

School of Nursing
Master Evaluation Plan (MEP) AY 2022-2024

CCNE Standard I

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 & Criteria (full key element statements located at end of document)	Relevant SON Strategic Goal	Evidence: Data Collection Method and Location	Entity Responsible and Frequency of Data Collection	Expected Outcomes and/or Target Values	Actual Outcomes (Goal Met/Goal Not Met and Supporting Data)	Date of PI&E Council Review and Plan for Use of Outcomes
KE I-A: Mission	All SON Strategic Goals	Strategic Plan, SON website	Strategic Plan Champions, Annually	Aligned with TTUHSC Mission	2/25/2022: Goal partially met: The strategic planning task force is working to align the SON strategic plan with the TTUHSC new strategic plan. 2/06/2023: Goal met. Approved by vote at Coordinating Council 01/23/2023. No changes 2/5/2024: Goal met. No changes since 2023.	2/25/2022 – The Strategic planning task force is aligning the SON strategic plan with the new TTUHSC strategic plan. Faculty and staff have provided feedback and input to the task force. Revisions are in progress. 2/06/2023- The mission, goals, and expected program outcomes are congruent with those of the parent institution; and reviewed periodically and revised as appropriate. 2/05/2024- The mission, goals, and expected program outcomes are congruent with those of the parent institution; and reviewed periodically and revised as appropriate.
KE I-E: Governance - Faculty/Staff Resources page, Regents policies located at http://www.depts.ttu.edu/oppol/ - linked on SON Faculty/Staff Resources page, SON OP Website) - Reviewed and revised as necessary to foster program improvement. (Supporting data: Bylaws-council purpose and functions; Shared Governance Model)	SON Strategic Goal IV. People and Operations	Council/Committee Minutes- Online Council Documentation and SON Shared Governance Website	Council/Committee Chairs, Annually	Council/committee participants noted in minutes	2/25/2022 Goal Met: See Meeting Mill. 2/06/2023-Goal Met: See Meeting Mill. 2/05/2024- Goal Met: See Meeting Mill.	2/25/2022 – Continue to monitor; No action plan needed. 2/06/2023- Continue to monitor; No action plan needed. 2/05/2024- Continue to monitor; No action plan needed.

School of Nursing
Master Evaluation Plan (MEP) AY 2022-2024

CCNE Standard II

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, as resources of the program, enable the achievement of the mission, goals, and expected program outcomes.

Key Elements & Criteria (full key element statements located at end of document)	Relevant SON Strategic Goal	Evidence: Data Collection Method and Location	Entity Responsible and Frequency of Data Collection	Expected Outcomes and/or Target Values	Actual Outcomes (Goal Met/Goal Not Met and Supporting Data)	Date of PI&E Council Review and Plan for Use of Outcomes
KE II-A: Fiscal Resources	SON Strategic Goal IV. People and Operations	SON Annual Budget and SON Dean Annual State of the School Report (including FQHC clinics)-Office of the Dean and SON Annual Organization Meeting Minutes-Online Council Documentation	SON Dean, Annually	Fiscal resources are sufficient to enable programs to fulfill mission, goals, and expected outcomes	<p><u>TTUHSC SON Annual Dean's Report</u> 8/04/2022 SON All School Meeting took place on May 4, 2022 and Annual State of the School was presented by the Dean, minutes are posted in Meeting Mill. Goal met/</p> <p>8/07/2023- SON All School Meeting took place on May 4, 2023 and Annual State of the School was presented by the Dean, minutes are posted in Meeting Mill. Goal met.</p> <p>08/05/2024- SON All School Meeting took place on May 2, 2024 and Annual State of the School was presented by the Dean, minutes are posted in Meeting Mill. Goal met.</p>	<p>8/19/2022 – Continue to monitor; No action plan needed as budget approved.</p> <p>8/07/2023- Continue to monitor; No action plan needed as budget approved. All faculty and staff receiving a 3% pay raise beginning fiscal year (2023-2024).</p> <p>08/05/2024- Continue to monitor; no action plan needed.</p>
KE II-B: Physical Resources (physical space and supplies; clinical sites are covered under KE III-H)	SON Strategic Goal IV. People and Operations	SON Dean Annual State of the School Report-Office of the Dean and SON Annual Organization Meeting Minutes-Online Council Documentation	SON Dean and Regional Deans, Annually	Physical resources are sufficient to enable programs to fulfill mission, goals, and expected outcomes	Goal Met: SON All school meeting held May 4, 2022 and Annual State of the School Report was presented by the Dean. Minutes are posted in Meeting Mill. Dallas campus is undergoing renovations. Combust Central is looking for new space due to functional issues with the current space. Simulation has requested additional space	5/27/22 Continue to monitor; no action plan needed.

