Boston College Connell School of Nursing
Continuous Program Improvement Plan

Approved by Faculty Assembly April 26, 2017
Most recent update: January 26, 2022

The Connell School of Nursing Continuous Program Improvement Plan (CPIP) formalizes the processes of program quality under the direction of the Connell Leadership Group (CLG). The CLG reviews the plan for accuracy, comprehensiveness, and consistency with the School and University strategic plans, informs the faculty and staff of their responsibilities, and designates a person or group to monitor the completion of the plan on an annual basis.

The organizing framework for the CPIP is the "Standards for Accreditation of Baccalaureate and Graduate Degree Nursing Programs," amended by the Commission on Collegiate Nursing Education (CCNE) in 2013.

<u>Abbreviations and Definitions Used in the CPIP:</u>

AGM: Advanced Generalist Master's
BC: Boston College
CSON: Connell School of Nursing
CLG: Connell Leadership Group
DE-AGM: Direct Entry to Advanced Generalist Master's
DE-DNP: Direct Entry to Doctorate of Nursing Practice (DNP)
EPC: Education Policy Committee
FAC: Faculty Affairs Committee
FA: Faculty Assembly
F&A: Finance and Administration
MA BORN: Massachusetts Board of Registration in Nursing
PD: Program Director
Skyfactor/EBI: Educational Benchmarking, Inc.
TOR: Teacher of Record for a course

Community of Interest: students, faculty, administrators, the Boston College Jesuit community, alumnae/i, and recipients and providers of health care locally, regionally, nationally and internationally.

Standard 1: Mission and Governance:

Category/Subcategory of Evaluation	Purpose of Evaluation	Responsibility for Evaluation & Revision	Minimum Frequency	Documentation and Follow-up Responsibilities
Mission, goals & Expected Program Outcomes are congruent with the parent institution, and are reviewed and revised as appropriate (1A)	Review for clarity and congruence with university mission To outline review process	EPC, Academic Associate Deans	Every 5 years or sooner as needed. Last revised: April 2014 October 2019 September 2020	Minutes and annual reports of EPC (and FA if revisions are proposed).
Mission, goals & Expected Program Outcomes are consistent with standards and guidelines (1B)	Review for congruence with professional standards and guidelines	BS, MS, DNP and PhD program committees, task forces, NP/CRNA Program Directors, and course TORs	Annually	Minutes and annual reports of program committees, ad hoc curriculum revision task forces, and program retreats (and EPC and FA if revisions are proposed); Data from other sources including student, alumni, employer and preceptor survey, Skyfactor/EBI survey, Course TORs, feedback goes through the Committee process which gets reflected on their annual reports.
Mission, goals & expected outcomes reflect needs & expectations of the communities of interest (COI) (1C)	Review for congruence with the needs and expectations of the community of interest	BS, MS, DNP and PhD program committees, Program Directors, TORs,	Annually based on feedback from our COI in such forums as DAB, and when standards and guidelines change.	Minutes and annual reports of program committees, ad hoc curriculum revision task forces, and program retreats (and EPC and FA if revisions are proposed); Data from other sources including student, alumni, employer and preceptor survey, Skyfactor/EBI survey, Course TORs feedback goes through the Committee process which gets reflected on their annual reports. Diversity Advisory Board advises re: diversity and inclusion.

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Category/Subcategory of Evaluation	Purpose of Evaluation	Responsibility for Evaluation & Revision	Minimum Frequency	Documentation and Follow-up Responsibilities
Expected faculty outcomes are written and communicated to faculty (1D)	Review process by which expected outcomes are communicated to the faculty	Dean, CLG, Dept. Chair, Assistant Dept. Chair	Annually	Resource guide for faculty updated with promotion and tenure policies; workload; performance evaluations, student evaluations are reviewed and compared to institutional norms; minutes from annual meeting of Dean with untenured faculty; state of school address (accomplishments of faculty re: honors, awards, and grant productivity).
Faculty participation in governance (1E)	Ensure roles in governance are clearly defined and meaningful participation occurring	FAC, CLG, Dean, Dept. Chair, FA	Annually	Minutes of faculty assembly in which suggestions made for change to whole community with subsequent follow up; faculty support needs assessment. Minutes of CLG in which follow up plan from faculty survey addressed; continuous feedback from questions raised in faculty assembly; minutes available to all faculty as are agendas. Faculty participation in CSON and/or University committees. Faculty who are interested in attending specific meetings asked to do so.
Student participation in governance (1E)	Review student handbooks to ensure roles in governance are clearly defined and meaningful participation occurring	Academic Associate Deans	Annually	Handbook revisions reflect any changes. Skyfactor/EBI data summarizes graduates' satisfaction with role. Exit interviews/summaries from student leaders. Student participation on CSON committees.

