

The University of Texas Health Science Center San Antonio
 School of Nursing
Total Program Systematic Evaluation Plan (TPSEP)
2015-2016

Approved

FA – Faculty Assembly
 FC –Faculty Council

Evaluation Component	Expected Outcome	Evaluation Data	Responsible for Collection & Analysis	Collection Schedule	Actual Outcome	Action Plan	Action Result	Location of Document
STANDARD I - PROGRAM QUALITY: MISSION AND GOVERNANCE								
1.1 Mission, goals and expected program outcomes are congruent with professional nursing standards and guidelines for the preparation of nursing professionals. <div style="text-align: right; padding-right: 10px;">IA</div>	Mission, goals and expected program outcomes are 100% consistent with professional nursing standards.	SON mission, goals, expected program outcomes Current AACN Essential Series: BS MS DNP Current Differentiated Entry Competencies for Nursing Practice in Texas Current QSEN Competencies Current TIGER Competencies Current Core Competencies for Public Health Professionals Current Quad Council Competencies for Public Health Nurses Current CCNE and NTF Criteria Current Population Focused Nurse Practitioner Competencies Current AONE Nurse Executive Competencies Current CNL Competencies	Committee on Undergraduate Studies (COUS) Committee on Graduate Studies (COGS) Faculty Council Faculty Assembly	Early Fall: Review mission, goals and expected outcomes for alignment with nursing standards.	Mission, goals, and expected program outcomes are 100% congruent with professional nursing standards and guidelines for the preparation of nursing professionals.			Office of Academic Affairs

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STANDARD I - PROGRAM QUALITY: MISSION AND GOVERNANCE								
1.2 Mission, goals, and expected program outcomes of SON are congruent with HSC. IA	HSC and SON mission, goals and expected outcomes are 100% congruent.	HSC and SON mission, goals, and expected student outcomes	Committee on Undergraduate Studies (COUS) Committee on Graduate Studies (COGS) Faculty Council Faculty Assembly	Early Fall: Review mission, goals and expected outcomes for alignment with HSC.	Mission, goals, and expected program outcomes are 100% congruent with HSC, but identified as verbose and in need of clarity.	SON Mission revised to incorporate social justice and the HSC's "make lives better" phrase in the HSC mission statement.	May 2016: Faculty approved change to SON Mission and Vision statements to align with updated HSC Mission and Vision statements.	Office of Academic Affairs
1.3 Mission, goals and expected student outcomes are reviewed periodically and revised as appropriate to reflect professional nursing standards and guidelines. IB	Mission, goals and expected student outcomes are reviewed periodically and revised to reflect professional nursing standards 100% of the time.	SON mission, goals, expected student outcomes and professional nursing standards	Committee on Undergraduate Studies (COUS) Committee on Graduate Studies (COGS) Faculty Council Faculty Assembly	Early Fall: Review mission, goals and expected outcomes for alignment with nursing standards.	Mission, goals, and expected student outcomes are not 100% congruent with professional nursing standards and guidelines for the preparation of nursing professionals.	COUS and the Workgroups engaged in discussions about curriculum drift. Additionally, several curriculum assessment and planning meetings have been well attended and good participation/engagement has occurred by a majority of the faculty teaching undergraduate courses.	COUS has reviewed aggregate student outcomes and mapped the curriculum to the AACN Essentials and the NCLEX Blueprint in order to identify areas of curriculum drift as well as gaps. Mission, goals, and expected student outcomes are 100% congruent with professional nursing standards and guidelines for the preparation of nursing professionals. The faculty continue to evaluate the expected student outcomes and the consistency with professional nursing standards.	Office of Academic Affairs

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1.4 Mission, goals and expected student outcomes are reviewed periodically and revised as appropriate to reflect needs and expectations of community of interest. IB	Mission, goals and expected student outcomes are reviewed periodically and revised to reflect needs and expectations of community of interest 100% of the time.	<p>Committee and Advisory minutes from Nursing Advisory Council, Nurse Executives Meetings, SON committees with faculty and student representation.</p> <p>Nursing Advisory Committee supports the SON needs through feedback on SON achievements.</p> <p>Students are appointed as representatives on COUS, COGS and COFSM committees to represent student perspective.</p> <p>Nurse Executives Quarterly Meetings include representatives from hospital partners.</p> <p>Monthly VA Executives Meetings include VA, Associate Deans and Dean.</p>	<p>Committee on Undergraduate Studies (COUS)</p> <p>Committee on Graduate Studies (COGS)</p> <p>Faculty Council</p> <p>Faculty Assembly</p>	Early Fall: Review mission, goals and expected outcomes for alignment with needs and <u>expectations of community of interest.</u>	Based on committee feedback, a need to incorporate social justice in the SON mission was identified.	SON Mission statement revised to incorporate aspects of social justice to address COI expectations.	Mission, goals and expected student outcomes reflect needs and expectations of community of interest 100% of the time.	Office of Academic Affairs