**School of Nursing
Master Evaluation Plan (MEP) AY 2022-2024**

					<p>and equipment and are looking at a rotation schedule to accommodate the number of students. Expanding hours of operation is being explored.</p> <p>Goal Met: SON All school meeting held May 4, 2023, and Annual State of the School Report was presented by the Dean. Minutes are posted in Meeting Mill.</p> <p>Goal Met: SON All school meeting held May 2, 2024, and Annual State of the School Report was presented by the Dean. Minutes are posted in Meeting Mill.</p>	<p>5/01/23 Continue to monitor; no action plan needed.</p> <p>5/6/24 Continue to monitor; no action plan needed.</p>
KE II-E: Faculty Credentialing	SON Strategic Goal III: Research and SON Strategic Goal IV: People and Operations	Faculty Files-Online Faculty CVs and Office of the Dean	SON Associate Deans/ Department Chairs and Regional Deans, Annually	100% of faculty are evaluated annually and meet evaluation tool criteria	<p>Goal Met; Process for faculty evaluation outlined in SON OP 20.075. All faculty evaluations for 2021-2022 completed and summary evaluations provided to faculty.</p> <p>5/01/24 Goal Met; Process for faculty evaluation outlined in SON OP 20.075. All faculty evaluations for 2022-2023 completed and summary evaluations provided to faculty.</p>	<p>5/27/22 Continue to monitor; no action plan needed.</p> <p>5/01/24 Continue to monitor; no action plan needed.</p>

CCNE Standard III

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 & Criteria <i>(full key element statements located at end of document)</i>	Relevant SON Strategic Goal	Evidence: Data Collection Method and Location	Entity Responsible and Frequency of Data Collection	Expected Outcomes and/or Target Values	Actual Outcomes (Goal Met/Goal Not Met and Supporting Data)	Date of PI&E Council Review and Plan for Use of Outcomes
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**School of Nursing
Master Evaluation Plan (MEP) AY 2022-2024**

<p>KE III-H: Planned Clinical Experiences</p>	<p>SON Strategic Goal I: Academics, SON Strategic Goal II: Clinical Affairs, and SON Strategic Goal V: External Affairs</p>	<p>Course Syllabus, Course Schedule, Clinical Log-Learning Management System; Course Maps-SON Website; SON Student Online Resources (Grad Central)-SON Website; Course Satisfaction Surveys (clinical facilities)-Web-based TTUHSC Student Information System</p>	<p>Associate Deans/ Department Chairs, Program Directors, and/or Course Facilitators; Annually</p>	<p>100% of SON academic programs include direct clinical learning experiences which allow student the opportunity to meet student learning outcomes as appropriate</p> <p>Overall GAV \leq 0.4500 Student Satisfaction</p>	<p>All Years and All Programs: <u>Skyfactor End of Program Assessment Results</u></p> <p>12/16/2022 Goal met AY 2022 Course Satisfaction GAVs Traditional Undergraduate – 0.1745 Accelerated BSN – 0.2849 RN to BSN – 0.0889 MSN – 0.2264 Post-Graduate Certificate – 0.2781 Post-Master DNP – 0.8172 BSN to DNP – 0.1633 All Programs Combined – 0.1841 AY 2022 Clinical Course Satisfaction GAVs Traditional Undergraduate – 0.1369 Accelerated BSN – 0.3397 RN to BSN – 0.0824 MSN – 0.1706 Post-Graduate Certificate – 0.0963 Post-Master DNP – 0.1124 BSN to DNP – 0.1846 All Programs Combined – 0.1593</p> <p>06/13/2024 Goal met AY 2022-2023 Course Satisfaction GAVs by program: Traditional BSN: 0.1679 Accelerated BSN: 0.3109 RN to BSN: 0.0841 MSN: 0.2648 Post-Graduate Certificate: 0.3200 Post-Master's DNP: 0.1091 BSN to DNP: 0.2425 AY 2023 Clinical Course Satisfaction GAVs</p>	<p>12/16/2022- Continue to monitor; no action plan needed.</p> <p>06/13/2024 Continue to monitor; no action plan needed.</p>
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School of Nursing
Master Evaluation Plan (MEP) AY 2022-2024

