

**Texas Tech University Health Sciences Center at El Paso
Gayle Greve Hunt School of Nursing**

Total Program Evaluation Plan (TPEP) 2023-2027

Total Program Evaluation Plan
Standard I

Key Elements	Accountability	Review Cycle	Timeline: data collected/review	Documentation	Targets	Analysis/Results
<p>I-A. The mission, goals, and expected program outcomes are congruent with those of the parent institution and reviewed periodically and revised as appropriated.</p> <p>The program’s mission, goals, and expected program outcomes are written and accessible to current and prospective students, faculty, and other constituents.</p> <p>Program outcomes are clearly differentiated by level.</p> <p>There is a defined process for periodic review and revision of program mission, goals, and expected program outcomes that has been implemented as appropriate.</p>	<p>University: Office of Institutional Research and Effectiveness (OIRE)</p> <p>Hunt School of Nursing (SON) leadership team</p> <p>Hunt SON Curriculum & Evaluation Committee (CEC)</p> <p>Hunt SON Faculty Council (FC)</p>	<p>Every five years or as needed</p>	<p>Data Collected: January of each year</p> <p>Data Reviewed and analyzed: May during 5-year review period</p>	<p>Minutes from program reviews conducted by OIRE</p> <p>Mission statements, goals and expected program outcomes for the BSN and MSN programs as described in printed materials, course syllabi and webpages</p>	<p>There is 100% congruence between the mission of Texas Tech University Health Science Center El Paso (TTUHSC) and the mission of the Gayle Greve Hunt School of Nursing (GGHSON)</p> <p>All BSN and MSN program outcomes are congruent with the mission of TTUHSC and the mission of the GGHSON.</p> <p>The program’s mission, goals, and expected program outcomes are written and accessible to current and prospective students, faculty, and other constituents.</p> <p>Program outcomes for the baccalaureate program are different from program outcomes for the master’s program based on levels one and two of the Essentials (AACN, 2021).</p>	<p>The mission of the GGHSON is currently under review for potential revisions.</p> <p>The current Hunt SON mission is congruent with the mission of TTUHSC.</p> <p>The expected program outcomes for the BSN and MSN program were revised in Spring of 2024.</p> <p>The revised BSN and MSN program outcomes are differentiated and congruent with the Hunt SON mission and the TTUHSCEP mission.</p> <p>The program’s mission and expected program outcomes are accessible on the Hunt SON website.</p>

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I-B. The mission, goals, and expected program outcomes are consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.	Curriculum & Evaluation Committee Hunt SON leadership team	Every 3 years or as needed	Data Collected: March - May 2024 Data Reviewed and analyzed: March-May 2024	Mission statements, goals and expected program outcomes as described in printed materials, course syllabi and webpages Curriculum maps for each program DECs (Differentiated Essential Competencies of Graduates of Texas Nursing Programs) The Essentials: Core Competencies for Professional Nursing Education (Essentials) (AACN, 2021): <ul style="list-style-type: none">the 10 “Domains for Nursing” (Essentials, pp. 10-11);the 8 “Concepts for Nursing Practice” (Essentials, pp. 12-14); andthe 45 “Competencies” (numbered 1.1 through 10.3 and organized by Domain, Essentials, pp. 27- 54). The ABSN program utilizes the ANA’s National Nursing Scope & Standards of Practice.	There is 100% congruence between the national standards and the expected program outcomes for the BSN and MSN programs.	The expected program outcomes for the BSN program were revised in Spring 2024 to be congruent with level one <i>The Essentials: Core Competencies for Professional Nursing Education (Essentials) (AACN, 2021)</i> : The expected program outcomes for the master’s program were revised and approved Spring 2024 and are congruent with level two of the Essentials and with the standards of AONL (American Organization for Nursing Leadership).

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				The MSN program utilizes the American Organization for Nursing Leadership national standards.		
<p>I-C. The mission, goals, and expected program outcomes reflect the needs and expectations of the community of interest.</p> <p>The community of interest is defined by the nursing unit.</p> <p>The needs and expectations of the community of interest are considered in the periodic review of the mission, goals, and expected program outcomes.</p>	<p>Curriculum & Evaluation Committee</p> <p>Hunt SON Leadership team</p> <p>Community partners and advisory board</p> <p>Faculty council</p>	Annually	<p>Data Collected: March-May 2025</p> <p>Data Reviewed and analyzed: May-June 2025</p>	<p>Advisory board minutes</p> <p>Focus group minutes</p> <p>Employer surveys</p> <p>Student satisfaction surveys</p>	<p>The mission of Hunt SON and the expected program outcomes for the BSN and MSN programs reflect the needs and expectations of the community of interest.</p> <p>The community of interest is defined.</p>	<p>All input from the community of interest is reviewed and analyzed for its congruence with the mission, goals and expected program outcomes. For the spring advisory board meeting 2025, input was received from community members regarding the potential for revising the mission statement.</p> <p>The definition of the community of interest was reviewed and discussed at the Nov. 20, 2024 faculty council meeting. COI was defined as: clinic and hospital partners, faculty, students, alumni, university departments/partners, and community partners and leaders.</p>
<p>I-D. The nursing unit’s expectations for faculty are written and communicated to the faculty and are congruent with institutional expectations.</p>	<p>Faculty Affairs Committee (FAC)</p> <p>Dean, Associate Dean, Assistant Deans, and Program Director</p>	Annually	<p>Data Collected: Sept. 2025</p> <p>Data Reviewed and analyzed: Oct. 2025</p>	<p>Faculty policies and procedures for TTUHSCEP and Hunt SON</p> <p>Faculty rank guidelines</p> <p>Faculty evaluations</p>	<p>1. Expected faculty outcomes for teaching:</p> <p>A mean score of 3.0 or higher (measured on a scale of 1-4) will be achieved on the didactic</p>	<p>Faculty agreed to these expected faculty outcomes.</p> <p>Outcomes are congruent with TTUHSCEP and Hunt SON missions.</p>

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				<p>Expected faculty outcome data</p> <p>CVs and self-evaluations by faculty.</p>	<p>end of course evaluation survey related to the question, “Overall, how useful was this course in helping you learn useful knowledge and/or skills applicable to nursing?”.</p> <p>A mean score of 3.0 or higher will be achieved on the didactic end of course evaluation survey related to the question, “How well were the student learning outcomes achieved?”. (This is measured on a scale of 1-4).</p> <p>2. Expected faculty outcomes for service:</p> <p>80% of full-time faculty are expected to serve on at least one school/department of nursing committee per year.</p> <p>80% of faculty are expected to be a member of at least one professional nursing organization.</p> <p>3. Expected faculty outcomes for scholarship:</p>	