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Academic policies of the parent institution and the nursing program are congruent and support achievement of the mission, goals, and expected program outcomes (1F)	To ensure that polices are fair and equitable, published and accessible; and reviewed and revised as needed	Academic Associate Deans (in conjunction with University Academic Officers Council) Any faculty may propose change in policies	Annually	Proposed changes submitted to appropriate program committees, EPC and Faculty Assembly. Policies are outlined in student handbooks and CSON website
CSON defines and reviews formal complaints according to established policies according to established policies. (1G)	Ensures that definition of formal complaints and procedures for following complaints are communicated to relevant constituencies.	Associate Deans; Department Chair Dean	Annually or as needed	Academic Associate Deans present formal student complaint data to the Dean and/or program committees as appropriate and if applicable at Program Evaluation day each May. Associate Dean for F&A presents other formal complaint data and Human Resources complaints to CLG. Faculty complaints are presented to Department Chair and to appropriate university grievance committees as appropriate.
Documents and publications (including web pages) are accurate (1H)	A process is used to notify constituents about changes in documents and publications. Review for accuracy of all information	Associate Director of Marketing and Communications; Associate Deans; Student Services and other BC departments	Ongoing (schedule managed by the Office of Marketing and External Relations)	Evident as materials are made available and website is updated. Entire website revamped Spring 2017.

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Standard 2: Institutional Commitment and Resources

Category/Subcategory of Evaluation	Purpose of Evaluation	Responsibility for Evaluation & Revision	Minimum Frequency	Documentation and Follow-up Responsibilities
Fiscal resources in terms of non-physical resources (adequate budget) (2A)	Review for contribution toward achievement of mission, philosophies, and expected faculty and student outcomes. Develop and oversee plans for any improvement	Dean, Associate Deans, Associate Research for Dean, Dept. Chair, committees as appropriate	Annually	Selected data from CSON budget book, number of full-time faculty, number of part time faculty, faculty/student ratios, annual reports, faculty and staff budget requests
Physical resources (office and research space, classroom and learning laboratory space, classroom and office technology) (2B)	Review for contribution toward achievement of mission, philosophies, and expected faculty and student outcomes. Develop and oversee plans for any improvement	Dean, Associate Deans FAC, Simulation Laboratory Director	Annually Faculty Support Needs Assessment: Every 2 years Budget Report: October	Budget process done by Dean and Associate Dean for F&A in terms of space needs and need for alternations and revisions. All Associate Deans and Lab Director have input to budget process regarding space. CSON budget, faculty and student outcome data (see attached Tables), Faculty Support Needs Assessment, CLG, Academic Technology Committees, Skyfactor/EBI data

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Category/Subcategory of Evaluation	Purpose of Evaluation	Responsibility for Evaluation & Revision	Minimum Frequency	Documentation and Follow-up Responsibilities
Academic support services (library, technology support, research support, simulation, tutoring, admission and advising services) (2C)	Review for contribution toward achievement of mission, philosophies, and expected faculty and student outcomes. Develop and oversee plans for improvement as needed	Associate Deans, Associate Director of Student Services, FAC, Simulation Lab Director, library Director, tutoring services within CSON	Annually Biennial	Annual Reports of Dean & Associate Deans and FAC; Minutes of FA, FAC, and committees, Skyfactor/EBI data. Academic technology committee Faculty Support Needs Assessment
Chief Nurse Administrator is a registered nurse, holds graduate degree in nursing, doctoral degree, is vested with administrative authority To accomplish the mission, goals & expected program outcomes and provides effective leadership to the nursing unit (2D)	To ensure that accurate information regarding University, School and program leadership is available to regulators and all members of community of interest	Review of Dean/Dean's Office	Initially on appointment At least every five years (more often if deemed warranted)	Search committee reports to Provost and President initial qualifications met. Self-evaluation to Provost on continued progress toward meeting goals and expected outcomes. State of the School address to share continued ability to accomplish mission, goals, and expected outcomes, especially as annual challenges are reviewed. Dean provides information to faculty on accomplishments regarding strategic aims and modifications are made, based on Faculty input in Faculty Assembly.
Faculty are: sufficient in number to accomplish the mission, goals & expected program outcomes; Are academically prepared; experientially prepared (2E)	Ensure sufficient faculty are assigned to teach in the various programs to ensure quality. Review to ensure that faculty meet preparation guidelines (current experience, educational preparation) based on standards and specified by regulators	Academic Associate Deans, Department Chair's Office, Dean	Annually	Reports to stakeholders and regulators, including ratios in clinical settings. All teaching assignments for full-time faculty and hires of part-time faculty are made to comply with educational preparation and experience requirements of regulators and CSON policy. Academic Associate Deans stipulate on BORN report that the faculty teaching in the program meet MA requirements. Review of credentials of faculty as part of CCNE accreditation.