					Traditional Undergraduate – 0.1533 Accelerated BSN – 0.2923 RN to BSN – 0.0694 MSN – 0.1761 Post-Graduate Certificate – 0.2234 Post-Master DNP – 0.1427 BSN to DNP – 0.0896 All Programs Combined – 0.1503	
CCNE Standard IV						
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 & Criteria (full key element statements located at end of document)	Relevant SON Strategic Goal	Evidence: Data Collection Method and Location	Entity Responsible and Frequency of Data Collection	Expected Outcomes and/or Target Values (Targets based on Dept of Education Requirements)	Actual Outcomes (Goal Met/Goal Not Met and Supporting Data)	Date of PI&E Council Review and Plan for Use of Outcomes
<u>KE IV-A:</u> SON Master Evaluation Plan (MEP)	All SON Strategic Goals	Master Evaluation Plan (including FQHC clinics)- SON Process Improvement and Evaluation Council Online Documentation	SON Process Improvement and Evaluation Council, annually	Master Evaluation Plan (MEP) is reviewed to determine whether target values were met or not met	Goal Met: MEP approved by the Coordinating Council on 4/25/2022. Goal met: SON MEP approved by the Coordinating Council on 1/23/2023 11/06/2023: To request MEP to be approved for 2024 by Coordinating Council in January Meeting.	2/25/2022 – Present the MEP at the Coordinating Council meeting in May 2022 4/26/2022 – Continue to monitor; no action plan needed. 2/06/2023 Continue to monitor; no action plan needed.
<u>KE IV-B:</u> Completion Rates	SON Strategic Goal I: Academics	Completion rate calculation-Web-based TTUHSC Student Information System	SON Data Team, annually	Greater than or equal to 70% on time grads (defined as 150% of full-time enrollment} divided by total number of enrollees for a specific cohort). AACN Benchmark.	TTUHSC SON Annual <u>Dean's Report</u> 8/19/22 Goal met. AY 2021-2022 on time completion rates for SON was 99.15% overall. 11/6/2023 Goal met. AY 2022-2023 on time completion rates for SON was 97.68% overall and ≥ 94% for all SON programs with exception of Post-	8/19/2022 Data from 2021-2022 On time completion rates for SON was 99.15% overall; and ≥ 94% for all SON programs. Continue to monitor. No action plan needed. 11/06/2023 On Time Completion Rates. SON overall: 97.68% <ul style="list-style-type: none"> • TUG 99.78% • ABSN 100% • RN-BSN 97.56%

**School of Nursing
Master Evaluation Plan (MEP) AY 2022-2024**

					Graduate Certificate (87.5%).	<ul style="list-style-type: none"> • MSN 92.58% • Post-Graduate certificate 87.50% • Post Masters DNP 100% • BSN – DNP 100%
<u>KE IV-C:</u> Licensure Pass Rates	SON Strategic Goal I: Academics	NCLEX pass rate-Texas BON Website	SON Data Team, annually	Greater than or equal to 80% first time takers licensure pass rate (calculated as number of first time-passers divided by total first time-takers)	<p><u>TTUHSC SON Annual Dean’s Report</u> NCLEX Pass Rates tab</p> <p>2/25/2022 Official NCLEX pass rate 10/1/2020-12/31/2021 (BON reporting date changed to calendar year) Overall pass rate 90.03% Traditional BSN: 90.46% Accelerated BSN: 93.75% VBSN: 86.96%</p> <p>12/16/2022 Data from August pass rate will need to be uploaded in plan for Academic year 2022. NCLEX pass rates will be out in February. Future data will be reviewed annually in February meetings.</p> <p>07/24/2023 Non-Trad undergraduates-2022 pass rates VBSN 100%; ABSN 89.2%- program overall 90% Trad undergraduate reported 94% pass rate in combination with ABSN (Coordinating Council minutes)</p> <p>08/15/2023 for Calendar Year 2022 First time pass rate 88.91% Traditional BSN: 89.82% Accelerated BSN: 88.07% VBSN: 80.00% Overall pass rate 88.18%</p>	<p>2/25/2022 Official NCLEX first time pass rate 90.03% for 2021</p> <p>08/15/2023 Official NCLEX first time pass rate 88.91% for 2022.</p>

School of Nursing
Master Evaluation Plan (MEP) AY 2022-2024

					Traditional BSN: 87.78% Accelerated BSN: 93.02% VBSN: 77.27% VBSN QI plan was in place for Calendar Year 2022- VBSN first time pass rate improved to 100% for calendar year 2023.	
KE IV-D: Certification Pass Rates	SON Strategic Goal I: Academics	Certification pass rates- Certifying bodies	SON Graduate Program Office, annually	All six APRN programs will achieve greater than or equal to 80% first time takers certification pass rates (calculated as number of first time-passers divided by total first time-takers)	<p><u>TTUHSC SON Annual Dean's Report APRN Pass Rates</u> tab</p> <p>8/19/2022 Certification pass rates >80% except PNP-PC and PNP-AC PM certificates. Improvement action plan in place. SON provided a substantive change notification to CCNE about the certification pass rates on these two PM certificate programs. Admission of post-graduate students to the PNP-AC and PNP-PC tracks is closed as July 2022. TTUHSC SON to submit a comprehensive follow-up report by April 15, 2023, including appropriate documentation, to demonstrate the post-graduate APRN certificate program's compliance with Standard IV and Key Element IV-D in particular. Report submitted before April 15. No further action required. Continue teaching enrollees until program completion (SP 2024).</p> <p>07/24/2023 All graduate programs 2020-2023- Pass rates- none less than 80%; Psych Mental Health 100% pass</p>	8/19/2022 Continue to monitor; Improvement action plan in place. Comprehensive follow up report to CCNE by April 15, 2023.