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					<p>80% of faculty at the Associate Professor rank or higher will achieve three activities from the categories of the Scholarship of Discovery, Scholarship of Practice, Scholarship of Teaching and/or Scholarship of Integration within a two-year period.</p> <p>75% of faculty at the Assistant Professor rank will achieve one activity from the categories of the Scholarship of Discovery, Scholarship of Practice, Scholarship of Teaching and/or Scholarship of Integration within a two-year period.</p>	

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<p>I-E. Faculty and students participate in program governance.</p> <p>Roles of faculty and students in the governance of the program, including those involved in distance education, are clearly defined and promote participation.</p> <p>Nursing faculty are involved in the development, review, and revision of academic program policies.</p>	<p>Dean, Associate Dean</p> <p>Student Affairs</p> <p>Hunt SON Faculty Council</p> <p>Hunt SON Standing Committees:</p> <ul style="list-style-type: none"> • Student Affairs • Admissions & Progressions • Curriculum and Evaluation • Faculty Affairs 	Annually	<p>Data Collected: Sept. 2025</p> <p>Data Reviewed and analyzed: Dec. 2025</p>	<p>Committee assignments</p> <p>Committee minutes</p> <p>WebEx (this is a platform for video/audio conference calls) recordings</p> <p>Town Halls minutes</p> <p>Attendee lists</p>	<p>There is evidence of student participation in governance per the bylaws which states that there will be student participation on the program evaluation and curriculum committee and the student affairs committee.</p> <p>All full-time faculty have the opportunity to participate in governance.</p>	<p>Based on the analysis, an additional faculty member was added to the faculty affairs committee.</p>

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<p>I-F. Academic policies of the parent institution and the nursing program are congruent and support achievement of the mission, goals, and expected program outcomes. These policies are: fair and equitable; published and accessible; and reviewed and revised as necessary to foster program improvement.</p> <p>Policies are implemented consistently.</p> <p>Differences between the nursing program policies and those of the parent institution are identified.</p> <p>A defined policy exists by which policies are regularly reviewed. Policy review occurs, and revisions are made as needed</p>	<p>Dean, Associate Dean, Assistant Deans, Director, Student Affairs, Academic council</p>	<p>Staggered (even or odd year) biennial review cycle and as needed</p>	<p>Data Collected: Feb. 2025</p> <p>Data Review and analysis: May 2025</p>	<p>Policies, procedures, and publications found in student and faculty handbooks and on the university website.</p>	<p>All academic policies are deemed fair and equitable.</p> <p>All academic policies are accurate, published, and accessible.</p> <p>All academic policies support achievement of the mission, goals, and expected program outcomes.</p> <p>All policies are implemented consistently.</p> <p>Any differences between the nursing program policies and those of the parent institution are identified and approved.</p>	<p>A review of policies indicate that all are being implemented consistently.</p> <p>Minutes from the University Academic Council committee supporting review of policies.</p>

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<p>I-G. The program defines and reviews formal complaints according to established policies.</p> <p>The program maintains a record of formal complaints.</p> <p>The program's definition of formal complaints and the procedures for filing a complaint are communicated to relevant constituencies.</p>	<p>Dean, Associate Dean, Assistant Deans, Director, Faculty Council</p> <p>Faculty Affairs committee</p> <p>Assistant Vice President of Student Affairs and Student Engagement</p>	<p>Review of policy staggered (even or odd year) biennial review cycle and as needed</p>	<p>Data Collect: Feb. 2025</p> <p>Data Review and analysis: May 2025</p>	<p>Hunt SON and institutional student handbooks</p> <p>A formal complaint is a written complaint or grievance (either paper or electronic) from a student that is not resolved after the student has exhausted all the established procedures within the Hunt SON and rises to the level of the Assistant Vice President for Student Services & Student Engagement.</p>	<p>All formal complaints will be resolved by the Assistant Vice President for Student Services & Student Engagement and his staff per the policy.</p> <p>Definitions and procedures for formal complaints are communicated and records are maintained.</p>	<p>Within the last three years there have been no formal complaints.</p>

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<p>I-H. Documents and publications are accurate. A process is used to notify constituents about changes in documents and publications.</p> <p>References to the program's offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, clinical requirements and placements, grading policies, degrees/certificate completion requirements, tuition and fees are accurate.</p> <p>Information regarding licensure and/or certification examination This is for which graduates will be eligible is accurate.</p> <p>For APRN education program, transcripts or other official documentation specify the APRN role and population focus of the graduate/completer.</p> <p>If the program chooses to publicly disclose its CCNE accreditation status, the program uses one of the statements as described in the CCNE standards.</p>	<p>Office of the Dean or designee</p> <p>Hunt SON Office of Student Affairs</p>	Annually	<p>Data Collected: Sept. 2025</p> <p>Data Reviewed and analyzed: Dec. 20245</p>	<p>All publications containing program information, accreditation status, recruitment and admission policies, grading policies, degree completion requirements, tuition and fees, policies and procedures, catalogs and handbooks, information about license and certification examinations.</p> <p>Statement of CCNE accreditation on the website.</p>	<p>All publications are accurate.</p> <p>There is a process to notify constituents about changes in documents and publications.</p> <p>The statement regarding CCNE accreditation of the BSN and MSN programs is accurate per CCNE requirements.</p> <p>Information regarding licensure and/or certification examinations for which graduates will be eligible is accurate.</p> <p>The Hunt SON offers no APRN programs therefore, there is no targeted outcome.</p>	<p>Upon review of the publications no changes deemed necessary.</p> <p>Statements regarding CCNE accreditation are located on the Hunt SON website.</p>

**Total Program Evaluation Plan
Standard II**

Key Elements	Accountability	Review Cycle	Timeline: Data collected/review	Documentation	Targets	Analysis/Results
<p>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 need.</p> <p>Compensation of nursing unit personnel supports recruitment and retention of sufficient staff/support personnel and faculty. A defined process is used for regular review of the adequacy of the program's fiscal resources and modifications are made as appropriate.</p>	Dean and Managing Director of Finance	Annually	<p>Data Collected: March 2025 and March of each year</p> <p>Data Reviewed and analyzed: July 2025 and July of each year</p> <p>*Fiscal year starts September 1</p>	<p>Budget preparation process</p> <p>Annual budget</p> <p>Sign-in list for any presentations related to budget</p> <p>AACN Faculty Salary Compensation 2024-2025 serves as the benchmark tool for comparison of faculty salaries.</p>	<p>Fiscal resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes.</p> <p>Faculty salaries ranked at the Professor, Assistant Professor, and Instructor roles are within the 25 - 50 percentiles based on 2024 - 2025 comparison table for Health Science Centers, while the Associate Professor is within the 50 - 75 percentiles.</p>	<p>A balanced budget was prepared in May, 2025. Budget reviewed and approved in July, 2024⁵ and implemented in September, 2025</p> <p>Faculty salaries are above the 25th percentile, which supports remaining competitive with other nursing programs in the region.</p>