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STANDARD I - PROGRAM QUALITY: MISSION AND GOVERNANCE								
1.5 Expected faculty outcomes are clearly identified by the nursing unit, are written and communicated to the faculty, and are congruent with institutional expectations. IC	SON expected faculty outcomes in teaching, scholarship, service and practice are written and communicated to the faculty, and are congruent with institutional expectations 100% of the time.	SON mission, goals, and expected outcomes SON Faculty/Staff Handbook- Chapter 3 Faculty Promotion and Tenure Policies	PTAC Faculty Council Faculty Assembly	Early Fall: Review faculty outcomes for congruence with institutional expectations	Expected faculty outcomes are communicated 100% of the time. Outcomes are congruent with institutional expectations 100% of the time. An example of a major change in communication: HSC President expanded membership of the University PTAC committee to include non-tenured, senior faculty for 2016-2017 based on a year-long review of the P&T process by HSC. Dr. Martinez Rogers participated in process.			SON Faculty/Staff Handbook posted on SON Web Site
1.6 Faculty and students participate in program governance. ID	Faculty and students participate according to the Faculty Assembly Bylaws 100% of the time.	Faculty and student participation documented in minutes of formal Faculty Committees	Chairs of Faculty Committees	Early Fall: Review program governance membership rosters and election/appointment process	Roles of faculty and students in program governance are filled 100% of the time and are defined in the SON Faculty Bylaws. While faculty participation is 100%, a need was identified to further develop the faculty role in the committee process.	Develop plan for development as learning needs were evident given large number of junior faculty new to faculty governance.	A more structured hand off between Faculty Assembly officers and Committee Chairs planned at the end of each academic year with incoming faculty leaders. Focus faculty development on agenda setting, learning meetings, documenting meeting outcomes, engaging stakeholders, and following up outcomes for implementation.	Official minutes posted on Dean's SharePoint

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1.7 Documents and publications are accurate. A process is used to notify constituents about changes in documents and publications. IE	100% documents, website and publications are accurate and constituents are notified of changes 100% of the time.	SON Web Site University Catalog Undergraduate Preceptor Handbook Graduate Preceptor Handbook BSN Handbook Graduate Handbook	Associate Dean for Admissions and Student Services Assistant Deans for Graduate and Undergraduate Studies COUS, COGS	Early Fall: Review for compliance with standard	100% of SON documents, website and publication information is accurate. Constituents notified of changes 100% of the time. Spring 2016 students were notified of policies changes via email. Changes made to catalog. Although in compliance, improvements to website were identified. Under direction of newly hired VP for marketing, SON's use of social media has expanded.	The SON website will be redesigned 2016-2017 for clarity and usability for external constituents such as students. Development of new marketing materials for programs is in process.	Redesign of SON website planned for 2016-2017.	SON Website HSC website
1.8 Academic policies of the parent institution and the nursing program are congruent and support achievement of the mission, goals, and expected student outcomes. IF	Academic policies are reviewed periodically and congruent with HSC 95% of time and support achievement of the mission, goals, and expected student outcomes 100% of the time.	SON and HSC academic policies	Associate Dean for Admissions and Student Services Assistant Deans for Graduate and Undergraduate Studies COUS, COGS	Early Fall: Review for compliance with standard	100% of academic polices were reviewed. One policy identified for revision: Latin Honors policy identified for revision.	Revise Latin Honors policy for COUS approval.	Latin Honors Policy revision tabled until 2016-2017 year.	SON Website HSC website

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STANDARD I - PROGRAM QUALITY: MISSION AND GOVERNANCE								
1.9 Differences in policies are identified and support achievement of SON mission, goals and expected outcomes. IF	100% of SON policies that differ from HSC are identified and support mission, goals and expected outcomes of SON.	SON and HSC academic policies	Associate Dean for Admissions and Student Services Assistant Deans for Graduate and Undergraduate Studies COUS, COGS	Early Fall: Review for compliance with standard	Two policies identified as different but support mission, goals and expected outcomes. Policy regarding Latin Honors were identified as different from HSC policies. Terminology regarding "readmission" was identified as different from HSC policy.	Latin Honors policy language revised. Action to reconcile differences in policy terminology regarding readmission and reinstatement.	Present revised policy regarding Latin Honors to COUS in 2016-2017. SON revised terminology to describe "reinstatement" process as "reinstatement" and not "readmission" as previously used.	SON Website HSC website
1.10 Academic policies are fair and equitable and implemented consistently. IF	100% of policies are fair, equitable and implemented consistently.	SON Academic policies in: – SON Faculty/Staff Handbook – SON Handbooks – HSC Catalog – SON Course Syllabi – SON Course Packets SON Complaints log	Dean Associate Dean for Admissions & Student Services Assistant Deans for Graduate and Undergraduate Studies COUS, COGS	Early Fall: Review for compliance with standard	100% of policies are fair, equitable and implemented consistently. 100% of complaints were reviewed with appropriate action taken.			SON Website HSC website
1.11 Academic policies are published and accessible. IF	100% of policies are published and accessible.	SON Academic policies in: – SON Faculty/Staff Handbook – SON Student Handbooks – HSC Catalog – SON Course Syllabi – SON Course Packets	Dean Associate Dean for Admissions & Student Services Assistant Deans for Graduate and Undergraduate Studies	Early Fall: Review for compliance with standard	100% of policies are published in the Student handbooks, available on the SON website. Policies also published in the catalog, course syllabi and course packets.			SON Website HSC website

