RUTGERS HEALTH
School of Nursing

Master Assessment and Evaluation Plan 2026

May 18, 2026

Table of Contents

Introduction and Purpose 3

Program Mission, Outcomes and Governance 3
- Master Assessment and Evaluation Plan 3
- Mission and Values 4
- Philosophy 4
- School Goals and Outcomes 4
- Faculty Expectations 4
- Faculty Bylaws 4
- Student Handbooks 4
- Faculty and Staff Handbooks 4
- Catalog 5

Program Resources 5
- School Budget 5
- Physical Resources 5
- Academic Services 5
- Faculty 6
- Preceptors and Clinical Instructors 6
- Clinical Sites 6

Teaching and Learning Practices 6
- Program Level Outcomes 7
- Course Syllabi 7
- Course Evaluations 7

Program Effectiveness 8
- Completion Rates 8
- Licensure Pass Rates 8
- Certification Pass Rates 8
- Employment Rates 9
- Aggregate Faculty Outcomes 9
- Program Satisfaction 10

Introduction and Purpose

The Rutgers School of Nursing is committed to delivering exceptional nursing education across all programs. This Assessment and Evaluation Plan outlines a systematic strategy to measure educational quality, align institutional goals with evolving student learning outcomes, and uphold the core competencies defined by the American Association of Colleges of Nursing.

The primary purpose of this framework is to provide leadership with actionable data to drive continuous quality improvement. Furthermore, this process generates demonstrable evidence of institutional effectiveness, monitors pedagogical success, and ensures transparent reporting for external constituents, accrediting bodies, and the public.

The intent of the assessment plan is to position the School of Nursing to simultaneously be:

- A data-informed institution that makes well-informed, evidence-based decisions to continually improve program effectiveness, teaching/learning processes, and inform strategic planning processes and
- A data-integrated institution that collects, organizes, and reports data in a manner that demonstrates and provides clear evidence of institutional effectiveness to accreditors, the public, and all other external constituents.

To achieve these goals and complementing our longer term strategic planning, the School employs **Rapid Cycle Quality Improvement (RCQI)**. This agile approach empowers faculty to test innovations on a small scale, study the results, and rapidly implement effective, evidence-based improvements across all programs.

Program Mission, Outcomes and Governance

The School defines its mission, goals and program outcomes and maintains various governance documents that help guide its programs to meet the needs of students, faculty, staff, administration, and the broader community of interest. These include mission and philosophy, program goals and outcomes, faculty expectations, faculty bylaws, student and faculty handbooks and course catalog.

Master Assessment and Evaluation Plan

Assessment Process	Review and revise the Master Assessment and Evaluation Plan to align with School strategic plans, accrediting body requirements and other guiding documents
Responsible Party	Evaluation Committee and Faculty Council
Review Frequency	Every 1 year

Mission and Values

Assessment Process	Review and revise mission and values to align with University, Rutgers Health missions and professional nursing standards
Responsible Party	Faculty Council
Review Frequency	Every 5 years

Philosophy

Assessment Process	Review and revise philosophy to align with University, Rutgers Health missions and professional nursing standards
Responsible Party	Faculty Council
Review Frequency	Every 5 years

School Goals and Outcomes

Assessment Process	Review and revise school goals and outcomes to align with mission and professional nursing standards
Responsible Party	Faculty Council
Review Frequency	Every 5 years

Faculty Expectations

Assessment Process	Review and revise faculty expectations to align with mission, school goals and outcomes and University, Rutgers Health and School strategic plans
Responsible Party	Faculty Council
Review Frequency	Every 5 years

Faculty Bylaws

Assessment Process	Review and revise faculty bylaws to reflect current governance needs for the School to meet its program goals and outcome
Responsible Party	Faculty Council
Review Frequency	Every 1 year

Student Handbooks

Assessment Process	Review and revise student handbooks for each division to ensure consistency with University and School policies and course catalog.
Responsible Party	Division Leadership and Division Committees
Review Frequency	Every 1 year

Faculty and Staff Handbooks

Assessment Process	Review and revise faculty and staff handbooks to ensure consistency with University and School policies and course catalog.
Responsible Party	Dean’s Office

Review Frequency	Every 1 year

Catalog

Assessment Process	Review and revise course catalog to ensure all content is up-to-date and current including consistency with University and School policies, current course offerings and program outcomes.
Responsible Party	The Office of the Registrar in collaboration with the Dean's Office
Review Frequency	Every 1 year

Program Resources

The School reviews resources to ensure its programs can meet program outcomes. These include School budget, physical resources, clinical sites and preceptors, academic services and faculty.