School of Nursing
Master Evaluation Plan (MEP) AY 2022-2024

					<p>rate; Midwifery 100% within one year of graduation;</p> <p>11/06/2023 Certification pass rates are meeting standard of 80% or greater for first time or overall pass rates.</p> <p>08/05/2024 Certification pass rates for Calendar Year 2023 are:</p> <ul style="list-style-type: none"> • Pedi ACNP=95.24% • Post Grad Pedi ACNP= 100% • Adult Gero ACNP= 96.67% • Post Grad Adult Gero ACNP= 100% • MSN FNP= 90.38% • BSN-DNP= 100% • Post Grad FNP= 100% • Nurse Midwifery MSN= 95% • Post Grad Nurse Mid= 100% • Pedi PCNP=100% • PMHNP-MSN=100% • PMHNP-BSN-DNP=100% • PMHNP Post Grad=100% 	<p>8/07/2023- Students finalizing program completion of PNP-AC and PNP-PC tracks are continuing progress; tracks are closed for future admissions. PNP-AC pass rate- 100% (Calendar year 2022). Only one PNP-PC post-graduate remains to test. All other MSN and BSN-DNP APRN track certification pass rates are greater than or equal to 80%.</p> <p>11/06/2023 Continue to monitor. No action plan needed.</p> <p>08/05/2024 Continue to monitor. No action plan needed.</p>
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**School of Nursing
Master Evaluation Plan (MEP) AY 2022-2024**

<p><u>KE IV-E:</u> Employment Rates</p>	<p>SON Strategic Goal I: Academics and SON Strategic Goal IV: People and Operations</p>	<p>Employment rates-TTUHSC Registrar's Office</p>	<p>SON Data Team, annually</p>	<p>Greater than or equal to 70% of graduates employed (formula - number of employed graduates responding to the Skyfactor survey divided by total number of responses)</p>	<p><u>TTUHSC SON Annual Dean's Report – Career Services/Employment Tab</u></p> <p>09/01/23 SON overall Goal Met with 84.44%; with 613 “Yes” responses of 726 total responses.</p> <p>11/06/2023. SON overall Goal Met with 77.78% employment rates with 511 “Yes” responses of 657 total responses.</p> <p>08/05/2024 SON Overall Goal Met with 82.44% employment rates with 507 “Yes” responses of 615 total responses. All programs individually exceeded employment rates benchmark (70%).</p>	<p>8/19/2022 Preliminary data showed 84.7% of graduates indicated that they were employed in a position that reflected their degree.</p> <p>11/06/2023 Data available in Meeting Mill minutes (Employment, Completion, and Retention Rates (AY 2022-2023)</p> <p>08/05/2024 Data available via Meeting Mill minutes (AY 2024 Preliminary Employment Data from Skyfactor).</p>
<p><u>KE IV-F:</u> Use of Data for Program of Improvement</p>	<p>SON Strategic Goal I: Academics</p>	<p>Use of data from KE IV-A through KE IV-E-SON Master Evaluation Plan</p>	<p>SON Process Improvement and Evaluation Council, annually</p>	<p>Master Evaluation Plan is reviewed to determine whether target values were met or not met and whether IAP was implemented, if indicated</p>	<p>Goal Met; designated sections of the Master Evaluation Plan are reviewed at each Process Improvement and Evaluation Council meeting (AY 2022, 2023).</p>	<p>8/19/2022 Continue to monitor. No action plan needed.</p> <p>12/16/2022 Continue to monitor. No action plan needed.</p> <p>11/06/2023 Continue to monitor. No action plan needed.</p>
<p><u>KE IV-G:</u> Faculty Outcomes- Program Effectiveness</p>	<p>SON Strategic Goal I Academics, SON Strategic Goal III: Research, and SON Strategic Goal IV: People and Operations</p>	<p>Evidence of faculty fulfillment of expected faculty role related to teaching, scholarship, practice and service-Online Faculty CV and Annual Evaluation; Course-related student satisfaction surveys-Web-based TTUHSC Student Information System</p>	<p>Associate Deans/ Department Chairs and Regional Deans, annually</p>	<p>90% of faculty meet or exceed criteria for teaching, scholarship, practice and service per SON OP 20.015 on annual faculty evaluation</p> <p>Overall GAV \leq 0.4500 Course Student Satisfaction</p>	<p><u>Course Satisfaction Results Dashboard</u></p> <p>3-22-2024 AY 2021-2022 Goal met- 97% of faculty met or exceeded criteria for teaching, scholarship, practice and service per SON OP 20.015 on annual faculty evaluation</p>	<p>12/16/2022 Continue to monitor. No action plan needed. Coaching plan in place for faculty who did not meet or exceed criteria</p>

