TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER™

School of Nursing
Master Evaluation Plan (MEP) AY 2024-2026

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	Executive Associate Dean, Annually	Aligned with TTUHSC Mission	1-23-25 Goal Met	1-23-25 Continue to monitor.
KE I-E: Governance - *Faculty/Staff Resources page, Regents' Rules 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		

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	Associate Dean for Finance, Annually	Fiscal resources are sufficient to enable programs to fulfill mission, goals, and expected outcomes	TTUHSC SON Annual Dean's Report	10-14-24 Fiscal resources are sufficient based on the Dean's Annual Report (updated May 2024) and the Annual Budget.
KE II-B: Physical Resources	SON Strategic Goal IV. People and Operations	SON Dean Annual State of the School Report- Office of the Dean and SON Annual Organization Meeting	Executive Associate Dean, Regional Deans, & Associate Deans/Dept Chairs , Annually	Physical resources are sufficient to enable programs to fulfill mission, goals, and expected outcomes		

Key Elements & Criteria	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
		Minutes-Online Council Documentation				
KE II-C: Clinical Sites Resources	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	Executive Associate Dean, Regional Deans, & Associate Deans/Dept Chairs , Annually	Clinical sites are sufficient to enable programs to fulfill mission, goals, and expected outcomes		
KE II-F: 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	Executive Associate Dean, Regional Deans, & Associate Deans/Dept Chairs , Annually	100% of faculty are evaluated annually and meet evaluation tool criteria		

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 *(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 III-H: Planned Clinical Experiences	SON Strategic Goal I: Academics, SON Strategic Goal II: Clinical Affairs, and SON Strategic Goal V: External Affairs	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	Associate Deans/ Department Chairs, Annually	100% of SON academic programs include direct clinical learning experiences which allow student the opportunity to meet student learning outcomes as appropriate Overall GAV $\leq$ 0.4500 Student Satisfaction	11-14-24 TUG- 100% ABSN- 100% RN-BSN- 100% (55 total direct clinical hours) All Graduate Programs- 100% MSN Education- includes (135 direct clinical hours) 11-14-24 All programs exceeded goal w GAV $\leq$ 0.4500	11-14-24 Continue to monitor. No action plan needed.

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

_KE IV-A_: Systematic SON Master Evaluation Plan (MEP)	All SON Strategic Goals	SON Master Evaluation Plan (including FQHC clinics)-SON Process Improvement and Evaluation Council Online Documentation	SON Process Improvement and Evaluation Council, Annually	SON Master Evaluation Plan (MEP) is reviewed to determine whether target values were met or not met		
_KE IV-B_: Program 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 Dean's Report 11-14-24 All programs except BSN-DNP (68.75%) met 70% or greater benchmark	11-14-24 Goal partially met. Improvement Action Plan needed for BSN-DNP. 1-23-25 BSN-DNP will provide documentation of calculation and additional information-Improvement Action Plan.
_KE IV-C_: 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)	TTUHSC SON Annual Dean's Report	
_KE IV-D_: Certification Pass Rates	SON Strategic Goal I: Academics	Certification pass rates-Certifying bodies	SON Data Team, Associate Dean/ Department Chair Graduate Program, 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)	TTUHSC SON Annual Dean's Report 10/14/24 Certification pass rates for Calendar Year 2023 are: • 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%	10/14/24 Continue to monitor. No action plan needed.