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Category/Subcategory of Evaluation	Purpose of Evaluation	Responsibility for Evaluation & Revision	Minimum Frequency	Documentation and Follow-up Responsibilities
Preceptors are an extension of the faculty. Preceptors are academically and experientially prepared (2F)	Review to determine roles are clearly defined and communicated to preceptors and that performance expectations are clearly defined and communicated	Program Directors, Clinical Placement Specialist, Associate Dean for respective programs	Each semester Annually	DNP: NP/CRNA Program Directors review clinical site evaluations, make decisions about site selection and submit preceptor qualification information to the Clinical Placement/Associate Dean's Office. MS: DE Program Director and pre-license TORs review clinical site evaluations, make decisions about site selection and submit preceptor qualification information to Clinical Placement Office/Associate Dean's Office BS: Synthesis Coordinator reviews site evaluations, makes decisions about site selection, and submits preceptor qualification information to Clinical Placement/Associate Dean's Office. Preceptor information for prelicensure programs is submitted to MA BORN each fall. Preceptors are indirectly evaluated as part of the clinical site evaluations. DNP NP/CRNA Program Directors make site visits and obtain feedback from students regarding their clinical placements Complaints are submitted to the Associate Deans and reviewed. Pertinent feedback prior to renewing clinical site contracts is solicited.
University & program provide and support an environment that encourages faculty teaching, scholarship, service and practice (2G)	Review to ensure adequate support for these activities in keeping with the mission, philosophies, and expected faculty outcomes	Dean, CLG, FAC, Associate Dean for Finance & Administration, Dept. Chair	Annually Biennial	Annual Reports of the Dean, Associate Dean for Research, Associate Dean for Finance & Administration, and Department Chair as well as minutes of CLG and other committees to document faculty development activities. Faculty Support Needs Assessment

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Standard 3: Curriculum, Teaching/learning Practices and Individual Student Learning Outcomes

Category/Subcategory of Evaluation	Purpose of Evaluation	Responsibility for Evaluation & Revision	Minimum Frequency	Documentation and Follow-up Responsibilities
Curriculum is developed, implemented and revised to reflect clear statements of expected student outcomes: (3A) (3A) (3A)	Review for clear course objectives (or competencies) that are: • congruent with the mission, philosophy & program outcomes • consistent with the roles for which the program is preparing its graduates • consider the needs of the program identified communities of interest	Course TOR's, DNP-NP/CRNA Program Directors, Academic Associate Deans, Academic Program committees (BS, MS, DNP), EPC, Faculty Assembly	Program objectives are reviewed annually and whenever guidelines or standards are changed Individual course objectives are reviewed every 5 years or sooner as needed	Groups present proposals for revision to appropriate Program Committee. Documentation is in minutes of Program Committees, EPC, and FA. Minutes or reports of curriculum retreats, ad hoc curriculum revision groups, Program Evaluation Day Skyfactor/EBI student exit assessment data (annual) and alumni (every 3 years, (next in 2021) data; CSON survey of employer data every 3 years (next in 2021) Course TOR updates syllabi each semester. Course TORs feedback goes through the Committee process which gets reflected on their annual reports.
Curriculum 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) (3B, 3C, 3D) *3E N/A – post graduate APRN certificate programs	To ensure it is reflective of professional nursing standards & guidelines (*Essentials* documents, *Criteria for Evaluation of NP Programs*, and others as required/appropriate (3B) Baccalaureate (3C) Masters (3D) DNP	Academic Associate Deans, Program Committees (BS, MS, DNP), EPC, CSON representative to University Core Development Committee (undergraduate); Faculty Assembly	Annual review of Program Evaluation data Whenever curriculum revisions are made	Minutes of Program Committees, EPC, and FA Minutes or reports of curriculum retreats, ad hoc curriculum revision groups, Program Evaluation Day Skyfactor/EBI student exit assessment data (annual) and alumni (every 3 years, next in 2021) data; CSON survey of employer data (next in 2021). Course syllabi state which professional nursing standards and guidelines are used. Program Committees review course syllabi for standards & guidelines when new or revised courses are submitted. Course TOR updates syllabi each semester. Minutes reflect changes. Course TORs feedback goes through the Committee process which gets reflected on their annual reports.