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STANDARD I - PROGRAM QUALITY: MISSION AND GOVERNANCE								
1.12 Academic policies are reviewed and revised as necessary to foster program improvement. IF	Academic policies are reviewed periodically and foster program improvement 100% of the time.	SON Academic policies in: – SON Faculty/Staff Handbook – SON Student Handbooks – HSC Catalog – SON Course Syllabi – SON Course Packets	Dean Associate Dean for Admissions & Student Services Assistant Deans for Graduate and Undergraduate Studies	Early Fall: Review for compliance with standard	Academic policies are reviewed by COUS and COGS as stated in the Faculty Bylaws. Action plans for improvement are implemented 100% of the time. 1. Grade appeal policy was identified for revision 2. TBON self study timeline of corrective actions identified need for changing cumulative exam weighted average score 3. Grade scale was identified for revision		1. Procedure for academic review/grade appeal process was revised. 2. Changed cumulative exam weighted avg score for passing from 70% to 75% 3. Change of grading scale for UG program.	Official minutes posted on Dean's SharePoint

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STANDARD II - PROGRAM QUALITY: INSTITUTIONAL COMMITMENT AND RESOURCES								
2.1 Fiscal and physical resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. IIA	<p>a. The budget enables achievement of the program's mission, goals, and expected outcomes. The budget also supports the development, implementation, and evaluation of the program.</p> <p>b. Compensation of nursing unit personnel supports recruitment and retention of qualified faculty and staff.</p> <p>c. Physical space is sufficient and configured in ways that enable the program to achieve its mission, goals, and expected outcomes. Equipment and supplies (e.g., computing, laboratory, and teaching-learning) are sufficient.</p>	Physical resources and fiscal resources	<p>Dean</p> <p>Associate Dean for Finance</p> <p>Associate and Assistant Deans</p> <p>Department Chairs</p>	Early Fall; Review for compliance with standard	<p>a. Board of Trustees' approved student fee increase for 2014-2015 and 2015-2016 cycles has had positive impact on overall budget.</p> <p>b. Faculty salaries are at 83.88% or above the AACN median range (CIPR June 2016 Appendix II A2 for details).</p> <p>b. HSC did gender equity review for faculty and staff salaries--SON had no inequalities identified.</p> <p>c. SON identified funds for physical space improvement for future renovations. Opening of Academic Learning and Teaching Center (ALTC) provides additional and technologically enhanced instructional space.</p>	<p>b. Dean will work with HSC administration to address issue of salary compression associated with longevity and develop plan to make senior salaries more market competitive.</p> <p>b. Faculty compensation committee to develop rubrics for incentive plan for consideration of faculty.</p>		SON Business Office
2.2 Adequacy of resources is reviewed and resources are modified as needed. IIA	100% of the adequacy of resources is evaluated regularly.	<p>Budgets prepared by Chairs and Associate/Assistant Deans</p> <p>Evidence gathered in consultation with student leadership</p>	<p>Dean</p> <p>Associate Dean for Finance</p> <p>Associate and Assistant Deans</p> <p>Department Chairs</p>	Early Fall; Review for compliance with standard	<p>100% of resources are evaluated for adequacy. Adequacy of resources is reviewed during annual budget meetings and monthly executive meeting.</p> <p>A new library director is exploring the possibility of creating a position for a SON based librarian.</p>	In process of planning for a more centralized space for both clinics on campus to better serve constituents.	Dialog continues in light of future renovations occurring.	SON Business Office

