditation, or follow-up and ongoing review of a baccalaureate or graduate nursing program. Exceptions to this are that CCNE may disclose such information a) pursuant to legal process, and b) to others with the permission of the accredited entity. In addition, the public disclosure of certain information, including the results of final accreditation actions, is noted in the Disclosure section.

All proceedings of the CCNE Board, committees, and advisory groups with respect to making recommendations about or determining accreditation of a program occur in executive session.

CONFLICTS OF INTEREST

CCNE strives to avoid conflicts of interest or the appearance of conflicts of interest in all aspects of its activities. CCNE considers conflicts of interest to include, but not be limited to, when a representative of CCNE, including a member of the Board of Commissioners, committee member, evaluator, staff, or consultant, has current or former employment by the institution whose program is being evaluated, current employment in an institution that is located in close proximity to or that is in direct competition with the institution whose program is being evaluated, or attended the institution whose program is being evaluated.

CCNE also considers it a conflict of interest when a CCNE representative, including members of the Board of Commissioners, committee members (including, but not limited to, Hearing Committee members), evaluators, staff, and consultants, has a pecuniary or personal interest (or the appearance of same) in a program, or because of a present organizational, institutional, or program association, he/she has divided loyalties or conflicts (or the appearance of same) pertaining to the program. In such an instance, the CCNE representative shall not participate in any decision related to the program at issue. This restriction is not intended to prevent participation in decision-making in matters that have no direct or substantial impact on the organization, institution, or program with which the CCNE representative is associated.

No current member of the Board of Commissioners may serve as a consultant to a program within CCNE's scope of accreditation review. In addition, if a member of the Board has served as a consultant to a program under review by CCNE in the past 10 years, he/she shall not participate in any decision related to that program. Any CCNE volunteer (e.g., committee member or evaluator) who consults with programs within CCNE's scope of accreditation review is required to disclose to such programs in writing that he/she is not representing CCNE when consulting.

All individuals involved in any aspect of CCNE activities are expected to recognize relationships in which they may have an actual or potential conflict of interest and to remove themselves from deliberations concerning institutions, organizations, and programs when such conflicts exist. Further, all CCNE representatives, including members of the Board of Commissioners, committee members, evaluators, staff, and consultants, must exercise their independent judgment freely without undue pressure or perceived alliance to any organization, program that CCNE accredits, or political entity within the nursing profession.

Individuals serving as CCNE evaluators are permitted to serve as members of the AACN Board of Directors. On-site evaluators who are elected or appointed to the decision-making body of another national nursing accrediting organization (or its parent organization) must notify CCNE within 30 days of being elected or appointed. For the term of their appointment, these individuals will be considered inactive as evaluators so as to avoid any appearance of a conflict of interest.

Individuals serving as CCNE evaluators are permitted to serve as evaluators for other accrediting organizations except for those that are considered to be in direct competition with CCNE. Any CCNE evaluator who serves as an evaluator for an accrediting organization considered to be in direct competition with CCNE must notify CCNE, in writing, and will be made inactive. On-site evaluators who are selected or appointed to serve as an evaluator for a competing accrediting organization must notify CCNE within 30 days of being selected or appointed. For the term of their appointment, these individuals will be considered inactive as evaluators.

A program that is scheduled for evaluation by CCNE is responsible for identifying conflicts of interest and for requesting that a certain evaluator(s) be replaced. The CCNE staff will do what is reasonably fair in replacing individuals, provided a clear conflict of interest, as described above, is identified by the program. If a conflict of interest arises, the matter will be forwarded to the CCNE Executive Director who will gather information, solicit advice as appropriate, and attempt to resolve the matter to the satisfaction of all concerned, consistent with the published policies and procedures of CCNE and with consideration of standard practice within the postsecondary accreditation community. Should the Executive Director be unable to achieve resolution, he/she will refer the matter to the Board chair or Executive Committee as appropriate. The chair or the Executive Committee will seek resolution through procedures developed to address the specifics of each case. These procedures will avoid conflicts of interest or the appearance of same.

REVIEW OF FORMAL COMPLAINTS

CCNE is concerned with the continued compliance of nursing programs with the standards for accreditation. The public, the nursing profession, students, educators, and others are thus assured of the quality of the programs that have been granted CCNE accreditation. A fair and professional process for reviewing complaints directed toward accredited programs has been established to provide further assurance of the integrity of the policies and systems employed by institutions and program officials in the conduct of nursing programs.

Limitations

CCNE cannot act as a judicial board in resolving disputes among individual parties. Viable complaints are only those that relate to a specific area in which it is alleged that the CCNE standards and/or procedures have not been followed. If a complaint is justified, CCNE may intervene to the extent of determining whether the standards have been met and/or procedures have been followed.