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Category/Subcategory of Evaluation	Purpose of Evaluation	Responsibility for Evaluation & Revision	Minimum Frequency	Documentation and Follow-up Responsibilities
The curriculum is logically structured to achieve expected student outcomes (3F)	BS curriculum builds on a foundation of the arts, sciences, and humanities Masters curricula build on a foundation comparable to BS-level nursing knowledge DNP curricula build on BS and/or MS foundations, depending on the level of entry of the student	Academic Associate Deans, Program Committees (BS, MS, DNP), EPC, CSON representative to University Core Development Committee (undergraduate); Faculty Assembly	Annually Annual review of Program Evaluation data Whenever curriculum revisions are made	Minutes of Program Committees, EPC, and FA Minutes or reports of curriculum retreats, ad hoc curriculum revision groups, Program Evaluation Day
Teaching-learning practices support achievement of expected student outcomes, considers needs & expectations of the COI, and expose students to individuals with diverse life experiences, perspectives and backgrounds (3G)	Review of access to • classrooms • learning laboratory • simulation • distance education • international experiences • faculty/student ratios for theory and clinical courses	Course faculty, Associate Deans, CLG, Program committees, Assistant Director. (BS, MS, DNP), Clinical Placement, EPC, Dept. Chair, preceptors, NP/CRNA Program Directors, Academic Technology Committee, Director Resource Learning Center	Annually/ ongoing	Improvements and upgrades are made on an ongoing basis. Major changes are approved through Program and other committees as appropriate and/or CLG and are reflected in minutes. Annual reports of Associate Deans include data about international experiences for students (# studying abroad, participating in Global Health Initiative, etc.). Skyfactor/EBI student exit assessment data (annual) and alumni (every 3 years, next in 2021) data; CSON survey of employer data (planned for 2021) Student and faculty evaluations of undergrad & grad clinical sites are collected each semester. Data are reviewed by Department chair/Assistant Dept. chair, TORs, and Clinical Placement office. Grad students evaluate preceptors and agencies upon completion of each course. Data are reviewed by program directors and program director meeting.

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Curriculum includes planned clinical practice experiences to enable students to integrate new knowledge & demonstrate attainment of program outcomes; foster interprofessional collaborative practice; and are evaluated by faculty (3-H)	To prepare students for a practice profession, each track in each degree 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.			Improvements and upgrades are made on an ongoing basis. Major changes are approved through Program and other committees as appropriate and/or CLG and are reflected in minutes. Annual reports of Associate Deans include data about international experiences for students (# studying abroad, participating in Global Health Initiative, etc.). Skyfactor/EBI student exit assessment data (annual) and alumni (every 3 years, next in 2018) data; CSON survey of employer data (planned for 20182021) Student and faculty evaluations of undergrad clinical sites are collected each semester. Data are reviewed by Department chair/Assistant Dept. chair, TORs, and Clinical Placement office. Grad students evaluate preceptors and agencies upon completion of each course. Data are reviewed by program directors and program director meeting. Legal agreements are maintained for all past and current clinical placements by the Clinical Placement Office.
Individual student performance is evaluated by the faculty and reflects achievement of expected student outcomes. (3-I)	Ensure that evaluation policies and procedures are consistently applied and appropriate for the course and program objectives	Course TORs, Program Directors, Associate Deans, Academic Standards (Progression) Committees	Each semester	All course syllabi include grading criteria, which are determined by the TOR in accordance with school policies. Student handbooks delineate academic policies, including procedure for academic evaluation disputes. Student clinical evaluations are filed in student records in the Associate Deans' offices or student eFolder. Students are encouraged to keep copies in their professional portfolios. Policy changes originate in Program Committees and are reflected in minutes. Course TORs feedback goes through the Committee process which gets reflected on their annual reports.