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STANDARD II - PROGRAM QUALITY: INSTITUTIONAL COMMITMENT AND RESOURCES								
2.3 Academic support services are sufficient to ensure quality. IIB	Academic support services are sufficient and a process is in place to review and assure quality improvement in services. Benchmark on exit survey is 6.0 or above.	Evaluation data: EBI, Project Concert Student Exit Surveys	Office for Academic Affairs	Early Fall: Review for compliance with standard	Benchmark for exit survey not met with low response rate. Undergraduate Mean Score: 4.48 Graduate Mean Score: 5.67 Overall Mean Score: 5.16	Improve the response rates on exit and alumni surveys. OAA planning to collect additional information at the Graduation.	Additional Exit Survey questions planned as pilot test during December 2016 graduation. Plan to continue with data collection during Spring 2017 Graduation.	Office for Academic Affairs
2.4 Academic support services are evaluated on a regular basis to meet program and student needs. IIB	100% of Academic support services are evaluated regularly.	Evaluation data: EBI, Project Concert data Student and faculty survey data	Office for Academic Affairs Associate Dean for Admissions and Student Services Assistant Deans for Graduate and Undergraduate Studies	Early Fall: Review for compliance with standard	Academic Support services are 100% evaluated on a designated schedule. FY 2015 exit survey (BSN & MSN) data 60% of the students responding show satisfaction toward academic advising with a rating of 5.13 on the scale of 1-7. FY2014 UTHSCSA survey, an average of 91% of graduating students showed satisfaction over academic advising they received in school.	Improve the response rates for SON exit surveys OAA planning to collect additional exit information 2016-2017.	Strategies in place to improve response rates. Additional exit information collected at December 2016 graduation. Received 98% response rate of those who attended commencement.	Office for Academic Affairs

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STANDARD II - PROGRAM QUALITY: INSTITUTIONAL COMMITMENT AND RESOURCES								
2.5 The chief nurse administrator is a registered nurse, holds a graduate degree, and is academically and experientially qualified to accomplish the mission, goals and expected program outcomes. IIC	Meets criteria as stated 100% of the time.	Board of Nursing license Official transcripts Dean's CV	HSC President Office for Academic Affairs	Early Fall: Review for compliance with standard	Dean meets criteria 100% of the time. Dean's CV indicates productive record of publications, presentations, and funded education and practice focused scholarly initiatives; Fellow in American Academy of Nurse Practitioners and American Academy of Nursing; Distinguished Practitioner at National Academies of Practice. She currently chairs the UTHSCSA Dean's Council and is responsible for setting the agenda for these meetings. Dean's accomplishments include initiating and strengthening partnerships with clinical agencies in the city and region and internationally. She just completed her term as the Board Chair of AACN. She also serves on the Veterans Affairs Academic Affiliations Board, a Secretary of Veterans Affairs Appointment.			HSC President's Office AFSA Office Office for Academic Affairs
2.6 The chief nurse administrator is vested with the administrative authority to accomplish the mission, goals, and expected program outcomes. IIC	100% congruence with other deans of schools authority.	HSC Handbook of Operating Procedures	HSC President Office for Academic Affairs	Early Fall: Review for compliance with standard	HSC <u>organizational chart</u> depicts Dean as the chief academic and administrative officer of SON; indicates her relationship within the organizational structure as 100% equivalent to the Deans of each of the other four schools in HSC.			HSC President's Office AFSA Office Office for Academic Affairs

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STANDARD II - PROGRAM QUALITY: INSTITUTIONAL COMMITMENT AND RESOURCES								
2.7 The chief nurse administrator provides effective leadership to the nursing unit in achieving its mission, goals and expected program outcomes. HC	Effective leadership is fully demonstrated with each review cycle.	Annual evaluation by HSC President	HSC President Office for Academic Affairs	Early Fall: Review for compliance with standard	Annual evaluation by HSC President indicates Dean is effective in leadership of SON. State of the School address highlights accomplishments of SON under the Dean's leadership.			HSC President's Office AFSA Office Office for Academic Affairs
2.8 There is sufficient faculty to accomplish the mission, goals and expected program outcomes. IID	a. The full-time equivalency (FTE) of faculty involved in each program is clearly delineated, and the program provides to CCNE its formula for calculating FTEs. b. Student-faculty ratio in classroom and clinical activities meet BON Rules and Regulations and National Standards 100% of the time.	Data from letters of appointment which includes FTE formula for program commitments	Department Chairs Office for Academic Affairs SON Business Office	Early Fall: Review for compliance with standard	a. Faculty members with full time appointments have a full time workload expectation for 40 hours per week of service to the school during the months of their contract. Texas Board of Regents Rules require a minimal assignment of 18 teaching workload credits for full time equivalent faculty. The Department Chairs appoint part time faculty and calculate part time FTE based on the number of days worked in a week, with one day considered a 20% FTE. b. Total faculty to total student ratio: 1:6.75. This ratio meets BON rules and regulations and National Standards 100% of the time.			Faculty Workload document completed by Department Chairs Documents housed in Dean's Suite. SON Business Office

