Key Elements	Purpose	Accountability	Review Cycle	Documentation
STANDARD I - PROGRAM QUALITY: MISSION AND GOVERNANCE				
I-A. The mission, goals, and expected program outcomes are congruent with those of the parent institution and reviewed periodically and revised as appropriate.	TTUHSCEP and the GGHSON's missions, goals, and expected program outcomes are congruent and periodically reviewed.	Associate Dean Curriculum & Evaluation Committee	Every five years or as needed	• Mission statements, goals and expected program outcomes dashboard. • C & E Committee Meeting Minutes
I-B. The mission, goals, and expected student outcomes are consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.	Mission, goals, and expected program outcomes are consistent with professional nursing standards and guidelines.	Curriculum and Evaluation Committee Progressions Committee Faculty	Every three years or with declining outcomes.	• Documents showing decision making. • Course Syllabi with BSN Essentials Mapping
I-C. The mission, goals, and expected program outcomes reflect the needs and expectations of the community of interest.	Expected student outcomes are reviewed periodically and revised to reflect the needs of communities of interest.	Dean Associate Dean Assistant Dean(s) Curriculum & Evaluation Committee	Every three years or with declining outcomes.	• Documents showing decision making. • Employer Survey via Alumni • Biannual Community of Interest meeting
I-D. The nursing unit's expectations for faculty are written and communicated to faculty and are congruent with institutional expectations.	Expected faculty outcomes in teaching, scholarship, service and practice are written, communicated to the faculty, and are congruent with institutional expectations.	Dean Associate Dean Assistant Dean(s)	Every other year	• Appointment and promotion policies. • Faculty files

Key Elements	Purpose	Accountability	Review Cycle	Documentation
STANDARD I - PROGRAM QUALITY: MISSION AND GOVERNANCE				
I-E. Faculty and students participate in program governance.	Faculty and students participate on school and university committees as appropriate.	Dean Associate Dean Assistant Dean(s) All Committees	Every other year	• Documents showing committee structure and decision making. • Organization charts
I-F. Academic policies of the parent institution and the nursing program are congruent and support achievement of the mission, goals, and expected student outcomes. These policies are: fair and equitable; published and accessible; and reviewed and revised as necessary to foster program improvement.	Academic policies are reviewed periodically to demonstrate congruence and support of the mission, goals, and expected student outcomes.	Associate Dean Office of the Dean Office of Student Affairs	Annually	• Policies, procedures, and publications.
I-G. The program defines and reviews formal complaints according to established policies.	Complaint policies are reviewed periodically to ensure students have an avenue to express concerns, receive due process, and to determine if policies or procedures need to be changed.	Associate Dean Assistant Dean(s) Office of the Dean Office of Student Affairs	Annually	• GGHSON catalog, ABSN student handbook, academic calendar, TTUHSC catalog and student handbook.
I-H. Documents and publications are accurate. A process is used to notify constituents about changes in documents and publications.	Program documents and publications are periodically reviewed to ensure they are consistent and accurate. Constituents are notified of changes to the documents and publications.	Associate Dean Assistant Dean(s) Office of the Dean Office of Student Affairs	Annually	• GGHSON catalog, ABSN student handbook, academic calendar, TTUHSC catalog and student handbook, GGHSON website • Program advertising and promotional materials directed at prospective students.

Key Elements	Purpose	Accountability	Review Cycle	Documentation
STANDARD II - PROGRAM QUALITY: INSTITUTIONAL COMMITMENT AND RESOURCES				
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.	Resources are adequate, reviewed, and modified as needed.	Dean Senior Director of Finance Assistant Dean(s)	Annually	• Budget and review process for current year and previous 2 years. • Faculty compensation and retention data.
II-B. Physical resources and clinical sites enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of physical resources and clinical sites is reviewed periodically, and resources are modified as needed.	Resources are adequate, reviewed, and modified as needed.	Dean Senior Director of Finance Assistant Dean(s)	Annually	• Budget and review process for current year and previous 2 years.
II-C. Academic support services are sufficient to ensure quality and are evaluated on a regular basis.	Academic support services are evaluated on a regular basis to meet program and student needs.	Office of Student Affairs Assistant Dean(s) Dean	Annually	• Student evaluations. • Student Services provided by the institution. • Library holdings and support.
II-D. The chief nurse administrator of the nursing unit: is a registered nurse (RN); holds a 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.	Ensure that the dean provides appropriate and effective program leadership	President	Annually or with change in Dean	• Dean's CV and Annual Evaluation.