**School of Nursing
Master Evaluation Plan (MEP) AY 2022-2024**

					<p>AY2022 Overall Course Satisfaction GAV for all programs combined is 0.1841, which indicates Moderately High Overall Satisfaction.</p> <p>3-20-24 AY 2022-2023 Goal met 99.2% of faculty met or exceeded criteria for teaching, scholarship, practice and service on annual faculty evaluation.</p> <p>5-4-24 AY 2022-2023 Course Satisfaction GAVs by program: Traditional BSN: 0.1679 Accelerated BSN: 0.3109 RN to BSN: 0.0841 MSN: 0.2648 Post-Graduate Certificate: 0.3200 Post-Master's DNP: 0.1091 BSN to DNP: 0.2425</p>	<p>3-20-2024 Continue to monitor. No action plan needed. Coaching plan in place for faculty who did not meet or exceed criteria.</p> <p>5/6/2024 Goal met for course satisfaction GAVs. Continue to monitor. No action plan needed.</p>
<u>KE IV-H:</u> Use of Faculty Outcome Data for Program Improvement	SON Strategic Goal I: Academics and SON Strategic Goal IV: People and Operations	Use of data from KE IV-G-SON Master Evaluation Plan	SON Process Improvement and Evaluation Council, annually	Master Evaluation Plan is reviewed to determine whether target values were met or not met and whether IAP was implemented, if indicated	<p>Goal Met; designated sections of the Master Evaluation Plan are reviewed at each quarterly Process Improvement and Evaluation Council meeting and findings are documented within minutes on Meeting Mill</p> <p>11/06/2023 See Quarterly PI&E meeting minutes in Meeting Mill.</p>	<p>12/16/2022 Continue to monitor; No action plan needed (AY2022)</p> <p>11/06/2023 Continue to monitor; No action plan needed (AY2023)</p>
<u>KE IV-I:</u> Program Outcomes- Program Effectiveness	SON Strategic Goal I: Academics	Aggregate Student Learning Outcomes (SLOs) by program (Reports: Satisfaction at Graduation, Alumni Satisfaction, Retention/Persistence Rates and Undergraduate	Associate Deans/ Department Chairs, Program Directors, and Programmatic Councils; , and Associate Dean Admissions/Student Affairs annually	Overall GAV \leq 0.4500 Student Satisfaction on each Satisfaction at Graduation, Alumni Satisfaction reports	<p>All Years and All Programs: Skyfactor End of Program Assessment Results</p> <p>12/16/2022 AY 2022 Satisfaction at Graduation GAVs</p>	<p>12/16/2022 Overall GAV met. Continue to monitor.</p>

School of Nursing
Master Evaluation Plan (MEP) AY 2022-2024

		<p>General Education Competencies)-Web-based TTUHSC Student Information System; EBI Skyfactor</p> <p>100% of Graduates for each degree track will achieve the respective programmatic SLOs</p> <p>Student Degree Audits</p>		<p>Meets or exceeds value determined by TTUHSC on Gen Ed Competency Tool</p> <p>Meets or exceeds value determined by SON Undergraduate and Graduate Programs on EBI Skyfactor tool</p> <p>Greater than or equal to 85% Retention/persistence rate per program</p>	<ul style="list-style-type: none"> • Traditional Undergraduate – 0.2154 • Accelerated BSN – 0.2824 • RN to BSN – 0.1448 • MSN – 0.1184 • Post-Graduate Certificate – 0.7000 • Post-Master DNP – 0.2778 • BSN to DNP – No Data <p>All Programs Combined – 0.2415</p> <p>AY 2021-2022 Retention Rates- Goal Met</p> <ul style="list-style-type: none"> • Traditional Undergraduate-89.96% • ABSN- 85.55% • RN to BSN- 96.57% • MSN 91.38% • Post-Graduate Certificate- 94.12% • Post-Masters DNP- 95% • BSN-DNP- 93.55% • Overall 91.46% <p>08/15/2023 Goal Partially Met; Calendar Year 2022 Overall GAV=0.3023</p> <p>Individual programs whose GAV was below the target are outlined below:</p> <ul style="list-style-type: none"> • ABSN: Satisfaction at Graduation = 0.4619 • Post-Master’s Certificate: Graduation Satisfaction = 0.7000 • BSN-DNP: Graduation Satisfaction = 0.7273 <p>11/06/2023 Retention Rates: Overall retention rates for AY 2022-2023 were met 91.71%. Individual program rates ranged from 84.92% (ABSN)</p>	<p>No action plan needed (AY 2022)</p> <p>08/15/2023 Reassess values in Fall 2024</p> <p>11/06/2023 Continue to monitor. No action plan needed (AY 2023)</p>
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School of Nursing
Master Evaluation Plan (MEP) AY 2022-2024