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STANDARD II - PROGRAM QUALITY: INSTITUTIONAL COMMITMENT AND RESOURCES								
2.9 Faculty members are academically and experientially qualified for their teaching responsibilities. IID	100% of faculty have role and functional preparation in area of teaching; academic background in area of teaching.	Current CV TX Board of Nursing (BON) Report	Department Chairs	Early Fall: Review for compliance with standard	100% of faculty have academic and experiential preparation for their roles. All faculty who are nurses hold Texas RN license. Faculty teaching in NP program currently practice in UT Nursing in the EHWC, SHC and other UT Nursing Clinics. AGACNP faculty practice at University Hospital and private practice clinics. Of the 75 full time faculty, 49 hold doctoral degrees.			Departmental Offices
2.10 Preceptors when used by the program as an extension of the faculty are academically and experientially qualified for their role in assisting in the achievement of the SON's mission, goals and expected student outcomes. IIE	100% of preceptors are academically and experientially prepared.	Current CV Clinical Agencies' MOUs Preceptor Handbook SON faculty and staff handbook	Assistant Deans for Graduate and Undergraduate Studies Clinical Liaison Department Chairs	Ongoing document collection	100% of Preceptors are provided preceptor handbook. 100% of NP preceptors meet qualifications. 79% of Immersion Preceptors are BSN prepared; remaining 21% have ADNs. 100% of Course Coordinators orient preceptors to course and provide course outcomes.			Office for Academic Affairs

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STANDARD II - PROGRAM QUALITY: INSTITUTIONAL COMMITMENT AND RESOURCES								
<p>2.11 HSC and SON 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>IIF</p>	<p>a. Available internal and external sources of funding for faculty development in research, instruction, and practice/service are used 100% of the time.</p> <p>b. Expected outcomes for faculty role engagement are clearly defined 100% of the time.</p> <p>c. Consultants are regularly utilized for program review.</p>	<p>Funded faculty research</p> <p>Faculty development programs/appointments</p> <p>Consultants</p> <p>Faculty Handbook has faculty role delineation, promotion and tenure</p>	<p>Associate Dean for Research</p> <p>Assistant Deans for Graduate and Undergraduate Studies</p> <p>Department Chairs</p> <p>Faculty Assembly</p>	<p>Ongoing document collection</p>	<p>a. 100% of internal and external funding for faculty development in research, instruction and practice/service was utilized. Examples include:</p> <p>Undergraduate Faculty: Support for faculty attendance at Elsevier Teaching Conference, and U of Cincinnati CON iCON Summer Institute.</p> <p>Graduate Faculty: Support for faculty attendance 29th APNA, Amer Public Health Assoc Conference, SNRS Conference.</p> <p>10 Nursing Grant Submissions for Instruction; 16 Grant Submissions for Public Service; 24 Grant Submissions for Research (Translational Research, Community Based, Neuroscience, and Other).</p> <p>b. 100% of expected outcomes of faculty role defined in Faculty Handbook.</p> <p>c. Consultant utilized for MSN self-study report.</p>	<p>Creation of Office for Faculty Affairs and Diversity to support and foster faculty growth including the development of a mentoring program for junior faculty in collaboration with senior faculty and other schools at HSC.</p>		<p>SON Business Office</p>

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STANDARD III - PROGRAM QUALITY: CURRICULUM, TEACHING-LEARNING PRACTICES AND INDIVIDUAL STUDENT LEARNING OUTCOMES								
3.1 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. IIIA	a. Curricula are 100% consistent with the SON mission and goals. b. Curriculum reflects clear statements of student outcomes 100% of the time.	Minutes of Faculty Assembly Minutes of Faculty Council Minutes of COUS, COGS Minutes of GSBS Course Syllabi Program assessments	Faculty Assembly Faculty Council COUS, COGS GSBS Assistant Deans for Undergraduate and Graduate studies Office for Academic Affairs	September 2015 to review End of the year report	a. Curricular are 100% consistent with SON mission and goals. b. 100% of student outcomes clearly stated in Student Handbooks and Catalog. b. Found the UG clinical eval tool was inconsistent across courses.	b. Revise UG clinical eval tool and pilot during 15-16.	b. Pilot results determined need for further modifications. Continuing revisions for 16-17 year.	Office for Academic Affairs
3.2 Expected individual learning outcomes are congruent with the roles for which the program is preparing graduates. IIIA	100% of learning outcomes are consistent with roles for which the program prepares students.	Minutes of meetings of Working groups and COGS and COUS subcommittees Minutes of COUS and COGS Course syllabi	COUS, COGS Assistant Deans for Undergraduate and Graduate studies Office for Academic Affairs	September 2015 to review End of the year report	100% of learning outcomes are consistent with roles for which program prepares students. COUS mapped BSN curriculum to DECS and continues to monitor curriculum.			Office for Academic Affairs
3.3 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). IIIB	Curricula are 100% consistent with: <u>BSN</u> : The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN 2008) <u>MSN</u> : The Essentials of Master's Education in Nursing (AACN, 2011) <u>MSN and DNP</u> : Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2012) <u>DNP</u> : The Essentials of Doctoral Education for ANP (AACN, 2006) Other standards of practice as indicated in	Minutes of Faculty Assembly Minutes of COUS Minutes of COGS Minutes of GSBS Minutes of Faculty Council Course Syllabi Program assessment	Faculty Assembly Faculty Council COUS, COGS GSBS Assistant Deans for Undergraduate and Graduate studies Office for Academic Affairs	September 2015 to review End of the year report	100% Graduate and undergraduate curricula have been designed with congruence to AACN Essential documents. Found MSN Admin Mgmt was not aligned to AONE standards.	Review and revise MSN Admin curriculum.	MSN-Admin curriculum was revised according to AONE standards.	Office for Academic Affairs