Key Elements	Purpose	Accountability	Review Cycle	Documentation
STANDARD II - PROGRAM QUALITY: INSTITUTIONAL COMMITMENT AND RESOURCES				
II-E. 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.	All faculty members are educationally and experientially qualified for their teaching responsibilities and sufficient to support outcomes.	Dean Associate Dean Assistant Dean(s)	Annually	• Faculty Profile Table. • Schedule of Courses and faculty assigned to the courses. • Workload policies and tables. • Faculty CV's
II-F. Preceptors (e.g., mentors, guides, coaches), if used by the program as an extension of the faculty, are academically and experientially qualified for their role.	Preceptors are academically and experientially prepared.	Clinical Coordinator Assistant Dean(s)	Every semester	• Documentation of preceptor qualifications and evaluation. • Policies and/or procedures regarding preceptor qualifications and evaluation.
II-G. The parent institution and program provide and support an environment that encourages faculty teaching, scholarship, service, and practice in keeping with the mission, goals, and expected faculty outcomes.	Faculty development is encouraged and supported.	Dean Associate Dean Assistant Dean(s) Faculty Affairs	Annually	• Policies related to faculty support, release time, and professional development. • Documents that reflect decision-making related to commitment of resources.

Texas Tech University Health Sciences Center at El Paso
Gayle Greve Hunt School of Nursing
Total Program Evaluation Plan 2021-2022
Standard III

Key Elements	Purpose	Accountability	Review Cycle	Documentation
STANDARD III - PROGRAM QUALITY: CURRICULUM, TEACHING-LEARNING PRACTICES AND INDIVIDUAL STUDENT LEARNING OUTCOMES				
III-A. The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that are congruent with the program's mission and goals, with the roles for which the program is preparing its graduates and consider the needs of the program-identified community of interest.	Curriculum reflects clear statements of student outcomes that are consistent with the roles for which the program prepares graduates.	Associate Dean Assistant Dean(s) Faculty	Annually	• Faculty Council minutes. • Curriculum and Evaluation Committee minutes. • Curriculum plan • Course syllabi
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 curricula incorporate The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008).	Curricula are consistent with *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and the *Differentiated Essential Competencies of Graduates of Texas Nursing Programs* (DECs, 2010).	Associate Dean Assistant Dean(s) Faculty	Every five years or with changes in the related standards.	• Program outcomes dashboard. • Professional standard dashboard. • Examples of student work reflecting outcomes.
III-F. The curriculum is logically structured to achieve expected student outcome and builds on a foundation of the arts, sciences, and humanities.	The baccalaureate curriculum builds upon a foundation of the arts, sciences, and humanities.	Associate Dean Assistant Dean(s) Faculty	Every five years or with changes in the related standards.	• Curriculum plan
III-G. Teaching-learning practices and environments support the achievement of expected student outcomes, consider the needs and expectations of the identified community of interest and expose students to individuals with diverse life experiences, perspectives, and backgrounds.	Teaching-learning experiences are sufficient to achieve expected student outcomes for each course.	Clinical Coordinator Assistant Dean(s) Faculty of Record	Annually	• Faculty course evaluation. • Student course evaluation. • Life-span dashboard
III-H. The curriculum includes planned clinical practice experiences that: enable students to	Planned clinical practice experiences enable	Associate Dean Assistant Dean(s)	Every semester	• Clinical site agreements