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Category/Subcategory of Evaluation	Purpose of Evaluation	Responsibility for Evaluation & Revision	Minimum Frequency	Documentation and Follow-up Responsibilities
The curriculum and teaching-learning practices are evaluated at regularly scheduled intervals, and evaluation data are used to foster ongoing improvement (3-J)	Ensure that these are evaluated at regular intervals to foster ongoing improvement	Academic Associate Deans (UG/GRAD), Course faculty, Program Committees (BS, MS, DNP), Department Chair, CLG	Every five (5) years; and/or as relevant professional nursing standards and guidelines are updated	Other data include: Skyfactor/EBI alumnae/survey and School's employer survey. Peer teaching evaluation as appropriate

Standard 4: Program Effectiveness: Assessment and Achievement of Program Outcomes

Category/Subcategory of Evaluation	Purpose of Evaluation	Responsibility for Evaluation & Revision	Minimum Frequency	Documentation and Follow-up Responsibilities
A systematic process is used to determine program effectiveness (4A)	To ensure process is written, ongoing, is comprehensive, identifies data to be collected, provides timelines, and is reviewed and updated.	Dean works with Assistant Dean for Graduate Enrollment and Data Analytics to ensure appropriate data are collected, collated, and analyzed. EPC reviews CPIP items to ensure that appropriate data are being collected. And that data being collected is in line with CCNE standards.	Annually	Dean, EPC and Assistant Dean for Graduate Enrollment and Data Analytics disseminate data to appropriate members of CLG and other stakeholders such as program committees. EPC reviews CPIP annually. Shares concerns about data collection related to student outcomes with Dean, academic deans, program committees as appropriate and/or brings suggested changes forward for approval by Faculty Assembly.
Program completion rates demonstrate program effectiveness (4B)	Completion rates for last 3 years examined collectively for trends and to ensure completion rate is 70% or higher. We strive to meet university benchmark of 95% completion rate.	Assistant Dean for Graduate Enrollment and Data Analytics collects and analyzes data.	Annually	Assistant Dean for Graduate Enrollment Management and Data Analytics reviews data and shares with Connell Leadership Group (CLG) and CLG takes appropriate action if there are changes in completion rates.

Category/Subcategory of Evaluation	Purpose of Evaluation	Responsibility for Evaluation & Revision	Minimum Frequency	Documentation and Follow-up Responsibilities
Licensure exam pass rates demonstrate program effectiveness. (4C)	Aggregate student data are evaluated for effectiveness of programs individually and collectively and shared with key stakeholders. We strive for NCLEX pass rates higher than national average pass rates	Assistant Dean for Graduate Enrollment and Data Analytics analyzes data and shares with Associate Deans for Graduate and Undergraduate Programs. Information shared with potential students, current students, and faculty on website.	Annually	Associate Deans circulate results to program committees and faculty via email or at program evaluation day. Information placed on website by Communications Specialist and updated annually. Follow up occurs as needed in (BS, MS, DNP) program committee meetings and in meetings of graduate NP/CRNA program directors. Summary of review and any remedial actions are recorded in minutes and/or annual reports.
APRN (NP/CRNA) Certification pass rates demonstrate program effectiveness. (4D)	Aggregate student data are evaluated for effectiveness of programs individually and collectively and shared with key stakeholders. We strive for certification pass rates higher than national average pass rates	Assistant Dean for Graduate Enrollment and Data Analytics analyzes data and shares with Associate Deans for Graduate and Undergraduate Programs. Information shared with potential students, current students, and faculty on website.	Annually	Associate Deans circulate results to program committees and faculty via email or at program evaluation day. Information placed on website by Communications Specialist and updated annually. Follow up occurs as needed in (BS, MS, DNP) program committee meetings and in meetings of graduate NP/CRNA program directors. Summary of review and any remedial actions are recorded in minutes and/or annual reports.