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STANDARD III - PROGRAM QUALITY: CURRICULUM, TEACHING-LEARNING PRACTICES AND INDIVIDUAL STUDENT LEARNING OUTCOMES								
	Standard 1.1							
3.4 The curriculum is logically structured to achieve expected student outcomes. IIC	<p>a. 100% of the baccalaureate curriculum builds upon a foundation of the arts, sciences, and humanities.</p> <p>b. 100% of the master's curricula build on a foundation comparable to baccalaureate level nursing knowledge.</p> <p>c. 100% of the DNP curricula build on a baccalaureate and/or master's foundation, depending on the level of entry of the student.</p> <p>d. 100% of post-masters APRN certificate programs build on graduate level nursing competencies and knowledge base.</p>	<p>Program's course sequence</p> <p>Minutes of meetings</p>	<p>Faculty Assembly</p> <p>Faculty Council</p> <p>COUS, COGS</p> <p>Assistant Deans for Undergraduate and Graduate studies</p> <p>Office for Academic Affairs</p>	September 2015 to review End of the year report	<p>a. 100% of the Texas Core Curriculum identified by HSC are assessed in each course in the BSN program.</p> <p>b. 100% of MSN curriculum builds on BSN knowledge.</p> <p>c. 100% of DNP curriculum builds on BSN/MSN foundations.</p> <p>d. 100% of certificate curriculum builds on graduate level nursing competencies.</p>			Office for Academic Affairs
3.5 Teaching-learning practices and environments support achievement of expected student outcomes. IIID	Mean score of 4.0 to indicate that teaching-learning experiences are sufficient to achieve expected student outcomes for each course.	<p>Student course evaluations (classroom, clinical, teacher)</p> <p>Exit surveys</p>	<p>Office for Academic Affairs</p> <p>Assistant Deans for Undergraduate and Graduate studies</p> <p>Department Chairs</p>	September 2015	<p>Exit Survey's Clinical Course evaluation by student demonstrate score of 4.3 on facilities</p> <p>BSN IDEA avg on program outcomes: 4.06</p> <p>Grad IDEA avg on program outcomes: 4.08</p>			Office for Academic Affairs

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3.6 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. III E	a. Mean score of 3.0 to indicate planned clinical practice experiences enable students to integrate new knowledge and demonstrate attainment of program outcomes. b. 100% of the planned clinical practice experiences are evaluated by faculty on a rotating basis.	Agency Evaluations From Clinical Course Evaluation Exit Surveys	Office for Academic Affairs	FY 16 data entered into WEAVE in December 2015 Presented to COGS and COUS in Dec 2015 and Faculty Council in Feb 2016	a. Overall Exit Survey Results: Mean score of 4.33 on Clinical Areas/Experiences that allowed for meeting learning objectives/contributing to learning experiences. b. 100% of clinical practice experiences are evaluated informally by faculty in regards to examining clinical site usage.	b. Develop a more formal process for evaluating clinical practice experiences.	b. Implement the more formal process beginning 16-17 year.	Office for Academic Affairs WEAVE online
3.7 Curriculum and teaching-learning practices consider the needs and expectations of the identified community of interest. IIIF	90% of students, faculty, and employers agree that teaching-learning practices meet their needs and expectations for each program.	Nursing Advisory Council Alumni Office Community Engagement Office	Office for Academic Affairs Associate Dean for Admissions and Student Services Alumni Office	Fall 2015: data collection from Exit and Alumni Surveys	79% of students on exit survey rate good or above on the value of the investment made in their degree. 93% of alumni rate good or above on the value of the investment made in their degree.	Effort to increase response rate on exit and alumni surveys planned for 2016-2017, since response rate was not representative of the group. Develop and implement internship program in collaboration with Methodist as a community of interest.	Methodist-UTHSCSA Internship Program: 100% of students accepted to program successfully completed the program.	Office for Academic Affairs
3.8 Individual student performance is evaluated by faculty and reflects achievement of expected student outcomes. IIIG	a. Faculty evaluate student performance 100% of the time. b. Faculty evaluations of students reflect achievement of expected student outcomes with full to moderate supervision first	Course syllabi-evaluation criteria Learning activities, and clinical evaluation tools (Whether they are reflective of expected learning outcomes).	COUS COGS Office for Academic Affairs	Fall 2015; continue Spring 2016	a. Student performance is evaluated 100% of the time. Clinical Evaluation tool was revised and piloted for 2015-16. b. All (100%) students have successfully met the student objectives according to the clinical	Continue to review and revise the clinical evaluation tool.		Office for Academic Affairs (Undergraduate: On student files, Graduate: Project Concert)