Key Elements	Purpose	Accountability	Review Cycle	Documentation
STANDARD III - PROGRAM QUALITY: CURRICULUM, TEACHING-LEARNING PRACTICES AND INDIVIDUAL STUDENT LEARNING OUTCOMES				
integrate new knowledge and demonstrate attainment of program outcomes; foster inter-professional collaborative practice, and are evaluated by faculty.	students to integrate new knowledge, demonstrate attainment of program outcomes, and are evaluated by faculty.	Faculty of Record		• Inter-professional collaboration dashboard
III-I. Individual student performance is evaluated by the faculty and reflects achievement of expected student outcomes. Evaluation policies and procedures for individual student performance are defined and consistently applied.	Student performance is evaluated by faculty. Evaluation policies are written, clearly communicated to students, and applied consistently.	Associate Dean Assistant Dean(s) Faculty of Record	Every semester	• Policies on student evaluations/assessment. • Course-level assessments. • Examples of student work. • Clinical Evaluation Form • Summary Rating sheet • Syllabi • Student Handbook
III-J. Curriculum and teaching-learning practices are evaluated at regularly scheduled intervals, and evaluation data are used to foster ongoing improvement.	Teaching-learning practices are evaluated regularly to foster ongoing improvement.	Associate Dean Assistant Dean(s) Faculty of Record	Every semester	• Faculty Council minutes. • Curriculum and Evaluation Committee minutes. • Faculty and student evaluations of clinical experiences.

Key Elements	Purpose	Accountability	Review Cycle	Documentation
STANDARD IV -PROGRAM EFFECTIVENESS: AGGREGATE STUDENT PERFORMANCE AND FACULTY ACCOMPLISHMENTS				
IV-A. A systematic process is used to determine program effectiveness. • It is written, ongoing, and exists to determine achievement of program outcomes. • Is comprehensive (includes completion, licensure, employment rates and faculty outcomes) • Identifies which quantitative and/or qualitative data are collected to assess achievement of program outcomes. • Includes timelines for data collection, review of expected and actual outcomes, and analysis of outcomes. • Is periodically reviewed and revised as appropriate.	Demonstrate that the GGHSON has a Total Program Evaluation Plan in place which is used for continuous quality improvement.	Dean Associate Dean Assistant Dean(s)	Annually	• Documentation of the Total Program Evaluation Plan

Expected Outcome: the Total Program Evaluation Plan will be used for systematic program evaluation.
Actual Outcome: the Total Program Evaluation Plan was used for systematic program evaluation plan, specifically for the CCNE Self-Study report.

Finding: Outcome Met
19-20- Data is being reviewed on an annual basis and changes to the plan are made based on findings.

20-21- Data is being reviewed on an annual basis and changes to the plan are made based on findings as evidenced by completed plans. Improvements in faculty participation in the process of review and implementation of the plan were initiated through the program Curriculum and Evaluation Committee.

21-22- Data is being reviewed on an annual basis and changes to the plan are made based on findings. Meeting minutes show that faculty have been more actively involved in the process of review and implementation of the evaluation plan.

Action Taken:

20-21- Improvements in faculty participation in the process of review and implementation of the plan were initiated through the program Curriculum and Evaluation Committee. Assistant Dean

Key Elements	Purpose	Accountability	Review Cycle	Documentation
STANDARD IV -PROGRAM EFFECTIVENESS: AGGREGATE STUDENT PERFORMANCE AND FACULTY ACCOMPLISHMENTS				

	reviewed plan and measurement metrics with the program chair who then initiated follow-up and review by the committee. **21-22-** Meeting minutes show that faculty have been more actively involved in the process of review and implementation of the evaluation plan. Assistant Dean continues to work with committee to refine processes related to data gathering, analysis and selection of measurement metrics.			
IV-B. Program completion rates demonstrate program effectiveness.	Completion rates for each program meet expected outcomes.	Associate Dean Assistant Dean(s)	Academic Year	• Completion rate data. • Progression Committee minutes.

Expected Outcome: 70% or more of the students for the most academic year will complete the program when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change majors or to transfer to another institution of higher education.

Actual Outcome: 66.2% (108/163)

Cohort 16 – Newly admitted students as of Census Day of Semester 1 (Fall 2020): 71 ABSN, 2 RN-BSN, 1 MSN
ABSN Progressions: 1
Total: 72 ABSN, 2 RN-BSN, 1 MSN
Fall 2021 Graduates: 51 ABSN, 11 RN-BSN, 0 MSN
Cohort Completion Rate: 71% (51/72) ABSN

Cohort 17 – Newly admitted ABSN students as of Census Day of Semester 1 (Spring 2021): 69 ABSN, 3 RN-BSN, 0 MSN
Progressions: 22 (includes 5 anticipated for Summer 2022)
Total: 91 ABSN, 3 RN-BSN, 0 MSN
Spring 2022 Graduates: 52 ABSN*, 11 RN-BSN, 0 MSN
Included the 5 Summer 2022 anticipated graduates when calculating completion rate %
Cohort Completion Rate: 63% (57/91) ABSN

Finding: Outcome Not Met

Action Taken:
2020 Implemented an elective course for students who were not successful in a course to sppuort growth and retention.