					• Nurse Midwifery MSN= 95% • Post Grad Nurse Mid= 100% • Pedi PCNP=100% • PMHNP-MSN=100% • PMHNP-BSN-DNP=100% • PMHNP Post Grad=100%	
KE IV-E: Employment Rates	SON Strategic Goal I: Academics and SON Strategic Goal IV: People and Operations	Employment rates-TTUHSC Registrar's Office	SON Data Team, Annually	Greater than or equal to 80% of graduates employed (formula - number of employed graduates responding to the Skyfactor survey divided by total number of responses)	[TTUHSC SON Annual Dean's Report](#) 11-14-24 All programs exceeded 80% benchmark for AY 23-24 except MSN =74.28% 1-23-25 Based on 12 months of program completion, the MSN Program, the alumni survey yielded an 93.55% employment rates- meeting the benchmark.	11-14-24 Goal partially met-Improvement Action Plan in place. 1-23-25 Goal met. Additional data is gathered via the APRN courses as an assignment in the last semester.
KE IV-F: Use of Data for Program of Improvement	SON Strategic Goal I: Academics	Use of data from KE IV-A through KE IV-E-SON Master Evaluation Plan	Associate Deans/ Department Chairs, SON Process Improvement and Evaluation Council, Coordinating Council Annually	Master Evaluation Plan is reviewed to determine whether target values were met or not met and whether Improvement Action Plan (IAP) was implemented, if indicated	10/14/24 • Completion Rates-unavailable. • Pass Rates- Meeting expectations. • Certification Rates- Post Grad Pedi NP and Primary Care NP Programs Certificate options were discontinued • Employment Rates-unavailable	10/14/24 • Review completion and employment rates in Nov 2024. • Pedi ACNP and Post Grad Pedi ACNP Certificate options were discontinued

					11-14-24 Reviewed completion and employment rates.	11-14-24 Improvement action plan for BSN-DNP completion rates requested. Improvement action plan for employment rates implemented.
_KE IV-G_: Faculty Outcomes-Program Effectiveness	SON Strategic Goal I Academics, SON Strategic Goal III: Research, and SON Strategic Goal IV: People and Operations	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	Associate Deans/ Department Chairs and Regional Deans, annually	90% of faculty meet or exceed criteria for teaching, scholarship, practice and service per SON OP 20.015 on annual faculty evaluation Overall GAV $\leq$ 0.4500 Course Student Satisfaction	Course Satisfaction Results Dashboard	
_KE IV-H_: 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	Associate Deans/ Department Chairs, 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		
_KE IV-I_: Other program Outcomes- Program Effectiveness	SON Strategic Goal I: Academics	Aggregate Student Learning Outcomes (SLOs) by program (Reports: Satisfaction at Graduation, Retention/Persistence Rates and Undergraduate General Education Competencies)-Web-based TTUHSC Student Information System; EBI Skyfactor	Executive Associate Dean, Associate Deans/ Department Chairs, and Programmatic Councils, Annually	-Overall GAV < 0.4500 Student Satisfaction at Graduation -Meets or exceeds value determined by TTUHSC on Gen Ed Competency Tool -Meets or exceeds value determined by SON Undergraduate and Graduate Programs on EBI Skyfactor tool	Satisfaction at Graduation Results 11-14-24 -Graduation- All programs met target. -Gen Ed 23-24 TUG, RN to BSN & ABSN-All minimally below benchmarks on CT, Writing, Math -EBI Skyfactor- All programs met or exceeded expectations.	11-14-24 Goal partially met; -Improvement Action Plans in place for Gen Ed Comp for all undergrad programs. -Re-evaluate retention rates for ABSN and Post-Grad-Certificate Programs. 1-23-25 Improvement Action Plans for Gen Ed 23-24 TUG, RN to BSN & ABSN were submitted to OME in October 2024. The

| | | | | -Greater than or equal to 85% Retention persistence rate per program | -Retention rates – All programs met 85% benchmark except ABSN=83.9% Post-Grad Cert= 80% | exam policies were updated to align with CBE. Submitted via Weave Reports.

-1-23-25 ABSN CY23 retention rates = 86.78% when excluding students who left due to identified reasons- met goal.