CCNE cannot, under any circumstances, intrude upon or interfere with the decisions of an institution to evaluate individual students or faculty. However, CCNE may review published policies and the implementation of stated policies that affect such decisions. If necessary, CCNE may conduct its own fact-finding investigation in order to determine whether policies are consistent with applicable standards and procedures.

Potential Complainants

A complaint regarding an accredited program may be submitted by anyone, including students, faculty, staff, administrators, nurses, patients, employees, or the public.

Guidelines for the Complainant

The CCNE Board considers formal requests for implementation of the complaint process provided that the complainant: a) illustrates the full nature of the complaint in writing, describing how CCNE standards or procedures have been violated, and b) indicates his/her willingness to allow CCNE to notify the program and the parent institution of the exact nature of the complaint, including the identity of the originator of the complaint. The Board may take whatever action it deems appropriate regarding verbal complaints, complaints

that are submitted anonymously, or complaints in which the complainant has not given consent to being identified.

Complaints may be directed to the “CCNE Complaints Administrator” and sent to the CCNE office at: 655 K Street NW, Suite 750, Washington, DC 20001.

Procedures for Reviewing Complaints

Within 21 days of receipt of the written complaint, the complaint is reviewed by CCNE staff, who may consult with the CCNE Board chair. If upon review, the complaint is determined to relate to substantive issues pertaining to CCNE standards and/or procedures, the complaint is acknowledged and the process continues. If additional information is required, the complainant is requested to submit said information, and the process continues when the additional information is received. If the complaint is determined to be incomplete due to failure of the complainant to submit requested information or if the complaint does not address substantive issues pertaining to CCNE standards and/or procedures, the complainant is so notified, and the process terminates.

No later than 15 days after reviewing the complaint, CCNE staff transmits to the chief nurse administrator the nature and scope of the substantive complaint, along with the identity of the originator of the complaint. If feasible and appropriate, a copy of the letter of complaint is transmitted to the chief nurse administrator. The program is provided 30 days to respond to the complaint.

The institution either confirms or denies the allegations of the complaint. If the allegations are confirmed, the institution advises CCNE of specific measures taken to ameliorate problems. If the allegations are denied, a response to the specific allegations is submitted to CCNE, including any and all applicable supporting documentation.

All responses and documentation pursuant to the complaint are considered by the CCNE Board at its next scheduled meeting, or earlier via teleconference, if deemed necessary by the chair of the Board. The Board formulates an action if necessary and transmits the final disposition to the complainant and the institution no later than 45 days following the meeting.

Actions

While the ultimate result of the CCNE Board review of a complaint may be an adverse action against the program due to failure to comply with CCNE standards and/or procedures, other possible actions may be considered. The following list of actions represents those that may be possible:

- Determine that the complaint is invalid, and notify the complainant and the institution to that effect.
- Request additional information from the program needed to pursue the complaint further.
- Respond to the complainant regarding the resolution of the complaint.
- Make recommendations to the program suggesting or requiring changes in procedures, adherence to laws, or compliance with CCNE standards and/or procedures.
- Require a focused or comprehensive on-site evaluation to the program to assess the matter in further detail.

Other Complaints

Complaints about CCNE's performance related to its own procedures, policies, or standards may be forwarded to the CCNE office. Complaints must be in writing, must be specific and must be signed by the complainant. CCNE staff seeks to achieve an equitable, fair and timely resolution of the matter. If staff efforts are unsuccessful, the complaint is referred to the CCNE Executive Committee at its next regular meeting. The Executive Committee reviews the complaint and conducts any necessary investigation. The Executive Committee may take any action it deems necessary and appropriate to resolve the complaint, including recommending revisions to CCNE's standards and/or procedures or dismissing the complaint. If a member of the Executive Committee is the subject of a complaint, he/she will not be permitted to participate in the review of the complaint. The decision of the Executive Committee is communicated to the complainant in writing within 30 days of the committee meeting.

If the complainant is not satisfied with the resolution determined by the Executive Committee, CCNE provides the complainant with the name and address of the appropriate unit in the U.S. Department of Education and of any other recognition bodies to which the Commission subscribes.

MAINTENANCE OF RECORDS

The CCNE staff utilizes a filing system, which combines the archiving and retrieval of data and information from hard copies and computer files. Staff maintains copies of all final publications, including CCNE standards and procedures. Staff also maintains up-to-date documents and materials related to new applicant and accredited programs.

Records are maintained for all accredited programs and include documents, reports, program responses to reports, substantive change notifications, and self-study documents for each program inclusive of the previous two comprehensive on-site evaluations. Staff also maintains all CCNE actions regarding the accreditation status of each program and actions taken during the program's accreditation with CCNE, including all correspondence significantly related to those actions.