Key Elements	Purpose	Accountability	Review Cycle	Documentation
STANDARD IV -PROGRAM EFFECTIVENESS: AGGREGATE STUDENT PERFORMANCE AND FACULTY ACCOMPLISHMENTS				
	2021 Initiated development of a database of student outcomes to assist with understanding risk factors that impact student progression. **2022** Identified students at risk extended beyond those in progressions to students who were those who were with 3% of achieving the minimum passing score on teacher-made exams. Began exploring mechanisms for improving student probability of success.			
IV-C. Licensure pass rates demonstrate program effectiveness.	NCLEX-RN® pass rate.	Dean Associate Dean Assistant Dean(s)	Calendar Year	• Examination pass rate professional nursing program report from the Texas Board of Nursing.
	Expected Outcome: Minimum 80% NCLEX-RN® licensure pass rates for first-time test takers for the most recent calendar year. Actual Outcome: 2018: 85.55% (73/85) NCLEX-RN® licensure pass rate. 2019: 91.07% (102/112) NCLEX-RN® licensure pass rate. 2020: 87.22% (116/133) NCLEX-RN® licensure pass rate. 2021: 86.11% (124/144) NCLEX-RN® licensure pass rate. **Finding: Outcome Met** **Action Taken:** **18-19** Continue current processes as outcome was met. **19-20** Developed a Nursing seminar course to support students in progressions with areas for improvement. **20-21** Decline most likely due to the impact of the COVID-19 pandemic as national pass rates also declined. Reporting cycle through NCSBN also changed with the 2021 cycle resulting in the inclusion of individuals who would normally have been reported out with the 2022 results. In addition, we noted a couple of students who had graduated more than 1 year prior to testing. This also influenced the rates. Developed a database of risk factors for NCLEX failure and program completion to determine if changes in program admission, progression or student support services is necessary..			

Key Elements	Purpose	Accountability	Review Cycle	Documentation
STANDARD IV -PROGRAM EFFECTIVENESS: AGGREGATE STUDENT PERFORMANCE AND FACULTY ACCOMPLISHMENTS				
IV-E. Employment rates demonstrate program effectiveness.	Students find employment after program completion.	Associate Dean Assistant Dean(s) Office of Outcomes Management and Evaluation	Data is collected at the time of program completion or at any time within 12 months of program completion.	• Exit and alumni surveys.
	Expected Outcome: Minimum 70% employment rate. Actual Outcome: : 100% (N=10) of graduates who completed the Alumni Survey during the AY 2021-22 indicated that they were employed. 63% (N=5 out of 8) of graduates who completed the Exit/Graduate Survey during the AY 2021-22 indicated that they had 'secured a new position'. **Finding: Outcome Met** **Action Taken: 19-20** Continue current processes as outcome has been met. **20-21** Reviewed, response rate continues to be low. Explored mechanisms to improve response rates. Qualitative evidence from student reports to peers and faculty correlates with the numbers reported herein.				
IV-F. Data regarding completion, licensure, certification, and employment rates are used, as appropriate, to foster ongoing improvement.	Demonstrate data is utilized for program improvement as appropriate.	Associate Dean Assistant Dean(s)	Annually	• Committee meeting minutes. • TPEP
	Expected Outcome: Please refer to IV-B, IV-C and IV-E for relevant data and actions taken.			
IV-G. Aggregate faculty outcomes demonstrate program effectiveness.	Demonstrate that faculty are engaged in scholarship and service.	Dean Associate Dean Assistant Dean(s)	Annually	• Faculty outcome aggregate data.
	Expected Outcome 1: Minimum 70% of full-time faculty are engaged in scholarship and professional/community service for the most recent academic year. Actual Outcome 1 18-19 14/14=100% . 19-20 17/17=100%. 20-21 15/15=100%			

Key Elements	Purpose	Accountability	Review Cycle	Documentation
STANDARD IV -PROGRAM EFFECTIVENESS: AGGREGATE STUDENT PERFORMANCE AND FACULTY ACCOMPLISHMENTS				