-1-23-25 Post-Grad Cert CY23 retention rates = 93.33% when excluding students who left due to identified reasons- met goal. |
| KE IV-J: Other 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) ; Patient Satisfaction | 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. Patient Satisfaction | Patient Satisfaction Assessment Results | |

IAP = Improvement Action Plan

Full statements of the Key Element Statements (CCNE, 2024) 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 –Mission, Vision and Values; School of Nursing (SON) Faculty Handbook; SON 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; SON Advisory Council, TTUHSC Institutional Master Plan Agenda; SON Policies; course maps; SON Executive 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)*
  - published and accessible; and *(Supporting data: Mission, Vision and Values, HSC Operating Policies-linked on SON Faculty/Staff Resources page, Regents' Rules policies -linked on SON Faculty/Staff Resources page, SON Policies)*
  - reviewed and revised as necessary to foster program improvement. *(Supporting data: SON 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: <u>SON Student Handbook</u>-includes grade and non-grade complaints and appeals for students, <u>SON Policies</u>, <u>SON Faculty Handbook</u>, Faculty Grievance Procedure <u>HSC OP 60.10</u>, Faculty Grievance Policy <u>SON OP 20.090</u>)

- Key Element I-H. Documents and publications are accurate. A process is used to notify constituents about changes in documents and publications. *(Supporting data: <u>SON Policies</u>, Council Meeting minutes; Operating Policies and Procedures Policy <u>SON OP 10.040</u>)*

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 Review Policy <u>SON OP 10.035</u>)*
- Key Element II-B. Physical resources 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 Review Policy <u>SON OP 10.035</u>)*
- Key Element II-C. 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 Review Policy <u>SON OP 10.035</u>)*
- Key Element II-D. Academic support services are sufficient to meet program and student needs and are evaluated on a regular basis. *(Supporting data: <u>SON Faculty Handbook</u>; <u>School of Nursing Faculty and Staff Resources</u>; <u>Student Handbook</u>; <u>SON Office of Student Affairs</u> -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-E. 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; Bylaws-3.1.A)*

- o 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-F. Faculty are:
  - o 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)*
  - o academically prepared for the areas in which they teach; *(Supporting data: Role and Responsibilities of Faculty Policy SON OP 20.015; Non-Traditional Undergraduate Program Faculty Roles SON OP 30.250)*
  - o experientially prepared for the areas in which they teach. *(Supporting data: Faculty CV)*
- Key Element II-G. 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-H. 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)*
  - o are congruent with the program's mission and goals. *(Supporting data: SON Mission, Vision, and Values with links to Strategic Plan)*

- 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 Advisory Council, TTUHSC Regional Advisory Councils, annual curriculum reviews by program-documented in Council minutes, course maps, curriculum maps, Differentiated Essential Competencies)*

- **Key Element 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: Core Competencies for Professional Nursing Practice* (AACN, 2021). *(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: Core Competencies for Professional Nursing Practice (AACN, 2021).*
    - and additional relevant professional standards and guidelines as identified by the program. *(Supporting data: Course maps)*
    - 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)*

- **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: Core Competencies for Professional Nursing Practice (AACN, 2021)*.
    - 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: Core Competencies for Professional Nursing Practice (AACN, 2021)*.
  - 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; and
  - consider the needs and expectations of the identified community of interest

- Key Element III-H. The curriculum includes planned clinical practice experiences that
    - enable students to integrate new knowledge and demonstrate attainment of program outcomes; and
    - Are evaluated by faculty.
      (Supporting evidence: Course maps, course descriptions)
- Key Element III-I. The curriculum includes planned clinical practice experiences that prepare students to provide care to diverse individuals and populations. *(Supporting evidence: Course maps, course descriptions)*
- Key Element III-J. The curriculum includes planned clinical practice experiences that foster interprofessional collaborative practice. *(Supporting evidence: Course maps, course descriptions)*
- Key Element III-K. 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-L. 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. Other program outcomes demonstrate program effectiveness.
- Key Element IV-J. Other program outcome data are used, as appropriate, to foster ongoing program improvement.

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