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	semester and minimal supervision thereafter for 90% of students.				evaluation tool in first semester are evaluated by faculty as needing minimal supervision after the first semester.			
3.9 Evaluation policies and procedures for individual student performance are defined and consistently applied. III G	100% of evaluation policies are written, clearly communicated to students and applied consistently.	Course syllabi Student Grades IDEA Student evaluation of courses Grade appeals Student Complains	Office for Academic Affairs Associate Dean for Admissions and Student Services	Fall 2015; continue Spring 2016	100% of Evaluation policies are stated in the catalog, course handbooks, and syllabi. IDEA data supporting clear communication of evaluation polices in student course evaluation: rated faculty's communication about the course expectations at an average 4.0 on the scale of 5.0.			Office for Academic Affairs
3.10 Curriculum and teaching-learning practices are evaluated at regularly scheduled intervals to foster ongoing improvement. III H	100 % of curriculum and teaching- learning practices are evaluated regularly to foster ongoing improvement.	Course meeting minutes Faculty Evaluations Course evaluations COUS/COGS minutes	Department Chair Office for Academic Affairs	Fall 2015; continue Spring 2016	100% of curriculum and teaching-learning practices evaluated regularly. SON utilizes IDEA course evaluation system at the end of each term.	Monitor course evaluation results within the context of the change to the ALTC with classrooms designed for flipped classroom/ participatory teaching format		Office for Academic Affairs

Evaluation Component	Expected Outcome	Evaluation Data	Responsible for Collection & Analysis	Collection Schedule	Actual Outcome	Action Plan	Action Result	Location of Document
STANDARD IV -PROGRAM EFFECTIVENESS: AGGREGATE STUDENT PERFORMANCE AND FACULTY ACCOMPLISHMENTS								
4.1 A systematic process is used to determine program effectiveness. IVA	The SON TPSEP is reviewed annually and outcomes are evaluated to determine program effectiveness.	Program assessment data and analysis in WEAVE on-line	Office for Academic Affairs	Ongoing data collection and review	2015-2016 was reviewed August 2016 for changes to the review and documentation process.	Clean up the language to accurately represent data sources, benchmarks, outcomes. Research curriculum mapping software for implementation to enhance management of curriculum.	2016-2017 will be a revised version of the TPSEP.	Office for Academic Affairs
4.2 Program completion rates demonstrate program effectiveness. IVB	Graduation rates for each program are greater than 90%.	Data reports obtained from OIR and OAA	Office for Academic Affairs	FY 15 (fall 14, sp 15, su 15) data collected in September 2015 Presented to COUS and COGS Spring 2016	SON is in compliance with standard: BSN 93.5% (3years) MSN 78.9% (5 years) DNP 100% (3 years) PhD 100% (7 years)	COUS and COGS will reexamine the targets according to the national benchmarks. Develop strategies to support students from enrollment through graduation.	Graduate programs will implement holistic admissions process for 16-17 admission cycle as part of the strategies to support students from enrollment through graduation.	Office for Academic Affairs
4.3 Licensure and certification pass rates demonstrate program effectiveness. IVC	a. NCLEX-RN pass rates are at or above the national average b. Certification examination pass rates by specialty at or above the national average	Reports from TBON and certification bodies	Office for Academic Affairs	January 2016-review data for FY15 published Presented to COUS and COGS Spring 2016	RY 2014: a. NCLEX: 77.6% National: 84.3% Jan 2016 TBON Status changed from full approval to full approval with warning RY 2014 b. CNL:100%; AGACNP: no test takers; FNP(AANPCP): 90%; PMHNP: 100%; PNP-PC: 100%	a. BSN to continue to implement action plan from TBON self-study. a. Prepare for site visit in June 2016	a. Submitted update to TBON regarding self-study report. a. SON notified CCNE of substantive change in status; noted in CIPR submitted June 2016 a. Positive review of site visit from TBON.	Office for Academic Affairs
4.4 Employment rates demonstrate program effectiveness. IVD	Employments rates for each program are 80%	Data Reported from Gainful Employment Surveys Published by Coordinating broad the following year	Office for Academic Affairs	January 2016-review data for FY15 published Presented to COUS and COGS Spring 2016	SON is in compliance with limited data standard: BSN: 84.0%; MSN: 75.0%; DNP: 92.9%; PhD: 100% Current data source does	Evaluating a possible secondary data collection source to get employment information earlier than the published report of THECB Consider as in the past, have students complete	OAA collected additional information at the December 2016 Graduation.	Office for Academic Affairs