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<p>II-B. Physical resources enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of physical resources is reviewed periodically, and resources are modified as needed.</p> <p>Physical space and facilities are sufficient and configured in ways that enable the program to achieve its mission, goals, and expected outcomes. Equipment and supplies are sufficient to achieve the program's mission, goals, and expected outcomes.</p> <p>A defined process is used to determine the currency, availability, accessibility, and adequacy of resources and modifications are made as appropriate.</p>	<p>Dean Associate Dean Assistant Deans Program Director</p>	<p>Annually</p>	<p>Data Collected: throughout the year</p> <p>Data reviewed and analyzed: Jan. 2025 and each January</p>	<p>Space utilization report</p> <p>EMS system- room reservation reports</p>	<p>Physical resources are determined to be adequate and enable the program to fulfill its mission, goals, and expected outcomes.</p>	<p>At the end of the academic year adequacy of simulation equipment is evaluated, however this is not applicable to the MSN program.</p> <p>Space utilization reports indicate that space is adequate.</p>

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<p>II-C. Clinical sites enable the program to fulfill its mission, goals, and expected outcomes.</p> <p>A defined process is used to determine currency, availability. Accessibility, and adequacy of clinical sites, and modifications are made as appropriate.</p>	Dean Associate Dean Assistant Deans Program Director	Annually and as needed	<p>Data collected: May, August, December</p> <p>Data Reviewed and analyzed: May, August, December</p>	<p>Clinical affiliations agreements</p> <p>Evaluations of clinical sites by the faculty and the students</p>	<p>Clinical sites are determined to be adequate to enable the program to fulfill its mission, goals, and expected outcomes.</p>	<p>For the ABSN program, based on evaluations, one mental health site was not used for a period of time until concerns could be addressed.</p> <p>For the MSN program, faculty evaluate clinical sites with on-site visits to engage with the student and assess the environment. Students evaluate the clinical sites during the clinical experience along with end of course site evaluations. To date, the program has not experienced a clinical site not meeting expectations.</p>
II-D. Academic support services are sufficient to meet program and student needs and are evaluated on a regular basis.	Dean, Associate Dean, Assistant V.P. Office of Student Services & Engagement (OSSE)	Annually	<p>Data Collected: Survey distributed annually in the spring and is open for 4 weeks.</p> <p>Data Reviewed and analyzed: Data reviewed as soon as the survey closes in spring of each year (i.e., for 2025 data were analyzed in April/May of 2025)</p>	<p>Student satisfaction surveys</p> <p>Student data from Office of Student Services and Student Engagement (OSSE)</p> <p>Library holdings and support.</p>	All academic support services are sufficient to meet program and student needs.	Based on the 2025 student satisfaction survey for the campus, discussions have occurred related to future improvements for parking and student lounge space. Additionally, the school of nursing has submitted a grant proposal that includes the funding of a part-time nurse practitioner position in student health to see students on campus. This proposed position is in response to the 20.5% dissatisfaction score related to availability of in-network student health care providers.
II-E. The chief nurse administrator: is a registered nurse (RN); holds a	President	Annually	Data Collected: throughout the year	<p>Interim Dean's CV</p> <p>Organizational chart of TTUHSC El Paso</p>	<p>The Chief Nurse Administrator:</p> <ul style="list-style-type: none"> Holds a graduate degree in nursing 	<p>Analysis of data indicated that all criteria are met.</p> <p>A search for a permanent dean will launch in 2025.</p>

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<p>graduate degree in nursing; holds a doctoral degree if the nursing unit offers a graduate program in nursing; is vested with the administrative authority to accomplish the mission, goals, and expected program outcomes; and provides effective leadership to the nursing unit in achieving its mission, goals and expected program outcomes.</p> <p>The administrative authority of the chief nurse administrator is comparable to that of chief administrators of similar units in the institution.</p> <p>The chief nurse administrator consults, as appropriate, with faculty and other communities of interest to make decisions to accomplish the</p>			<p>Data reviewed and analyzed: spring semester of each year</p>	<p>Documents demonstrate a review of the dean by the President</p>	<ul style="list-style-type: none">• Holds a doctoral degree• Is vested with the administrative authority to accomplish the mission, goals, and expected program outcomes, and provides effective leadership• The administrative authority of the Dean is comparable to Deans in other units in the institution• the Dean consults as appropriate with faculty and other communities of interest to make decisions to accomplish the mission, goals, and expected program outcomes.	

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mission, goals, and expected program outcomes. The chief nurse administrator is an effective leader of the nursing unit.						
<p>II-F. Faculty are: sufficient in number to accomplish the mission, goals, and expected program outcomes; academically prepared for the areas in which they teach; and experientially prepared for the areas in which they teach.</p> <p>The program defines faculty workloads.</p> <p>Faculty-to-student ratios provide adequate supervision and evaluation and meet or exceed the requirements of regulatory agencies.</p> <p>Faculty teaching didactic in the baccalaureate and master's program</p>	Dean Associate Dean	Per semester	<p>Data Collected: throughout the year</p> <p>Data Reviewed and analyzed: Adequacy of faculty assessed each semester and workload assignments are done per semester</p>	<p>Licensure, education, certifications, and experience as documented in faculty files</p> <p>Faculty Roster used for SACS-SOC (Southern Association of Colleges & Schools Commission on Colleges), CCNE</p>	<p>100% of full-time faculty teaching in the baccalaureate and master's programs will have a minimum of a Master's of Science in Nursing or equivalent nursing Master's degree unless the Texas Board of Nursing grants a waiver (TBON 215.72C).</p> <p>For BSN program 100% of faculty will have a current unencumbered license or the privilege to practice as a registered nurse or advanced practice nurse in Texas (TBON 215.72A).</p> <p>For BSN program 100% of the time, faculty-to-student ratios in the clinical setting, when a faculty member is the only person responsible for a clinical group, will not exceed 1 faculty member for every 10 students unless a BSN Coach or</p>	<p>A recent focus has been on hiring a faculty member who has recent experience related to executive leadership for the MSN program.</p> <p>Faculty have been encouraged to obtain their CNE certification and presently 3 have achieved this certification.</p> <p>All fulltime faculty have a minimum of a master degree in nursing and have an unencumbered license to practice as a registered nurse.</p> <p>For the BSN program, at all times there is a faculty ratio to a student group of 1-10.</p> <p>Faculty maintain their clinical expertise by the following methods: completion of continuing education credits requirements, completion of 2 days of hands-on clinical practice each month. Those who do not have a specialty certification complete a minimum of 4 nursing professional continuing education credits courses/activities in the areas that they teach every year.</p>

