

CCNE Standard I

The mission, goals, and expected program outcomes are congruent with those of the parent institution, reflect professional nursing standards and guidelines, and consider the needs and expectations of the community of LQWHUHVW 3ROLFLHV RI WKH SDUHQW LQVWLWXWLRQ DQG QXUVLQJ SUURcondens. If he food in the food in the program and in the ongoing efforts to improv



CCNE Standatb						
		t to and support forthesing proment of the mission, goals, ar		resources available to enable	the program to achieve its m	nission, goals, tend outpomes.
Key Elements & Criteria (full key element statements located at end of document)	Relevant SON Strategic Goal	Evidence: Data Collection Method and Location	Entity Responsible and	Expected Outcomes and/or Target Values	Actual Outcomes (Goal Met/Goal Not Met and Supporting Data)	Date of PI&E Council Review and Plan for Use of Outcomes
KEII-A: FiscaResources	SON Strategi©oal IV. People and Operations	SON Annual Budgehd SON Dean Annual State of the School Reportincluding FQHC clinics of ffice of the Dean and SON Annual Organization Meeting Minutes-Online Council Documentation	SON Dean, Annually	Fiscal resources are sufficient to enable programs to fulfillmission, goals, and expected outcomes	TTUHSC SON Annual V • Z % CE š 8/04/2022 SON All School Meeting took place on May 4, 2022 and Annual State o the School was presented by the Dean, minutes are posted in Meeting Mill. Goal met/ 8/07/2023- SON All School Meeting took place on May 4, 2023 and Annual State of the School was presented by the Dean, minutes are posted in Meeting Mill. Goal met. 08/05/2024- SON All School Meeting took place on May 2, 2024 and Annual State of the School was presented by the Dean, minutes are posted in Meeting Mill. Goal met.	8/19/2022 t Continue to monitor; No action plan needed as budget approved. 8/07/2023- Continue to monitor; No action plan needed as budget approved. All faculty and staff receiving a 3% pay raise beginning fiscal year (2023-2024). 08/05/2024- Continue to monitor; no action plan needed.
KE IIB: Physical Resources (physical space and supplies clinical sites are covered under HH)	SON Strategi©oal IV. People and Operations	SON Dean Annual State of the School ReporOffice of the Dean and SON Annual Organization Meeting Minutes-Online Council Documentation	SON Dea a nd Regional DeanşAnnually	Physical resources are sufficient to enable programs to fulfill		



KE IIIH: Planned Clinical Experiences

SON Strategi@oall: Academics SON Strategic Goal II: Clinical Affairs, and SON Strategi@oal V: External Affairs Course Syllabus, Course Schedule, Clinical Log Learning Management System; Course MagSON Website SON Student Online Resources (Grad Central)SON Website Course Satisfaction Survey: (clinical facilities)Webbased TTUHSC Student Information System

Associate Deans/ Department Chairs, Program Directors, and/or Course Facilitators; Annually

100% of SOM cademic programs includedirect clinical learning experiences which allow student the opportunity to meet student learning outcomes as appropriate

Overall GA <u>¥</u> 0.4500 Student Satisfaction All Years and All Programs: Skyfactor End of Program Assessment Results

12/16/2022 Goal met AY 2022 Course Satisfaction GAVs Traditional Undergraduate t 0.1745 Accelerated BSN 0.2849 RN to BSN 0.0889 MSN t 0.2264 PostGraduate Certificatet 0.2781 PostMaster DNPt 0.8172 BSN to DNR 0.1633 All Programs Combinet 0.1841 AY 2022 Clinical Course Satisfaction GAVs Traditional Undergraduate t 0.1369 Accelerated BSN10.3397 RN to BSNt 0.0824 MSN t 0.1706 PostGraduate Certificatet 0.0963 PostMaster DNPt 0.1124 BSN to DNR 0.1846 All Programs Combinet 0.1593

06/13/2024 Goal mett 1 0 0





Graduate Certificate (87.5%).



			Traditional BSN: 87.78% Accelerated BSN: 93.02% VBSN: 77.27% VBSN QI plan was in place for Calendar Year 2022 VBSN first time pass rate improved to 100% for calendar year 2023.
KE IVD: Certification Pass Rates	SON StrategiGoall: Academics	Certification pass rates Certifying bodies	



rate; Midwifery 100% within one year of graduation;

11/06/2023 Certification pass rates are meeting standard of 80% or greater for first time or overall pass rates.

08/05/2024 Certification pass rates for Calendar Year 2023 are: x



AY2022 Overall Course Satisfaction GAV for all programs combined is 0.1841, which indicates ModeratelyHigh Overall Satisfaction.

3-20-24 AY 2022/2023 Goal met 99.2% of faculty met or exceeded criteria for teaching, scholarship, practice and service on annual faculty evaluation

3-20-2024 Continue to monitor. No action plan needed.

5-4-24 AY 2022/2023
Course Satisfaction GAVs t program:
Traditional BSN: 0.1679
Accelerated BSN: 0.3109
RN to BSN: 0.0841
MSN: 0.2648
PostGraduate Certificate:
0.3200
PostMaster's DNP: 0.1091
BSN to DNP: 0.2425

School of Nursing



IAP = Improvement Action Plan

Full statements of the Key Element Stateme(@SNE, 201a) re listed below Those key elements not specifically included in Whatster Evaluation Planbove are highlighted and have additional information added at the end of each statement reflecting where supporting data cand be fo Standard I

x Key Element-A. The mission, goals, and expected program outcomes are

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o published and accessible; ar(6



- o academically prepared for the areas in which they teach; (authorizing data: Role and Responsibilities of Faculty Party Party
- o experientially prepared for the areas in which they tea(Supporting data: Faculty CV)
- x Key Element-IF. Preceptors (e.g., mentors, guides, coaches), if used by the program as an extension of faculty, are academicallipath
- x KeyElement HG. The parent institution and program provide and support an environment that encourages faculty teaching, scholaristeipaserv practice in keeping with the mission, goals, and expected faculty outcomes.



o consider the needs and expectations of the identified community of interest; and