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STANDARD IV -PROGRAM EFFECTIVENESS: AGGREGATE STUDENT PERFORMANCE AND FACULTY ACCOMPLISHMENTS								
					not fully address employment rate	employment data immediately prior to graduation or at graduation. Collect graduate employment data from NP students when they submit required paperwork to OAA in preparation for certification exams. Contact students via email or phone for employment data		
4.5 Program outcomes demonstrate program effectiveness. IVE	Aggregate student outcome data are reported to faculty annually.	Program assessment data and analysis in WEAVE on-line	Office for Academic Affairs	FY 14 data entered into WEAVE in December 2015 Presented to COUS and COGS Spring 2016	ATI Scores, Licensure and Certification rates, Exit Survey responses, and IDEA results presented to COUS and COGS as powerpoint presentations December 2015. Presented to Faculty Council Feb 2016.	Explore platforms that allow for decreased number of overall items and allow institution items to be asked first. Prior to graduation, inform students about exit surveys and encourage participation. Encourage students to check HSC email after graduation to complete alumni surveys.	Decision not to change software until after 2018 accreditation report and visit. OAA will collect additional information at the Graduation	Official minutes kept in Sharepoint. Powerpoint presentations in Office for Academic Affairs
4.6 Faculty outcomes, individually and in the aggregate demonstrate program effectiveness. IVF	a. 100% of faculty's teaching is evaluated annually in accordance with established policies. b. Faculty effectiveness is rated by students with a minimum mean of 4.0 or higher on a 1-5 scale with 5 being highest c. 100% of faculty with greater than 50% appointments are engaged in	Aggregate faculty data as relates to teaching effectiveness, scholarly activity and faculty practice	Department Chairs Associate Dean for Research Vice Dean for Practice and Engagement	Spring 2016: Review outcomes	a. 100% of faculty's teaching is evaluated semesterly/annually b. 2015-2016 Combined IDEA excellent teaching score: Mean Score of 3.96 c. Undergraduate Faculty: Support for faculty attendance at Elsevier Teaching Conference, and U of Cincinnati CON iCON Summer Institute c. Graduate Faculty: Support for faculty	Through next strategic planning process, target specific faculty aggregate goals for teaching, research and scholarship through committee structure. Initiate Office of Faculty Affairs and Diversity, to systematically identify and college faculty aggregate data.		Departmental Offices

Evaluation Component	Expected Outcome	Evaluation Data	Responsible for Collection & Analysis	Collection Schedule	Actual Outcome	Action Plan	Action Result	Location of Document
STANDARD IV -PROGRAM EFFECTIVENESS: AGGREGATE STUDENT PERFORMANCE AND FACULTY ACCOMPLISHMENTS								
	scholarly activity and/or practice/service following annual evaluation of faculty activities.				attendance 29 th APNA, Amer Public Health Assoc Conference, SNRS Conference c. 10 Nursing Grant Submissions for Instruction; 16 Grant Submissions for Public Service; 24 Grant Submissions for Research (Translational Research, Community Based, Neuroscience, and Other)			
4.7 The program defines and reviews formal complaints according to established policies. IVG	100% of formal complaints that indicate a need for program improvement result in appropriate faculty or administrative action being taken.	Formal complaints Faculty/administrative action taken	Associate Dean for Admissions and Student Services Office for Academic Affairs	Presented to COUS and COGS Spring 2016	100% of formal complaints were logged and resolved with appropriate faculty or administrative action.			Office of Admission and Student Services Office for Academic Affairs
4.8 Data analysis is used to foster ongoing program improvement. IVH	100% of program assessment data is reviewed by faculty and program improvements are documented.	Program assessment data and analysis in WEAVE on-line	Evaluation Specialist Assistant Deans for Graduate and Undergraduate Studies Faculty Council Faculty Assembly COUS, COGS	FY 14 data entered into WEAVE in October 2015	100% of program assessment data results presented to COUS and COGS and Faculty Council Dec 2015			Office for Academic Affairs