					<p>to 96.67% (Post-Masters DNP).</p> <ul style="list-style-type: none"> • TUG 90.08% • ABSN 84.92% • RN-BSN 95.95% • MSN 93.64% • Post-Grad Certificate 93.33% • Post-Masters DNP 96.67% • BSN-DNP 94.44% <p>7/19/23 Alumni Satisfaction GAVs AY 2023 Traditional BSN: 0.8864 Accelerated BSN: 0.2000 RN-BSN: -0.0833 MSN: 0.1111 Post-Master's DNP: -0.5000 Post-Graduate Certificate: 0.5000 ALL Programs: 0.2254</p>	8/5/24 Improvement action plan needed for Alumni Satisfaction. Report calendar year to meet CCNE standards.
KE IV-J: Program Outcomes- Program Improvement	SON Strategic Goal II: Clinical Affairs	Use of data from KE IV-I-SON Master Evaluation Plan; Clinical Performance Measures/Uniform Data System (UDS) Report Data for SON Federally Qualified Health Care Centers (FQHC)	SON Process Improvement and Evaluation Council, SON FQHC annually	Master Evaluation Plan is reviewed to determine whether target values were met or not met and whether IAP was implemented, if indicated. Meet or exceed Clinical Performance Measures/ UDS benchmarks.	<p><u>Patient Satisfaction Assessment Results</u></p> <p>5/27/2022 SON FQHC-2020 UDS & HSC benchmarks met or exceeded except the following: Fully immunized 2-year-olds; cervical cancer screening; colorectal cancer screening; uncontrolled diabetes.</p> <p>5/1/2023 SON FQHC-2020 UDS & HSC benchmarks met or exceeded except the following: Fully immunized 2-year-olds; cervical cancer screening; colorectal cancer screening; uncontrolled diabetes.</p> <p>5/6/2024 SON FQHC-2023 UDS & HSC benchmarks met or exceeded except the following: Fully immunized</p>	<p>5/27/2022 Final UDS data presented. Action plan in place for SON FQHC to address areas which did not meet or exceed benchmarks (4 out of 23). Continue to monitor.</p> <p>5/1/2023 Final UDS data presented. Action plan in place for SON FQHC to address areas which did not meet or exceed benchmarks (4 out of 23). Continue to monitor.</p> <p>5/6/2024 Final UDS data presented. Action plan in place for SON FQHC to address areas which did not</p>

School of Nursing
Master Evaluation Plan (MEP) AY 2022-2024

					2-year-olds; cervical cancer screening; colorectal cancer screening; adolescent immunizations.	meet or exceed benchmarks (4 out of 23). Continue to monitor.
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IAP = Improvement Action Plan

Full statements of the Key Element Statements (CCNE, 2018) are listed below. Those key elements not specifically included in the Master Evaluation Plan above are highlighted and have additional information added at the end of each statement reflecting where supporting data can be found.

Standard I

- Key Element I-A. The mission, goals, and expected program outcomes are
 - congruent with those of the parent institution; and
 - reviewed periodically and revised as appropriate
- Key Element I-B. The mission, goals, and expected student outcomes are consistent with relevant professional nursing standards and guideline for the preparation of nursing professionals.
(Supporting data: Annually – goal, mission, values on About Us web page on TTUHSC SON website; Faculty Handbook; School of Nursing Policies; course maps; agreement with course maps evidence; Undergraduate: Differentiated Essential Competencies)
- Key Element I-C. The mission, goals, and expected program outcomes reflect the needs and expectations of the community of interest.
(Supporting data: Dean’s annual state of the school report; Advisory Council minutes; School of Nursing Policies; course maps; SON Dean’s Council minutes)
- Key Element I-D. The nursing unit’s expectations for faculty are written and communicated to the faculty and are congruent with institutional expectations.
(Supporting data: SON Faculty Handbook; Promotion and Tenure Policies; changes in policies recorded in applicable Council meeting minutes; SON Policies; Faculty Annual Evaluation Policy SON OP 20.075; Role and Responsibilities of Faculty Policy SON OP 20.015; Appointment, Promotion, Tenure and Reappointment of Faculty Policy, including rank criteria SON OP 20.005; Role and Responsibility of Course Lead and Course Facilitator-Traditional BSN SON OP 30.840; Non-traditional Undergraduate Program Faculty Roles SON OP 30.250; Role and Responsibilities of Course Facilitator Policy SON OP 40.110; Faculty Course Assignments Policy SON OP 40.455; Responsibilities of MSN Core Course Lead Policy SON OP 40.456)
- Key Element I-E. Faculty and students participate in program governance. *(Supporting data: Minutes of each SON Programmatic Council)*
- Key Element 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. The policies are:
 - fair and equitable; *(Supporting data: Minutes of respective Council OP reviews, HSC/SON Values-based Culture)*