REGARD FOR DECISIONS OF INSTITUTIONAL ACCREDITING AGENCIES AND STATES

CCNE may postpone an action granting initial accreditation or continued accreditation of a nursing program if any of the following conditions are present:

1. The accreditation status of the parent institution is subject to an action by an institutional accrediting agency potentially leading to the suspension, revocation, withdrawal, or termination of the institution's accreditation status.
2. The parent institution is subject to an action by a state agency potentially leading to the suspension, revocation, withdrawal, or termination of the institution's legal authority to provide postsecondary education or to offer the baccalaureate or graduate nursing degree or post-graduate APRN certificate.
3. The parent institution has been notified by the institutional accrediting agency of a threatened loss of accreditation, and the due process procedures have not been completed.
4. The parent institution has been notified by a state agency of a threatened suspension, revocation or termination of the institution's legal authority to provide postsecondary education or to offer the baccalaureate or graduate nursing degree or post-graduate APRN certificate, and the due process

procedures have not been completed.

5. The parent institution is the subject of a probation or equivalent decision by an institutional accrediting agency.
6. The awarding of degrees or certificates has not been approved by the institution or governmental authority.

For conditions 1 and 3, CCNE would not be precluded from proceeding on a course of action comparable to and concurrent with that of the institutional accrediting agency.

For conditions 1 through 5, CCNE may still grant initial accreditation or continued accreditation of the nursing program. If CCNE grants or continues a program's accreditation when one of these conditions exists, it will provide the U.S. Department of Education within 30 days of its action a thorough and reasonable explanation, consistent with CCNE's standards, why the action of the other accrediting agency or the state agency does not preclude CCNE's action.

In granting initial accreditation or continued accreditation of a nursing program, CCNE seriously considers whether either of the following conditions exists:

1. An institutional accrediting agency has denied or withdrawn accreditation of the parent institution or has placed the institution on public probationary status.
2. A state agency has suspended, revoked or terminated the parent institution's legal authority to provide postsecondary education.

The CCNE Board promptly reviews the accreditation status of a nursing program if an institutional accrediting agency or state agency takes an adverse action with respect to the parent institution or places the institution on public probationary status. If, after this review, the Board elects to not take a similar adverse action with respect to the accreditation status of the nursing program, the Board provides the U.S. Department of Education a thorough explanation for its action.

EVALUATION OF REVIEW PROCESS

The effectiveness of the on-site evaluation process is routinely reviewed by the CCNE Board based upon input from the evaluation teams and program officials and on an assessment of evaluator performance. The Executive Committee of the Board reviews the surveys, and appropriate action is taken should feedback need to be given to specific evaluators. The Executive Committee may suggest that evaluators who demonstrate repeated ineffectiveness be removed from the list of evaluators.

Evaluation Team Assessment

After completion of an on-site evaluation, each member of the evaluation team is asked to complete a survey evaluating CCNE's accreditation review process. Survey results are summarized and reviewed regularly by CCNE, and are used in revision of CCNE standards and procedures, in preparation for evaluator training programs, and in the appointment of evaluation teams.

Program Assessment

After a program review is complete and notification of the final action is transmitted, the chief nurse administrator is asked to complete a survey that addresses various aspects of the accreditation review process,

including information about the validity of the accreditation standards and the effectiveness of the individuals who served on the evaluation team. Survey results are summarized and reviewed regularly by CCNE, and are used in revision of CCNE standards and procedures, in preparation for evaluator training programs, and in the appointment of evaluation teams.

ACCREDITATION FEES

CCNE reserves the right to develop and adjust fees for accreditation as necessary. CCNE is committed to conducting an evaluation and accreditation process that is efficient, cost-effective and cost-accountable. Modifications in the CCNE fee schedule will be posted to the CCNE website at least 6 months in advance of the effective date for implementation. The fee schedule is posted on the CCNE website and is available on request. The fee schedule for nurse residency program accreditation is published separately. CCNE may cancel the on-site evaluation of a program that is delinquent in paying fees to CCNE. CCNE also reserves the right to deny accreditation to or withdraw accreditation of any program that, after due notice, fails to pay its fees. Fees paid to CCNE are nonrefundable.

Annual Fee

Programs that hold CCNE accreditation status are assessed an annual fee for their affiliation with the Commission. The purpose of this assessment is to partially offset CCNE costs related to monitoring continued compliance of the program with the CCNE standards.

Application Fee

Programs seeking initial accreditation by CCNE are required to pay an application fee. The fee is to be paid when the program submits its application for accreditation.