School Budget

Assessment Process	Review annual School budget to ensure sufficient resources to meet program outcomes and needs. The School Finance Office meets with leaders to plan for School, division and program resource needs. The School Finance Office prepares the annual budget informed by the University and School needs.
Responsible Party	School Chief Financial Officer and Division and Program Leadership
Review Frequency	Every 1 year (following the University financial calendar)

Physical Resources

Assessment Process	Review physical space, facilities, equipment and supplies to ensure sufficient workspaces, classrooms, clinical simulation space, computing and other resources to meet program outcomes and needs. The School administrative leadership collaborates with division leadership to meet needs. The School utilizes student enrollment data, fiscal resources, Student Satisfaction and Engagement survey results and other resources to assess current and future physical resource needs.
Responsible Party	Office of Senior Vice Dean and Division Leadership
Review Frequency	Every 1 year

Academic Services

Assessment Process	Review technology and distance education operations, student admissions and advising programs and other support services to ensure sufficient resources to meet program outcomes and needs. The School administrative leadership collaborates with division leadership to meet needs. The School utilizes student enrollment data, fiscal resources, Student Satisfaction and Engagement survey

	results and other resources to meet current and future physical resource needs.
Responsible Party	Office of Senior Vice Dean and Division Leadership
Review Frequency	Every 1 year

Faculty

Assessment Process	Review faculty expertise and sufficiency to meet program outcomes and needs. The School administrative leadership collaborates with division leadership to meet program needs based on student enrollment and program requirements. The School utilizes student enrollment data, SIRS faculty evaluations and other resources.
Responsible Party	Division Leadership
Review Frequency	Every term/semester

Preceptors and Clinical Instructors

Assessment Process	Review preceptor and clinical instructor expertise and sufficiency to meet program outcomes and needs. The School clinical administrative leadership collaborates with division leadership to meet program needs based on student enrollment and program clinical requirements. The Entry to Baccalaureate Practice and Advanced Nursing Practice leadership utilize Exxat preceptor surveys to evaluate preceptors.
Responsible Party	Division of Simulation and Clinical Learning
Review Frequency	Every term/semester

Clinical Sites

Assessment Process	Review clinical sites to meet program outcomes and needs. The School clinical administrative leadership collaborates with division leadership to meet program needs based on student enrollment and program clinical requirements. The Entry to Baccalaureate leadership and Advanced Nursing Practice leadership utilize Exxat preceptor surveys and other resources to evaluate clinical placements.
Responsible Party	Division of Simulation and Clinical Learning
Review Frequency	Every 1 year

Teaching and Learning Practices

The assessment of teaching and learning practices are conducted on multiple levels to ensure program level outcomes adhere to current nursing standards and guidelines. These include program and student level outcomes, course syllabi and course evaluations.

Program Level Outcomes

Assessment Process	Review program curriculum to assess and revise program-level outcomes ensuring that the Entry to Baccalaureate and Advanced Nursing Practice division degrees and certificate programs align with the School's mission, nursing standards and guidelines, and expected student outcomes.
Responsible Party	Division Leadership
Review Frequency	Every 3 years on a rolling basis so that each program and course is reviewed within the cycle

Course Syllabi

Assessment Process	Review and revise course syllabi to ensure compliance with course descriptions, program and student learning outcomes, recommended materials and content, academic policies and best practices for teaching.
Responsible Party	Division Leadership and CEIQ Leadership
Review Frequency	Both faculty and CEIQ review syllabi before each semester during which the course is taught

Course Evaluations

Assessment Process	Review SIRS student course evaluations of didactic instructors, clinical instructors, and clinical experiences. The School utilizes the University online course evaluation instrument (Blue). Academic division leadership reviews overall program results and individual faculty review individual results.
Responsible Party	Division Leadership
Review Frequency	1. Faculty review SIRS course evaluations each term/semester after the course was taught 2. Academic division leadership reviews overall SIRS course Evaluations at the division level each semester 3. The Evaluation Committee reviews aggregate SIRS course Evaluations at the division level each semester
Benchmark	SIRS Course Evaluations (each calendar year): • 90% of course evaluation scores receive a mean student course quality rating score of 3.5 or higher (on a scale from 1 to 5). • 50% of course evaluation scores receive a mean student course quality rating of 4.25 or higher (on a scale from 1 to 5) Faculty Evaluations: Instructor teaching effectiveness from course evaluations (each calendar year): • 90% of the (courses taught by) faculty receive an overall mean teaching effectiveness rating score of 3.5 or higher

	• 50% of (courses taught by) faculty receive an overall mean teaching effectiveness rating score of 4.25 or higher

Program Effectiveness

The School identifies defined metrics and benchmarks associated with ongoing program evaluation. These include completion rates, licensure pass rates, certification pass rates, employment rates, aggregate faculty outcomes and program satisfaction.