**School of Nursing
Master Evaluation Plan (MEP) AY 2022-2024**

- published and accessible; and *(Supporting data: Mission, Vision and Values, HSC Operating Policies-linked on SON Faculty/Staff Resources page, Regents policies located at <http://www.depts.ttu.edu/oppol/>-linked on SON Faculty/Staff Resources page, SON OP Website)*
- reviewed and revised as necessary to foster program improvement. *(Supporting data: Bylaws-council purpose and functions; Shared Governance Model)*
- Key Element I-G. The program defines and reviews formal complaints according to established policies.
(Supporting data: SON Student Handbook-includes grade and non-grade complaints and appeals for students, SON Policies, SON Faculty Handbook, Faculty Grievance Procedure HSC OP 60.10, Faculty Grievance Policy SON OP 20.090)
- Key Element I-H. Documents and publications are accurate. A process is used to notify constituents about changes in documents and publications.
(Supporting data: SON Policies, Council Meeting minutes; Operating Policies and Procedures Policy SON OP 10.040)

Standard II

- Key Element 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. *(Supporting data: Fiscal and Physical Resources Policy SON OP 10.035)*
- Key Element 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. *(Supporting data: Fiscal and Physical Resources Policy SON OP 10.035)*
- Key Element II-C. Academic support services are sufficient to meet program and student needs and are evaluated on a regular basis. *(Supporting data: SON Faculty Handbook; School of Nursing Faculty and Staff Resources; Student Handbook; SON Office of Student Affairs -evaluation of student services processes through student surveys; evaluation of student support services, such as library and writing services-every two years by Institutional Planning and Assessment)*
- Key Element II-D. The chief nurse administrator of the nursing unit:
 - is a registered nurse (RN): *(Supporting data: Annual CV)*
 - holds a graduate degree in nursing; *(Supporting data: Annual CV)*
 - holds a doctoral degree if the nursing unit offers a graduate program in nursing; *(Supporting data: Annual CV)*
 - is vested with the administrative authority to accomplish the mission, goals, and expected program outcomes; and *(Supporting data: position descriptions; SON Bylaws-3.1.A)*
 - provides effective leadership to the nursing unit in achieving its mission, goals, and expected program outcomes. *(Supporting data: Dean's annual administrative evaluation; annual evaluation by TTUHSC Provost)*
- Key Element II-E. Faculty are:
 - sufficient in number to accomplish the mission, goals, and expected program outcomes; *(Supporting data: Faculty-Student Ratio by degree track SON OP 30.760 for Traditional BSN; APRN Faculty to Student Ratio in Clinical Areas Policy SON OP 40.490)*

School of Nursing
Master Evaluation Plan (MEP) AY 2022-2024

- academically prepared for the areas in which they teach; and *(Supporting data: Role and Responsibilities of Faculty Policy SON OP 20.015; Non-Traditional Undergraduate Program Faculty Roles SON OP 30.250)*
- experientially prepared for the areas in which they teach. *(Supporting data: Faculty CV)*
- Key Element 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. *(Supporting data: Preceptor agreements-located in MachForm; Clinical Preceptors-Traditional BSN Policy SON OP 30.725; Accelerated BSN Clinical Preceptors Policy SON OP 30.005; Advanced Practice Registered Nurse (APRN) Faculty to Student Ratio in Clinical Areas SON OP 40.490; Graduate Program Clinical Experiences Policy SON OP 40.415; Traditional BSN Preceptor Manual; Student evaluation of preceptors-Traditional BSN and Accelerated BSN; Traditional Undergraduate Program Preceptor Site)*
- Key Element 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. *(Supporting data: Faculty members' annual CVs and annual reports/evaluations, Role and Responsibilities of Faculty SON OP 20.015, Ken Ketner Faculty Development Leave (Sabbatical) SON OP 20.105)*

Standard III

- Key Element III-A. The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that: *(Supporting data: Curriculum Development-Curriculum Revision Policy SON OP 30.040, Curriculum Development-Curriculum Revision Policy SON OP 40.105)*
 - are congruent with the program's mission and goals. *(Supporting data: SON Mission Statement and Strategic Plan Goals)*
 - are congruent with the roles for which the program is preparing its graduates; and *(Supporting data: Student Learning Outcomes by degree, Undergraduate: Differentiated Essential Competencies)*
 - consider the needs of the program-identified community of interest. *(Supporting data: SON Dean's Advisory Council, annual curriculum reviews by program-documented in Council minutes, course maps, curriculum maps, Differentiated Essential Competencies)*
- Key Element III-B. 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). *(Supporting data: Course maps, Curriculum Development Curriculum Revision Policy SON OP 30.040, Curriculum Development-Curriculum Revision Policy SON OP 40.105, programmatic council minutes, Differentiated Essential Competencies)*
- Key Element 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). *(Supporting data: Course maps)*
 - Master's program curricula incorporate professional standards and guidelines as appropriate
 - 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. *(Supporting data: Course maps)*