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<p>have a graduate degree.</p> <p>Faculty teaching clinical in the baccalaureate and master’s program have a graduate degree.</p> <p>Any faculty teaching clinical in the baccalaureate program who do not have a graduate degree:</p> <ul style="list-style-type: none">• have a baccalaureate degree in nursing;• have significant clinical experience;• are enrolled in a graduate program or are otherwise qualified (e.g., have completed relevant graduate-level courses or continuing education units, hold relevant national certification) for the clinical area(s) in which they teach; and					<p>additional MSN-prepared faculty is assigned to the group, in which case it will not exceed 15 students (TBON 215.10g1).</p> <p>100% of faculty teaching in the MSN program have a master’s degree in nursing, experience and/or certification in the content area of the course assigned in their teaching workload.</p> <p>100% of faculty will maintain clinical expertise in their area of teaching or certification by completing the nursing professional continuing education credits required to maintain certification each renewal cycle or through participation in at least 2 days of hands-on clinical practice each month. Those who do not have a specialty certification will complete a minimum of 4 nursing professional continuing education credit courses/activities in the areas they teach</p>	

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<ul style="list-style-type: none">have purposeful engagement with and formal oversight by a graduate-prepared faculty member. <p>Faculty maintain clinical expertise.</p>					every two years (TBON 215.72B).	
<p>II-G. Preceptors, if used by the program as an extension of the faculty, are academically and experientially qualified for their role.</p> <p>The roles and performance expectation for preceptors with respect to teaching, supervision, and student evaluation are:</p> <ul style="list-style-type: none">clearly defined and communicated to preceptorscongruent with the mission, goals, and expected student outcomes,	Assistant Dean of ABSN and Program Director of MSN program	Upon assignment of preceptor and at end of semester	Data collected: at end of semester Data reviewed and analyzed at end of semester	Policy for selection, orientation and evaluation of preceptors. Evaluations of preceptors. Preceptor database	100% of preceptors are academically and experientially prepared for the role. All preceptors are evaluated and receive satisfactory reviews.	<p>If a preceptor receives a poor evaluation, the faculty do not use the preceptor in future semesters.</p> <p>Based on the most recent review no preceptors were deemed unsatisfactory.</p>

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<ul style="list-style-type: none"> congruent with relevant professional nursing standards and guidelines reviewed periodically and revised as appropriate <p>Preceptors have the expertise to support student achievement of expected outcomes.</p> <p>The program evaluates the performance of preceptors.</p>						
<p>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.</p>	<p>Dean, Associate Dean, Assistant Deans, Program Director</p> <p>Faculty Affairs Committee</p>	Annually	<p>Data collected: continuously throughout the year</p> <p>Data Reviewed and analyzed: Annually</p>	<p>New Faculty Orientation</p> <p>Number of faculty participating in development programs</p> <p>Data on faculty scholarship and research productivity</p> <p>Faculty satisfaction surveys</p>	<p>All faculty are supported to achieve expectations in teaching, scholarship, service, and practice.</p>	<p>Based on our analysis we will continue to support faculty related to research endeavors, teaching excellence, and practice opportunities through grant money support and CNE funding.</p> <p>The institutional faculty satisfaction survey, “Faculty Standpoint Survey”, was administered in spring 2021 to the nursing and medical school faculty. The next survey date is to be determined, however typically most schools administer this survey every 4-5 years. The results were shared with the current dean of the Hunt SON at that time and the President of the University, Dr. Lange, in a three-hour discussion. These results were then shared with the leadership team of the Hunt SON. The survey results were presented to the entire Hunt SON faculty on Tuesday November 16, 2021. The results were also shared at the</p>

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						<p>faculty senate meeting in November of 2021. The meeting minutes and slides are posted on the faculty senate webpage at:</p> <p>https://ttuhscep.edu/faculty-senate/meetings.aspx</p> <p>President Lange and the dean of the Hunt SON at that time, had periodically discussed progress on the areas identified in the survey.</p>

Total Program Evaluation Plan
Standard III

Key Elements	Accountability	Review Cycle	Timeline: Data collected/review	Documentation	Targets	Analysis/Results
<p>III-A. The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that:</p> <ul style="list-style-type: none">are congruent with the program’s mission and goals;are congruent with the roles for which the program is preparing its graduates; andconsider the needs of the program-identified community of interest. <p>Curricular objectives provide clear statements of expected learning that relate to student outcomes.</p> <p>Expected outcomes relate to the roles for which the students are being prepared.</p>	<p>Curriculum & Evaluation Committee</p> <p>Academic Council</p> <p>OIRE (Office of Institutional Research and Effectiveness)</p> <p>Associate Dean</p> <p>Assistant Dean of the BSN program and MSN Program Director</p>	<p>Every 5 years or with changes in related standards or outcomes</p>	<p>Data Collected: throughout the year</p> <p>Data Reviewed and analyzed: in fall semester</p>	<ul style="list-style-type: none">CEC meeting minutesAcademic Council minutesOIRE Peer Review (peer review of various schools on campus) documents/scoring for each program Minutes are available in the “Box” file (online virtual file system for the TPEP) related to input from the community of interests. <p>Curricula plans of study</p>	<p>There is 100% congruence between expected student outcomes and the program’s mission.</p> <p>There is 100% congruence between the curriculum and the role the student is being prepared for</p> <p>There is evidence of the consideration of input from the community of interest for the curriculum.</p>	<p>Expected program outcomes for the BSN and MSN programs were reviewed and revised in 2024 to be consistent with AACN Essentials</p>