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Category/Subcategory of Evaluation	Purpose of Evaluation	Responsibility for Evaluation & Revision	Minimum Frequency	Documentation and Follow-up Responsibilities
Employment rates demonstrate program effectiveness. (4E)	Compare aggregate student data regarding employment with expected outcomes	Associate Deans obtain data from Program Directors or others conducting exit interviews annually. University Career Services provides employment data of undergraduate students.	Annually	Associate Deans gather information from graduating students and/or program directors (in case of graduate students) regarding employment, and provide data to Assistant Dean for Graduate Enrollment and Data Analytics. Data shared with program committees and in other meetings as appropriate, such as program evaluation day. Summary of review and any remedial actions are recorded in minutes and/or annual reports. Career Services conducts annual survey of undergraduate employment and shares with key stakeholders in school. This information shared with Assistant Dean for Graduate Enrollment and Data Analytics and with Associate Director Marketing and Communication for communicating with external stakeholders. If inadequate response rate on employer satisfaction survey, program directors will contact employers and conduct interviews. Employer satisfaction of undergraduate alumni will be obtained from largest employers in area.

Category/Subcategory of Evaluation	Purpose of Evaluation	Responsibility for Evaluation & Revision	Minimum Frequency	Documentation and Follow-up Responsibilities
Data regarding completion, licensure, certification and employment rates are used to foster ongoing program improvement (4F)	To review and analyze data as needed for ongoing program improvement	Undergraduate and graduate programs have outcomes that are evaluated throughout the program and at program completion.	Annually	Associate Deans examine achievement of program outcomes as measured in Skyfactor/EBI and exit interviews annually and by employer satisfaction and alumni satisfaction every 3 years. Associate Deans work with appropriate program committees to ensure changes are made if outcomes not being met. Program committees and Associate Deans report progress in program outcomes via annual reports.
Aggregate faculty outcomes demonstrate program effectiveness and are consistent with and contribute to achievement of the program's mission and goals; -are congruent with the institution and program expectations, -are identified by the faculty as a group -reflect expectation of faculty in their roles and evaluation of faculty performance (4G)	Specific data collected include: Faculty teaching evaluations (semester) Scholarly productivity for tenured and tenure track (TT) faculty Faculty academically & experientially prepared Faculty participation in CSON and/or University committees APRN faculty are nationally certified APRN faculty are engaged in clinical practice	Department Chair Chair mentorship meetings Dean individual annual review meetings with faculty Associate Dean for Research Promotions Committee; Tenured/Untenured Faculty committees	Annually	Faculty Assembly Minutes of Tenured Faculty, Faculty Promotions Committee, Summary of untenured faculty meeting on promotion and tenure with the Dean Department Chair's Annual report, Associate Dean for Research Annual Report Dean's Annual Report to the Provost; Dean's Annual State of the School presentation

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Aggregate faculty outcome data are analyzed and used to foster ongoing program improvement (4H)	Faculty outcome data are used to promote ongoing program improvement Discrepancies inform areas for improvement Changes to foster achievement are deliberate, ongoing and analyzed for effectiveness Faculty are engaged in program improvement process	Department Chair Chair mentorship meetings Dean individual annual review meetings with faculty Associate Dean for Research Promotions Committee; Tenured/Untenured Faculty committees	Annually	Faculty Assembly, Provost, President Minutes of Tenured Faculty, Faculty Promotions Committee, Summary of untenured faculty meeting on promotion and tenure with the Dean Department Chair's Annual report, Associate Dean for Research Annual Report Dean's Annual Report to the Provost; Dean's Annual State of the School presentation
Program outcomes demonstrate program effectiveness (4I)	Actual levels of achievement, when compared to expected levels indicate the program is achieving its outcomes	TORs, PDs Associate Dean undergraduate and Graduate Programs Program committees EPC, Faculty Assembly		Associate Deans examine achievement of program outcomes as measured in Skyfactor/EBI and exit interviews annually and by employer satisfaction and alumni satisfaction every 3 years. Associate Deans work with appropriate program committees to ensure changes are made if outcomes not being met. Program committees and Associate Deans report progress in program outcomes via annual reports

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Program outcome data are used to foster ongoing program improvement (4J)	Ensure that CPIP provides a vehicle for constant data analysis that identifies discrepancies and needed changes and fosters improvement in all programs with faculty engagement in the process.	Assistant Deans Associate Deans Department Chair Faculty Communication Specialist	Ongoing with annual reviews as part of annual reporting cycle.	Data used on ongoing basis to ensure that expected outcomes and actual outcomes are in alignment. Data are shared with appropriate constituencies, including program committees and leadership group; such that goals for the new academic year reflect any additional needed changes identified in annual reporting cycles.