School of Nursing
Master Evaluation Plan (MEP) AY 2022-2024

- All master's degree programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016). (Supporting data: Annual curriculum reviews by program-documented in Council minutes/faculty workday minutes, curriculum maps, course maps, course syllabi)
- 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. (Supporting data: Course maps)
- Key Element 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). (Supporting data: Annual curriculum reviews by program-documented in Council minutes/faculty workday minutes, curriculum maps, course maps, course syllabi)
 - DNP program curricula incorporate professional standards and guidelines as appropriate
 - 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. (Supporting data: Course maps)
 - All DNP degree programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016). (Supporting data: Course maps)
 - Graduate-entry DNP program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and appropriate graduate program standards and guidelines. (not applicable)
- Key Element 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). (Supporting data: Annual curriculum reviews by program-documented in Council minutes/faculty workday minutes, curriculum maps, course maps, course syllabi)
- Key Element III-F. The curriculum is logically structured to achieve expected student outcomes. (Supporting data: Course maps, progression reports-documented in council minutes, graduation rates, NCLEX and APRN certification results)
 - Baccalaureate curricula build upon a foundation of the arts, sciences, and humanities. (Supporting data: ETS General Education Competency exam)
 - 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.
- Key Element III-G. Teaching learning practices: (Supporting data: Role and Responsibilities of Faculty SON OP 20.015, Non-Traditional Undergraduate Program Faculty Roles SON OP 30.250, Role and Responsibility of Course: Lead and Course Facilitator SON OP 30 840, Responsibilities of MSN Core Course Lead Policy SON OP 40.456, course maps, course syllabi)
 - support the achievement of expected student outcomes;

School of Nursing
Master Evaluation Plan (MEP) AY 2022-2024

- consider the needs and expectations of the identified community of interest; and
- expose students to individuals with diverse life experiences, perspectives, and backgrounds.
- Key Element III-H. The curriculum includes planned clinical practice experiences that: *(Supporting evidence: Course maps, course descriptions)*
 - enable students to integrate new knowledge and demonstrate attainment of program outcomes;
 - foster interprofessional collaborative practice; and
 - are evaluated by faculty.
- Key Element 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. *(Supporting data: Progressions Policy Traditional BSN SON OP 30.835, Non-Traditional Undergraduate Progressions Policy SON OP 30.406, Graduate Progressions Policy SON OP 40.705, Student Clinical Evaluation-Non-Traditional Undergraduate SON OP 30.425, Student Clinical Evaluation-Traditional BSN SON OP 30.850, Grading Practices for the Graduate Program Policy SON OP 40.475, grading criteria published in each course syllabus, inter-rater reliability policy, grading policies-student handbook, SON faculty handbook, SON Policies, individual assignment grades, individual test grades, progressions-documented in programmatic council minutes, SON Clinical Schedule Management Studio- Traditional and Accelerated BSN)*
- Key Element III-J. The curriculum and teaching-learning practices are evaluated at regularly scheduled intervals, and evaluation data are used to foster ongoing improvement. *(Supporting data: Programmatic council minutes; Curriculum Development-Curriculum Revision SON OP 30.040, Curriculum Development-Curriculum Revision SON OP 40.105, end of course student surveys, GAV, course satisfaction workbook-Tableau; satisfaction at graduation workbook-Tableau, end of course action plan reports)*

Standard IV

- Key Element IV-A. A systematic process is used to determine program effectiveness.
- Key Element IV-B. Program completion rates demonstrate program effectiveness.
- Key Element IV-C. Licensure pass rates demonstrate program effectiveness.
- Key Element IV-D. Certification pass rates demonstrate program effectiveness.
- Key Element IV-E. Employment rates demonstrate program effectiveness.
- Key Element IV-F. Data regarding completion, licensure, certification, and employment rates are used, as appropriate, to foster ongoing program improvement.
- Key Element IV-G. Aggregate faculty outcomes demonstrate program effectiveness.
- Key Element IV-H. Aggregate faculty outcome data are analyzed and used, as appropriate, to foster ongoing program improvement.
- Key Element IV-I. Program outcomes demonstrate program effectiveness.
- Key Element IV-J. Program outcome data are used, as appropriate, to foster ongoing program improvement.

**School of Nursing
Master Evaluation Plan (MEP) AY 2022-2024**

Process Improvement and Evaluation Council LO:llo; DS:dls

1/7/2019, updated 2/22/2019, 5/31/2019, 8/30/2019, 11/22/2019, 02/28/2020, 08/28/2020, 03/11/2024, 6/10/2024, 6/24/2024, 8/13/2024