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<p>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).</p> <p>Baccalaureate program curricula incorporate <i>The Essentials: Core Competencies for Professional Nursing Education</i> (AACN, 2021) level 1 including the 10 domains, 8 concepts, and 45 competencies.</p>	<p>Curriculum & Evaluation Committee</p> <p>Associate Dean</p> <p>Assistant Dean for the ABSN program</p>	Every year or with changes in related standards or outcomes	<p>Data Collected: throughout the year</p> <p>Data Reviewed and analyzed at the end of the academic year</p>	<p>Curriculum maps</p> <p>DECs (Differentiated Essential Competencies of Graduates of Texas Nursing Programs)</p> <p>Baccalaureate syllabi</p> <p>CEC (curriculum and evaluation committee) minutes</p> <p>The Essentials: Core Competencies for Professional Nursing Education (Essentials) (AACN, 2021): level one</p> <ul style="list-style-type: none"> the 10 “Domains for Nursing” (Essentials, pp. 10-11); the 8 “Concepts for Nursing Practice” (Essentials, pp. 12-14); and the 45 “Competencies” (numbered 1.1 through 10.3 and organized by Domain, Essentials, pp. 27- 54). ANA National Standards: Nursing Scope and Standards of Practice 	<p>There is 100% congruence between the baccalaureate curriculum and the national standards: <i>The Essentials: Core Competencies for Professional Nursing Education</i> (AACN, 2021) level 1</p> <p>There is 100% congruence between the baccalaureate curriculum and the DEC’s (Differentiated Essential Competencies of Graduates of Texas Nursing Programs) and the ANA Nursing Scope and Standards of Practice.</p>	<p>The baccalaureate curriculum has been revised for congruence with “The Essentials: Core Competencies for Professional Nursing Education” (AACN, 2021) level 1 and with ANA National Standards: Nursing Scope and Standards of Practice</p>

Key Elements	Accountability	Review Cycle	Timeline: Data collected/review	Documentation	Targets	Analysis/Results
<p>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).</p> <p>Master's program curricula incorporate <i>The Essentials: Core Competencies for Professional Nursing Education of Baccalaureate Education for Professional Nursing Practice</i> (AACN, 2021) level 2 including the 10 domains, 8 concepts, and 45 competencies.</p> <p>The master's degree program, regardless of focus, includes content and practice experiences to attain disciplinary expertise in an advanced nursing practice specialty (e.g., leadership/administration, informatics, population health, nursing education) or advanced practice nursing role.</p>	<p>Curriculum & Evaluation Committee</p> <p>Associate Dean</p> <p>Program Director for MSN program</p>	<p>Every year or with changes in related standards or outcomes</p>	<p>Data Collected: throughout the year</p> <p>Date Reviewed and analyzed: At the end of the academic year</p>	<ul style="list-style-type: none"> Curriculum maps Syllabi CEC minutes <p>The master's degree program incorporates the following components of The Essentials: Core Competencies for Professional Nursing Education (Essentials) (AACN, 2021): level 2</p> <ul style="list-style-type: none"> the 10 "Domains for Nursing" (Essentials, pp. 10-11); the 8 "Concepts for Nursing Practice" (Essentials, pp. 12-14); and the 45 "Competencies" (numbered 1.1 through 10.3 and organized by Domain, Essentials, pp. 27- 54). The core competencies of the American Organization for Nursing Leadership (AONL) 	<p>There is 100% congruence between the master's curriculum and the national standards <i>The Essentials: Core Competencies for Professional Nursing Education of Baccalaureate Education for Professional Nursing Practice</i> (AACN, 2021) level 2</p> <p>There is 100% congruence between the master's curriculum and the core competencies of the American Organization for Nursing Leadership (AONL)</p>	<p>During 2024, master's curriculum was revised to be congruent with "The Essentials: Core Competencies for Professional Nursing Education" (AACN, 2021) level 2 and with AONL competencies.</p>

Key Elements	Accountability	Review Cycle	Timeline: Data collected/review	Documentation	Targets	Analysis/Results
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).	N/A	N/A		N/A		
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).	N/A	N/A		N/A		
<p>III-F. The curriculum is logically structured to achieve expected student outcomes.</p> <p>Baccalaureate curricula build on a foundation of the arts, sciences, and humanities.</p> <p>Master's curricula build on a foundation comparable to baccalaureate-level nursing knowledge.</p>	<p>Curriculum & Evaluation Committee Academic Council</p> <p>Associate Dean</p> <p>Assistant Deans and Program Director</p>	Every year or with changes in related standards or outcomes	<p>Data Collected: throughout the year</p> <p>Data Reviewed and analyzed: at the end of the academic year</p>	<ul style="list-style-type: none"> • CEC minutes • Degree plans • Curriculum maps • Syllabi • Prerequisites required by the state of Texas for baccalaureate education. 	<p>The baccalaureate and master's curricula are logically structured to achieve expected student outcomes.</p> <p>The baccalaureate program meets all general education requirements set by the state of Texas.</p> <p>The master's degree program incorporates the following components of The Essentials: Core Competencies for</p>	<p>In spring 2022, Graduate faculty began analysis of MSN curriculum alongside the proposed <i>2021 Essentials</i>. Revisions made to the MSN Expected Program Outcomes to align with the <i>2021 Essentials</i>. Curriculum revision</p>

Key Elements	Accountability	Review Cycle	Timeline: Data collected/review	Documentation	Targets	Analysis/Results
The program provides a rationale for the sequence of the curriculum for each program.					Professional Nursing Education (Essentials) (AACN, 2021): level 2 <ul style="list-style-type: none">the 10 “Domains for Nursing” (Essentials, pp. 10-11);the 8 “Concepts for Nursing Practice” (Essentials, pp. 12-14); andthe 45 “Competencies” (numbered 1.1 through 10.3 and organized by Domain, Essentials, pp. 27- 54) and with the core competencies of the American Organization for Nursing Leadership (AONL)	has been completed.
III-G. Teaching-learning practices: support the achievement of expected student outcomes; consider the needs and expectations of the identified community of interest. Teaching learning practices are appropriate to the student population.	Course Faculty Assistant Deans of Programs and Program Director Curriculum committee Associate Dean	Annually or as needed	Data Collected: throughout the year Data Reviewed and analyzed: End of academic year	<ul style="list-style-type: none">CEC minutesFaculty course evaluationsStudent course evaluations	Teaching learning practices support achievement of expected student outcomes and meet the needs and expectations of the internal and external communities of interest. Teaching learning practices are appropriate for the student population.	Based on the analysis of student and faculty evaluations, and the input from the communities of interest, business and financial acumen were key competencies for successful application to the practice environment. Greater emphasis was placed on the utilization of Excel to create labor staffing plans and business planning. Meeting minutes with the COI also demonstrate those