New Program Fee

Institutions that already have a CCNE-accredited program and want to add a new degree or post-graduate APRN certificate program are required to pay a fee when the program submits to CCNE its letter of intent to seek accreditation for the new program.

On-Site Evaluation Fee

Programs are assessed a flat fee for hosting the on-site evaluation. This fee is based on the number of individuals comprising the evaluation team, excluding any observers. The on-site evaluation fee is intended to cover team travel, lodging, and other expenses associated with the on-site evaluation.

Appeals Fee

When a program appeals an adverse action by the Board, it must submit a fee with its written appeal. The fee is intended to cover the costs of the appeal process.

REIMBURSEMENT OF ON-SITE EVALUATORS

Each on-site evaluator must submit a reimbursement form, with receipts, to the CCNE office for travel and other expenses incurred in connection with the on-site evaluation. CCNE will reimburse each evaluator directly. The Commission requests that evaluators send their requests for reimbursement to CCNE no later than 3 weeks after the on-site evaluation.

PERIODIC REVIEW OF INFORMATION IN PUBLICATIONS

If inaccurate or misleading information relating to a program appear in a publication, including websites, the CCNE staff will request the immediate correction of this information. Failure of the institution to correct inaccurate or misleading information in a timely fashion may result in a review of the accreditation status of the program. In the case of failure by program officials to correct inaccurate or misleading information, CCNE may issue a show cause directive or take adverse action and will take the necessary steps to publish and disseminate correct information about accreditation status.

SYSTEMATIC REVIEW OF STANDARDS FOR ACCREDITATION

CCNE has in place a systematic, planned, and ongoing program of review to determine the effectiveness and appropriateness of the standards used in the accreditation process. The accreditation standards are reviewed every 5 years or sooner, if needed (i.e., 5 years from the time of completion of the previous review). The Standards Committee assists in coordinating the review of the standards.

The systematic review of the standards incorporates the following three major features:

1. Notification about the opportunity for CCNE constituents and other interested parties to validate the current standards and provide input about any problems in the interpretation or application of the standards or any gaps that might exist.
2. Broad-based surveys about the standards that solicit input by relevant constituencies to include academics (faculty and administrators), practicing nurses, students, graduates, leaders of nursing organizations, employers of nurses, and representatives of licensing and accrediting agencies.
3. Periodic review of the standards in a practical, manageable, and consistent way to facilitate sound decision making that results in the validation of the standards.

The first aspect of the systematic review of the standards provides the opportunity for any interested party to provide input about the standards at any time. Information regarding how to submit comments to CCNE is sent to constituents and is posted on the CCNE website. All comments must be submitted to CCNE in writing; the name, affiliation, and contact information of the individual submitting the comments must be identified.

The second aspect of the review process involves the solicitation of input about the standards through constituent surveying processes. As part of the process, CCNE solicits information through a web-based survey designed to probe participants' understanding and interpretation of the standards, as well as to evaluate each standard for its validity and relevance to the quality of a nursing program. Each standard and key element, as well as the standards as a whole, are reviewed through this survey process. CCNE additionally solicits input about the standards from on-site evaluators and nursing program officials following each on-site evaluation. This allows for valuable input from individuals who recently experienced the on-site evaluation and, thus, are familiar with the accreditation process.

The third aspect of the process formalizes the systematic review and analysis of the information collected, as discussed above. If CCNE determines at any point during the review process that it needs to make changes to the standards, CCNE will initiate action within 12 months to address the relevant issues. Such action may include convening the Standards Committee for the purpose of reviewing the standards and recommending changes to the Board. Final action must be taken by the Board within 18 months from the time the Standards Committee is convened.

Before adopting any substantive changes to the standards, CCNE will provide notice to its constituents and other interested parties of the proposed changes. Constituents will be given at least 21 days to comment on the proposed revisions. Any comments submitted by constituents in a timely manner will be considered by the Standards Committee and/or the Board before final action is taken with respect to the standards.

JOINT EVALUATIONS WITH OTHER AGENCIES

When feasible and at the request of the chief nurse administrator, CCNE may schedule concurrent or joint evaluations with other accrediting agencies or with state boards of nursing. CCNE cooperates in arranging joint evaluations on an individual basis and recognizes that each agency may specify different standards and procedures. In general, in order for a joint evaluation to be accomplished, the program is asked to satisfy each agency's standards and procedures in a manner that is acceptable to CCNE and the other agency. CCNE expects the chief nurse administrator to take full responsibility in assuring coordination of the joint evaluation. The chief nurse administrator is responsible for informing the CCNE staff and the CCNE evaluation team if a joint evaluation is being scheduled. The chief nurse administrator also is responsible for developing an evaluation agenda that will facilitate the combined effort. Guidance for planning and scheduling a joint evaluation is available on request.