	Note: Measurement of scholarship included scholarship of teaching, scholarship of practice, traditional scholarship and scholarship of integration. Expected Outcome 2: Minimum aggregate course evaluation rating of 3.0 out of a 4.0 for the most current academic year. Actual Outcome 2: ABSN Fall 2021 – 3.7, 12% Response Rate RN-BSN Fall 2021 – 3.8, 35% Response Rate MSN Fall 2021 – 0.0, 0% Response Rate ABSN Spring 2022 – 3.7, 18% Response Rate RN-BSN Spring 2022 – 3.9, 31% Response Rate MSN Spring 2022 – 0.0, 0% Response Rate **Finding: Outcome Met** **Action Taken: 19-20** Continue current processes as outcome has been met. 20-21 Reviewed, faculty discussed mechanisms to improve the response rates. 21-22 Reviewed, faculty discussed mechanisms to improve the response rates.			
IV-H. Aggregate faculty outcome data are analyzed and used, as appropriate, to foster ongoing program improvement.	Demonstrate that faculty are engaged in the program improvement process.	Dean Associate Dean Assistant Dean(s)	Annually	• Faculty affairs meeting minutes. • Faculty evaluations.
	Expected Outcome 1: A minimum of 80% of full-time faculty are evaluated annually per policy. Actual Outcome 1: 18-19-13/14=92.8% . 19-20-12/15=80% . 20-21-13/13=100% **Finding: Outcome Met** **Action Taken:**			

Key Elements	Purpose	Accountability	Review Cycle	Documentation
STANDARD IV -PROGRAM EFFECTIVENESS: AGGREGATE STUDENT PERFORMANCE AND FACULTY ACCOMPLISHMENTS				
	18-19 Evaluations were completed, but not delivered due to onset of the COVID-19 pandemic. Faculty were provided with feedback for the 18-19 academic year along with feedback for the 19-20 academic year. One faculty member applied for and achieved promotion. **19-20** Faculty reviewed promotion guidelines and updated expectations. **20-21** Faculty reviewed promotion guidelines and made minor changes to documents to provide better clarity for faculty.			
IV-I. Program outcomes demonstrate program effectiveness.	Aggregate Program is achieving its outcomes.	Associate Dean Assistant Dean(s)	Annually	• Student satisfaction survey. • Alumni survey. • Employer survey.
	Expected Outcome 1: Minimum aggregate Alumni Survey satisfaction rating of 3.0 (out of a 4.0) for the most recent graduating cohort. Expected Outcome 2: Minimum aggregate Alumni Survey satisfaction rating of 3.0 (out of a 4.0) for the most recently surveyed cohort. Actual Outcome 1: A 3.7 (4% Response Rate) aggregate Exit/Graduate Survey satisfaction rating was achieved for the Fall 2021 and a 3.2 (11% Response Rate) aggregate Exit/Graduate Survey satisfaction rating was achieved for the Spring 2022 graduating cohorts Actual Outcome 2: 3.4 aggregate Alumni Survey satisfaction rating was achieved for the most recently surveyed cohorts (3.4 Satisfaction Rating for Cohort 10, N=22 – Administered Fall 2019; 3.4 Satisfaction Rating for Cohort 11, N=10 – Administered Spring 2020). **Finding: Outcomes Met** **19-20** Continue current processes as outcome has been met. **20-21** Faculty discussed methods to improve student response rates. Qualitative evidence indicates that students are highly satisfied and demand for graduates remains strong as evidenced by employment rates. **21-22** Faculty discussed methods to improve student response rates. Qualitative/anecdotal evidence indicates that students are highly satisfied and demand for graduates remains strong as evidenced by employment rates.			

Key Elements	Purpose	Accountability	Review Cycle	Documentation
STANDARD IV -PROGRAM EFFECTIVENESS: AGGREGATE STUDENT PERFORMANCE AND FACULTY ACCOMPLISHMENTS				
	Additional program outcome data can be found in the Student Learning Outcomes Evaluation by Track tables			
IV- J. Program outcome data are used, as appropriate, to foster ongoing program improvement.	Program assessment data is reviewed by faculty and program improvements are documented.	Associate Dean Assistant Dean(s)	Annually	• Aggregate survey data. • Faculty Meeting minutes. • Evaluation Committee minutes. • Curriculum Committee minutes. • Student Affairs Committee minutes.