Key Elements	Accountability	Review Cycle	Timeline: Data collected/review	Documentation	Targets	Analysis/Results
						community partners identify business and financial acumen as crucial for nurse leaders and administrators.
<p>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.</p> <p>Clinical practice experiences align with student and program outcomes. These experiences are planned, implemented, and evaluated.</p>	<p>Curriculum & Evaluation Committee</p> <p>Course faculty</p> <p>Assistant Deans of Programs and Program Director</p> <p>Associate Dean</p>	<p>Annually or as needed</p>	<p>Data Collected: throughout the year</p> <p>Data Reviewed and analyzed: At the end of the corresponding semester.</p>	<ul style="list-style-type: none">• CEC minutes• Degree plans• Student course evaluation• Student evaluation of clinical experiences• Faculty site visits/documentation	<p>All students engage in clinical practice experiences that enable students to integrate new knowledge and demonstrate attainment of program outcomes.</p> <p>All clinical practice experiences align with student and program outcomes.</p>	<p>Faculty and students' on-site evaluation of the clinical experience sites for the MSN and BSN programs determined students were engaged with the organization's nursing operations and participated in activities supporting the application of leadership competencies. This evaluation supports retaining these sites.</p>

Key Elements	Accountability	Review Cycle	Timeline: Data collected/review	Documentation	Targets	Analysis/Results
III-I. The curriculum includes planned didactic, simulation, and/or clinical practice experiences that prepare students to provide care to diverse individuals and populations. The experiences are in a variety of settings appropriate to the role for which students are being prepared.	Associate Dean Assistant Deans and Program Director Course Faculty Curriculum committee	Annual review of experiences that prepare students to provide care to diverse individuals.	Data Collected: throughout the year Data reviewed and analyzed: At the end of the academic year.	<ul style="list-style-type: none"> • Policies on student evaluations/assessment • Course-level assessments • Clinical Evaluations • Syllabi 	All students engage in planned didactic, simulation, and/or clinical practice experiences in a wide variety of settings that prepare them to provide care to various individuals and populations.	BSN and MSN students interact with a diverse patient population across all ages of the lifespan in healthcare environments include but are not limited to acute care organizations and community health clinics. These healthcare environments represent military, non-profit, and for-profit organizations. These experiences provide the BSN and MSN students with opportunities to impact healthcare delivery to diverse individuals and populations.
III-J. The curriculum includes planned didactic, simulation, and/or clinical practice experiences that foster interprofessional collaborative practice. The program affords opportunities for students to collaborate with a	Office of Interprofessional Education and IPE Curriculum Council Associate Dean Assistant Deans and Program Director	Annual review of experiences that prepare students for interprofessional collaborative practice.	Data Collected: throughout the year Data Analyzed: At the end of the corresponding semester.	<ul style="list-style-type: none"> • IPE Calendar of Events • Course evaluations • Students' evaluation of clinical experiences • Annual Disaster Drill 	All students engage in didactic, simulation, and/or clinical practice experiences that foster interprofessional collaborative practice.	Students engage with members of the decision support and finance team to support development of their respective labor and budget plan. Additionally, students

Key Elements	Accountability	Review Cycle	Timeline: Data collected/review	Documentation	Targets	Analysis/Results
variety of individuals and/or organizations that enable students to develop the necessary communication and negotiation skills to enhance patient outcomes.	Course faculty Curriculum committee					collaborate with non-nursing clinical leaders to leverage clinical expertise and generate a quality-improvement plan to improve patient outcomes. These opportunities are crucial for the student to apply the learned leadership competencies.
<p>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.</p> <p>Grading criteria are clearly defined for each course, communicated to students, and applied consistently.</p> <p>Processes exist by which the evaluation of individual student performance is communicated to students in instances where preceptors facilitate</p>	<p>Associate Dean</p> <p>Course faculty</p> <p>Assistant Deans and Program Directors</p> <p>Curriculum committee</p>	Review each semester of policies, procedures, and tools used to evaluate individual student performance.	<p>Data Collected: completed at the end of the semester</p> <p>Data Reviewed and Analyzed: at the end of the following semester.</p>	<p>Student handbook</p> <p>Course syllabi</p> <p>Clinical evaluation tools</p>	<p>Faculty evaluate all students' clinical practice experiences using input from preceptors.</p> <p>All evaluation policies and procedures for individual student performance are defined and consistently applied.</p> <p>All grading criteria are clearly defined for each course, communicated to students, and applied consistently.</p> <p>Faculty award all grades with input from preceptors.</p>	<p>Evaluation of student performance is consistent with expected student outcomes. Processes exist by which the evaluation of individual student performance is communicated to students. The requirement for evaluation of student clinical performance by qualified faculty applies to all students in all programs. Faculty evaluation of student clinical performance may</p>

Key Elements	Accountability	Review Cycle	Timeline: Data collected/review	Documentation	Targets	Analysis/Results
students clinical learning experiences, Faculty may seek input from preceptors regarding student performance, but ultimately faculty are responsible for evaluation of individual student outcomes.						be accomplished through a variety of mechanisms. These processes and policies are discussed during Curriculum Committee meetings as applicable and Faculty Council. Faculty are responsible for awarding all grades.
<p>III-L. The curriculum and teaching learning practices are evaluated at regularly scheduled intervals, and evaluation data are used to foster ongoing improvement.</p> <p>The curriculum is regularly evaluated by faculty and revised as appropriate.</p>	<p>Associate Dean</p> <p>Course faculty</p> <p>Assistant Deans and Program Directors</p> <p>Curriculum committee</p>	The curriculum is evaluated each semester based on student outcomes, faculty evaluations, and any changes to national standards/ governing bodies.	<p>Data Collected: at the end of each semester</p> <p>Data Reviewed and analyzed: at the end of the following semester</p>	<p>National standards</p> <p>Baccalaureate Program - AACN essentials level 1 and ANA Nursing Scope and Standards of Practice.</p> <p>Master's Program - AACN essentials level 2 and AONL competencies</p> <p>Course evaluation data</p>	The baccalaureate and master's curriculum are evaluated using evaluation data and national standards and revisions are made as indicated.	In 2021, graduate faculty began a comprehensive curriculum evaluation to identify areas of opportunities. The internal and external COI identified greater emphasis on business and financial acumen was necessary to support the learner in mastering leadership competencies. The degree plan was revised along with a transition from a hybrid to fully online program.

Key Elements	Accountability	Review Cycle	Timeline: Data collected/review	Documentation	Targets	Analysis/Results
						BSN curriculum has been revised based on students' evaluations and national standards.

Total Program Evaluation Plan
Standard IV

Key Elements	Accountability	Review Cycle	Timeline: Data collected/review	Documentation	Targets	Analysis/Results
IV-A. A systematic process is used to determine program effectiveness.	Dean, Associate Dean, Assistant Deans, Program Director Curriculum & Evaluation Committee Task force TPEP (total program evaluation plan)	The Total Program evaluation plan (TPEP), is reviewed annually and revised as needed	Data Collected: annually in the Fall Data reviewed and analyzed: in the spring semester.	The TPEP	The TPEP is written, ongoing, and used to determine achievement of program outcomes. The plan includes completion, licensure, certification, and employment rates as indicated. The plan also includes faculty outcomes and additional program outcomes. The plan indicates which quantitative and/or qualitative data are collected, includes timelines for data collection,	The plan was reviewed by taskforce and updated based on the new CCNE standards.