Completion Rates

Assessment Process	Review completion rates for each program (baccalaureate, master's, DNP, and/or post-graduate APRN certificate). A student is considered to have completed on time if they completed their course of study within six years. This captures full-time and part-time students and new first-time and new transfer students enrolled in all programs.
Responsible Party	Institutional Research and Sponsored Programs and the Evaluation Committee; findings are shared with academic division leadership
Review Frequency	Every 1 year
Benchmark	70% completion rate for each program (calendar year)

Licensure Pass Rates

Assessment Process	Review NCLEX pass rates by campus and track. Licensure pass rates are calculated based on first-time test takers passing the NCLEX exam in the most recent calendar year.
Responsible Party	Institutional Research and Sponsored Programs and the Evaluation Committee; findings are shared with academic division leadership.
Review Frequency	Every 1 year
Benchmark	80% or higher for first-time takers for the most recent calendar year (January 1 through December 31);

Certification Pass Rates

Assessment Process	Review certification pass rates by track and degree program (master's and DNP) and the post-graduate APRN certificate program. Certification pass rates are calculated based on first-time test takers passing their respective certifying body's exam in the most recent calendar year.
Responsible Party	Institutional Research and Sponsored Programs and the Evaluation Committee; findings are shared with academic division leadership.
Review Frequency	Every 1 year
Benchmark	1. 80% or higher for first-time takers for the most recent calendar year (January 1 through December 31)

	2. 80% or higher for all takers (first-time and repeaters who pass) for the most recent calendar year

Employment Rates

Assessment Process	Review employment rates for each degree program (baccalaureate, master's, and DNP) and the post-graduate APRN certificate program. Employment rates are calculated using data gathered from the Alumni Survey and available data from the Rutgers University Foundation alumni database. The survey is administered annually to alumni within 12 months of graduation.
Responsible Party	Institutional Research and Sponsored Programs and the Evaluation Committee
Review Frequency	Every 1 year
Benchmark	80% employment rate for each program per calendar year

Aggregate Faculty Outcomes

Assessment Process	Review aggregate faculty outcomes. Faculty outcomes include various metrics including teaching, research and scholarship, service and citizenship and practice. Faculty outcomes are collected from two sources. Teaching outcomes are calculated from the SIRS course evaluation data by program during each calendar year. Research and scholarship, service and citizenship and practice outcomes are calculated from the Annual Survey of Faculty Outcomes by program during each calendar year.
Responsible Party	Institutional Research and Sponsored Programs and the Evaluation Committee
Review Frequency	Every 1 year

Benchmark	**Teaching**
	• Instructor teaching effectiveness from course evaluations
	  ○ 90% or above 3.5 of each program per calendar year
	  ○ 50% above 4.25 of each program per calendar year
	• Overall course quality from course evaluations
	  ○ 90% above 3.5 of each program per calendar year
	  ○ 50% above 4.25 of each program per calendar year
	
	Research and scholarship
	• Tenure Track (TT) Faculty
	  ○ During each three-year review period, 100% of TT faculty will submit as Principal Investigator or Project Director at least three internal or external grant applications that support their scholarship appropriate to their time in rank.
	  ○ During each three-year review period, 100% of TT faculty will publish at least four data-based manuscripts in peer

	reviewed journals, with at least two as first author, that build their program of research appropriate to their time in rank.
	• Non-Tenure Track (NTT) or Clinical Track Faculty
	  ○ During each three year review period, 100% of NTT faculty will provide evidence of participation in the submission of grants or program documents reflecting curriculum advancement projects, innovations in pedagogy, traineeships or grant opportunities.
	  ○ During each three-year review period, 100% of NTT faculty will provide evidence of at least two scholarly products such as a published journal article, book chapter, clinical practice guideline, conference presentation, continuing education program.
	
	Service and citizenship
	• 100% of faculty will attend and actively participate in their respective committee assignments and attend divisional and all faculty meetings.
	• 100% of faculty will accept invitations to serve on student committees, such as undergraduate honors projects, DNP program, and PhD dissertation as chairperson and/or committee member.
	• During each three-year review period, 100% of faculty will demonstrate service by serving on committees, panels or commissions at various levels, appropriate to rank, including the School, University, Community, State or National Organizations.
	
	Practice
	• During each three-year review period, 100% of faculty will maintain appropriate certification and/or currency in their clinical area as agreed to by their respective Division Associate Dean.

Program Satisfaction

Assessment Process	Review the satisfaction rates for each program. Program satisfaction rates are calculated using data gathered from the Student Satisfaction and Engagement Survey. The survey is administered annually to all students.
Responsible Party	Institutional Research and Sponsored Programs and the Evaluation Committee
Review Frequency	Every 1 year
Benchmark	• 75% satisfaction rate in the Student Satisfaction and Engagement Survey • TBD End-of-Program Survey (as it is launched in Spring 2026)