Key Elements	Accountability	Review Cycle	Timeline: Data collected/review	Documentation	Targets	Analysis/Results
					review, and analysis; review of the expected and actual outcomes; analysis; and is periodically reviewed and revised.	
IV-B. Program completion rates demonstrate program effectiveness.	Dean Associate Dean Assistant Deans and Program Directors Course faculty OIRE (Office of Institutional Research and Effectiveness)	Annually	Data Collected: at the end of the calendar year in December. Data reviewed and analyzed: at the end of the spring semester in May.	Documentation of completion, and attrition rates will come from: THECB reports (Texas Higher Education Coordinating Board), Texas Tech University Health Science Center El Paso Factbook, Texas Board of Nursing Data also are collected by the MSN Program Director	BSN Program: The entry point for baccalaureate students is when they begin their nursing courses after completion of any prerequisites. Students are expected to finish the program in four semesters but are granted 150% time, meaning they are given six semesters to complete the program. The formula for calculating the completion rate is (The number of completers) divided by (the number admitted minus those excluded from the calculation) times 100 equals the completion rate expressed as a percentage. Target: The completion rate for the most recent calendar year (2024) is 70% or higher.	BSN Program: Target met. MSN: While the completion rate is 100% for the three most recent calendar years (2020, 2021, 2022, the enrollment rate began to trend upward beginning with AY2022-23. Changes to the program to foster improvement included revisions to the degree plan by decreasing the credit hours required for program completion from 39 to 33-hours.

Key Elements	Accountability	Review Cycle	Timeline: Data collected/review	Documentation	Targets	Analysis/Results
					<p>MSN Program: The completion rate is 70% or higher for the three most recent calendar years when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education. (#4)</p> <p>To calculate the number of students completing the MSN program for a 70% completion rate, the following formula is used:</p> <p>(Number of students per cohort who completed within 36 months ÷ number admitted to the MSN nursing program) X 100 = percent who completed</p> <p>Students have 36 months to complete the program.</p>	
IV-C. Licensure pass rates demonstrate program effectiveness.	Dean Associate Dean	Annually	Data Collected: Feb.- March of each year	Texas Board of Nursing reports	The pass rate for the program is 80% or higher for all first time	2022 87.8% 2023 85.62% 2024 93.08%

Key Elements	Accountability	Review Cycle	Timeline: Data collected/review	Documentation	Targets	Analysis/Results
	Asst. Deans and Program Director Course faculty		Data Reviewed and analyzed : April of each year		takers over the three most recent calendar years.	Target met
IV-D. Certification pass rates demonstrate program effectiveness.	N/A	N/A	N/A	N/A	N/A	N/A
IV-E. Employment rates demonstrate program effectiveness.	Curriculum & Evaluation Committee Associate Dean Assistant Deans and Program Directors Course faculty	Three times per year (May, August, December)	Data Collected: at time of graduation and again at 6 months Data Reviewed and analyzed 12 months after graduation	Employment data reviewed from exit/graduation survey within 12 months	The employment rate is 80% or higher when excluding graduates/completers who have elected not to be employed.	The employment rate for BSN and MSN graduates is 100% for 2024.
IV-F. Data regarding completion, licensure, certification, and employment rates are used, as appropriate to foster ongoing program improvement. Faculty are engaged in the program improvement process.	Dean Curriculum & Evaluation Committee Asst. Deans and Program Directors Course faculty	Annually	Data Collected: at time of graduation and again at 6 months Data Reviewed and analyzed: 12 months after graduation	Completion rate data for baccalaureate and master's programs. Licensure pass rate data for baccalaureate program. Forensics report on students who are unsuccessful on first-attempt NCLEX. Employment rate data for baccalaureate and master's programs.	The NCLEX pass rate for the program is 80% or higher for all takers (first time and repeaters who pass) over the three most recent calendar years. The program excludes test takers who take the licensure exam more than two years after program completion) The employment rate is 80% or higher when excluding graduates/completers who have elected not to be employed.	All targets met. To support growth of the graduate program, marketing efforts to include community events, presentations at professional nursing organization meetings, and social media campaigns are ongoing. Additionally, continuous engagement of baccalaureate and graduate faculty and the BSN Assistant Dean and MSN Program Director with students via advising sessions and town halls will facilitate program

Key Elements	Accountability	Review Cycle	Timeline: Data collected/review	Documentation	Targets	Analysis/Results
					<p>The completion rate is 70% or higher for the three most recent calendar years when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or transfer to another institution of higher education.</p> <p>All faculty teaching in the program are engaged in the program improvement process.</p>	completion rates. To support employment rates of MSN program graduates, students will be matched as much as possible with their ideal employer for clinical experiences.
IV-G. Aggregate faculty outcomes demonstrate program effectiveness.	Dean Associate Dean, Assistant Deans, Director	Annually	<p>Data Collected: April and May of each year</p> <p>Data Reviewed and analyzed: August of each year</p>	<ul style="list-style-type: none"> • Faculty outcome aggregate data • Faculty CVs • Annual faculty self-evaluations 	<p>1. Expected faculty outcomes for teaching:</p> <p>A mean score of 3.0 or higher (measured on a scale of 1-4) will be achieved on the didactic end of course evaluation survey related to the question, “Overall, how useful was this course in helping you learn useful knowledge and/or skills applicable to nursing?”.</p>	<p>All targets were met.</p> <p>The School of Nursing Faculty Council will analyze aggregate faculty outcomes annually in August of each year. Upon analysis, if targets are met, this will indicate that the strategies and practices in place are effective in supporting faculty performance and meeting expected faculty outcomes. Actions taken to ensure continued</p>

Key Elements	Accountability	Review Cycle	Timeline: Data collected/review	Documentation	Targets	Analysis/Results
					<p>A mean score of 3.0 or higher (measured on a scale of 1-4) will be achieved on the didactic end of course evaluation survey related to the question, “How well were the student learning outcomes achieved?”.</p> <p>2. Expected faculty outcomes for service:</p> <p>80% of full-time faculty are expected to serve on at least one school/department of nursing committee per year.</p> <p>80% of faculty are expected to be a member of at least one professional nursing organization.</p> <p>3. Expected faculty outcomes for scholarship:</p> <p>80% of faculty at the Associate Professor rank or higher will achieve three activities from the categories of the</p>	<p>target achievements includes, engaging faculty in discussions to refine existing approaches to address resources to promote continued professional development. If targets are not met, a discussion will occur with faculty as to the needed resources to ensure successful attainment of expected faculty outcomes. This will include a discussion surrounding training related to teaching methodologies, research skills, student engagement skills, and other identified areas of need. These discussions will occur in faculty council after the annual review process in August.</p>

Key Elements	Accountability	Review Cycle	Timeline: Data collected/review	Documentation	Targets	Analysis/Results
					Scholarship of Discovery, Scholarship of Practice, Scholarship of Teaching and/or Scholarship of Integration within a two-year period. 75% of faculty at the Assistant Professor rank will achieve one activity from the categories of the Scholarship of Discovery, Scholarship of Practice, Scholarship of Teaching and/or Scholarship of Integration within a two-year period. All faculty teaching in the program are engaged in the program improvement process.	
IV-H. Aggregate faculty outcome data are analyzed and used, as appropriate, to foster ongoing program improvement. Faculty are engaged in the program improvement process.	Dean Associate Dean, Assistant Deans, Director Faculty Affairs Curriculum & Evaluation Committee	Annually	Data Collected: April, May Data Reviewed and analyzed: August	<ul style="list-style-type: none">Aggregate survey dataFaculty CVsCurriculum and Program Evaluation Committee minutes	1. Expected faculty outcomes for teaching: A mean score of 3.0 or higher (measured on a scale of 1-4) will be achieved on the didactic end of course evaluation survey	All targets met. The School of Nursing Faculty Council will analyze aggregate faculty outcomes annually in August of each year. Upon analysis, if targets are

Key Elements	Accountability	Review Cycle	Timeline: Data collected/review	Documentation	Targets	Analysis/Results
					<p>related to the question, “Overall, how useful was this course in helping you learn useful knowledge and/or skills applicable to nursing?”.</p> <p>A mean score of 3.0 or higher (measured on a scale of 1-4) will be achieved on the didactic end of course evaluation survey related to the question, “How well were the student learning outcomes achieved?”.</p> <p>2. Expected faculty outcomes for service:</p> <p>80% of full-time faculty are expected to serve on at least one school/department of nursing committee per year.</p> <p>80% of faculty are expected to be a member of at least one professional nursing organization.</p>	<p>met, this will indicate that the strategies and practices in place are effective in supporting faculty performance and meeting expected faculty outcomes. Actions taken to ensure continued target achievements includes, engaging faculty in discussions to refine existing approaches to address resources to promote continued professional development. If targets are not met, a discussion will occur with faculty as to the needed resources to ensure successful attainment of expected faculty outcomes. This will include a discussion surrounding training related to teaching methodologies, research skills, student engagement skills, and other identified areas of need. These discussions will occur in faculty council after</p>

Key Elements	Accountability	Review Cycle	Timeline: Data collected/review	Documentation	Targets	Analysis/Results
					<p>3. Expected faculty outcomes for scholarship:</p> <p>80% of faculty at the Associate Professor rank or higher will achieve three activities from the categories of the Scholarship of Discovery, Scholarship of Practice, Scholarship of Teaching and/or Scholarship of Integration within a two-year period.</p> <p>75% of faculty at the Assistant Professor rank will achieve one activity from the categories of the Scholarship of Discovery, Scholarship of Practice, Scholarship of Teaching and/or Scholarship of Integration within a two-year period</p> <p>All faculty teaching in the program are engaged in the program improvement process.</p>	<p>the annual review process in August.</p> <p>Faculty will be monitored through the faculty review process and self-assessment of attainment of expected faculty outcomes.</p>

Key Elements	Accountability	Review Cycle	Timeline: Data collected/review	Documentation	Targets	Analysis/Results
IV-I. Program outcomes demonstrates program effectiveness.	Dean, Associate Dean, Assistant Deans, Program Director, Curriculum & Evaluation Committee Faculty council Office of Institutional Research and Effectiveness (OIRE)	Ongoing: September to August of each year	Data Collected: August of each year Data Reviewed and analyzed: October of each year	BSN Program: Data from surveys at time of graduation and data from surveys given 6 months after graduation. MSN Program: Data from surveys measuring students' satisfaction and data from surveys measuring students' perception of program effectiveness.	BSN Program: Mean score of 3.0 out of 4.0 for the survey given at the time of graduation. Mean score of 3.0 out of 4.0 for survey given 6 months after graduation. MSN Program: Student satisfaction survey: Mean scores of 4.0 or above on a scale of 1-6 (1 being "Very Dissatisfied" or "Strongly Disagree" and 6 being "Very Satisfied" or "Strongly Agree") Student perception of program effectiveness survey: Mean scores of 3.0 or above on a scale of 1-5 (1 being "Strongly Disagree" and 5 being "Strongly Agree")	Targets met for BSN and MSN programs. Faculty will continue to monitor survey results to identify areas of opportunities for course improvement. Assistant Dean for the BSN program and the MSN Program Director will solicit feedback from graduates to obtain their suggestions for improvement.
IV- J. Program outcome data are used, as appropriate, to foster ongoing program improvement. Faculty are engaged in the program improvement process.	Dean, Assistant Deans, Program Director, Faculty Curriculum & Evaluation Committee Faculty council	Annually Ongoing: September to August of each year.	Data Collected: August of each year Data Reviewed: October of each year	BSN Program Data from surveys at time of graduation and data from surveys given 6 months after graduation. MSN Program:	BSN Program: Mean score of 3.0 out of 4.0 for the survey given at the time of graduation.	Targets met for BSN and MSN programs. Faculty will continue to monitor survey results to identify areas of opportunities for course

Key Elements	Accountability	Review Cycle	Timeline: Data collected/review	Documentation	Targets	Analysis/Results
	Office of Institutional Research and Effectiveness (OIRE)			Data from surveys measuring students' satisfaction and data from surveys measuring students' perception of program effectiveness.	<p>Mean score of 3.0 out of 4.0 for survey given 6 months after graduation.</p> <p>MSN Program: Student satisfaction survey: Mean scores of 4.0 or above on a scale of 1-6 (1 being "Very Dissatisfied" or "Strongly Disagree" and 6 being "Very Satisfied" or "Strongly Agree"</p> <p>Student perception of program effectiveness survey: Mean scores of 3.0 or above on a scale of 1-5 (1 being "Strongly Disagree" and 5 being "Strongly Agree"</p>	<p>improvement. Program Director will solicit feedback from graduates to obtain their suggestions for improvement.</p>